

## Aspiration Pneumonia

### CMS HCC\_V28 Model Updates

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for types of **Aspiration Pneumonia**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

**Aspiration Pneumonia** is inflammation of the lung tissue caused by aspiration of foreign material into the tracheobronchial tree.

#### J69.0 Pneumonitis due to inhalation of food and vomit

- Unspecified aspiration
- Aspirated food, saliva, gastric contents, milk, water

#### J69.1 Pneumonitis due to inhalation of oils and essences

- Unspecified lipid, exogenous lipoid pneumonia, aspirated mineral oil, vegetable oil, essential oils (peppermint, tea tree, lavender)

#### J69.8 Pneumonitis due to inhalation of other solids and liquids

- Aspirated barium
- Pill fragments, blood, detergent

# Documentation and Coding

Risk Factors	Diagnostic Exams/Tests	Complications	Link Associated Conditions	Treatment
<ul style="list-style-type: none"> <li>Dysfunction of esophagus swallowing</li> <li>Mechanical conditions (e.g., Tracheostomy status)</li> <li>Reduced/altered consciousness</li> <li>Underlying lung disease</li> </ul>	<ul style="list-style-type: none"> <li>X-ray/CT scans</li> <li>Swallowing tests</li> <li>Sputum culture</li> <li>Bronchoscopy</li> <li>Arterial blood gas</li> <li>Blood culture/complete blood count (CBC)</li> </ul>	<ul style="list-style-type: none"> <li>Shock</li> <li>Sepsis</li> <li>Death</li> <li>Bacteremia</li> <li>Lung abscess</li> <li>Respiratory failure</li> </ul>	<ul style="list-style-type: none"> <li>Due to</li> <li>Secondary to</li> <li>Associated with</li> <li>Complicated by</li> </ul> <p>Example: Sepsis secondary to aspiration pneumonia</p>	<ul style="list-style-type: none"> <li>Antibiotics</li> <li>Ventilator</li> <li>Alternate feeding methods to reduce risk of aspiration</li> <li>Bronchoalveolar lavage</li> <li>Bronchodilators</li> </ul>

## Documentation Should Include

- The site and nature of aspiration, since aspiration can occur anywhere along the respiratory tract.
- Hypoxemia when present, since it is not integral to pneumonia and can be coded additionally when appropriately documented.
- Radiology tests, test results, or solely clinical criteria must be documented by an appropriate provider.

## Coding Tips

- Pneumonitis due to solids and liquids (**J69.\***) cannot be coded together with Neonatal Aspiration Syndromes (**P24.\***) and Postprocedural Pneumonitis (**J95.4**).
- Pneumonitis due to inhalation of oils and essences (**J69.1**) cannot be coded with Endogenous lipid pneumonia (**J84.89**).
- Pneumonitis due to inhalation of food and vomit (**J69.0**) cannot be coded together with Obstetric aspiration pneumonitis (**O74.0**).
- Aspiration pneumonia and infectious pneumonia can occur together, with one condition being superimposed on the other; in this case each condition is coded separately.
- Assign from category **T17\*** to identify a foreign body in respiratory tract, and categories **T51\*–T65.\*** to identify substance, if applicable.

\*Requires additional digit to complete the diagnosis code.

# Documentation and Coding

## Coding Example

<b>Case</b>	A 67-year-old male presents with complaints of chest pain, shortness of breath, and confusion. He had dysphagia s/p CVA six months ago and a history of COPD. On assessment, the patient is documented to have wheezing and rhonchi, and current O2 Sat is 92% on room air. Provider documents in the progress notes that CXR showed “right basilar infiltrate with pneumonia.” Patient had a failed swallow evaluation and documented to be treated with Zosyn for aspiration pneumonia .
<b>ICD-10-CM</b>	<b>J69.0</b> Pneumonitis due to inhalation of food and vomit
<b>Rationale</b>	Documentation supports <b>J69.0</b> , Pneumonitis due to inhalation of food and vomit, since it is documented that the patient has pneumonia and is currently being treated with Zosyn for aspiration pneumonia.

## Questions?

Contact us at [#Risk Adjustments and clinical Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the coding section on [HFproviders.org](http://HFproviders.org).

## References

- [What is Aspiration Pneumonia?, Penn Medicine](#)
- [Pneumonitis and pneumonia after aspiration, KoreaMed Synapse](#)
- [American Health Information Management Association \(AHIMA\)](#)
- [Essential Oil Poisoning, The Royal Children's Hospital Melbourne](#)
- [ICD-10-CM Official Coding Guidelines, FY 2024](#)

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