Catholic Health Services *of Long Island* At the heart of health

the Coding Talk...

To Code or Not To Code

Diagnosis of the Month...

Physician/MLP Reminder:

Document, if present, any of the following clinical indicators to support your diagnosis of respiratory failure.

- Accessory muscle use
- Tachypnea
- Dyspnea
- Tachycardia
- Diaphoresis
- Cyanosis
- Hypoxia
- Unable to speak in complete sentences
- Extreme anxiety & feeling of "impending doom"
- Tripod position & mental confusion
- Altered mental status/obtunded

Document the cause of ARF due to:

Presence of
- **Hypoxemia**
- **Hypercapnia**

Note:

It is important to also document clinical indicators in the absence of having an ABG lab value to support your diagnosis of ARF

Acute Respiratory Failure

ICD-10-CM Code – J96.02, J96.01

Clinical Indicators to support Physician/MLP Documentation of ARF

The diagnosis of acute respiratory failure is defined by any one of the following:

Hypoxemic
$pO_2 < 60mmHg$ or
$SpO_2 < 91\%$ breathing room air or
P/F ratio $(pO_2/FIO_2) < 300$ or
10mm Hg pO_2 decrease from baseline if known

These criteria may not apply to patients with severe COPD because their room air pO_2 is often less than 60 mm Hg. However, if the baseline pO_2 is known, a decrease by 10mm Hg or more indicates acute hypoxemic respiratory failure in such a patient.

Hypercapnic
$pCO_2 > 50mm$ Hg with pH < 7.35, or
10mm Hg increase in baseline pCO_2 if known

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