

Risk Adjustment Coding Academy- Coding Focus

Coding for Respirator Dependence Making You Blue in the Face?



Coding for respirator dependence making you blue in the face? Well, take a deep breath and relax. We have some coding tips to help!

Mechanical Ventilator

According to International Ventilator Users Network, mechanical ventilation (*i.e.*, assisted ventilation) is a method to mechanically assist or replace spontaneous breathing for people who cannot breathe on their own.¹ Mechanical ventilation can be delivered noninvasively through a face or nasal mask or invasively with the involvement of an instrument penetrating through the mouth (e.g. endotracheal tube) or the skin (e.g., tracheostomy tube).

Depending on a person's need, mechanical ventilation may be short-term or long-term. Short-term mechanical ventilation occurs generally in a hospital ICU setting for an acute illness or injury until a person is able to breathe unassisted. Long-term mechanical ventilation may be necessary for an extended period of time or for the rest

of one's life for those with neuromuscular, musculoskeletal, and/or another type of condition or disease that affects the use of respiratory muscles or has involvement with the airways.

A ventilator is the equipment used to mechanically assist breathing by transporting air to the lungs. There are smaller, portable ventilators for use in the home setting.

Coding Clinic Advice

Per AHA Coding Clinic 2008, Q1, "BiPAP involves assisted ventilatory support, which is designed to augment a patient's ability to breath on a spontaneous basis. The patient is breathing on his own with BiPAP or CPAP. Although CPAP and BiPAP are similar, BiPAP provides continuous positive airway pressure that is higher when the patient breathes in and lowers when the patient breathes out. In both cases the patient is initiating his own inspirations and exhalations. Both CPAP and BiPAP are forms of respiratory assistance that augment the patient's breathing. In contrast, mechanical ventilation pumps air into the lungs even when there is no attempt by the patient to breathe independently."

Coding Reference

Status codes V46.2 (ICD-9, no HCC) and Z99.81 (ICD-10, no HCC) for supplemental oxygen are used to report patients on long-term oxygen therapy, regardless the duration of use each day.² This status code assignment applies to long-term oxygen therapy consisting of dependence on ambulatory, continuous, supplemental, and/or nocturnal oxygen therapy.^{3,4}

Status code categories V46.1 (ICD-9, HCC 82) and Z99.1 (ICD-10, HCC 82) are for use when the patient is dependent on

respirator (ventilator). This code category also includes weaning from a mechanical ventilator and encounters for respiratory (ventilator) dependence during power failure.

For weaning from a mechanical ventilator, ICD-10 coding guidelines state to assign a code from subcategory J96.1 (HCC 84), Chronic respiratory failure, with secondary status code Z99.11 (HCC 82), Dependence on respiratory [ventilator] status. Status codes are for use only when there are no complications or malfunctions of the device.

ICD-10 Mapping

The table below is a comparison between ICD-9 and ICD-10 for a patient with dependence on respirator (ventilator) status.

ICD-10 Mapping	
<u>ICD-9</u>	<u>ICD-10</u>
V46.11 (HCC 82)- Dependence on respirator, status	Z99.11 (HCC 82)- Dependence on respirator (ventilator) status

1 Internal Ventilator Users Network (IVUN) website (accessed April 2015): ventusers.org
 2 AHA Coding Clinic, 2002, Q4, Status V codes
 3 Anita Schmidt, K.K., &, P.W. (2016). ICD-10-CM Expert for Physicians. Optum360
 4 2012 Professional: International Classification of Diseases, 9th revision, Clinical Modification. Eden Prairie, MN: OptumInsight.