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Pneumonia Coding

Let's Breathe Some Life Into It

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Agenda

- ✔ Lung Anatomy and Function
- ✔ Pneumonia
  - Types
- ✔ Coding Guidelines
- ✔ Pneumonia and COPD
- ✔ Pneumonia and Influenza
- ✔ Coding Clinics
- ✔ Case Study

Objectives

- Demonstrate the anatomy and function of the lungs
- Describe the pneumonia (pna) disease process
- Apply coding conventions and Coding Clinics
- Employ knowledge to elicit proper ICD-10 code assignment and DRG assignment

Anatomy & Function

Lungs

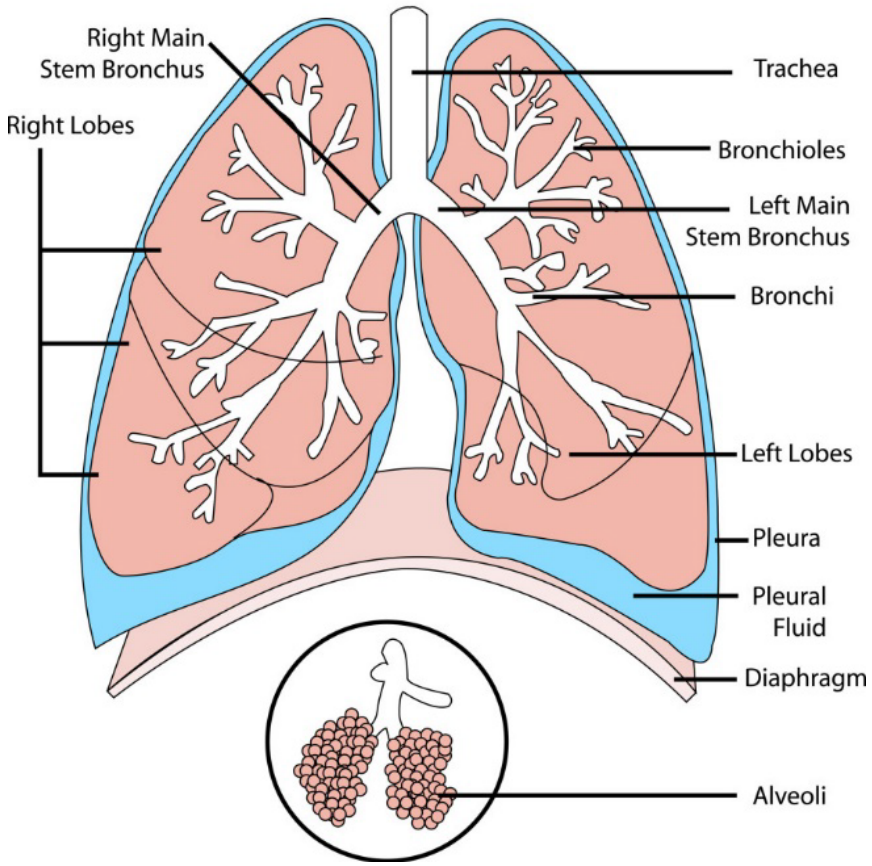
Divided into five lobes.

- Left superior
- Left inferior
- Right superior
- Right middle
- Right inferior

Deliver oxygen and remove carbon dioxide from your body.

Alveoli - tiny air sacs where the exchange of oxygen and carbon dioxide takes place.

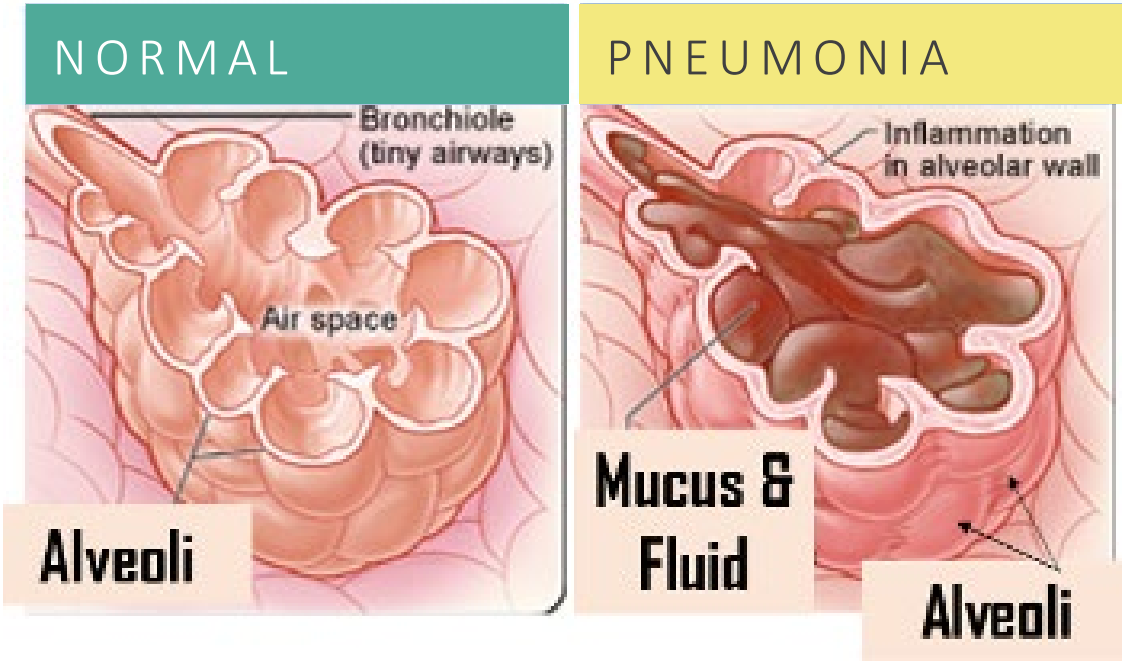
Diagram of the Human Lungs



Pneumonia

Causes inflammation in the air sacs, or alveolar wall.

Alveoli fill with fluid and pus.



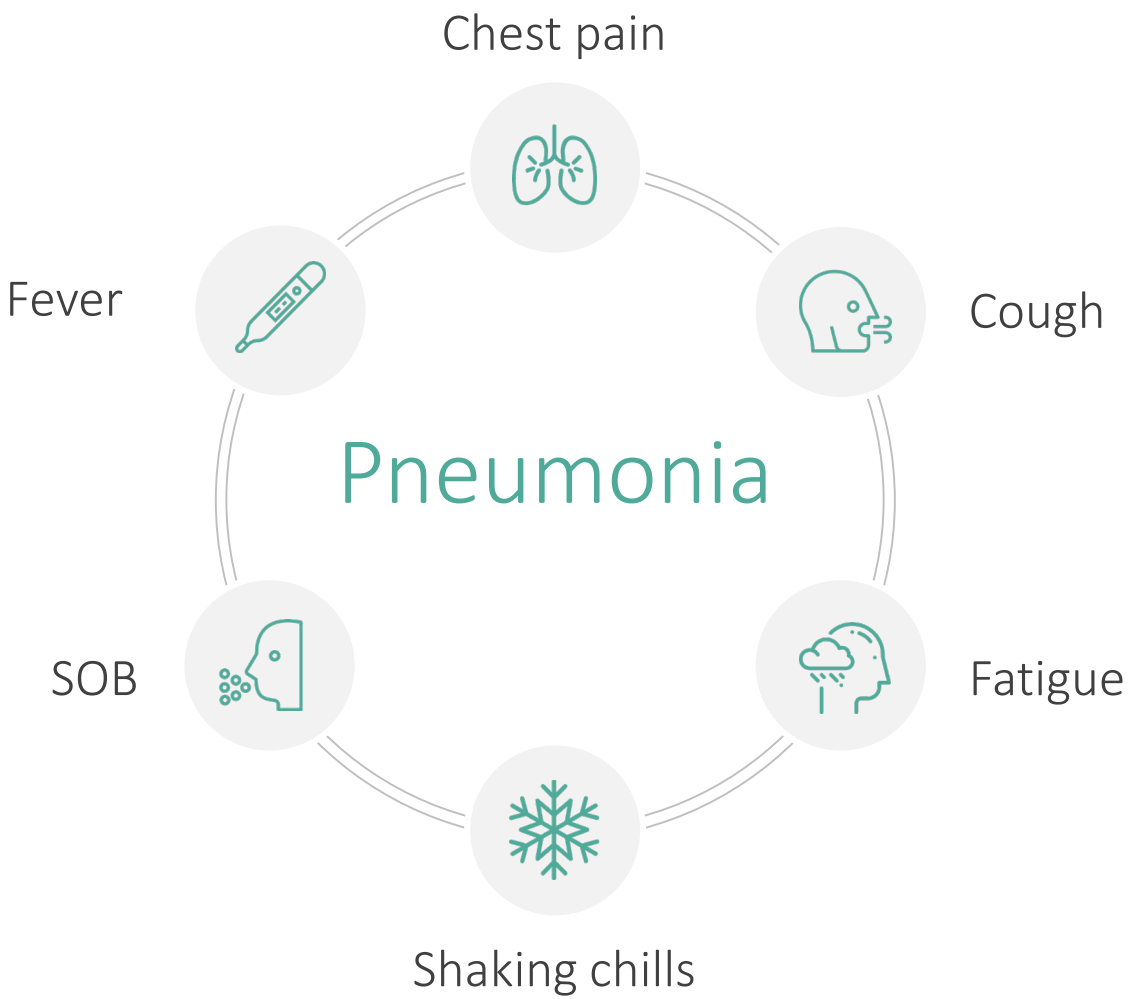
Pneumonia

Pneumonia

Pneúmōn = lung
(modern Latin from ancient Greek)

-ia = condition

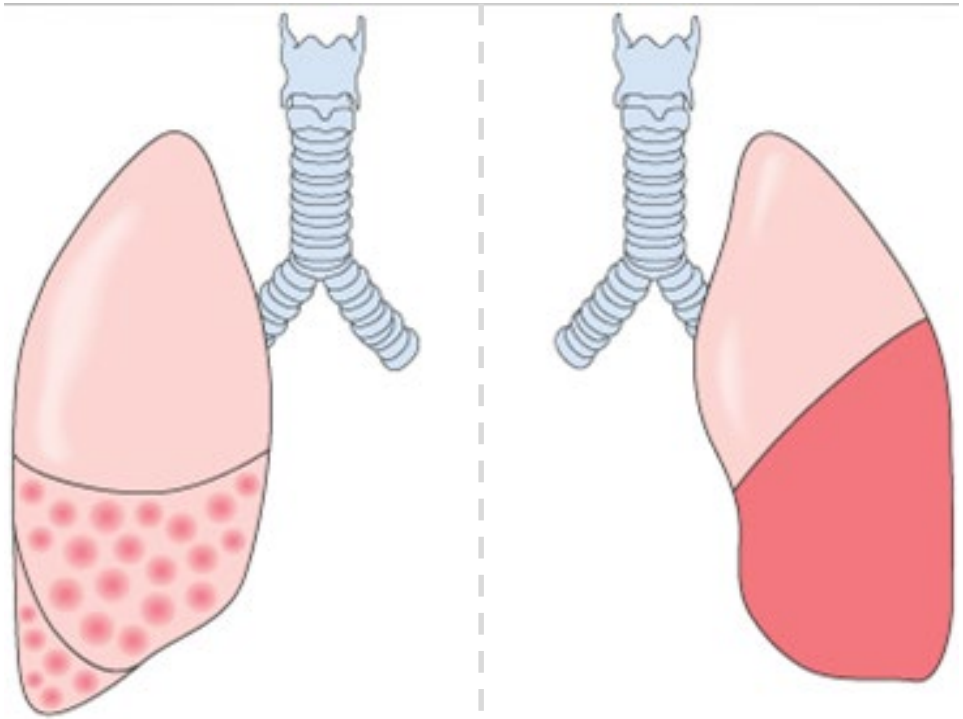
Symptoms


Chest pain
Fever
Cough
Pneumonia
SOB
Fatigue
Shaking chills

Types of Pneumonia

- Infectious pneumonia – bacterial, viral, fungal
- Chemical pneumonia – results from irritant
- Walking pneumonia - mild
- Double pneumonia – both lungs
- Community acquired pneumonia (CAP)
- Hospital acquired pneumonia
- Aspiration pneumonia
- Bronchopneumonia (Lobular)
- Lobar pneumonia

Types of Pneumonia



Bronchopneumonia

Lobar pneumonia

Types of Pneumonia

Bronchopneumonia (Lobular Pneumonia)

Involves many small areas

Low fever, productive cough of purulent sputum (yellow, green)

Secondary pneumonia – occurs in infants, elderly and those with chronic illness or immunosuppressed

If left untreated, can become lobar pneumonia

Lobar Pneumonia

Involves one or more lobes

Sudden onset high fever, chills, difficulty breathing, blood stained sputum

Primary pneumonia – occurs in healthy individuals 30-50 years old

Pain with coughing or deep inspiration

Types of Pneumonia

Type of Pneumonia	ICD – 10 – CM Code
Infectious	J12 - J16 categories
Chemical	J68.0 pneumonitis due to chemicals, gases, fumes and vapors
Walking	J18.9 pna, unspecified
Double	J18.9 (double) non-essential modifier
Community Acquired (CAP)	J18.9 pna, unspecified
Hospital Acquired	J18.9 + +Y95 nosocomial condition
Aspiration	J69.0 J69.1 J69.8
Bronchopneumonia	J18.0
Lobar	J18.1

Not All Pneumonias are Created Alike

Code Matters

Simple Pneumonia or Pleurisy (DRG's 193-195)

193 Simple Pneumonia/Pleurisy with MCC

GMLOS 4.5; AMLOS 5.4; RW 1.3733

194 Simple Pneumonia/Pleurisy with MCC

GMLOS 3.4; AMLOS 4.1; RW .9333

195 Simple Pneumonia/Pleurisy without CC/MCC

GMLOS 2.7; AMLOS 3.2; RW .7100

Includes:

- Certain Influenza codes with certain pneumonia codes
- Viral pneumonia
- Unspecified bacterial pneumonia (including gram positive)
- Certain specific bacterial pneumonias

Respiratory Infections/Inflammations (DRG's 177-179)

DRG 177 Respiratory Infections/Inflammations with MCC

GMLOS 5.7; AMLOS 7.1, RW 1.8509

DRG 178 Respiratory Infections/Inflammations with CC

GMLOS 4.5, AMLOS 5.4, RW 1.2955

DRG 179 Respiratory Infections/Inflammations without CC/MCC

GMLOS 3.4, AMLOS 4.1, RW .0301

Includes:

- Aspiration Pneumonia*
- Legionnaires' Disease
- Certain bacterial pneumonias (Klebsiella, pseudomonas, staphylococcus, E. coli)
- Certain Influenza codes with certain pneumonia codes
- Pulmonary Tuberculosis
- Gram-negative Pneumonia**
- Lung Abscess
- Cystic Fibrosis with pulmonary manifestations

*See Coding Clinic Q1, 2017 | **See Coding Clinic Q3, 1998

Coding Conventions and Guidelines

The WITH Convention

This guideline affects influenza or COPD with pneumonia

The word "with" or "in" should be interpreted to mean "associated with" or "due to" when it appears in a code title, the Alphabetic Index, (*either under a main term or subterm), or an instructional note in the Tabular List.

*2019 Official Coding Guideline revision.

The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List.

These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions (e.g., sepsis guideline for "acute organ dysfunction that is not clearly associated with the sepsis")

Reference Official Coding Conventions, 2018, 1.A.15

Instructional Notes Surrounding Pneumonia

"Hemorrhagic" is *not* a non-essential modifier

A secondary code of hemoptysis is appropriate if documented in a pneumonia patient – commonly-missed cc

Pneumonia						
(acute)	(double)	(migratory)	(purulent)	(septic)	(unresolved)	J18.9

Code first: influenza

Code First:
associated infuenza, if applicable (J09.X1, J10.0-, J11.0-)

Unidentified Influenza Virus **with** Pneumonia

- **Influenza**
  (bronchial) (epidemic) (respiratory (upper)) (unidentified influenza virus) J11.1
  - with
    - pneumonia J11.0
      - specified type J11.08
      - respiratory manifestations NEC J11.1

No linkage or relationship needs to be documented. Both conditions documented on the same visit will elicit either the J11.00 or the J11.08; this category is used for an unidentified influenza virus.

Unidentified Influenza Virus **with** Pneumonia

Additional code is needed if the pneumonia is specified. For instance, J11.08 followed by J15.0, Klebsiella Pneumoniae.

A single code only is required for influenza with pneumonia if pneumonia is unspecified – J11.00.

J11 **Influenza due to unidentified influenza virus** CHB

J11.0 **Influenza due to unidentified influenza virus with pneumonia**

CODE ALSO
Code also associated lung abscess, if applicable (J85.1)

J11.00 **Influenza due to unidentified influenza virus with unspecified type of pneumonia** CC CHB

Influenza with pneumonia NOS

J11.08 **Influenza due to unidentified influenza virus with specified pneumonia** CHB

CODE ALSO
Code also other specified type of pneumonia

Identified Influenza **with** Pneumonia

Influenza

- due to
  - avian (See also Influenza, due to, identified novel influenza A virus) J09.X2
  - identified influenza virus NEC J10.1
    - with
      - digestive manifestations J10.2
      - encephalopathy J10.81
      - enteritis J10.2
      - gastroenteritis J10.2
      - gastrointestinal manifestations J10.2
      - laryngitis J10.1
      - myocarditis J10.82
      - otitis media J10.83
      - pharyngitis J10.1
      - pneumonia (unspecified type) J10.00
        - with same identified influenza virus J10.01
        - specified type NEC J10.08
      - respiratory manifestations NEC J10.1

Influenza due to an Identified Virus with Pneumonia

J10 Influenza due to other identified influenza virus

Excludes1:

influenza due to avian influenza virus (J09.X-)

influenza due to swine flu (J09.X-)

influenza due to unidentified influenza virus (J11.-)

J10.0 Influenza due to other identified influenza virus with pneumonia

Code Also:

associated lung abscess, if applicable (J85.1)

J10.00 Influenza due to other identified influenza virus with unspecified type of pneumonia

J10.01 Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia

J10.08 Influenza due to other identified influenza virus with other specified pneumonia

Code Also:

other specific type of pneumonia

Influenza Guidelines

Note that a positive culture confirming the type of influenza is not required.

- A definitive statement by the provider as to the type of influenza including the virus is adequate.

If the terms possible, probable, etc., are used surrounding the type of influenza, must default to unidentified influenza code.

Reference: 2018 Official Coding Guidelines, Chapter 10, Diseases of the Respiratory System

Novel Influenza with Pneumonia

Novel Influenza

Novel virus - a virus that has never previously infected humans, or hasn't infected humans for a long time, it's likely that almost no one will have immunity, or antibody to protect them.

EXAMPLES

- Avian flu – birds
- Swine flu – pigs = H1N1 influenza 2009 pandemic

Novel A Influenza with Pneumonia

J09 Influenza due to certain identified influenza viruses

Excludes1:

- influenza A/H1N1 (J10.-)

influenza due to other and unspecified influenza viruses (J10.-)
seasonal influenza due to other identified influenza virus (J10.-)
seasonal influenza due to unidentified influenza virus (J11.-)

J09.X Influenza due to identified novel influenza A virus

Avian influenza
Bird influenza
Influenza A/H5N1
Influenza of other animal origin, not bird or swine
Swine influenza virus (viruses that normally cause infections in pigs)

J09.X1 Influenza due to identified novel influenza A virus with pneumonia

Code Also:

if applicable, associated:

- lung abscess (J85.1)

other specified type of pneumonia

Novel A Influenza **with** Pneumonia

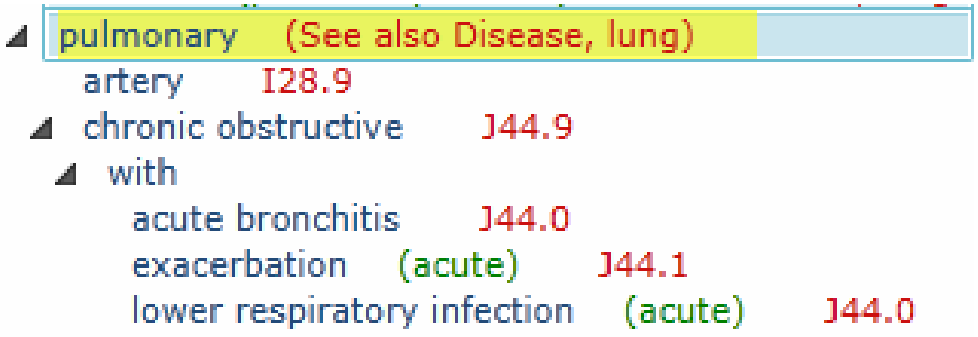
- identified novel A influenza virus — J09.X2
  - with
    - digestive manifestations — J09.X3
    - encephalopathy — J09.X9
    - enteritis — J09.X3
    - gastroenteritis — J09.X3
    - gastrointestinal manifestations — J09.X3
    - laryngitis — J09.X2
    - myocarditis — J09.X9
    - otitis media — J09.X9
    - pharyngitis — J09.X2
    - pneumonia — J09.X1

Influenza with Pneumonia Coding

Code	Descriptor	Special Notes
J09.X1	Influenza due Novel influenza A with pna	Use additional code for pna if the pna is specified
J10.00	Other type of influenza with unspecified type pna	Type of influenza that is not novel type; i.e., not Avian, bird, swine, etc. pna code not necessary
J10.01	Oth type of influenza with same type of pna as the influenza	Same as above – pna code not necessary. Influenza and pna both caused by same organism
J10.08	Oth type of influenza with a different specified pna	Use additional code for type of pna
J11.00	Unspecified influenza type with unsp pna	Additional code for pna not to be used
J11.08	Unspecified influenza type with specified pna	Use additional code for type of pna

Pneumonia with COPD

Disease



Note that “pneumonia” is not a subterm under Disease, pulmonary, chronic obstructive

Q3 2016 Coding Clinic clarified that pneumonia and acute bronchitis are considered to be lower respiratory infections.
COPD with pna is to be coded to J44.0 plus a code for the pna

Instructional Notes Surrounding Pneumonia with COPD

⊞ **J44** **Other chronic obstructive pulmonary disease**

⊟ **J44.0** **Chronic obstructive pulmonary disease with acute lower respiratory infection**

Code Also:
to identify the infection

"Code Also" does not imply sequencing! Rely on circumstances of admission. Pay attention to focus of treatment, towards the COPD or the pna to select the principal diagnosis.

Aspiration pneumonia and ventilator-assisted pneumonia do not qualify as "acute lower respiratory infections", per Q1 2017 Coding Clinic – J44.0 would not be appropriate

Coding Clinics

Date	Question	Answer/Rationale
Q3, 2016	Sequencing of acute exacerbation of COPD with pneumonia (pna)	Assign J44.0, J44.1 and J18.9. A code for the pneumonia needs to be assigned separately. Sequence driven by circumstances of admission. This advice changed for October 2017 – "Use additional code" for pna changed to "Code also" pna.
Q1, 2017	Does the advice from Q3 2016 apply to all types of pneumonia, including aspiration?	No, aspiration pna is excluded. J69.0 does not fall into the section on respiratory infections. Instead it is in the section "Lung Diseases due to External Agents". Circumstances of admission drive the sequence. J44.0, pna with lower respiratory infection hence does not apply.
Q1, 2017	Does the instructional note with J44.0 apply to ventilator-assisted pneumonia as well?	No, ventilator-associated pneumonia is excluded from using J44.0. The J95 category does not fall in the respiratory infections section.

Coding Clinics, continued

Date	Question	Answer/Rationale
Q4, 2017	**Bacterial pna, influenza A, acute exacerbation COPD**	J10.08, influenza due to oth identified flu virus with oth spec pna; J44.0, COPD with lower respiratory infection, and J44.1, acute exacerbation COPD. Circumstances of admission drive sequence.
Q3, 2014	**Systemic Inflammatory Response Syndrome due to Pneumonia without Sepsis**	There is no code for SIRS due to an infectious process; hence only the code for pneumonia is necessary.

Coding Clinics, continued

Date	Question	Answer/Rationale
Q3, 1998	**Specifics of Pneumonia coding**	• Assign bacterial pna code when "gram positive pna" is documented • Gram stain is not conclusive in regards to organism – rely on physician documentation • Specific pna by organism must be documented by the physician and not based on sputum culture • Not all pna's are bacterial – rely on physician documentation • "Gram negative" pna documented in that manner can be coded to that without a positive sputum culture • Mixed bacterial pna codes to bacterial pna

Sepsis and Pneumonia

Sepsis and severe sepsis with a localizes infection

If the reason for admission is both sepsis or severe sepsis and a localized infection, such as pneumonia or cellulitis, a code(s) for the underlying systemic infection should be assigned first and the code for the localized infection should be assigned as a secondary diagnosis.

Sepsis first listed, pna as a secondary.

Exception is if sepsis develops after admission

The localized infection (pneumonia, for example) would be sequenced first

Reference – 2018 Official Coding Guidelines, Chapter 1 Specific Guideline, d.4

Pneumonia Pitfalls

- Overlooking that the condition was ruled out
- Assigning a code for a pna documented as “possible” throughout the admission but not documented as “possible” at discharge

Reference: Official Coding Guidelines FY 2018, Section II (Principal Diagnosis) H.

H. Uncertain Diagnosis

If the diagnosis documented at the time of discharge is qualified as “probable”, “suspected”, “likely”, “questionable”, “possible”, or “still to be ruled out”, or other similar terms indicating uncertainty, code the condition as if it existed or was established. The bases for these guidelines are the diagnostic workup, arrangements for further workup or observation, and initial therapeutic approach that correspond most closely with the established diagnosis.

Note: This guideline is applicable only to inpatient admissions to short-term, acute, long-term care and psychiatric hospitals

Careful Review of Documentation

May be Ruled Out…	Infiltrate doesn't always equate to pneumonia
May be Ruled Out…	Watch for discontinued antibiotics prior to discharge
May be Ruled Out…	CXR positive for possible pneumonia, but higher level imaging such as CT is negative

Coding Clinics on Uncertain Diagnoses

Date	Question	Answer/Rationale
Q2, 2016	Comparative/Contrasting Secondary Diagnoses	Guideline on uncertain diagnoses apply when comparative secondary diagnoses are documented(as well as principal diagnoses)
Q4, 2017	Coding Ruled-Out Diagnosis	Ruled out diagnoses that are documented on the discharge summary should not be coded. The guideline on uncertain diagnoses apply only if the condition has not been ruled out at the time of discharge. Provisional diagnoses on admission which are determined to not be present, not be clinically supported, or ruled out by the time of discharge are note considered as "uncertain diagnoses".
Q1, 2018	Uncertain Diagnosis "Concern For"	Codes are assigned for uncertain diagnoses if documented at the time of discharge, is qualified as probable, suspected, likely, questionable, possible, still to be ruled out or other similar terms. This includes "concern for".

Case Study

A 74-year-old white male with multiple comorbidities presented to ED with coffee-ground emesis and inability to void. He was short of breath in the ED with increased respiratory effort, rhonchi, and diminished breath sounds and an elevated WBC, afebrile. Zosyn and Vancomycin were ordered empirically, UTI was diagnosed. H&P stated “leukocytosis, multifactorial, with acute UTI/possible early sepsis. Await CXR for poss aspiration pneumonia from coffee-ground emesis”.

Case Study continued

Initial CXR on day 1 showed possible left bibasilar atelectasis/consolidation. Follow-up CXR on same day to "evaluate for aspiration pna" showed "increasing retrocardiac opacity suggestive of atelectasis or infiltrate". No further CXR's were ordered in this 8-day stay – Chest CT shows only atelectasis. Progress note on day 1 states "will continue Zosyn for UTI; pna not mentioned in progress notes until day 3, but not as an Impression or a Diagnosis.

Case Study continued

Day 3 progress note reads “Retrocardiac opacity: atelectasis or possible pna….continue Abx.” The following five days showed the same information in the progress notes. Two days prior to discharge, on day 7, “no prominent respiratory symptoms at this time, wean from O2.” Discharge summary does not include possible pneumonia as a final diagnosis.

Case Study continued

- Result – pneumonia was coded as an MCC and later removed by the third-party auditor.
- Pneumonia was never proven, nor was it documented as in a 'rule-out' phase at discharge.
- Clinical findings did not support the diagnosis due to lack of firm radiologic findings on the CT scan
- Pay back of $4,900.

Summary

- The coding of pneumonia is ripe for coding errors based on the multitude of guidelines, instructional notes, and choices of ICD-10-CM codes.

- Financial implications are great.
  - The code selection groups into two different DRG triads, ranging from .0301 DRG relative weight up to 1.85, based on proper selection of principal diagnosis and addition of CC's/MCC's.
  - RAC's and third-party auditors are active in looking to validate pna as an MCC and take back reimbursement.

- Support your DRG assignment based on adherence to the guidelines and careful medical record review!
  - Take a second look if pneumonia is the only MCC

References

- American Hospital Association, Coding Clinic
  - Various issues cited throughout the presentation
- 2018 ICD-10-CM Official Guidelines for Coding and Reporting
- https://www.mayoclinic.org/diseases-conditions/pneumonia

Thank you

WORKING HARD FOR SOMETHING WE DON'T CARE ABOUT IS CALLED STRESS.

WORKING HARD FOR SOMETHING WE LOVE IS CALLED PASSION.

PASSION

IS THE DIFFERENCE BETWEEN HAVING A JOB OR HAVING A CAREER

Thank you for your time!