

Documentation and Coding: Respiratory Failure

CMS-HCC_V28 Model Updates

December 2023

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 **Respiratory Failure**. It provides information from industry sources about proper coding practices. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the 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.

Types of Respiratory Failure are based on Acute, Chronic, Acute-on-Chronic, **AND** whether the patient has Hypoxia, Hypercapnia, or both.

Acute Respiratory Failure (J96.0*)	Chronic Respiratory Failure (J96.1*)	Acute-on-Chronic Respiratory Failure (J96.2*)	Respiratory Failure, unspecified (J96.9*)†
<p>J96.01: with hypoxia</p> <p>J96.02: with hypercapnia</p>	<p>J96.11: with hypoxia</p> <p>J96.12: with hypercapnia</p>	<p>J96.21: with hypoxia</p> <p>J96.22: with hypercapnia</p>	<p>J96.91: with hypoxia</p> <p>J96.92: with hypercapnia</p>

†Use only in the event no other code describes the condition.

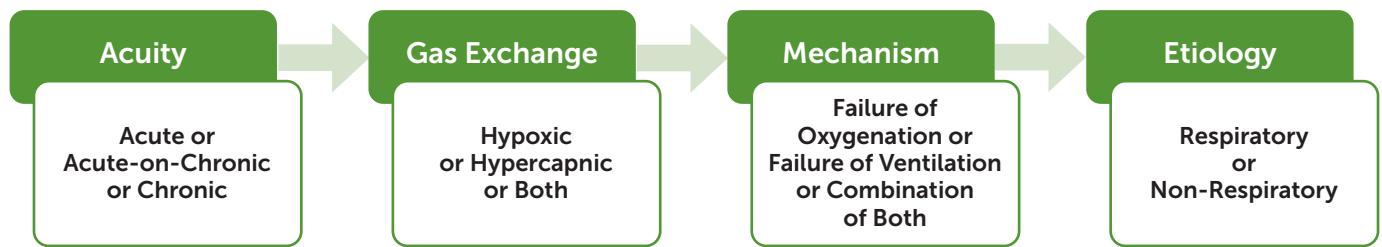
*Requires additional digit to complete the diagnosis code.

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Clinical Indicators: Respiratory Failure

Hypoxic Respiratory Failure	Hypercapnic Respiratory Failure	Acutely Symptomatic
<ul style="list-style-type: none"> ■ pO₂ < 60mmHg ■ P/F ratio < 300 ■ SpO₂ < 91% on room air/home O₂ ■ 2L or more over baseline O₂ requirement 	<ul style="list-style-type: none"> ■ pCO₂ > 50 with pH < 7.35 ■ pCO₂ > 10 over baseline with pH < 7.35 ■ Require respiratory support 	<ul style="list-style-type: none"> ■ Tachypnea (RR > 20) or Bradypnea (RR < 10) ■ Use of accessory muscles ■ Inability to speak in complete sentences ■ Tripoding

Clinical Documentation Recommendations



Status of Conditions	Diagnostic Test	Treatment	Pulmonary Rehabilitation
<ul style="list-style-type: none"> ■ Stable ■ Improved ■ Worsening 	<ul style="list-style-type: none"> ■ Pulse oximetry ■ Pulmonary function test ■ Arterial blood gas values ■ Chest X-ray ■ Electrocardiogram 	<ul style="list-style-type: none"> ■ Oxygen therapy ■ Mechanical ventilation ■ Tracheostomy ■ Continuous positive airway pressure 	<ul style="list-style-type: none"> ■ Exercise therapy ■ Education ■ Counseling

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ICD-10-CM Sequencing Coding Guidelines

Principal Diagnosis	Secondary Diagnosis	Sequencing
<ul style="list-style-type: none"> Present on admission (POA) 	<ul style="list-style-type: none"> If does not meet the definition of principal diagnosis 	<ul style="list-style-type: none"> If documentation is not clear as to whether the acute respiratory failure or other condition POA, query the provider

Examples of Coding Respiratory Failure

Acute respiratory failure due to severe viral sepsis: 45-yr.-old female transferred from another hospital in acute respiratory failure found to be due to severe viral sepsis:

A41.89: Other specified sepsis

R65.20: Severe sepsis without septic shock

J96.00: Acute respiratory failure, unspecified whether with hypoxia or hypercapnia

Chronic respiratory failure admitted on a ventilator with a trach. Provider documents "ventilator-associated pneumonia due to Methicillin-susceptible Staphylococcus aureus (MSSA)"

J95.851: VAP

B95.61: MSSA as cause of disease classified elsewhere

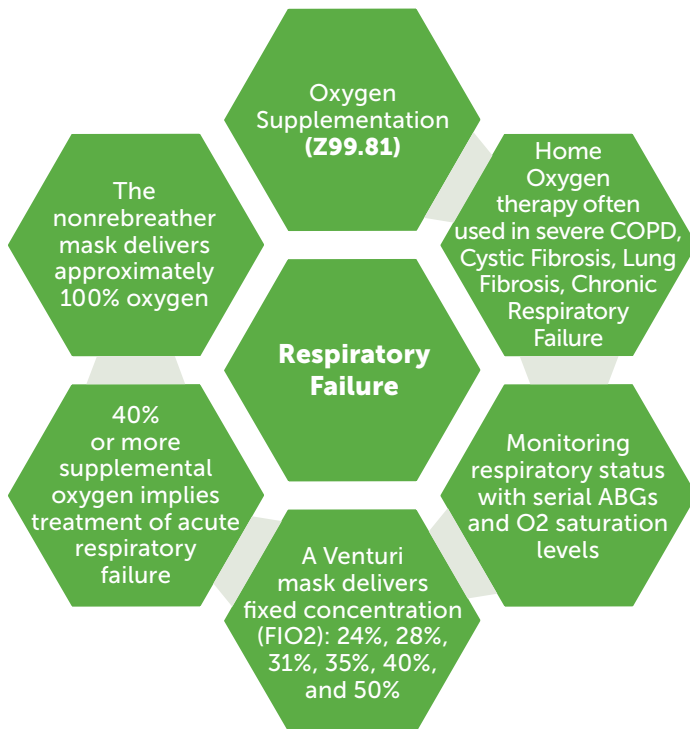
J96.10: Chronic respiratory failure, unspecified

Z93.0: Trach status

Z99.11: Dependence of ventilator status

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Oxygen Supplementation and Mechanical Ventilation for Respiratory Failure



Clinical Documentation of Ventilator Status (Z99.11) and Tracheostomy Status (Z93.0)

- To confirm dependence upon a respirator/ventilator to report the condition and ensure to code respirator/ventilator status.
- Report the status code for the patients on unplanned breathing assistance.
- Do not report respirator/ventilator status for patients who are on breathing assistance because of a planned procedure or surgery.
- Documentation should include reason for mechanical ventilation such as acute and/or chronic respiratory failure, acute respiratory distress syndrome, respiratory arrest.
- Tracheostomy often used in chronic respiratory failure.

Tracheostomy	ICD-10-CM Code
Attention to:	Z43.0
Status of:	Z93.0

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 at HFproviders.org.

References

- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2024](#)
- [Coding Clinic Advisor](#)