Respiratory System

The codes for respiratory conditions are found in ICD-10-CM’s Chapter 10 (*Diseases of the Respiratory System*). This section of the Navigator® discusses several common findings on imaging exams of the respiratory system, including pneumothorax, atelectasis, and pleural effusion. For information about lung infiltrates and pulmonary nodules, see the Abnormal Findings section, beginning on page 168.

### Coding Tips

**Respiratory Conditions**

- Be careful to distinguish between traumatic, postprocedural, and spontaneous pneumothorax.
- Assign J95.811 for postprocedural pneumothorax, including that caused by central line insertion.
- For malignant pleural effusion, code the cancer first, followed by code J91.0.

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**Pneumothorax**

The lungs are encased in two layers of pleural membranes. The visceral pleura is the inner membrane that covers the surface of the lung, while the parietal pleura is the outer membrane that covers the wall of the chest cavity. The space between the visceral pleura and the parietal pleura is the pleural cavity. The pleural cavity is often referred to as a “potential space,” because in a healthy person the two membranes touch each other, so there is no actual space. The cells lining the pleural cavity secrete tiny amounts of fluid that allow the membranes to move smoothly over each other.

Pneumothorax is the accumulation of air in the pleural cavity, which causes the lung on that side to collapse. The condition can be a result of a leak in the visceral pleura, allowing air from the lung to escape into the pleural space, or a penetrating chest wound. Pneumothorax is treated by inserting a needle into the pleural space to allow the air to escape, which in turn permits the lung to re-expand.

Code assignment for pneumothorax depends on its cause:

- Traumatic pneumothorax is reported with codes from category S27 in the Injury chapter.
- Postprocedural pneumothorax (for example, due to central venous catheter insertion or lung biopsy) is reported with code J95.811.
- Other types of pneumothorax are reported with codes from category J93.
Traumatic Injuries

Traumatic injuries are reported with codes from categories S00-T14 of Chapter 19. The injury codes are arranged by body area. For example, categories S40-S49 contain the codes for all types of injuries of the shoulder and upper arm, except for burns, which are classified separately.

Coding Tips

Traumatic Injuries

- Code each injury separately unless there is a combination code, sequencing the most serious injury first.
- Do not code superficial injuries together with more serious injuries of the same site, but nerve and blood vessel injuries are coded separately.
- The default for fractures is closed and displaced.

Observation

When an imaging exam is performed to look for injuries in a patient who has been in an accident, and the exam is negative, you should code the patient's symptoms, such as pain, swelling, etc. If no information is available about the symptoms, assign a code from category Z04 for observation following accident. Please see page 224 for information about the observation codes.

Coding Guidelines

The rules for coding injuries are located in Section I.C.19 of the ICD-10-CM guidelines. They include the following:

- Assign separate codes for each injury unless there is a combination code provided. For example, in ICD-9-CM there were combination codes for fractures of the tibia and fibula, but there are no combination codes for these injuries in ICD-10-CM, so you will need to code them separately.

- Sequence the most serious injury first, as determined by the provider and by the focus of treatment. For example, if a CT scan of the abdomen shows a laceration of the spleen as well as a fracture of one of the lower ribs, you should sequence the spleen injury first because it is the most serious injury.

- Do not code superficial injuries such as abrasions and contusions when they are associated with a more severe injury of the same site. For example, if the patient has fracture and contusion of the same hip, only the fracture should be coded. Or if the patient has laceration and contusion of the spleen, only the laceration should be coded. (See Coding Clinic®, Second Quarter 2015.)
Pre-MRI Orbit X-Rays

A patient with a retained metal fragment in his eye may suffer eye damage during an MRI if the strong magnetic field causes the fragment to move. For this reason facility personnel usually question patients about any history of foreign bodies prior to performing the scan. Orbit x-rays may also be performed since metallic objects are highly visible on x-ray. Code assignment for these x-rays depends on the circumstances and the findings.

Codes for Pre-MRI Obit X-Rays

If the x-ray shows that the patient has a retained foreign body in the eye, you should assign a code from the Eye and Adnexa chapter of ICD-10-CM to indicate the location of the foreign body. Do not assign an injury code for the foreign body unless it is a new injury. You should also assign a code from subcategory Z18.1- (Retained metal fragments) to indicate the nature of the foreign body, if known.

Example: MRI of the brain is ordered due to dizziness. The patient states that he is a retired metalworker and had many metal splinters over the years. Orbital x-ray reveals a retained metallic foreign body in the patient’s left eye, so the MRI is canceled. The record does not indicate whether the object is magnetic or non-magnetic. In the Index, “Foreign body, intraocular, old, retained” refers you to code H44.70-. Code Z18.10 is assigned as a secondary diagnosis to show the nature of the foreign body. The reason for the MRI is coded as a secondary diagnosis, and code Z53.09 is also assigned to show that the MRI was canceled. The code assignment is:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H44.702</td>
<td>Unspecified retained (old) intraocular foreign body, nonmagnetic, left eye</td>
</tr>
<tr>
<td>Z18.10</td>
<td>Retained metal fragments, unspecified</td>
</tr>
<tr>
<td>R42</td>
<td>Dizziness and giddiness</td>
</tr>
<tr>
<td>Z53.09</td>
<td>Procedure and treatment not carried out because of other contraindication</td>
</tr>
</tbody>
</table>

If the patient reports a history of metallic foreign body in the eye, but the orbit x-ray is negative, you should assign code Z87.821 to show that the foreign body was completely removed.

Example: MRI of the brain is ordered due to dizziness. The patient states that he is a retired metalworker and recalls having a metal splinter removed from his eye many years ago. Orbital x-ray reveals no remaining foreign body, and the patient is cleared for his MRI. In the Index, “History, personal, retained foreign body fully removed” refers you to code Z87.821. You should code the reason for the MRI as a secondary diagnosis. The code assignment is:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z87.821</td>
<td>Personal history of retained foreign body fully removed</td>
</tr>
<tr>
<td>R42</td>
<td>Dizziness and giddiness</td>
</tr>
</tbody>
</table>

If the patient does not give a history of having a foreign body in the eye, and the orbital x-ray is negative, you should report the exam as a screening service with code Z13.5:
Question 1
A patient undergoes CT of the thorax for lung cancer. In the report, the radiologist notes that the patient has a cardiac pacemaker in situ. What code should you assign for the pacemaker?

Z95.0 Presence of cardiac pacemaker

In the Index, “Status, pacemaker, cardiac” refers you to code Z95.0. Status codes indicate that a patient has had a particular type of procedure or device, but is not experiencing complications and is not being seen for aftercare related to that procedure or device.

Question 2
You should not assign a code for a complication of treatment unless the physician documents that the patient’s condition was caused by the treatment and is a complication rather than an expected aftereffect.

a) True – CORRECT
b) False

This guidance appears in the ICD-10-CM guidelines, Section I.B.16.

Question 3
Which of the following is considered a mechanical complication of an implanted device?

a) Infection
b) Embolism
c) Thrombosis
d) Displacement - CORRECT

Mechanical complications of implanted devices and grafts include device breakdown, displacement, leakage, obstruction, perforation, or protrusion.

Question 4
A nuclear white blood cell study is ordered due to hip pain and suspected infection of the patient’s right total hip prosthesis. The study confirms the infection. Assign the code(s) for this encounter.

T84.51XA Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter

The Index entry for “Complication, joint prosthesis, internal, infection or inflammation, hip” refers you to code T84.5-. The Tabular List indicates that this code requires a 5th character of “1” for right hip and 7th character “A” for initial encounter. Note: According to Coding Clinic® (First Quarter 2015), status code Z96.641 (Presence of right artificial hip joint) should also be assigned, although this code does not provide any additional information.