

SP + J38.02 Paralysis of vocal cords and larynx, bilateral

SP + J38.1 Polyp of vocal cord and larynx
EXCLUDES 1 adenomatous polyps (D14.1)

SP + J38.2 Nodules of vocal cords
 Chondritis (fibrinous)(nodosa)(tuberosa)
 Singer's nodes
 Teacher's nodes

SP + J38.3 Other diseases of vocal cords
 Abscess of vocal cords
 Cellulitis of vocal cords
 Granuloma of vocal cords
 Leukokeratosis of vocal cords
 Leukoplakia of vocal cords

SP + J38.4 Edema of larynx
 Edema (of) glottis
 Subglottic edema
 Supraglottic edema
EXCLUDES 1 acute obstructive laryngitis [croup] (J05.0)
 edematous laryngitis (J04.0)

SP + J38.5 Laryngeal spasm
 Laryngismus (stridulus)

SP + J38.6 Stenosis of larynx

SP + J38.7 Other diseases of larynx
 Abscess of larynx
 Cellulitis of larynx
 Disease of larynx NOS
 Necrosis of larynx
 Pachyderma of larynx
 Perichondritis of larynx
 Ulcer of larynx

4 J39 Other diseases of upper respiratory tract
EXCLUDES 1 acute respiratory infection NOS (J22)
 acute upper respiratory infection (J06.9)
 upper respiratory inflammation due to chemicals, gases, fumes or vapors (J68.2)

SP J39.0 Retropharyngeal and parapharyngeal abscess
 Peripharyngeal abscess
EXCLUDES 1 peritonsillar abscess (J36)
DEFINITION Pus-filled sore at the back of the throat.

SP J39.1 Other abscess of pharynx
 Cellulitis of pharynx
 Nasopharyngeal abscess
CODING TIPS ✓ Do not assign J39.1 for a diagnosis of pharyngitis. Acute pharyngitis should be coded to J02.-

SP J39.2 Other diseases of pharynx
 Cyst of pharynx
 Edema of pharynx
EXCLUDES 2 chronic pharyngitis (J31.2)
 ulcerative pharyngitis (J02.9)

SP J39.3 Upper respiratory tract hypersensitivity reaction, site unspecified
EXCLUDES 1 hypersensitivity reaction of upper respiratory tract, such as:
 extrinsic allergic alveolitis (J67.9)

pneumoconiosis (J60-J67.9)

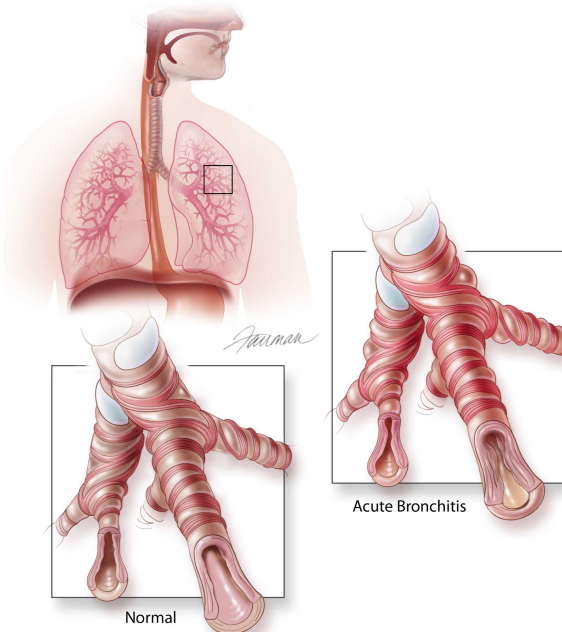
SP J39.8 Other specified diseases of upper respiratory tract

SP J39.9 Disease of upper respiratory tract, unspecified

Chronic lower respiratory diseases (J40-J47)

EXCLUDES 1 bronchitis due to chemicals, gases, fumes and vapors (J68.0)

EXCLUDES 2 cystic fibrosis (E84.-)



SP SH + J40 Bronchitis, not specified as acute or chronic
 Bronchitis NOS
 Bronchitis with tracheitis NOS
 Catarrhal bronchitis
 Tracheobronchitis NOS

Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)

exposure to tobacco smoke in the perinatal period (P96.81)

history of tobacco dependence (Z87.891)

occupational exposure to environmental tobacco smoke (Z57.31)

tobacco dependence (F17.-)

tobacco use (Z72.0)

EXCLUDES 1 acute bronchitis (J20.-)
 allergic bronchitis NOS (J45.909-)
 asthmatic bronchitis NOS (J45.9-)

bronchitis due to chemicals, gases, fumes and vapors (J68.0)

CODING TIPS ✓ Do not assign code J40 for chronic, chronic obstructive, or acute bronchitis. J40 should be assigned only when no diagnostic information is available to differentiate the type of bronchitis.

+ 4 J41 Simple and mucopurulent chronic bronchitis

Use additional code to identify:

- exposure to environmental tobacco smoke (Z77.22)
- exposure to tobacco smoke in the perinatal period (P96.81)
- history of tobacco dependence (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

EXCLUDES 1 chronic bronchitis NOS (J42)
chronic obstructive bronchitis (J44.-)

CODING TIPS ✓ Chronic bronchitis not specified as "obstructive" should be coded to J41.0-J42. Chronic bronchitis that is specified as obstructive is coded to category J44.-. Chronic indicates cough with mucus most days of the month for at least 3 months out of the year.

SP SH + J41.0 Simple chronic bronchitis**SP SH + J41.1 Mucopurulent chronic bronchitis****SP + J41.8 Mixed simple and mucopurulent chronic bronchitis****SP + J42 Unspecified chronic bronchitis**

Chronic bronchitis NOS
Chronic tracheitis
Chronic tracheobronchitis

Use additional code to identify:

- exposure to environmental tobacco smoke (Z77.22)
- exposure to tobacco smoke in the perinatal period (P96.81)
- history of tobacco dependence (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

EXCLUDES 1 chronic asthmatic bronchitis (J44.-)
chronic bronchitis with airways obstruction (J44.-)
chronic emphysematous bronchitis (J44.-)
chronic obstructive pulmonary disease NOS (J44.9)
simple and mucopurulent chronic bronchitis (J41.-)

CODING TIPS ✓ Chronic bronchitis not specified as "obstructive" should be coded to J41.0-J42. Chronic bronchitis that is specified as obstructive is coded to category J44.-. Chronic indicates cough with mucus most days of the month for at least 3 months out of the year.

+ 4 J43 Emphysema

Use additional code to identify:

- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco dependence (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

EXCLUDES 1 compensatory emphysema (J98.3)

emphysema due to inhalation of chemicals, gases, fumes or vapors (J68.4)

emphysema with chronic (obstructive) bronchitis (J44.-)

emphysematous (obstructive) bronchitis (J44.-)

interstitial emphysema (J98.2)

mediastinal emphysema (J98.2)

neonatal interstitial emphysema (P25.0)

surgical (subcutaneous) emphysema (T81.82)

EXCLUDES 2 traumatic subcutaneous emphysema (T79.7)

CODING TIPS ✓ Emphysema and COPD (not documented as a specific chronic obstructive bronchitis, chronic obstructive asthma or emphysematous bronchitis) is coded to J43. Emphysema with documented exacerbated COPD is coded to J43, not J44.

CODING TIPS ✓ Do not assign a code from J43.- when the provider's documentation reports emphysema with chronic obstructive bronchitis or emphysematous bronchitis. Emphysema with chronic obstructive bronchitis and emphysematous bronchitis should be coded to J44.- and cannot be coded on the same claim as J43.-.

CODING TIPS ✓ Codes in the subclassification J43 include respiratory insufficiency; therefore, do not assign R06.89 as an additional code. However, respiratory failure, if documented, should be coded.

CODING TIPS ✓ When a diagnosis supports coding a more specific code for emphysema, such as interstitial emphysema (J98.2), compensatory emphysema (J98.3), or subcutaneous emphysema due to trauma (T79.7), then do not assign J43.-, but assign the more specific code.

SP SH + J43.0 Unilateral pulmonary emphysema [MacLeod's syndrome]

Swyer-James syndrome
Unilateral emphysema
Unilateral hyperlucent lung
Unilateral pulmonary artery functional hypoplasia
Unilateral transparency of lung

SP SH + J43.1 Panlobular emphysema

Panacinar emphysema

SP SH + J43.2 Centrilobular emphysema**SP SH + J43.8 Other emphysema****SP SH + J43.9 Emphysema, unspecified**

Bullous emphysema (lung)(pulmonary)
Emphysema (lung)(pulmonary) NOS
Emphysematous bleb
Vesicular emphysema (lung)(pulmonary)

CODING TIPS ✓ Assign J43.9 and J20.9 for emphysema, COPD and acute bronchitis when there's no mention of chronic bronchitis; assign J43.9 with J18.9 for emphysema, COPD and pneumonia; assign J43.9 with a code from J45 for emphysema, COPD and asthma. (AHA: 1Q 2019)

DEFINITION Abnormal enlargement of the air sacs in the lungs, which lose their elasticity, making breathing increasingly difficult.

+ 4 J44 Other chronic obstructive pulmonary disease

INCLUDES asthma with chronic obstructive pulmonary disease
chronic asthmatic (obstructive) bronchitis
chronic bronchitis with airway obstruction
chronic bronchitis with emphysema
chronic emphysematous bronchitis
chronic obstructive asthma
chronic obstructive bronchitis
chronic obstructive tracheobronchitis

Code also:

type of asthma, if applicable (J45.-)
Use additional code to identify:
exposure to environmental tobacco smoke (Z77.22)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

EXCLUDES 1 bronchiectasis (J47.-)
chronic bronchitis NOS (J42)
chronic simple and mucopurulent bronchitis (J41.-)
chronic tracheitis (J42)
chronic tracheobronchitis (J42)
emphysema without chronic bronchitis (J43.-)

GUIDELINES Section I.C.10.a

The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.

CODING TIPS ✓ COPD is not the same as chronic bronchitis. COPD is an unspecified term that may encompass multiple components of chronic obstructive pulmonary disease (chronic bronchitis, chronic asthma and emphysema). Code J43.- is used when COPD (unspecified) and emphysema have been documented by the provider.

CODING TIPS ✓ If the patient has COPD and asthma and the type of asthma is specified by the physician or NPP, code the J45 for the type of asthma along with the COPD. If the physician or NPP documents that the asthma is exacerbated, but not which type, code J45.901 and the COPD. If the physician or NPP has documented asthma, but not specified the type, or exacerbation, do not code the asthma (J45), if the patient has COPD.

SP SH + J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection
Code also:

to identify the infection

CODING TIPS ✓ Assign a code from J44.0 when a patient has both a condition classifiable to J44 and a diagnosis of a lower respiratory tract infection. Examples of lower respiratory infections include pneumonia, bronchitis and bronchiolitis. An additional code should be assigned to report the infection, and sequence depending on the focus of care.

CODING TIPS ✓ If the physician or NPP confirms both a diagnosis of a lower respiratory tract infection and exacerbation of a condition classifiable to J44, both J44.1 and J44.0 should be assigned, along with a code for the specific lower respiratory infection.

SP SH + J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

Decompensated COPD
Decompensated COPD with (acute) exacerbation

EXCLUDES 2 chronic obstructive pulmonary disease [COPD] with acute bronchitis (J44.0)
lung diseases due to external agents (J60-J70)

CODING TIPS ✓ **Documentation:** Do not assign this code unless the physician or NPP has confirmed that the condition is exacerbated. An exacerbation should be documented by the physician or NPP, and changes in treatment and medication regimen do not presume an exacerbation.

CODING TIPS ✓ This code is appropriate when the patient has an acute exacerbation of a condition classifiable to J44, or the disease is decompensating. If the disease is **not** decompensating or exacerbated, use J44.9. If there is a lower respiratory infection, use J44.0, not J44.9.

CODING TIPS ✓ An acute exacerbation is a worsening or decompensation of a chronic condition. Decompensated indicates there has been a flare-up (acute phase) of a chronic condition. It is not equivalent to an infection superimposed on a chronic condition, so do not assume an exacerbation with an infection. The physician or NPP must indicate an exacerbation, decompensation or flare-up to use this code.

Chapter 10 Scenarios: Diseases of the respiratory system (J00-J99)

Exacerbated COPD with emphysema and acute bronchitis

An 87-year-old man was hospitalized with a severe case of acute bronchitis, which caused an exacerbation of his COPD with emphysema. He is admitted to home health with still-resolving bronchitis, which is the focus of care, and to help get his emphysema back under control. The patient will be taking oral antibiotics for the next three weeks. He smoked cigarettes as a young man but quit several years ago.

Description	Code
Primary: Acute bronchitis, unspecified	J20.9
Secondary: Emphysema, unspecified	J43.9
Secondary: Long term (current) use of antibiotics	Z79.2
Secondary: Personal history of nicotine dependence	Z87.891

Codes J20.9 and J43.9 are assigned for the patient with his acute bronchitis, and exacerbated COPD with emphysema, according to Q1 2019 Coding Clinic guidance. As the focus of care, the acute bronchitis is coded in the primary position. The patient is taking antibiotics for three weeks, prompting the assignment of Z79.2. Since he has a history of tobacco use and a diagnosis from Chapter 10 (J00-J99), Z87.891 is also assigned. There is a chapter-level tabular instruction covering all of Chapter 10, instructing the coder to assign a code if the patient has been exposed to tobacco, or is a current or former user of tobacco.

Chronic obstructive bronchitis with chronic obstructive asthma, hypertension

A 75-year-old male patient is admitted to home care with a primary diagnosis of exacerbated chronic obstructive bronchitis with chronic obstructive mild intermittent asthma also exacerbated. He also has hypertension. His history and physical says that he was a cigarette smoker for several decades but quit 12 years ago.

Description	Code
Primary: Chronic obstructive pulmonary disease with acute exacerbation	J44.1
Secondary: Mild intermittent asthma with (acute) exacerbation	J45.21
Secondary: Hypertension	I10
Secondary: Personal history of nicotine dependence	Z87.891

The patient's exacerbated chronic obstructive bronchitis is captured with J44.1. Because the patient's asthma is specified as mild intermittent asthma, which is also exacerbated, a code should also be assigned to identify the asthma. Hypertension is assigned as a relevant comorbidity. The code for history of tobacco use, required for all codes in Chapter 10 due to chapter-level tabular instruction, is included to capture that the patient is a former smoker.

Emphysema, congestive heart failure, smoker

A 78-year-old female patient is admitted to home health with a primary diagnosis of emphysema. She also has congestive heart failure and the physician documents she is a long-time current cigarette smoker.

Description	Code
Primary: Emphysema, unspecified	J43.9
Secondary: Congestive heart failure, unspecified	I50.9
Secondary: Nicotine dependence, cigarettes, uncomplicated	F17.210

With no other information known about the patient's emphysema, J43.9 is the most appropriate code choice. Congestive heart failure is a relevant comorbidity and is also assigned. Because the patient continues to smoke cigarettes, an additional code is required to report this. The correct code for the cigarette smoking is F17.210, as this is where the alphabetic index leads.

Aftercare of surgery, respiratory issues, GI issues

The patient had gall bladder surgery due to cholecystitis but had an exacerbation of her chronic obstructive bronchitis while in the hospital and additionally developed bacterial pneumonia, which is still being treated with oral antibiotic therapy for 10 days. She also has a gastrostomy that is infected. Her gastrostomy was placed last year because of dysphagia. The focus of care is the exacerbated COPD but she will also receive speech therapy to address the dysphagia.

Description	Code
Primary: Chronic obstructive pulmonary disease with acute exacerbation	J44.1
Secondary: Chronic obstructive pulmonary disease with (acute) lower respiratory infection	J44.0
Secondary: Unspecified bacterial pneumonia	J15.9
Secondary: Gastrostomy infection	K94.22
Secondary: Dysphagia, unspecified	R13.10
Secondary: Encounter for surgical aftercare following surgery on the digestive system	Z48.815

This is a situation in which the patient had surgery, but the aftercare is not the focus of care. Both J44.1 and J44.0 are used as this patient developed an acute lower respiratory tract infection, as well as an exacerbation of her COPD. The Excludes 2 note at J44.1 allows the coder to code both COPD codes. To further specify the lower respiratory tract infection in accordance with tabular instruction, J15.9 (Unspecified bacterial pneumonia) is assigned in this scenario. Code Z43.1 should not be used for the gastrostomy because the gastrostomy is complicated. Dysphagia is coded only if it is a current diagnosis and is addressed by the plan of care, which it is in this case. No code for antibiotic use is assigned because the patient will remain on antibiotics for only 10 days.