

Documentation and Coding: Respiratory Failure

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At Healthfirst, we're committed to helping providers accurately document and code their patients' health records. Types of respiratory failure are categorized by acute, chronic, acute-on-chronic, AND whether the patient has hypoxia, hypercapnia, or both.

Acute Respiratory Failure (J96.0*)	Chronic Respiratory Failure (J96.1*)	Acute-on-Chronic Respiratory Failure (J96.2*)	Pulmonary Insufficiency (J95*)	Postprocedural Respiratory Failure (J95.82*)
J96.01: with hypoxia J96.02: with hypercapnia	J96.11: with hypoxia J96.12: with hypercapnia	■ J96.21: with hypoxia ■ J96.22: with hypercapnia	J95.1: Acute* following thoracic surgery J95.2: Acute* following nonthoracic surgery J95.3: Chronic* following surgery	J95.821: Acute postprocedural respiratory failure J95.822: Acute and chronic postprocedural respiratory failure

Coding Focus: Respiratory Failure

Arterial Blood Gas Values of				
PaO ₂ < 40 mm Hg (Hypoxemia)	PaCO ₂ > 45 mm Hg (Hypercapnia)	pH < 7.35 (Respiratory Acidosis)	HCO ₃ < 22mEq/liter	SaO ₂ saturation < 88%
Tachycardia				
Heart Rate > 120 bpm				
Rapid Deep Breathing				
Respiratory rate > 24/min	Dyspnea		Use accessory muscles to breathe	
Cyanosis				
Restlessness	Tremor	Delirium	Anxiety	Confusion

*The recommended oxygen target saturation range in patients not at risk of type II respiratory failure is 94%–98%; in patients at risk of type II respiratory failure, the range is 88%–92%.

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Clinical Documentation of Respiratory Failure

Acute Respiratory Failure	Acute-on-Chronic Respiratory Failure
<ol style="list-style-type: none">1. Documentation of respiratory insufficiency does not support the assignment of an acute respiratory failure code.2. Ensure that the documentation is adequate and can differentiate between acute respiratory failure and acute respiratory distress syndrome (J80).3. Do not use ABGs alone in the diagnosis of acute respiratory failure.	<ol style="list-style-type: none">1. Acute-on-chronic respiratory failure is recognized by the following:<ol style="list-style-type: none">A. Worsening symptomsB. Greater hypoxemiaC. Elevated PaCO₂ (hypercapnic) and respiratory acidosis
Chronic Respiratory Failure	Postprocedural Respiratory Failure
<ol style="list-style-type: none">1. Chronic respiratory failure contributes significantly to the severity level, complexity, and costs of care.2. Even if the patient's chronic respiratory failure is stable, unchanged, or at baseline, it should be documented in the medical record as a significant comorbid condition that needs to be coded.	<ol style="list-style-type: none">1. Documentation for postprocedural respiratory failure must clearly make the cause-and-effect relationship between the condition and the fact that it was a result of the procedure or surgery in order to assign a code from this subcategory.

Clinical documentation should include the following:

- Clear differentiation between acute and chronic conditions (chronic conditions in exacerbation from baseline) and a report showing whether the patient has hypoxia, hypercapnia, or both
- Diagnoses or conditions (cannot be assumed and must be specifically and accurately documented by the treating provider)
- Updated status of condition (stable, improved, or worsening)
- ABG (arterial blood gas) values, pulse oximetry, EKG, PFT in evaluating chronic respiratory failure, and a chest X-ray confirming diagnosis of respiratory failure
- Treatment (will depend on severity and may include oxygen therapy, mechanical ventilation, tracheostomy, or a CPAP which is often used in chronic respiratory failure)
- Pulmonary rehabilitation (includes exercise therapy, education, and counseling)

Documentation and Coding: Respiratory Failure

ICD-10-CM Sequencing Coding Guidelines

Principal Diagnosis	Acute and chronic respiratory failure is assigned as a principal diagnosis when it is the condition established after study to be responsible for the admission to the hospital.
Secondary Diagnosis	Respiratory failure may be listed as a secondary diagnosis if it occurs after admission, or if it is present on admission but does not meet the definition of principal diagnosis.
Sequencing	Selection of the principal diagnosis will depend on the circumstances of admission and if documentation is not clear as to whether the acute respiratory failure and the other condition(s) are equally responsible for the admission. Query the provider for clarification.

Examples of Respiratory Failure

- 1. Acute respiratory failure** due to severe viral sepsis.
 - 45-yr.-old female transferred from another hospital in acute respiratory failure found to be due to severe viral sepsis
 - A41.89: Other specified sepsis
 - R65.20: Severe sepsis without septic shock
 - J96.00: Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
- 2. Chronic respiratory failure** admitted on a ventilator with a trach.
 - Provider documents "VAP due to Methicillin-susceptible Staphylococcus aureus"
 - J95.851: VAP
 - B95.61: MSSA as cause of disease classified elsewhere
 - J96.10: Chronic respiratory failure, unspecified
 - Z93.0: Trach status
 - Z99.11: Dependence of ventilator status

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Oxygen Supplementation and Mechanical Ventilation for Respiratory Failure

Respiratory Failure	Oxygen supplementation (Z99.81)
	Home oxygen therapy often used in COPD, Cystic Fibrosis, Lung Fibrosis, and Chronic Respiratory Failure
	Monitoring respiratory status with serial ABGs and O2 saturation levels
	Venturi mask delivers fixed concentration (FIO2): 24%, 28%, 31%, 35%, 40%, and 50%.
	40% or more supplemental oxygen implies treatment of acute respiratory failure
	Nonrebreather mask is designed to deliver approximately 100% oxygen

Clinical Documentation of Ventilator Status (Z99.11) and Tracheostomy Status (Z93.0)

- To confirm dependence upon a respirator/ventilator, report the condition and make sure to code respirator/ventilator status.
- Report the status code for the patients on unplanned breathing assistance.
- Do not report respirator/ventilator status for patients who are on breathing assistance because of a planned procedure or surgery.
- Documentation should include reason for mechanical ventilation, such as acute and/or chronic respiratory failure, ARDS, or respiratory arrest.
- Tracheostomy is often used in chronic respiratory failure.

Tracheostomy	ICD-10-CM Code
Attention to:	Z43.0
Status of:	Z93.0

Questions?

Contact us at [@Risk_Adjustments_and_clinical_Documentation@healthfirst.org](https://twitter.com/RiskAdjustmentsandClinicalDocumentation).

References: [ACP Hospitalist](#), ICD 10 Coding Guidelines 10.b.3, [AHIMA.org](#), [AAPC.com](#), [EncoderPro.com](#), [Coding Clinic](#), [CDI](#).