CODEX
CODING DECODED

CHAPTER 10

Diseases of the Respiratory System

(J00–J99, U07.0)

ICD-10-CM Official Guidelines — Condensed Student Quick Reference

a. Chronic Obstructive Pulmonary Disease (COPD) and Asthma

1. Acute Exacerbation of Chronic Obstructive Bronchitis and Asthma

- **Categories:** J44 and J45 both distinguish uncomplicated cases from acute exacerbation.
- **Key distinction:** An exacerbation is NOT the same as an infection superimposed on a chronic condition — though an infection may trigger an exacerbation.

b. Acute Respiratory Failure

1. As Principal Diagnosis

- **May assign:** J96.0 (Acute respiratory failure) or J96.2 (Acute and chronic respiratory failure) when it's the condition, after study, chiefly responsible for the admission — and the Alphabetic Index/Tabular List support it.
- **Exception:** Chapter-specific guidelines with sequencing direction (obstetrics, poisoning, HIV, newborn) take precedence.

2. As Secondary Diagnosis

- **Rule:** If it develops after admission, OR is present on admission but doesn't meet the definition of principal diagnosis.

3. Sequencing with Another Acute Condition

- **Principal diagnosis:** Depends on the circumstances of admission — not the same in every case (applies whether the other condition is respiratory or not, e.g., MI, CVA, aspiration pneumonia).
- **If equally responsible:** If both are equally responsible and there's no chapter-specific rule, apply the “two or more diagnoses that equally meet the definition of principal diagnosis” guideline (Section II.C).
- **Unclear documentation:** If documentation doesn't make it clear whether both conditions are equally responsible, query the provider.

c. Influenza Due to Certain Identified Influenza Viruses

Code	Description
J09	Influenza due to certain identified influenza viruses
J10	Influenza due to other identified influenza virus

Exception to Uncertain Diagnosis Rule: Only code CONFIRMED cases of influenza for J09 and J10 — this overrides the general inpatient guideline for uncertain diagnoses (Section II.H).

d. Ventilator-Associated Pneumonia (VAP)

1. Documentation Requirements

- **Assign:** J95.851 (Ventilator associated pneumonia) — only when the provider has specifically documented VAP.
- **Also add:** An additional code to identify the organism (e.g., Pseudomonas aeruginosa → B96.5).
- **Watch out:** Do NOT assign an additional code from J12–J18 to identify the type of pneumonia once J95.851 is used.
- **Rule:** Don't assign J95.851 just because the patient has pneumonia and is on a ventilator — the provider must specifically state it's ventilator-associated. If unclear, query the provider.

2. VAP That Develops After Admission

- **Principal diagnosis:** The appropriate J12–J18 code for the pneumonia diagnosed AT admission (e.g., J13 for Streptococcus pneumoniae).

- **Secondary diagnosis:** J95.851 as an ADDITIONAL diagnosis, only once VAP is also documented.

e. Vaping-Related Disorders

Core Rule: U07.0 (Vaping-related disorder) is the PRINCIPAL diagnosis for any condition(s) related to vaping.

- **Lung injury due to vaping:** Assign only U07.0.
- **Other manifestations:** Add codes for other manifestations — e.g., acute respiratory failure (J96.0-) or pneumonitis (J68.0).
- **Do not code separately:** Respiratory signs/symptoms (cough, shortness of breath, etc.) are NOT coded separately once a definitive diagnosis is established.
- **Exception:** GI symptoms such as diarrhea and abdominal pain ARE coded separately.