

Acute Conditions Not Usually Treated in an Office Setting

Although patients occasionally present to the physician's office with life threatening conditions, in general patients are treated in a hospital setting. Remember that historical ("history of") conditions are not coded as if the patient has the condition currently. Physicians also cannot code "rule out" conditions.

Acute Respiratory Failure – J96.0- or Acute and Chronic Respiratory Failure, J96.2-

ICD-10 Coding of Acute Respiratory Failure

In ICD-10, Acute Respiratory Failure, and Acute and Chronic Respiratory Failure are described as with hypoxia or with hypercapnia. While there are codes for unspecified respiratory failure, physicians should document hypoxia/hypercapnia when known.

As noted with other acute, severe diseases, we would not expect these conditions to be treated in a physicians office.

In chart review, we generally find that these are follow-up visits after a patient is discharged from a hospital. To indicate a personal history of a resolved condition of the respiratory system, use Z87.09 -Personal history of other diseases of the respiratory system.

ICD-9 Coding of Acute Respiratory Failure

Acute Respiratory Failure/Acute on Chronic Respiratory Failure (518.81-518.82, 518.84-518.5)
As with the other conditions listed here, acute respiratory failure is an emergency, generally requiring hospitalization. We would not expect a member with acute respiratory failure to be treated in a physician's office setting. As with the other conditions listed above, it would be appropriate to code acute respiratory failure in the office setting only if the patient was initially treated in your office for the condition, prior to being transported to the hospital.

In chart review, we usually find that these codes are used incorrectly in the following ways:

- to represent a history of acute respiratory failure
- in patients receiving follow up from a recent hospitalization
- In patients who have chronic respiratory failure

Per the ICD-9 coding guidelines, illnesses that have resolved should no longer be coded. If the underlying cause or contributing factor of the respiratory failure (e.g., COPD) is present, that condition should be coded. To indicate personal history of a resolved (listed) condition of the respiratory system, you should use V12.69.