CHAPTER 12

Diseases of the respiratory system

This chapter has 79 four-character categories.

Code range starts with CA00

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Certain conditions originating in the perinatal period (Chapter 19)

Certain infectious or parasitic diseases (Chapter 01)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Coded Elsewhere: Neoplasms of the respiratory system

Developmental respiratory diseases

Symptoms, signs or clinical findings of the respiratory system (MD10-MD6Y)

Pulmonary heart disease or diseases of pulmonary circulation (BB00-BB0Z)

Sleep-related breathing disorders (7A40-7A4Z)

Diseases of the respiratory system complicating pregnancy, childbirth or the puerperium (JB64.5)

This chapter contains the following top level blocks:

* Upper respiratory tract disorders
* Certain lower respiratory tract diseases
* Lung infections
* Lung diseases due to external agents
* Respiratory diseases principally affecting the lung interstitium
* Pleural, diaphragm or mediastinal disorders
* Postprocedural disorders of the respiratory system
* Neoplasms of the respiratory system
* Developmental respiratory diseases

Upper respiratory tract disorders (BlockL1‑CA0)

This group of disorders refers to diseases of the upper airways (upper respiratory tract). The upper airways anatomically are complicated structures which extend from the airway openings at the nares and lips to the trachea. The term upper airways includes several anatomically distinct regions. The nose constitutes the upper segment, followed by the nasopharyngeal and oropharyngeal airways, which extend from the nasal choanae and oral cavity to the supraglottic space. The paranasal sinuses drain into the nasal cavities and are attached to the lateral, posterior, and superior aspects of the nose. The larynx divides the upper and lower airways, although some place it in the thoracic inlet.

Exclusions: Chronic obstructive pulmonary disease with acute exacerbation, unspecified (CA22.0)

CA00 Acute nasopharyngitis

A disease of the upper respiratory tract, caused by an infection with rhinovirus. This disease is characterised by pharyngitis, runny nose, stuffy nose, or cough. Transmission is by inhalation of infected respiratory secretions, or direct contact.

Exclusions: Chronic nasopharyngitis (CA09.1)

pharyngitis NOS (CA02)

Acute pharyngitis (CA02)

Chronic pharyngitis (CA09.2)

rhinitis NOS (CA09.0)

sore throat NOS (BlockL1‑CA0)

Vasomotor rhinitis (CA08.3)

Chronic rhinitis (CA09.0)

Allergic rhinitis (CA08.0)

acute sore throat (CA02)

chronic sore throat (CA09.2)

CA01 Acute sinusitis

Recent onset and/or short duration inflammation of the mucosa in one or more of the paranasal sinuses (maxillary, ethmoid, frontal and sphenoid) arising from infection or other causes such as caries or injury to the teeth. Purulent discharge can be seen at the middle meatus and olfactory cleavage and patients complain of dysosmia, stuffy nose, fever, or localised tenderness or pain. Allergic rhinitis, nasal septum deformity or hypertrophic rhinitis are underlying diseases that may induce acute sinusitis.

Exclusions: sinusitis, chronic or NOS (CA0A)

CA02 Acute pharyngitis

Acute pharyngitis is defined as an infection or irritation of the pharynx and/or tonsils and is a part of the common cold symptoms. The etiology is usually infectious, with most cases being of viral origin.  Although virus infection is the primary cause, it is also caused by bacterial infection. The discomfort of a throat, a throat pain and swallowing pain often occur. Headache, general fatigueness, radiating pain to the ear and a cervical lymphadenitis also occur. Local finding demonstrates hyperaemic palatine tonsils and swelling of lymphoid follicles of posterior wall of pharynx. Patients with acute pharyngitis present most commonly with a sore throat. Other various symptoms can rise in these patients depending on their causing organisms.

Inclusions: acute sore throat

Exclusions: Acute laryngopharyngitis (CA04)

Peritonsillar abscess (CA0K.1)

Chronic pharyngitis (CA09.2)

Retropharyngeal or parapharyngeal abscess (CA0K.0)

Coded Elsewhere: Streptococcal pharyngitis (1B51)

Meningococcal pharyngitis (1C1C.Y)

CA02.0 Acute pharyngitis due to other bacteria

Rapid onset inflammation of the pharynx, (back of the throat, between the tonsils and the voicebox (larynx)) due to a specifically identified organism not classified elsewhere.

Exclusions: Viral infections characterised by skin or mucous membrane lesions (BlockL1‑1E7)

Coded Elsewhere: Gonococcal pharyngitis (1A72.3)

CA02.1 Acute viral pharyngitis

Coded Elsewhere: Enteroviral vesicular pharyngitis (1F05.1)

CA02.10 Pharyngitis due to Adenovirus

Pharyngitis is an inflammation of the mucous membranes and underlying structures of the throat. Adenoviral pharyngitis is a self-limiting disease associated with fever, erythema of the pharynx, enlarged tonsils with exudate and enlarged cervical lymph nodes accompanied by fever, malaise, myalgia and abdominal pain. Frequently occurs with self-limiting conjunctivitis (refer to pharyngoconjunctival fever), laryngotracheitis, bronchitis and pneumonia.

CA02.1Y Other specified acute viral pharyngitis

CA02.1Z Acute viral pharyngitis, unspecified

CA02.Y Other specified acute pharyngitis

CA02.Z Acute pharyngitis, unspecified

CA03 Acute tonsillitis

Exclusions: Streptococcal pharyngitis (1B51)

Acute pharyngitis (CA02)

Peritonsillar abscess (CA0K.1)

CA03.0 Streptococcal tonsillitis

A disease of the tonsils, caused by an infection with the gram-positive bacteria Streptococcus group A. This disease is characterised by a sore throat, fever, tonsillar exudates, or cervical adenopathy. This disease may also present with odynophagia, dysphagia, otalgia, dry tongue, erythematous, enlarged tonsils, or yellowish white spots on the tonsils. Transmission is commonly by inhalation of infected respiratory secretions or indirect contact. Confirmation is by identification of Streptococcus group A from a throat swab.

CA03.Y Other specified acute tonsillitis

CA03.Z Acute tonsillitis, unspecified

CA04 Acute laryngopharyngitis

The most common upper respiratory tract infection is the common cold however, infections of laryngopharynx is also considered upper respiratory tract infections, of multiple sites.

CA05 Acute laryngitis or tracheitis

Acute laryngitis and tracheitis are defined respectively as acute inflammation of larynx and trachea, with local findings of erythema, and oedema of laryngeal and tracheal mucosa. Acute laryngitis and tracheitis are induced by upper respiratory tract viral infections or voice abuse.

Exclusions: Laryngismus (stridulus) (CA0H.4)

Acute obstructive laryngitis or epiglottitis (CA06)

CA05.0 Acute laryngitis

Rapid onset inflammation of the laryngeal mucosa, including the vocal cords. It is frequently characterised by irritation, oedema, and reduced pliability of the mucosa.

Exclusions: Chronic laryngitis (CA0G)

Acute obstructive laryngitis or epiglottitis (CA06)

CA05.1 Acute tracheitis

This condition refers to the acute inflammation of the trachea.

Exclusions: Chronic tracheitis (CA20.1)

CA05.2 Acute laryngotracheitis

Acute laryngotracheitis refers to the acute inflammation of both the larynx (laryngitis) and trachea (tracheitis).

Exclusions: Chronic laryngitis or laryngotracheitis (CA0G)

CA05.Y Other specified acute laryngitis or tracheitis

CA05.Z Acute laryngitis or tracheitis, unspecified

CA06 Acute obstructive laryngitis or epiglottitis

CA06.0 Acute obstructive laryngitis

A condition commonly caused by an acute viral infection of the upper airway. This condition is characterised by a barking cough, stridor, hoarseness, or difficulty breathing. Transmission is commonly by inhalation of infected respiratory secretions.

Inclusions: croup

CA06.1 Acute epiglottitis

Acute epiglottitis is a special type of laryngeal inflammation, being characterised with a local swelling of epiglottis mucosa. This disease is more common in children in western countries, but adult cases are more common in Japan. Haemophilus influenzae type B infection is considered an important causative factor. Particularly in children, rapid exacerbation of dyspnoea can occur a couple of hours after the onset of this disease.

CA06.Y Other specified acute obstructive laryngitis or epiglottitis

CA06.Z Acute obstructive laryngitis or epiglottitis, unspecified

CA07 Acute upper respiratory infections of multiple and unspecified sites

Exclusions: Influenza, virus not identified (1E32)

influenza virus, identified (1E30)

CA07.0 Acute upper respiratory infection, site unspecified

CA07.1 Acute upper respiratory infections of multiple sites

Coding Note: Assign additional codes for the specific infections.

CA08 Vasomotor or allergic rhinitis

Rhinitis is inflammation of the nasal mucosa clinically characterised by major symptoms: sneezing, nasal pruritus, running nose, and stuffy nose.

Allergic rhinitis is an inflammation of nasal airway triggered by allergens to which the affected individual has previously been sensitized. Pathogenesis of allergic rhinitis is type I allergy on the nasal mucosa. Antigens inhaled into sensitized nasal mucosa bind to IgE antibodies on mast cells, which release chemical mediators such as histamine and peptide leukotriene. Consequently terminal of sensory neurons and vessels react to induce sneezing, running nose, and stuffy nose (immediate phase reaction). In late phase reaction, various chemical mediators are produced by mast cells, cytokines are produced by Th2 and mast cells, and chemokines are produced by epithelial cells, endothelium of blood vessels, and fibrocytes, respectively. These cell-derived transmitters actually induce various cell types of inflammatory cell infiltration to nasal mucosa. Among them, activated eosinophils is the main player of mucosal swelling and hyperreactivity.

Non-allergic rhinitis is an inflammation of nasal mucosa in which allergic mechanisms are not involved. It covers many different phenotypes.

Exclusions: rhinitis NOS (CA09.0)

CA08.0 Allergic rhinitis

Allergic rhinitis is an inflammation of nasal airway triggered by allergens to which the affected individual has previously been sensitized. Pathogenesis of allergic rhinitis is type I allergy on the nasal mucosa. Antigens inhaled into sensitized nasal mucosa bind to IgE antibodies on mast cells, which release chemical mediators such as histamine and peptide leukotriene. Consequently terminal of sensory neurons and vessels react to induce sneezing, running nose, and stuffy nose (immediate phase reaction). In late phase reaction, various chemical mediators are produced by mast cells, cytokines are produced by Th2 and mast cells, and chemokines are produced by epithelial cells, endothelium of blood vessels, and fibrocytes, respectively. These cell-derived transmitters actually induce various cell types of inflammatory cell infiltration to nasal mucosa. Among them, activated eosinophils is the main player of mucosal swelling and hyperreactivity.

CA08.00 Allergic rhinitis due to pollen

This condition is an allergic inflammation of the nasal airways. It occurs when an allergen, such as pollen, is inhaled by an individual with a sensitized immune system.

Inclusions: Pollinosis

CA08.01 Allergic rhinitis due to other seasonal allergens

This refers to other allergic inflammation of the nasal airways in patients with proven allergy to other allergens besides pollens and house dust mite, with multiple sensitization or as a component of complex conditions such as latex allergy. Clinically characterised by major symptoms: sneezing, nasal pruritus, running nose, and stuffy nose. It occurs when an allergen, such as animal dander (particles of shed skin and hair), insect (cockroach body particles), fungal particles, is inhaled by an individual with a sensitized immune system.

CA08.02 Allergic rhinitis due to house dust mite

Allergic rhinitis triggered by the exposure to house dust mite allergens to which the affected individual has previously been sensitized.

CA08.03 Other allergic rhinitis

This refers to other allergic inflammation of the nasal airways. It occurs when an allergen, such as pollen, dust or animal dander (particles of shed skin and hair) is inhaled by an individual with a sensitized immune system.

CA08.0Z Allergic rhinitis, unspecified

CA08.1 Non-allergic rhinitis

Non-allergic rhinitis is an inflammation of nasal mucosa in which allergic mechanisms are not involved. It covers many different phenotypes.

Coded Elsewhere: Drug-induced rhinitis (4A85.0Y)

CA08.10 Non-allergic rhinitis with eosinophils

The non-allergic rhinitis with eosinophils is characterised by large numbers (inconsistently defined as >5% to >20%) of eosinophils on nasal smear. Patients usually have paroxysmal exacerbations of symptoms, including sneezing, profuse watery rhinorrhoea, nasal pruritus, nasal congestion, and occasional anosmia. It may precede the development of nasal polyposis and aspirin hypersensitivity. Patients with non-allergic rhinitis with eosinophils are at increased risk for the development of obstructive sleep apnoea.

CA08.1Y Other specified non-allergic rhinitis

CA08.1Z Non-allergic rhinitis, unspecified

CA08.2 Mixed rhinitis

Mixed rhinitis is a specific rhinitis subtype that combines characters of allergic rhinitis and non-infectious non-allergic rhinitis. It may represent between 50 and 70% of all allergic rhinitis cases.

CA08.3 Vasomotor rhinitis

Vasomotor rhinitis is a form of non-allergic inflammation of the nasal mucosa that is characterised by nasal congestion and posterior pharyngeal drainage. The non-allergic triggers cause dilation of the blood vessels in the lining of the nose, which results in swelling, and drainage.

CA08.Y Mixed allergic and non-allergic rhinitis

CA08.Z Rhinitis, unspecified whether allergic or nonallergic

CA09 Chronic rhinitis, nasopharyngitis or pharyngitis

The pathological condition of chronic rhinitis is a continuation of persistent inflammation on nasal turbinate mucosae, which is induced by microbial infection, irritation with inhaled substances and abnormal structure of nasal cavity. This condition induces nasal obstruction and increased nasal discharge. Pharyngitis is an inflammation of whole pharyngeal mucosa and lymphatic tissues and its acute symptoms are a part of the common cold symptoms. Although viral infection is the primary cause, it is also caused by bacterial infections. The discomfort of throat, throat pain and swallowing pain occur. Headache, general fatigueness, radiating pain to the ear and a cervical lymphadenitis also occur. Local finding demonstrates hyperaemic palatine tonsils and swelling of lymphoid follicles of posterior wall of pharynx. Chronic pharyngitis can be considered as a consequence of acute pharyngitis or effect of continuous stimuli, with symptoms of abnormal sensation of throat, discomfort, and foreign body sensation.

CA09.0 Chronic rhinitis

Persistent or recurrent inflammation of the nasal mucosa.

Exclusions: Vasomotor rhinitis (CA08.3)

Allergic rhinitis (CA08.0)

CA09.1 Chronic nasopharyngitis

Persistent or recurrent inflammation of the top portion of the pharynx situated posterior to the nose and superior to the soft palate, usually including its mucosa, related lymphoid structure, and glands.

Exclusions: Acute nasopharyngitis (CA00)

CA09.2 Chronic pharyngitis

Persistent or recurrent inflammation of the pharynx; the funnel-shaped fibromuscular tube which conducts food to the oesophagus and air to the larynx.

Inclusions: Chronic sore throat

Exclusions: Acute pharyngitis (CA02)

CA09.Y Other specified chronic rhinitis, nasopharyngitis or pharyngitis

CA09.Z Chronic rhinitis, nasopharyngitis or pharyngitis, unspecified

CA0A Chronic rhinosinusitis

Sinusitis is an inflammation of the mucosal lining of the paranasal sinuses secondary to both infectious and allergic mechanisms. The retention of sinus secretions is the most important event in the development of sinusitis. This creates a favourable milieu for the growth of infection agents and may be caused by the obstruction or narrowing of sinus ostia, mucociliary dysfunction and changes in mucus composition. 90% of sinus infections involve the maxillary sinus. Chronic sinusitis refers to symptom duration lasting 3 months or more. Diagnosis of sinusitis is based on past history and physical examination findings. The CT scan is the most sensitive technique in evaluating sinus disease. The goals of management of chronic sinusitis are to eradicate infection, to relieve ostiomeatal obstruction, to normalize mucociliary clearance, and to prevent complications. When pharmaceutical treatment does not have any remarkable improvement or when a surgical approach can be chosen as patient's complication, surgical intervention should be aimed to establish an effective sinus drainage from the ostium. . Functional endoscopic sinus surgery (FESS) describes endoscopic techniques that have revolutionized the approach to sinus disease. The procedure is aimed at restoring the functional physiology of sinus aeration and drainage via the expanded ostiomeatal complex while minimizing surgical alteration of the normal anatomic pathways.

Exclusions: Acute sinusitis (CA01)

CA0A.0 Samter syndrome

Samter syndrome is composed of asthma, aspirin intolerance, nasal polyps and chronic rhinosinusitis.

CA0A.Y Other specified chronic rhinosinusitis

CA0A.Z Chronic rhinosinusitis, unspecified

CA0B Silent sinus syndrome

Silent sinus syndrome is a spontaneous, asymptomatic collapse of the maxillary sinus and orbital floor associated with negative sinus pressures.

CA0C Cyst or mucocele of nose or nasal sinus

A condition which refers to diseases of the nose and nasal sinus that cause a cyst or mucocele.

A mucocele is any dilatation (typically pathologic) with accumulation of mucus. Mucoceles are benign, epithelium-lined cysts filled with mucus, which can form in the paranasal sinuses. These structures may cause symptoms if sufficiently large or if exerting pressure on surrounding anatomic structures. Symptomatic mucoceles typically require surgical intervention. Mucoceles should be differentiated from sinus retention cysts. Unlike mucoceles, sinus retention cysts do not result in expansion and thinning of the bony sinus walls.

CA0D Deviated nasal septum

CA0E Hypertrophy of nasal turbinates

CA0F Chronic diseases of tonsils or adenoids

Any persistent or recurrent disease affecting the round-to-oval mass of lymphoid tissue embedded in the lateral wall of the pharynx (tonsils) or the collection of lymphoid nodules on the posterior wall and roof of the nasopharynx (adenoids)

Exclusions: Recurrent acute tonsillitis (CA03)

CA0F.0 Hypertrophy of tonsils

Unusual enlargement of one or more of the round-to-oval masses of lymphoid tissue embedded in the lateral wall of the pharynx (tonsils). It can be due to infection

Inclusions: Enlargement of tonsils

CA0F.1 Hypertrophy of adenoids

Inclusions: Enlargement of adenoids

CA0F.Y Other specified chronic diseases of tonsils or adenoids

CA0F.Z Chronic diseases of tonsils or adenoids, unspecified

CA0G Chronic laryngitis or laryngotracheitis

Persistent or recurrent inflammation of the larynx (airway) and/or the larynx and the cartilaginous and membranous tube descending from the larynx and branching into the right and left main bronchi (trachea).

CA0H Diseases of vocal cords or larynx, not elsewhere classified

Exclusions: stridor: NOS (MD11.B)

laryngitis: ulcerative (CA05.0)

Acute obstructive laryngitis (CA06.0)

Postprocedural subglottic stenosis (CB62)

CA0H.0 Paralysis of vocal cords or larynx

Loss of function or feeling of one or both of the vocal folds, often caused by injury or disease to the nerves of the larynx.

Coded Elsewhere: Acquired vocal cord paralysis in newborn (KB2H)

Congenital laryngeal palsy (LA71.Y)

CA0H.1 Polyp of vocal cord or larynx

A polyp is an abnormal growth of tissue projecting from a mucous membrane, in this condition it is of the vocal cord and larynx.

Exclusions: adenomatous polyps (2F00)

CA0H.2 Nodules of vocal cords

CA0H.3 Oedema of larynx

Laryngeal oedema is oedema (accumulation of fluid) which may occur for example in asaryepiglottic folds, epiglottis, the arytenoid region or submucosal of the subglottic region. It may occur due to anaphylaxis, angioneurotic oedema, larynx infection, foreign body or substance, or injury.

Exclusions: oedematous laryngitis (CA05.0)

laryngitis: acute obstructive [croup] (CA06.0)

CA0H.4 Laryngeal spasm

Laryngeal spasm is a pathological condition that is mainly a spasmodic closure (spasm) of the inlet portion of the larynx or the glottic region. There is an adult-onset and childhood (infant)-onset generally in this disease. There is a difference in the pattern of expression for these two types. In the infant, respiratory arrest is associated with this condition and spasmodic closure of the glottis occurs suddenly, and then breathing returns to original quite rapidly within a few minutes. In adults, the main symptoms of this condition are difficulty breathing or inspiratory stridor rather than a complete respiratory arrest.

Inclusions: laryngospasm

CA0H.5 Stenosis of larynx

Laryngeal stenosis is an abnormal narrowing within the cavity of the larynx.

CA0H.Y Other specified diseases of vocal cords or larynx, not elsewhere classified

CA0H.Z Diseases of vocal cords or larynx, not elsewhere classified, unspecified

CA0J Nasal polyp

Nasal polyp is an inflammatory and proliferating mass arising from the epithelial linings of nasal cavity and paranasal sinuses. In general, nasal polyp appears to be greyish white, smoothly surfaced, and glutinous and agar-like mass. The pathogenesis is thought to be multifactorial.

Coding Note: Code aslo the casusing condition

Exclusions: adenomatous polyps (2F00)

CA0J.0 Polypoid sinus degeneration

Also referred to as Woakes' syndrome or ethmoiditis. Woakes' syndrome is characterised by severe recurrent nasal polyps, often without eosinophils on histological examination and with broadening of the nose.

CA0J.Y Other specified nasal polyp

Coding Note: Code aslo the casusing condition

CA0J.Z Nasal polyp, unspecified

Coding Note: Code aslo the casusing condition

CA0K Abscess of upper respiratory tract

Abscess of upper respiratory tract is defined as abscess formation which occurs from nose to pharynx and larynx. Abscess, furuncle and carbuncle of nose, retropharyngeal, parapharyngeal abscess and other abscess of pharynx are included in this classification.

CA0K.0 Retropharyngeal or parapharyngeal abscess

A retropharyngeal abscess is an abscess located in the tissues in the back of the throat behind the posterior pharyngeal wall (the retropharyngeal space). A parapharyngeal abscess is an abscess developing in the potential space in the head and the neck.

Exclusions: Peritonsillar abscess (CA0K.1)

CA0K.1 Peritonsillar abscess

Peritonsillar abscess is defined with abscess formation between the tonsillar capsule and the tonsillar constrictor muscles. Peritonsillar abscess mostly comes from peritonsillitis. Fever rise, pharyngeal pain and swallowing pain are the main symptoms, but, it also causes a muffled voice. Uvula is deviated to the unaffected side and swelling and redness around the affected tonsil is remarkable. Bacterial examination from the peritonsillar pus often reveal streptococcus group A beta-haemolytic as the aerobic bacteria and the detection rate of anaerobic bacteria also amounted to more than half. The treatment consists of antimicrobial therapy and incision and drainage of the abscess. The symptoms improve with above treatment in the most cases, while in some cases the abscess proceeds to a deadly deep neck infection and mediastinal abscess. If there are systemic complications such as diabetes mellitus, special attention is required.

Inclusions: Quinsy

Exclusions: Acute tonsillitis (CA03)

Chronic tonsillitis (CA0F)

tonsillitis, NOS (CA03)

retropharyngeal abscess (CA0K.0)

CA0K.Y Other specified abscess of upper respiratory tract

CA0K.Z Abscess of upper respiratory tract, unspecified

CA0Y Other specified upper respiratory tract disorders

CA0Z Upper respiratory tract disorders, unspecified

Certain lower respiratory tract diseases (BlockL1‑CA2)

This group refers to diseases of airways that forms the connection between the outside world and the terminal respiratory unit. Intrapulmonary airways are divided into three major groups; bronchi, membranous bronchiole, and respiratory bronchiole/gas exchange ducts.

Coded Elsewhere: Acute tracheitis (CA05.1)

Whooping cough (1C12)

CA20 Bronchitis

Bronchitis is inflammation of the main air passages to the lungs.

Exclusions: bronchitis, asthmatic NOS (CA23.3)

bronchitis, chemical (acute) (CA81)

CA20.0 Acute noninfectious bronchitis

CA20.1 Chronic bronchitis

Exclusions: chronic asthmatic bronchitis (CA22.1)

chronic: bronchitis: with airways obstruction (CA22)

chronic: emphysematous bronchitis (CA22.1)

chronic: obstructive pulmonary disease NOS (CA22)

CA20.10 Simple chronic bronchitis

CA20.11 Mucopurulent chronic bronchitis

CA20.12 Mixed simple and mucopurulent chronic bronchitis

CA20.13 Protracted bacterial bronchitis

Protracted bacterial bronchitis (PBB) is a disease caused by the chronic infection of the conducting airways. The condition causes a persistent wet cough lasting more than four weeks that responds to antibiotic treatment.

CA20.1Y Other specified chronic bronchitis

CA20.1Z Chronic bronchitis, unspecified

CA20.Y Other specified bronchitis

CA20.Z Bronchitis, unspecified

CA21 Emphysema

Emphysema is defined by abnormal and permanent enlargement of the airspaces that are distal to the terminal bronchioles. This is accompanied by destruction of the airspace walls, without obvious fibrosis (i.e. there is no fibrosis visible to the naked eye). Emphysema can exist in individuals who do not have airflow obstruction; however, it is more common among patients who have moderate or severe airflow obstruction.

Exclusions: Compensatory emphysema (CB40.4)

Interstitial emphysema originating in the perinatal period (KB27.0)

emphysema due to inhalation of chemicals, gases, fumes or vapours (CA81)

emphysema mediastinal (CB40.3)

Traumatic subcutaneous emphysema, not elsewhere classified (NF0A.7)

emphysema, surgical (subcutaneous) (NE81)

emphysema with chronic (obstructive) bronchitis (CA22)

emphysematous (obstructive) bronchitis (CA22.1)

CA21.0 MacLeod syndrome

Decrease in size of one lung due to obliterating bronchiolitis, a congenital abnormality of other disorder resulting in hyperinflation of the normal lung.

CA21.1 Panlobular emphysema

Panlobular (panacinar) emphysema destroys the entire alveolus uniformly and is predominant in the lower half of the lungs. Panlobular emphysema generally is observed in patients with homozygous alpha1-antitrypsin deficiency.

Inclusions: Panacinar emphysema

CA21.2 Centrilobular emphysema

Centrilobular (centriacinar) emphysema begins in the respiratory bronchioles and spreads peripherally. This form is associated with long-standing cigarette smoking and predominantly involves the upper half of the lungs.

CA21.Y Other specified emphysema

CA21.Z Emphysema, unspecified

CA22 Chronic obstructive pulmonary disease

Chronic Obstructive Pulmonary disease (COPD), a common preventable and treatable disease, is characterised by persistent airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases. Exacerbations and comorbidities contribute to the overall severity in individual patients.

Exclusions: Emphysema (CA21)

chronic tracheobronchitis (CA20.1)

chronic tracheitis (CA20.1)

Simple or mucopurulent chronic bronchitis (CA20.1)

asthmatic bronchitis NOS (CA23.3)

Bronchiectasis (CA24)

Asthma (CA23)

chronic bronchitis NOS (CA20.1)

CA22.0 Chronic obstructive pulmonary disease with acute exacerbation, unspecified

An exacerbation of COPD is an acute event characterised by a worsening of the patient’s respiratory symptoms that is beyond normal day-to-day variations and leads to a change in medication. Exacerbations of COPD can be precipitated by several factors. The most common causes appear to be viral upper respiratory tract infections and infection of the tracheobronchial tree. The diagnosis of an exacerbation relies exclusively on the clinical presentation of the patient complaining of an acute change of symptoms (baseline dyspnoea, cough, and/or sputum production) that is beyond normal day-to-day variation.

CA22.1 Certain specified chronic obstructive pulmonary disease

Coding Note: Use additional code to identify any associated respiratory tract infection.

Exclusions: Chronic obstructive pulmonary disease with acute exacerbation, unspecified (CA22.0)

CA22.Z Chronic obstructive pulmonary disease, unspecified

CA23 Asthma

Asthma is a chronic inflammatory disorder of the airways in which many cells and cellular elements play a role. It is characterised by an increased responsiveness of the trachea and bronchi to various stimuli and manifested by a widespread narrowing of the airways that change in severity either spontaneously or as a result of therapy. This leads to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing, particularly at night or in the early morning.

Inclusions: Idiosyncratic asthma

Exclusions: wood asthma (CA70)

asthma with chronic obstructive pulmonary disease (CA22)

miner’s asthma (CA60.1)

Wheezing (MD11.C)

chronic obstructive asthma (CA22)

chronic asthmatic (obstructive) bronchitis (CA22.1)

CA23.0 Allergic asthma

Allergic asthma is the most easily recognised asthma phenotype, which often commences in childhood and is associated with a past and/or family history of allergic disease such as eczema, allergic rhinitis, or food or drug allergy. Examination of the induced sputum of these patients before treatment often reveals eosinophilic airway inflammation. The main trigger is the exposure to inhaled allergens, such as dust mite and pollens, to which the affected individual has previously been sensitized. Patients with this asthma phenotype usually respond well to inhaled corticosteroid (ICS) treatment and specific allergen-immunotherapy.

CA23.00 Allergic asthma with exacerbation

This refers to acute or subacute episodes of progressively worsening shortness of breath, cough, wheezing, and chest tightness, or some combination of these symptoms in patients with proven allergic asthma. Allergic asthma can be exacerbated by allergens to which the individual is allergic, other exogenous factors such as respiratory infections, pollutants or climate change, or endogenous co-factors. Exacerbations are characterised by decreases in expiratory airflow that can be documented and quantified by simple measurement of lung function (spirometry or PEF), can vary widely among individuals and within individuals from rare to frequent. The severity of exacerbation of allergic asthma can vary from mild to very severe and life-threatening, but in general respond to standard treatments of bronchodilators (inhalers) and steroid

CA23.01 Allergic asthma with status asthmaticus

CA23.02 Allergic asthma, uncomplicated

CA23.1 Non-allergic asthma

Non-allergic asthma occur in some patients who have asthma that is not associated with allergy. The cellular profile of the sputum of these patients may be neutrophilic, eosinophilic or contain only a few inflammatory cells (paucigranulocytic). Patients with non-allergic asthma often respond less well to inhaled corticosteroids. It can cover different phenotypes.

CA23.10 Non-allergic asthma with exacerbation

CA23.11 Non-allergic asthma with status asthmaticus

CA23.12 Non-allergic asthma, uncomplicated

CA23.2 Other specified forms of asthma or bronchospasm

Coded Elsewhere: Asthmatic pulmonary eosinophilia (CB02.0)

Samter syndrome (CA0A.0)

CA23.20 Aspirin-induced asthma

In some asthma individuals, aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) that inhibit cyclooxygenase 1 (COX-1) exacerbate the condition. This distinct clinical syndrome, called aspirin-induced asthma (AIA), is characterised by an eosinophilic rhinosinusitis, nasal polyposis, aspirin hypersensitivity, and asthma.

CA23.21 Exercise-induced bronchospasm

Exercise-induced bronchoconstriction (EIB) describes airway narrowing that occurs in association with exercise. EIB occurs in up to 90% of asthmatic patients and is estimated to occur in >10% of the general population. Recent reviews have identified asthma as a risk factor for sudden death and have reported many deaths that have been attributed directly to EIB.

CA23.22 Cough variant asthma

Cough variant asthma is an occult form of asthma in which the only sign or symptom is chronic cough.

CA23.3 Unspecified asthma

CA23.30 Unspecified asthma with exacerbation

This refers to an unspecified inflammatory disease of the airways characterised by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm, with an acute sudden worsening.

CA23.31 Unspecified asthma with status asthmaticus

This refers to an unspecified inflammatory disease of the airways characterised by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm, with an acute exacerbation of asthma that does not respond to standard treatments of bronchodilators(inhalers) and steroids.

Exclusions: acute asthma NOS (CA23.32)

severe asthma NOS (CA23.32)

CA23.32 Unspecified asthma, uncomplicated

Exclusions: acute severe asthma (CA23.31)

CA24 Bronchiectasis

Bronchiectasis is an abnormal widening of one or more airways. Normally, tiny glands in the lining of the airways make a small amount of mucus. Mucus keeps the airways moist and traps any dust and dirt in the inhaled air. Because bronchiectasis creates an abnormal widening of the airways, extra mucus tends to form and pool in parts of the widened airways. Widened airways with extra mucus are prone to infection.

Exclusions: tuberculous bronchiectasis, confirmed (1B10.0)

Respiratory tuberculosis, not confirmed (1B10.1)

CA25 Cystic fibrosis

Cystic fibrosis (CF) is a genetic disorder characterised by the production of sweat with a high salt content and mucus secretions with an abnormal viscosity. The disease is chronic and generally progressive, with onset usually occurring during early childhood or, occasionally, at birth (meconium ileus). Virtually any internal organ may be involved but the principle manifestations concern the breathing apparatus (chronic bronchitis), pancreas (pancreatic insufficiency, adolescent diabetes and occasionally pancreatitis) and, more rarely, the intestine (stercoral obstruction) or liver (cirrhosis). The usual presenting symptoms and signs include persistent pulmonary infection, pancreatic insufficiency, and elevated sweat chloride levels. However, many patients demonstrate mild or atypical symptoms, and clinicians should remain alert to the possibility of CF even when only a few of the usual features are present. Both criteria; clinical symptoms consistent with CF in at least one organ system and evidence of cystic fibrosis transmembrane conductance regulator (CFTR) dysfunction must be met to diagnose cystic fibrosis.

Inclusions: mucoviscidosis

CA25.0 Classical cystic fibrosis

Coded Elsewhere: Exocrine pancreatic manifestations of classical cystic fibrosis (DC30.Y)

Endocrine pancreatic manifestations of classical cystic fibrosis (DC30.Y)

CA25.1 Atypical cystic fibrosis

Coded Elsewhere: Endocrine pancreatic manifestations of atypical cystic fibrosis (DC30.Y)

CA25.2 Subclinical cystic fibrosis

Coding Note: Cystic fibrosis with no clinical manifestations is coded here.

Inclusions: Asymptomatic cystic fibrosis

CA25.Z Cystic fibrosis, unspecified

CA26 Chronic bronchiolitis

Bronchiolitis and bronchiolitis obliterans are general terms used to describe a nonspecific inflammatory injury that primarily affects the small airways and generally spares the interstitium. Bronchiolitis may be caused by inhalation injury, infection, or drugs; associated with organ transplantation or connective tissue disease; or may be idiopathic. The main pathologic categories of bronchiolitis are: constrictive, proliferative, follicular, airway-centred interstitial fibrosis, and diffuse panbronchiolitis. The constrictive and proliferative patterns may occur together.

CA26.0 Chronic obliterative bronchiolitis

Bronchiolitis obliterans is commonly used to describe a number of unrelated conditions whose common end point is functional obstruction of bronchioles. A typical form is constrictive bronchiolitis. Constrictive bronchiolitis is an uncommon histologic finding characterised by alterations in the walls of membranous and respiratory bronchioles, often without extensive changes in alveolar ducts and alveolar walls. These changes lead to concentric narrowing or complete obliteration of the airway lumen. The clinical manifestations of constrictive bronchiolitis usually include progressive airflow obstruction, sometimes in the presence of a relatively normal chest radiograph. The clinical severity depends upon the type, extent, and severity of the initial lung injury.

Exclusions: Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours (CA81)

CA26.1 Diffuse panbronchiolitis

Diffuse panbronchiolitis (DPB) is an idiopathic inflammatory disease principally affecting the respiratory bronchioles, causing a progressive suppurative and severe obstructive respiratory disorder. Onset occurs in the second to fifth decade of life and manifests by chronic cough, exertional dyspnoea, and sputum production. Most patients also have chronic paranasal sinusitis. If left untreated, DPB progresses to bronchiectasis, respiratory failure and death. A significant improvement in the prognosis has been reported thanks to the use of long-term therapy with macrolide antibiotics, the effect of which is attributed to an anti-inflammatory and immunoregulatory action.

CA26.Y Other specified chronic bronchiolitis

CA26.Z Chronic bronchiolitis, unspecified

CA27 Tracheobronchitis

Tracheobronchitis is inflammation of the trachea and bronchi.

Coded Elsewhere: Relapsing polychondritis (FB82.3)

CA27.0 Tracheobronchopathia osteochondroplastica

Tracheobronchopathia osteochondroplastica is a rare disorder of unknown cause, seen with a frequency of 0.4 percent at bronchoscopy, affecting the large airways. It is characterised by the development of multiple osseous and cartilaginous submucosal nodules connected to tracheal cartilage. The abnormality spares the posterior tracheal membranous wall. In spite of marked radiographic changes, patients are only rarely symptomatic since severe airway obstruction is unusual. Linear tracheoplasty may be required in patients with symptomatic airway obstruction.

CA27.1 Tracheobronchomegaly

Tracheobronchomegaly is a disorder of unknown cause defined by dilatation of trachea and large bronchi presenting in adults.

CA27.Y Other specified tracheobronchitis

CA27.Z Tracheobronchitis, unspecified

CA2Y Other specified lower respiratory tract disease

CA2Z Lower respiratory tract disease, unspecified

Lung infections (BlockL1‑CA4)

Any condition of the lungs, caused by an infection with a bacterial, viral, fungal, or parasitic source.

Coded Elsewhere: Influenza (1E30-1E32)

Pulmonary histoplasmosis capsulati (1F2A.0)

Chronic obstructive pulmonary disease with acute lower respiratory infection (CA22.1)

CA40 Pneumonia

A disease of the lungs, frequently but not always caused by an infection with bacteria, virus, fungus, or parasite. This disease is characterised by fever, chills, cough with sputum production, chest pain and shortness of breath. Confirmation is by chest x-ray.

Inclusions: infectious pneumonia

Exclusions: Pneumonitis (BlockL2‑CA7)

Coded Elsewhere: Pulmonary toxoplasmosis due to Toxoplasma gondii (1F57.2)

Severe acute respiratory syndrome (1D65)

Congenital pneumonia (KB24)

Abscess of lung with pneumonia (CA43.1)

CA40.0 Bacterial pneumonia

A disease of the pulmonary system, caused by an infection with a bacterial source. This disease is characterised by fever, lethargy, headache, myalgia, vomiting, or coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the bacterial source in a sputum sample.

Coding Note: Code aslo the casusing condition

Inclusions: bronchopneumonia due to bacteria other than S. pneumoniae and H. influenzae

Exclusions: Congenital pneumonia (KB24)

Legionellosis (1C19)

Coded Elsewhere: Pulmonary actinomycosis (1C10.0)

Pulmonary nocardiosis (1C1B.0)

Pneumonia in Q fever (1C33)

Pulmonary anthrax (1B97)

Salmonella pneumonia (1A09)

CA40.00 Pneumonia due to Chlamydophila pneumoniae

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Chlamydia pneumoniae. This disease commonly presents with a gradual onset of cough with low-grade fever. This disease may also present with pharyngitis, laryngitis, and sinusitis. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Chlamydia pneumoniae in a sputum sample.

Coded Elsewhere: Congenital pneumonia due to Chlamydia (KB24)

CA40.01 Pneumonia due to Escherichia coli

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Escherichia coli. This disease is characterised by fever, cough, and dyspnoea. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by identification of Escherichia coli in blood, sputum, or pleural fluid samples.

Coded Elsewhere: Congenital pneumonia due to Escherichia coli (KB24)

CA40.02 Pneumonia due to Haemophilus influenzae

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Haemophilus influenzae. This disease is characterised by cough, shortness of breath, fever, chills, muscle aches, and chest pain. Transmission is by inhalation of infected respiratory secretions or direct contact. Confirmation is by identification of Haemophilus influenzae in blood or other typically sterile body fluid.

Inclusions: Bronchopneumonia due to H. influenzae

Exclusions: Congenital pneumonia (KB24)

CA40.03 Pneumonia due to Klebsiella pneumoniae

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Klebsiella pneumoniae. This infection common presents with thick, haemorrhagic, mucoid sputum. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Klebsiella pneumoniae in a sputum sample.

CA40.04 Pneumonia due to Mycoplasma pneumoniae

A disease of the pulmonary system, caused by an infection with Mycoplasma pneumoniae. This infection common presents with a non-productive cough, chest pain, or fever. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Mycoplasma pneumoniae in a sputum sample.

CA40.05 Pneumonia due to Pseudomonas aeruginosa

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Pseudomonas aeruginosa. This disease is characterised by fever, cough, and dyspnoea.

Coded Elsewhere: Congenital pneumonia due to Pseudomonas aeruginosa (KB24)

CA40.06 Pneumonia due to Staphylococcus

A disease of the pulmonary system, caused by an infection with the gram-positive bacteria Staphylococcus aureus. This disease is characterised by fever, cough, dyspnoea, and pulmonary abscesses.

Coded Elsewhere: Congenital pneumonia due to staphylococcus (KB24)

CA40.07 Pneumonia due to Streptococcus pneumoniae

A disease of the pulmonary system, caused by an infection with the gram-positive bacteria Streptococcus pneumoniae. This disease is characterised by an acute onset of fever and chills, or rigors. This disease may also present with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, or tachycardia. Transmission is by inhalation of infected respiratory secretions, or indirect contact. Confirmation is by identification of Streptococcus pneumoniae in a sputum sample.

Inclusions: Bronchopneumonia due to S. pneumoniae

Exclusions: Pneumonia due to other streptococci (CA40.0)

congenital pneumonia due to S. pneumoniae (KB24)

Pneumonia due to Beta-haemolytic streptococcus (CA40.08)

CA40.08 Pneumonia due to Beta-haemolytic streptococcus

A disease of the lungs, caused by an infection with the gram-positive bacteria Beta Haemolytic streptococcus. This disease is characterised by an acute onset of fever and chills, or rigors. This presents with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, or tachycardia. Transmission is by inhalation of infected inspiratory secretions, or direct contact.

Inclusions: Pneumonia due to streptococcus, group B

Coded Elsewhere: Congenital pneumonia due to streptococcus, group B (KB24)

CA40.0Y Pneumonia due to other specified bacteria

Coding Note: Code aslo the casusing condition

CA40.0Z Bacterial pneumonia, unspecified

Coding Note: Code aslo the casusing condition

CA40.1 Viral pneumonia

A disease of the pulmonary system, caused by an infection with a viral source. This disease is characterised by fever, lethargy, headache, myalgia, vomiting, or coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the viral source in a sputum sample.

Coding Note: Code aslo the casusing condition

Inclusions: bronchopneumonia due to viruses other than influenza viruses

Exclusions: aspiration pneumonia (CA71.0)

Influenza with pneumonia, virus not identified (1E32)

Severe acute respiratory syndrome (1D65)

lipid pneumonia (CA71.1)

Idiopathic interstitial pneumonitis (CB03)

Aspiration pneumonitis due to anaesthesia during labour or delivery (JB0C.0)

Pulmonary complications of anaesthesia during pregnancy (JA67.0)

Congenital pneumonia (KB24)

Pneumonitis due to solids and liquids (CA71)

Pulmonary complications of anaesthesia during the puerperium (JB43.0)

Coded Elsewhere: Pneumonia due to Rubella (1F02.Y)

CA40.10 Pneumonia due to Adenovirus

A disease of the pulmonary system, caused by an infection with adenovirus. This disease is characterised by fever, chills, or rigors. This disease may also present with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, and tachycardia. Transmission is by droplet transmission. Confirmation is by identification of adenovirus in a sputum sample.

CA40.11 Pneumonia due to Respiratory syncytial virus

A disease caused by an infection with respiratory syncytial virus. This disease is characterised by an inflammatory condition of the lung commonly affecting the alveoli (pneumonia), leading to coughing, sneezing, fever, or wheezing. This disease may be severe in premature babies and those with concurrent disease or immunosuppression. Transmission is by direct contact, droplet transmission, or indirect contact with infected respiratory secretions. Confirmation is by identification of respiratory syncytial virus, commonly through antigen detection or cell culture.

CA40.12 Pneumonia due to parainfluenza virus

A disease of the pulmonary system, caused by an infection with parainfluenza virus. This disease is characterised by fever, malaise, cough, or tachypnoea. Transmission is by inhalation of infected respiratory secretions, direct contact, or through fomites. Confirmation is by identification of the parainfluenza virus in respiratory secretions, detection of a significant rise in parainfluenza specific IgG antibodies in paired serum, or detection of parainfluenza specific IgM antibodies in a single serum sample.

CA40.13 Pneumonia due to Human metapneumovirus

A disease of the pulmonary system, caused by an infection with Human metapneumovirus. This disease is characterised by fever, myalgia, rhinorrhoea, dyspnoea, tachypnoea, or wheezing. This disease also present with symptoms of pneumonia. Transmission is by direct or indirect contact, inhalation of infected respiratory sections, or through fomites. Confirmation is by identification of Human metapneumovirus in a nasopharyngeal, nose, or throat swab or blood sample.

CA40.1Y Pneumonia due to other specified virus

Coding Note: Code aslo the casusing condition

CA40.1Z Viral pneumonia, unspecified

Coding Note: Code aslo the casusing condition

CA40.2 Fungal pneumonia

Coding Note: Code aslo the casusing condition

Coded Elsewhere: Pulmonary adiaspiromycosis (1F2L.1)

Pulmonary candidosis (1F23.31)

Pulmonary cryptococcosis (1F27.0)

Chronic pulmonary aspergillosis (1F20.12)

Disseminated histoplasmosis capsulati (1F2A.Y)

Early-onset pneumonia due to Candida (1F23.31)

CA40.20 Pneumonia due to pneumocystis

A disease of the pulmonary system, caused by an infection with the fungi Pneumocystis jirovecii. This disease is characterised by fever, dry cough, shortness of breath, or fatigue. Transmission is by opportunistic infection. Confirmation is by identification of Pneumocystis jirovecii in a lung fluid or tissue sample.

CA40.2Y Other specified fungal pneumonia

Coding Note: Code aslo the casusing condition

CA40.2Z Fungal pneumonia, unspecified

Coding Note: Code aslo the casusing condition

CA40.Y Other specified pneumonia

CA40.Z Pneumonia, organism unspecified

CA41 Acute bronchiolitis

An acute disease of the bronchioles, commonly caused by an infection with a bacteria or viral source. This disease is characterised by inflammation of the bronchioles and coryza. This disease presents with cough, wheezing, tachypnoea, fever, or chest retraction. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the infectious agent in a sputum or blood sample.

CA41.0 Acute bronchiolitis due to respiratory syncytial virus

A disease of the bronchioles, caused by an infection with respiratory syncytial virus. This disease is characterised by inflammation of the bronchioles. This disease may present with cough, wheezing, or shortness of breath. Transmission is by direct contact, droplet transmission, or indirect contact with infected respiratory secretions. Confirmation is by identification of respiratory syncytial virus from nasopharyngeal swabs.

CA41.Y Other specified acute bronchiolitis

CA41.Z Acute bronchiolitis, unspecified

CA42 Acute bronchitis

An acute disease of the bronchi, commonly caused by an infection with a bacterial or viral source. This disease is characterised by inflammation of the bronchi. This disease presents with cough, wheezing, chest pain or discomfort, fever, or dyspnoea. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the infectious agent in a sputum sample.

Exclusions: tracheobronchitis: chronic obstructive (CA22)

tracheobronchitis: chronic (CA22)

Tracheobronchitis, NOS (CA27)

bronchitis, chronic: obstructive (CA22.1)

Simple chronic bronchitis (CA20.10)

Chronic bronchitis, NOS (CA20.1)

Mucopurulent chronic bronchitis (CA20.11)

CA42.0 Acute bronchitis due to Streptococcus

A disease of the bronchi, caused by an infection with the gram-positive bacteria Streptococcus. This disease is characterised by inflammation of the bronchi leading to cough, sputum production, or shortness of breath and wheezing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Streptococcus in a sputum sample.

CA42.1 Acute bronchitis due to Rhinovirus

A disease of the pulmonary system, caused by an infection with rhinovirus. This disease is characterised by cough, with or without production of sputum. Transmission is by inhalation of infected respiratory secretions, or direct contact.

CA42.2 Acute bronchitis due to Respiratory syncytial virus

Rapid onset inflammation of the large airways in the lung, including any part of the bronchi due to infection with respiratory syncytial virus.

CA42.3 Acute bronchitis due to Parainfluenza virus

A disease of the bronchi, caused by an acute infection with parainfluenza virus. This disease is characterised by acute inflammation of the bronchi leading to cough, sputum production, wheezing, or shortness of breath. Transmission is by inhalation of infected respiratory secretions, direct contact, or through fomites. Confirmation is by identification of the parainfluenza virus in respiratory secretions, detection of a significant rise in parainfluenza specific IgG antibodies in paired serum, or detection of parainfluenza specific IgM antibodies in a single serum sample.

CA42.4 Acute bronchitis due to Haemophilus influenzae

A disease of the bronchi, caused by an infection with the gram-negative bacteria Haemophilus influenzae. This disease is characterised by acute inflammation of the bronchi leading to cough, sputum production, wheezing or shortness of breath. Transmission is by inhalation of infected respiratory secretions, or direct contact. Confirmation is by identification of Haemophilus influenzae in blood or other typically sterile body fluid.

CA42.5 Acute bronchitis due to Coxsackievirus

A disease of the pulmonary system, caused by an infection with Coxsackie virus. This disease is characterised by cough, fever, or tachypnoea. Transmission is by the faecal-oral route, or vertical transmission. Confirmation is by identification of coxsackievirus in upper respiratory secretion samples.

CA42.Y Other specified acute bronchitis

CA42.Z Acute bronchitis, unspecified

CA43 Abscess of lung or mediastinum

Coded Elsewhere: Amoebic lung abscess (1A36.11)

CA43.0 Gangrene or necrosis of lung

The term "necrotizing pneumonia" or "lung gangrene" is used to distinguish pulmonary necrosis with multiple small abscesses from a larger cavitary lesion (lung abscess).

CA43.1 Abscess of lung with pneumonia

CA43.2 Abscess of lung without pneumonia

CA43.3 Abscess of mediastinum

CA43.Y Other specified abscess of lung or mediastinum

CA43.Z Abscess of lung or mediastinum, unspecified

CA44 Pyothorax

Suppurative inflammation of the pleural space, typically due to acute bacterial infection. It can occur as a complication of pneumonia, thoracotomy, abscesses (lung, hepatic, or subdiaphragmatic), or penetrating trauma with a secondary infection.

Inclusions: empyema

pyopneumothorax

Exclusions: due to tuberculosis (1B10)

CA45 Respiratory infections, not elsewhere classified

Exclusions: Upper respiratory tract disorders (BlockL1‑CA0)

Chronic obstructive pulmonary disease (CA22)

Certain lower respiratory tract diseases (BlockL1‑CA2)

CA4Y Other specified lung infections

CA4Z Lung infections, unspecified

Lung diseases due to external agents (BlockL1‑CA6)

Exclusions: Asthma (CA23)

CA60 Pneumoconiosis

Pneumoconiosis is a lung disease due to inhalation of minute particles and characterised pathologically by interstitial fibrosis. The different types of pneumoconiosis vary in relation to the types of inhaled particles, often accompanied by certain occupational environments.

CA60.0 Pneumoconiosis due to dust containing silica

Interstitial lung disease due to inhalation of silica dust. The accumulation of silica/silicates in lung leads to fibrosis and formation of opacities in upper lobes of lungs on chest X-ray

Exclusions: with tuberculosis (BlockL2‑1B1)

CA60.00 Pneumoconiosis due to talc dust

CA60.0Y Other specified pneumoconiosis due to dust containing silica

CA60.0Z Pneumoconiosis due to dust containing silica, unspecified

CA60.1 Coal worker pneumoconiosis

Coalworker pneumoconiosis, an interstitial lung disease due to inhalation of coal dust. The accumulation of coal in the lung leads to fibrosis and formation of coal macules which are seen on chest X-ray as opacities and fibrosis

Inclusions: Black lung

Anthracosis

Anthracosilicosis

Coalworker lung

Exclusions: with tuberculosis (BlockL2‑1B1)

CA60.2 Pneumoconiosis due to mineral fibres including asbestos

Asbestosis is pneumoconiosis, an interstitial lung disease due to inhalation of asbestos fibres. The accumulation of fibres in the lung leads to diffuse fibrosis and formation of opacities in lower parts of lungs on chest X-ray. Asbestos bodies may be detected in lungs and sputum

Inclusions: Asbestosis

Exclusions: Pleural plaque with presence of asbestos (CB20)

with tuberculosis (BlockL2‑1B1)

CA60.3 Pneumoconiosis associated with tuberculosis

This is an occupational lung disease and a restrictive lung disease caused by the inhalation of dust, often in mines, associated with a common, and in many cases lethal, infectious disease caused by various strains of mycobacteria, usually Mycobacterium tuberculosis.

CA60.4 Aluminosis of lung

Aluminosis is a lung disease caused by the inhalation of dusts of certain aluminium compounds

CA60.5 Bauxite fibrosis of lung

CA60.6 Berylliosis

Chronic beryllium disease also known as berylliosis is an occupational hypersensitivity disorder caused by beryllium exposure at the workplace. It is characterised by non-caseating, non-necrotising granulomata within affected organs, most frequently lung and skin.

Coded Elsewhere: Hepatic berylliosis (DB97.1)

CA60.7 Graphite fibrosis of lung

Graphite fibrosis of lung is the pulmonary damage caused by excessive inhalation of graphite.

CA60.8 Siderosis

Siderosis refers to pneumoconiosis resulting from inhalation of iron from welding fumes or from iron or hematite mine dust.

CA60.9 Stannosis

Stannosis is a benign non-fibrotic pneumoconiosis caused by exposure to tin oxides including stannous oxide (SnO) and stannic oxide (SnO2).

CA60.Y Other specified pneumoconiosis

Pneumonitis (BlockL2‑CA7)

Pneumonitis is a general term that refers to inflammation of lung tissue. Pneumonitis includes the non-infectious lung diseases that cause inflammation of the interstitium of the lung tissue mainly.

Exclusions: Pneumonia (CA40)

Coded Elsewhere: Chronic pneumonitis of infancy (CB04.6)

Aspiration pneumonitis due to anaesthesia during labour or delivery (JB0C.0)

CA70 Hypersensitivity pneumonitis due to organic dust

Hypersensitivity pneumonitis due to organic dust is an inflammation of the alveoli, terminal bronchioli and the interstitium within caused by hypersensitivity to inhaled organic dusts, such as allergens derived from fungal, bacterial, animal protein.

Coding Note: Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

Exclusions: pneumonitis due to inhalation of chemicals, gases, fumes or vapours (CA81.0)

CA70.0 Farmer lung

Farmer's lung disease is a hypersensitivity pneumonitis, caused by inhalation of organic dust containing spores of microorganisms, often thermophilic actinomycetes and less commonly Saccharopolyspora rectivirgula, living in mouldy hay, straw, or grain. Typical symptoms include dyspnoea, cough, tiredness, headaches and occasional fever/night sweats, with acute, sub-acute or chronic clinical course and can result in chronic disability with granulomatous disease.

CA70.1 Bagassosis

Bagassosis is hypersensitivity pneumonitis due to inhalation of dust from bagasse (the residue of cane after extraction of sugar).

CA70.2 Bird fancier lung

Bird fancier lung, also called Pigeon-breeder's lung disease, is an allergic alveolitis caused by inhalation of particulate avian emanations, sometimes specified by avian species. Presentation can be acute with chills, cough, fever, shortness of breath, chest tightness usually resolving within 24h after cessation of antigen exposure, sub-acute with cough and dyspnoea over several days to weeks, whereas chronic form results in breathlessness, coughing, lack of appetite and weight loss.

CA70.3 Suberosis

Suberosis also known as Corkhandler disease or Corkworker lung is a type of hypersensitivity pneumonitis usually caused by the fungus Penicillium glabrum (formerly called Penicillum frequentans) from exposure to moldy cork dust. Chrysonilia sitophilia, Aspergillus fumigatus, uncontaminated cork dust, and Mucor macedo may also have significant roles in the pathogenesis of the disease.

CA70.4 Malt worker lung

A disease of the pulmonary system, caused by the fungi Aspergillus clavatus or Aspergillus fumigatus. This disease commonly presents with fever, chills, fatigue, weight loss, cough, headache, myalgia, or shortness of breath. Transmission is by inhalation of fungal spores. Confirmation is by identification of Aspergillus in a sputum, blood, or skin sample.

Inclusions: Alveolitis due to Aspergillus clavatus

CA70.5 Mushroom worker lung

Mushroom-worker's lung is occupational hypersensitivity pneumonitis due to mushroom spores and moldy compost.

CA70.6 Maple bark stripper lung

Maple-bark-stripper's lung is occupational hypersensitivity pneumonitis due to moldy maple bark containing Cryptostroma corticale.

Inclusions: Alveolitis due to Cryptostroma corticale

Cryptostromosis

CA70.7 Air conditioner or humidifier lung

A form of the sick building syndrome caused by organisms that contaminate humidifiers and the piping of air conditioner ducts. The air conditioner blows cold air containing spores of the organisms throughout the building.

CA70.Y Other specified hypersensitivity pneumonitis due to organic dust

Coding Note: Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

CA70.Z Hypersensitivity pneumonitis due to organic dust, unspecified

Coding Note: Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

CA71 Pneumonitis due to solids and liquids

Exclusions: Neonatal aspiration syndromes (KB26)

CA71.0 Pneumonitis due to inhalation of food or vomit

Acute inflammation of the lung parenchyma due to inadvertent passage of ingested solids or liquids into the airway from swallowing dysfunction or after an acute vomiting or gastroesophageal reflux episode.

Exclusions: Mendelson syndrome (CA72)

CA71.1 Pneumonitis due to oils or essences

Lipoid pneumonia (pneumonitis) is a rare form of pneumonia (pneumonitis) caused by inhalation or aspiration of fat containing substances like, petroleum jelly, mineral oils, few laxatives etc.

CA71.2 Pneumonitis due to aspiration of blood

CA71.3 Lipoid pneumonitis

Lipoid pneumonia (pneumonitis) refers to two types lipoid pneumonias (pneumonitises), one is Exogenous lipoid pneumonia (pneumonitis) and another is Endogenous lipoid pneumonia (pneumonitis). Exogenous lipoid pneumonia (pneumonitis) is the accumulation of aspirated oils within the alveoli and subsequent foreign body reaction. Endogenous lipoid pneumonia (pneumonitis), also called cholesterol pneumonia (pneumonitis) or golden pneumonia (pneumonitis), is a localised accumulation of lipid-laden macrophages within alveolar spaces distal to an obstructed airway.

CA71.Y Other specified pneumonitis due to solids and liquids

CA71.Z Pneumonitis due to solids and liquids, unspecified

CA72 Mendelson syndrome

This is chemical pneumonitis caused by aspiration during anaesthesia, especially during pregnancy. Aspiration contents may include gastric juice, blood, bile, water or an association of them.

Exclusions: Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during labour or delivery (JB0C)

Complications of anaesthesia during the puerperium (JB43)

CA7Y Other specified pneumonitis

CA7Z Pneumonitis, unspecified

CA80 Airway disease due to specific organic dust

Airway disease due to specific organic dust includes byssinosis, Flax-dresser disease, cannabinosis, and airway disease due to cotton dust or dusts from other vegetable fibres such as flax, hemp, or sisal or due to other specific organic dusts.

Exclusions: Farmer lung (CA70.0)

reactive airways dysfunction syndrome (CA81)

Hypersensitivity pneumonitis due to organic dust (CA70)

Bagassosis (CA70.1)

CA80.0 Byssinosis

Byssinosis (brown lung disease) is a lung disease caused by exposure to dusts from cotton processing, hemp and flax.

Inclusions: Airway disease due to cotton dust

CA80.1 Flax-dresser disease

A form of chronic obstructive pulmonary disease caused by inhalation of particles of unprocessed flax; a form of byssinosis.

CA80.2 Cannabinosis

Lung disease caused by exposure to dusts from the processing of cotton, hemp, cannabis and flax.

CA80.Y Other specified airway disease due to specific organic dust

CA80.Z Airway disease due to specific organic dust, unspecified

CA81 Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours

This refers to conditions affecting the organs and tissues that make gas exchange due to inhalation of chemicals, gases, fumes, and vapours.

CA81.0 Bronchitis or pneumonitis due to chemicals, gases, fumes or vapours

This is an inflammation of the mucous membranes of the bronchi (the larger and medium-sized airways that carry airflow from the trachea into the more distal parts of the lung parenchyma) and inflammation of lung tissue, due to chemicals, gases, fumes and vapours.

CA81.1 Pulmonary oedema due to chemicals, gases, fumes or vapours

CA81.2 Upper respiratory inflammation due to chemicals, gases, fumes or vapours, not elsewhere classified

CA81.Y Other specified respiratory conditions due to inhalation of chemicals, gases, fumes or vapours

CA81.Z Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours, unspecified

CA82 Respiratory conditions due to other external agents

CA82.0 Acute pulmonary manifestations due to radiation

An acute inflammatory reaction of the lung in response to repeated or high dose radiation exposure.

CA82.1 Chronic or other pulmonary manifestations due to radiation

A chronic inflammatory reaction of the lung ultimately resulting in fibrosis in response to repeated or high dose radiation exposure.

CA82.2 Acute drug-induced interstitial lung disorders

An acute inflammatory reaction of the lung in response to drugs.

CA82.3 Chronic drug-induced interstitial lung disorders

An chronic inflammatory reaction of the lung ultimately resulting in fibrosis in response to drugs.

CA82.4 Aspergillus-induced allergic or hypersensitivity conditions

Coded Elsewhere: Malt worker lung (CA70.4)

Allergic aspergillus rhinosinusitis (CA0A.Y)

CA82.Y Other specified respiratory conditions due to other external agents

CA82.Z Respiratory conditions due to other external agents, unspecified

CA8Y Other specified lung diseases due to external agents

CA8Z Lung diseases due to external agents, unspecified

Respiratory diseases principally affecting the lung interstitium (BlockL1‑CB0)

Coded Elsewhere: Lipoid pneumonitis (CA71.3)

CB00 Acute respiratory distress syndrome

Acute respiratory distress syndrome ("ARDS") is a life-threatening inflammation with oedema in the lungs which leads to severe respiratory failure. ARDS is a clinical syndrome of lung injury with hypoxic respiratory failure caused by intense pulmonary inflammation that develops after a severe physiologic insult.

Coded Elsewhere: Respiratory distress syndrome of newborn (KB23.0)

CB01 Pulmonary oedema

Pulmonary oedema is a condition caused by excess fluid in the lungs. This fluid collects in the numerous air sacs in the lungs, making it difficult to breathe.

Exclusions: Pulmonary oedema due to chemicals, gases, fumes or vapours (CA81.1)

Pulmonary oedema with mention of heart disease NOS or heart failure (BD11)

CB02 Pulmonary eosinophilia

Pulmonary eosinophilia are a heterogeneous group of disorders that share the feature of abnormally increased numbers of eosinophils.

CB02.0 Asthmatic pulmonary eosinophilia

Asthmatic pulmonary eosinophilia is a form of pulmonary eosinophilia associated with asthma which has been commonly attributed to fungi such as Aspergillus species. Although many cases have not shown any allergen.

CB02.1 Idiopathic eosinophilic pneumonitis

This is an idiopathic disease in which a certain type of white blood cell called an eosinophil accumulates in the lung. These cells cause disruption of the normal air spaces (alveoli) where oxygen is extracted from the atmosphere.

Inclusions: Idiopathic eosinophilic pneumonia

CB02.10 Idiopathic acute eosinophilic pneumonitis

Idiopathic acute eosinophilic pneumonia (pneumonitis) is characterised by acute febrile respiratory failure associated with diffuse radiographic infiltrates and eosinophilia in bronchoalveolar lavage fluid (BAL) in the absence of infection. Patients, who are initially healthy and often young, present with severe hypoxemia.

Inclusions: Idiopathic acute eosinophilic pneumonia

CB02.11 Idiopathic chronic eosinophilic pneumonitis

Idiopathic chronic eosinophilic pneumonia (pneumonitis) is a pulmonary disease characterised by subacute or chronic respiratory and general symptoms, alveolar and/or blood eosinophilia, and peripheral pulmonary infiltrates on chest imaging and blood eosinophilia in most cases.

Inclusions: Idiopathic chronic eosinophilic pneumonia

CB02.1Y Other specified idiopathic eosinophilic pneumonitis

CB02.1Z Idiopathic eosinophilic pneumonitis, unspecified

CB02.2 Tropical pulmonary eosinophilia

Tropical pulmonary eosinophilia (TPE) is a syndrome of wheezing, fever and eosinophilia seen predominantly in the Indian subcontinent and other tropical areas.[1]

The syndrome has been termed tropical eosinophilia, tropical pulmonary eosinophilia (TPE), or tropical filarial pulmonary eosinophilia (TFPE).Tropical filarial pulmonary eosinophilia (TFPE) is a clinical manifestation of lymphatic filariasis, a parasitic infection caused by filarial nematodes ( roundworms) that inhabit the lymphatics and bloodstream.[2]

CB02.Y Other specified pulmonary eosinophilia

CB02.Z Pulmonary eosinophilia, unspecified

CB03 Idiopathic interstitial pneumonitis

The idiopathic interstitial pneumonias (pneumonitises) are a subset of diffuse interstitial lung diseases of unknown etiology characterised by expansion of the interstitial compartment (i.e. that portion of the lung parenchyma sandwiched between the epithelial and endothelial basement membranes) with an infiltrate of inflammatory cells. The inflammatory infiltrate is sometimes accompanied by fibrosis, either in the form of abnormal collagen deposition or proliferation of fibroblasts capable of collagen synthesis.

Inclusions: Idiopathic interstitial pneumonia

CB03.0 Acute interstitial pneumonitis

Acute interstitial pneumonia (pneumonitis), also referred to as Hamman-Rich syndrome, is a rapidly progressive and histologically distinct form of idiopathic interstitial pneumonia (pneumonitis).

CB03.1 Combined pulmonary fibrosis and emphysema syndrome

Combined pulmonary fibrosis and emphysema (CPFE) is a syndrome of combined emphysema of the upper lobes and fibrosis of the lower lobes defined on chest computed tomography, and characterised by subnormal spirometry, severe impairment of gas exchange, high prevalence of pulmonary hypertension, and poor survival.

Characteristic functional profile of CPEF is strongly impaired carbon monoxide diffusing capacity of the lung, and hypoxaemia at exercise, with preserved lung volumes. Despite subnormal spirometry, which may be responsible

for its under recognition, CPFE is a severe entity. The presence of pulmonary arterial hypertension at diagnosis is a critical determinant of prognosis.

CB03.2 Cryptogenic organizing pneumonitis

Cryptogenic organizing pneumonia (pneumonitis) (COP) or bronchiolitis obliterans with organizing pneumonia (pneumonitis) (BOOP) is an inflammatory, non-infectious lung disease with distinctive clinical, radiological and pathological features, and that responds to corticosteroid therapy.

CB03.3 Desquamative interstitial pneumonitis

This is a form of idiopathic interstitial pneumonia (pneumonitis) featuring elevated levels of macrophages.

Inclusions: Desquamative interstitial pneumonia

CB03.4 Idiopathic pulmonary fibrosis

Idiopathic pulmonary fibrosis (IPF) is defined as a specific form of chronic, progressive fibrosing interstitial pneumonia (pneumonitis) of unknown cause, occurring primarily in older adults, limited to the lungs, and associated with the histopathologic and/or radiologic pattern of UIP. The definition of IPF requires the exclusion of other forms of interstitial pneumonia (pneumonitis) including other idiopathic interstitial pneumonias (pneumonitis) and Interstitial Lung Disease (ILD) associated with environmental exposure, medication, or systemic disease.

CB03.5 Lymphoid interstitial pneumonia

This refer to several conditions in which lymphocytes are produced in excessive quantities. They typically occur in patients who have compromised immune systems. They are sometimes equated with "immunoproliferative disorders", but technically Lymphoproliferative disorders are a subset of immunoproliferative disorders, along with hypergammaglobulinemia and paraproteinaemias.

CB03.6 Respiratory bronchiolitis - interstitial lung disease

Respiratory bronchiolitis - interstitial lung disease is a mild inflammatory pulmonary disorder developed by cigarette smokers and characterised by shortness of breath and cough, pulmonary function abnormalities of mixed restrictive and obstructive lung disease and high resolution CT scanning showing centrilobular micronodules, ground glass opacities and peribronchiolar thickening.

CB03.Y Other specified idiopathic interstitial pneumonitis

CB03.Z Idiopathic interstitial pneumonitis, unspecified

CB04 Primary interstitial lung diseases specific to infancy or childhood

CB04.0 Diffuse pulmonary developmental disorders

CB04.1 Pulmonary lymphatic dysplasia syndromes

Coded Elsewhere: Yellow nail syndrome (EE11.1)

Congenital pulmonary lymphangiectasia (LA75.Y)

CB04.2 Disorders of surfactant metabolism

Primary interstitial lung disease specific to childhood due to pulmonary surfactant protein anomalies is a group of interstitial lung diseases (ILD) induced by genetic mutations disrupting surfactant function and gas exchange in the lung. The disorders caused by these mutations affect full-term infants and older children and exhibit considerable overlap in their clinical and histologic presentation

CB04.3 Alveolar or peri-alveolar conditions

CB04.30 Idiopathic pulmonary haemosiderosis

Idiopathic pulmonary hemosiderosis is a respiratory disease due to repeated episodes of diffuse alveolar haemorrhage without any underlying apparent cause, most often in children. anaemia, cough, and pulmonary infiltrates on chest radiographs are found in majority of the patients.

CB04.31 Pulmonary alveolar proteinosis

This is a rare lung disease in which abnormal accumulation of surfactant occurs within the alveoli, interfering with gas exchange. PAP can occur in a primary form or secondarily in the settings of malignancy (especially in myeloid leukemia), pulmonary infection, or environmental exposure to dusts or chemicals.

CB04.3Y Other specified alveolar or peri-alveolar conditions

CB04.3Z Alveolar or peri-alveolar conditions, unspecified

CB04.4 Pulmonary capillaritis

Isolated pauciimmune pulmonary capillaritis is a small vessel vasculitis restricted to the lungs that may induce diffuse alveolar haemorrhage with dyspnoea, anaemia, chest pain, haemoptysis, bilateral and diffuse alveolar infiltrates at chest X-rays, without any underlying systemic disease. ANCA are frequently positive but could be negative.

CB04.5 Brain-lung-thyroid syndrome

Brain-lung-thyroid syndrome is a rare disorder characterised by congenital hypothyroidism, infant respiratory distress syndrome (IRDS) and benign hereditary chorea.

CB04.6 Chronic pneumonitis of infancy

Chronic pneumonitis of infancy is a rare paediatric form of interstitial lung disease (ILD) sharing clinical and radiologic features with other forms of ILD (cough, tachypnoea, and infiltrative opacities on chest imaging) and harbouring specific histological abnormalities including diffuse thickening of alveolar septa, hyperplasia of type 2 alveolar epithelial cells (AEC), and presence of primitive mesenchymal cells within the alveolar septa.

CB04.7 Neuroendocrine cell hyperplasia of infancy

Neuroendocrine cell hyperplasia of infancy is a non-lethal paediatric form of interstitial lung disease (ILD) characterised by tachypnoea and respiratory distress without respiratory failure.

CB04.Y Other specified primary interstitial lung diseases specific to infancy or childhood

CB04.Z Primary interstitial lung diseases specific to infancy or childhood, unspecified

CB05 Interstitial lung diseases associated with systemic diseases

This refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs). This diagnosis is associated with diseases that affect a number of organs and tissues, or affects the body as a whole.

Coding Note: Code aslo the casusing condition

CB05.0 Diffuse alveolar damage

This is a histological pattern in lung disease. It is seen in acute respiratory distress syndrome (ARDS), transfusion related acute lung injury (TRALI) and acute interstitial pneumonia (pneumonitis) (AIP).

CB05.1 Interstitial lung diseases associated with connective tissue diseases

Interstitial lung diseases associated with connective tissue diseases refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs) associated with connective tissue diseases.

CB05.2 Interstitial lung diseases associated with granulomatous diseases

Interstitial lung diseases associated with granulomatous diseases refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs) associated with granulomatous diseases, such as sarcoidosis.

Coded Elsewhere: Sarcoidosis of lung (4B20.0)

Sarcoidosis of lung with sarcoidosis of lymph nodes (4B20.Y)

CB05.3 Interstitial lung diseases associated with metabolic diseases

Interstitial lung diseases associated with metabolic diseases refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs). This diagnosis is associated with a large class of genetic diseases involving disorders of metabolism.

Coding Note: Code aslo the casusing condition

Coded Elsewhere: Familial hypocalciuric hypercalcaemia (5A51.2)

Hermansky-Pudlak syndrome with pulmonary fibrosis (EC23.20)

CB05.4 Interstitial lung diseases associated with systemic vasculitides

Interstitial lung diseases associated with systemic vasculitides refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs). This diagnosis is associated with a type of small vessel vasculitis.

Coded Elsewhere: Respiratory disorders in Wegener's granulomatosis (CB40.Y)

CB05.40 Respiratory disorders in Churg-Strauss syndrome

This encompasses pathological conditions affecting the organs and tissues that make gas exchange possible in higher organisms, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. This diagnosis is in a medium and small vessel autoimmune vasculitis, leading to necrosis.

CB05.41 Respiratory disorders in microscopic polyangiitis

This encompasses pathological conditions affecting the organs and tissues that make gas exchange possible in higher organisms, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. This diagnosis is in an ill-defined autoimmune disease characterised by a systemic, pauci-immune, necrotizing, small-vessel vasculitis without clinical or pathological evidence of necrotizing granulomatous inflammation.

CB05.4Y Other specified interstitial lung diseases associated with systemic vasculitides

CB05.4Z Interstitial lung diseases associated with systemic vasculitides, unspecified

CB05.5 Secondary pulmonary haemosiderosis

Secondary pulmonary hemosiderosis is a respiratory disease due to the deposition of hemosiderin-laden macrophages in lungs as a result of repeated alveolar haemorrhage secondary to another disease, especially dysimmunitary disorders (i.e. Heiner syndrome, autoimmune diseases), thrombotic disorders and cardiovascular disorders such as mitral stenosis. It manifests as a triad of haemoptysis, anaemia and diffuse parenchymal infiltrates on chest radiography

Coding Note: Code aslo the casusing condition

CB05.Y Other specified interstitial lung diseases associated with systemic diseases

Coding Note: Code aslo the casusing condition

CB05.Z Interstitial lung diseases associated with systemic diseases, unspecified

Coding Note: Code aslo the casusing condition

CB06 Pulmonary alveolar microlithiasis

Pulmonary alveolar microlithiasis is an idiopathic rare disease in which concretions composed of calcium and phosphorus collect in alveolar spaces. A systemic disorder of calcium metabolism has not been identified, and the serum calcium and phosphate levels are normal. Cough and dyspnoea are the most common presenting symptoms. Expectorated microliths have been reported. Inspiratory crackles, finger clubbing, and signs of cor pulmonale may be present in more advanced disease.

CB07 Lymphangioleiomyomatosis

Lymphangioleiomyomatosis (LAM) is a multiple cystic lung disease characterised by progressive cystic destruction of the lung and lymphatic abnormalities, frequently associated with renal angiomyolipomas (AMLs). LAM occurs either sporadically or as a manifestation of tuberous sclerosis complex (TSC, ).

CB07.0 Lymphangioleiomyomatosis associated with tuberous sclerosis complex

This is a rare lung disease that results in a proliferation of disorderly smooth muscle growth (leiomyoma) throughout the lungs, in the bronchioles, alveolar septa, perivascular spaces, and lymphatics, resulting in the obstruction of small airways (leading to pulmonary cyst formation and pneumothorax) and lymphatics (leading to chylous pleural effusion). This diagnosis is associated with a rare multi-system genetic disease that causes non-malignant tumours to grow in the brain and on other vital organs such as the kidneys, heart, eyes, lungs, and skin.

CB07.1 Sporadic lymphangioleiomyomatosis

This is a rare lung disease that results in a proliferation of disorderly smooth muscle growth (leiomyoma) throughout the lungs, in the bronchioles, alveolar septa, perivascular spaces, and lymphatics, resulting in the obstruction of small airways (leading to pulmonary cyst formation and pneumothorax) and lymphatics (leading to chylous pleural effusion). LAM occurs in a sporadic form, which affects only females, usually of childbearing age; LAM also occurs in patients who have tuberous sclerosis.

CB07.Y Other specified lymphangioleiomyomatosis

CB07.Z Lymphangioleiomyomatosis, unspecified

CB0Y Other specified respiratory diseases principally affecting the lung interstitium

CB0Z Respiratory diseases principally affecting the lung interstitium, unspecified

Pleural, diaphragm or mediastinal disorders (BlockL1‑CB2)

Pleural, diaphragm and mediastinal disorders are disorders of the potential space between the two pleura (visceral and parietal) of the lungs, disorders of the diaphragm and mediastinum. The mediastinum is an undelineated group of structures in the thorax, surrounded by loose connective tissue. It is the central compartment of the thoracic cavity.

CB20 Pleural plaque

Deposits of hyalinized collagen fibres in the parietal pleura that result from chronic inflammation. Most commonly associated with past exposure to asbestos, typically becoming visible years after inhalation of the inciting exposure.

CB21 Pneumothorax

Pneumothorax is an abnormal collection of air or gas in the pleural space that separates the lung from the chest wall, and that may interfere with normal breathing.

Exclusions: pyopneumothorax (CA44)

pneumothorax: tuberculous (not confirmed) (1B10.1)

Traumatic pneumothorax (NB32.0)

pneumothorax: tuberculous (confirmed) (1B10.0)

Coded Elsewhere: Pneumothorax originating in the perinatal period (KB27.1)

CB21.0 Spontaneous tension pneumothorax

A tension pneumothorax is present when the intrapleural pressure is greater than atmospheric throughout expiration and often during inspiration as well. The mechanism responsible for tension pneumothorax is the disruption of the visceral or parietal pleura in such a manner that a one-way valve develops. A tension pneumothorax can occur after any type of pneumothorax; it is independent of the etiology. It can sometimes occur after a spontaneous pneumothorax but is more common after a traumatic pneumothorax, with mechanical ventilation, or during cardiopulmonary resuscitation.

CB21.1 Other spontaneous pneumothorax

Spontaneous pneumothorax that is not tension pneumothorax is included in this classification

They include primary spontaneous pneumothorax without tension and secondary spontaneous pneumothorax without tension. Primary spontaneous pneumothorax occurs in patients without underlying pulmonary disease, classically in tall, thin young men in their teens and 20s. It is thought to be due to spontaneous rupture of subpleural apical blebs or bullae that result from smoking or that are inherited. It generally occurs at rest, although some cases occur during activities involving reaching or stretching. Primary spontaneous pneumothorax also occurs during diving and high-altitude flying because of unequally transmitted pressure changes in the lung. Secondary spontaneous pneumothorax occurs in patients with underlying pulmonary disease. It most often results from rupture of a bleb or bulla in patients with severe COPD, HIV-related Pneumocystis jirovecii infection, cystic fibrosis, or any underlying pulmonary parenchymal disease Secondary spontaneous pneumothorax is more serious than primary spontaneous pneumothorax because it occurs in patients whose underlying lung disease decreases their pulmonary reserve.

CB21.Y Other specified pneumothorax

CB21.Z Pneumothorax, unspecified

CB22 Diseases of mediastinum, not elsewhere classified

This refers to diseases of the mediastinum where the mediastinum is an undelineated group of structures in the thorax, surrounded by loose connective tissue. It is the central compartment of the thoracic cavity

Exclusions: Abscess of mediastinum (CA43.3)

CB22.0 Fibrosing mediastinitis

Fibrosing mediastinitis, also known as sclerosing mediastinitis or mediastinal fibrosis, is a disorder characterised by an excessive fibrotic reaction in the mediastinum. It can result in compromise of airways, great vessels, and other mediastinal structures, with morbidity directly related to the location and extent of fibrosis. The commonest cause is histoplasmosis, of which it is a rare late complication, but it may also occur in association with other infections and with systemic autoimmune disorders such as Behçet disease, granulomatosis with polyangiitis and retroperitoneal fibrosis.

CB22.Y Other specified diseases of mediastinum, not elsewhere classified

CB22.Z Diseases of mediastinum, not elsewhere classified, unspecified

CB23 Disorders of diaphragm

This category includes the abnormalities of diaphragmatic position or motion (paralysis, relaxation, and acquired deformity) and the inflammation of the diaphragm, but neoplasms of the diaphragm, congenital malformation of diaphragm, and diaphragmatic hernias are included in other categories.

Exclusions: Congenital diaphragmatic hernia (LB00.0)

Structural developmental anomalies of diaphragm (LB00)

CB24 Chylous effusion

A chylothorax (chylous effusion) signifies leakage of chyle from the thoracic duct. A pleural fluid triglyceride concentration of more than 110 mg per decilitre signifies a high likelihood of chylothorax, whereas a triglyceride concentration below 50 mg per decilitre makes chylothorax highly unlikely.

Inclusions: Chyliform effusion

CB25 Fibrothorax

Fibrothorax results from fibrosis of the visceral pleura, and is clinically manifested by decreased respiratory excursion and restrictive pulmonary physiology. There are two distinct mechanisms that can lead to the formation of fibrothorax: 1) Most often, fibrothorax develops as a consequence of pleural inflammation in patients with pleural effusions, including hemothorax, tuberculous effusion, or chronic empyema; 2) Less frequently, fibrothorax results from pulmonary parenchymal disease, and can be seen in patients with tuberculosis, bronchiectasis, or lung abscess.

CB26 Haemothorax

Hemothorax is the presence of blood with or without air in the pleural space. The most common cause is chest trauma. Hemothorax should be considered to be present when the haematocrit of the pleural fluid is more than half that of the peripheral blood. A number of bleeding sites may be responsible for the hemothorax, including pulmonary laceration, intercostal vessel laceration, and rupture of pleural adhesions.

CB27 Pleural effusion

Presence of fluid in the pleural cavity resulting from excessive transudation or exudation from the pleural surfaces.

Coding Note: Code aslo the casusing condition

Inclusions: Pleurisy with effusion

Exclusions: Tuberculosis of the respiratory system (1B10)

Chylous effusion (CB24)

Pleurisy (MD31)

CB2Y Other specified pleural, diaphragm or mediastinal disorders

CB2Z Pleural, diaphragm or mediastinal disorders, unspecified

CB40 Certain diseases of the respiratory system

Coded Elsewhere: Pulmonary sporotrichosis (1F2J.2)

Alpha-1-antitrypsin deficiency (5C5A)

CB40.0 Ciliary dyskinesia

Defective function of the cilia lining the respiratory tract (lower and upper, sinuses, Eustachian tube, middle ear) resulting in altered mucociliary transport and manifesting as recurrent upper and lower respiratory infection, chronic productive cough, chronic rhinosinusitis or persistent otitis media. Acquired forms result from respiratory tract injury associated especially with respiratory infections such as bronchiolitis or chronic obstructive pulmonary disease. The rare primary forms are inherited as autosomal recessive disorders presenting early in life and typically progressing to bronchiectasis; they may be associated with infertility in men and women due to abnormal sperm motility or fallopian tube function respectively.

Coded Elsewhere: Primary ciliary dyskinesia (LA75.Y)

Syndromic ciliary dyskinesia (LA75.Y)

CB40.1 Young syndrome

Young syndrome is characterised by the association of obstructive azoospermia with recurrent sinobronchial infections.

CB40.2 Pulmonary collapse

Inclusions: Atelectasis

Exclusions: Primary atelectasis of newborn (KB2B)

atelectasis (of): tuberculous (not confirmed) (1B10.1)

atelectasis (of): tuberculous (confirmed) (1B10.0)

CB40.3 Interstitial emphysema

This is a collection of air outside of the normal air passages in the body and instead is found inside the connective tissue of the peribronchovascular sheaths, interlobular septa, and visceral pleura. This collection develops as a result of alveolar and terminal bronchiolar rupture.

Exclusions: emphysema: NOS (CA21)

emphysema: surgical (subcutaneous) (NE81)

Traumatic subcutaneous emphysema, not elsewhere classified (NF0A.7)

Coded Elsewhere: Interstitial emphysema originating in the perinatal period (KB27.0)

CB40.4 Compensatory emphysema

Compensatory emphysema is a condition in which one portion of the lung increases in size and function, when another portion is destroyed or temporarily useless. It occurs, for instance, in association with pneumonias, pleural effusions and pneumothorax. Anatomically, there is found an enlargement of the normal lung; there are no variations from the normal structure; the unaffected lung, as a result of distention, has an increased vital capacity and is able to perform a greater amount of work than when in its usual condition. The tissues show no similarity to those truly emphysematous. This change is in no way related to true emphysema and the term should not be used, as it creates great confusion in the literature. Its use is no more justified than that of speaking of the compensatory enlargement of a kidney, when the opposite kidney has been removed, as of a compensatory nephritis. True emphysema can never compensate for diseased lung tissue, because the emphysematous lung is totally or almost totally functionless.

CB40.Y Other specified diseases of the respiratory system

CB41 Respiratory failure

Respiratory failure is a life-threatening impairment of oxygenation or CO2 elimination. Respiratory failure may occur because of impaired gas exchange, decreased ventilation, or both. The level of oxygen in the blood becomes dangerously low or the level of carbon dioxide becomes dangerously high.

Coding Note: Code aslo the casusing condition

Exclusions: Acute respiratory distress syndrome (CB00)

Respiratory arrest (MD33)

Respiratory distress of newborn (KB23)

CB41.0 Acute respiratory failure

Respiratory failure can be acute (short term) or chronic (ongoing), using time as the main parameter. In acute respiratory failure hypoxemia occurs over a period of hours to days (less than 7 days), and acute respiratory failure can develop quickly and may require emergency treatment.

Coding Note: Code aslo the casusing condition

CB41.00 Acute respiratory failure, Type I

When acute respiratory failure causes a low level of oxygen in the blood without a high level of carbon dioxide, it's called hypoxemic acute respiratory failure.

Coding Note: Code aslo the casusing condition

CB41.01 Acute respiratory failure, Type II

When acute respiratory failure causes a high level of carbon dioxide in the blood, it's called hypercapnic acute respiratory failure.

Coding Note: Code aslo the casusing condition

CB41.0Z Acute respiratory failure, unspecified

Coding Note: Code aslo the casusing condition

CB41.1 Chronic respiratory failure

In chronic respiratory failure hypoxemia occurs over a period of weeks to months (more than seven days), and chronic respiratory failure develops more slowly and lasts longer than acute respiratory failure.

Coding Note: Code aslo the casusing condition

CB41.10 Chronic respiratory failure, Type I

When chronic respiratory failure causes a low level of oxygen in the blood without a high level of carbon dioxide, it's called hypoxemic chronic respiratory failure.

CB41.11 Chronic respiratory failure, Type II

When chronic respiratory failure causes a high level of carbon dioxide in the blood, it's called hypercapnic chronic respiratory failure.

CB41.1Z Chronic respiratory failure, unspecified

Coding Note: Code aslo the casusing condition

CB41.2 Respiratory failure, unspecified as acute or chronic

This is inadequate gas exchange by the respiratory system, with the result that levels of arterial oxygen, carbon dioxide or both cannot be maintained within their normal ranges, unspecified.

Coding Note: Code aslo the casusing condition

CB41.20 Respiratory failure, unspecified, Type I

This is when the PaCO2 may be normal or low. It is typically caused by a ventilation/perfusion (V/Q) mismatch; the volume of air flowing in and out of the lungs is not matched with the flow of blood to the lungs. The basic defect in type 1 respiratory failure is failure of oxygenation

CB41.21 Respiratory failure, unspecified, Type II

Type 2 respiratory failure is caused by inadequate ventilation; both oxygen and carbon dioxide are affected. Defined as the build up of carbon dioxide levels (PaCO2) that has been generated by the body.

CB41.2Z Respiratory failure, unspecified

Coding Note: Code aslo the casusing condition

Postprocedural disorders of the respiratory system (BlockL1‑CB6)

Exclusions: Acute pulmonary manifestations due to radiation (CA82.0)

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

CB60 Tracheostomy malfunction

CB61 Chronic pulmonary insufficiency following surgery

CB62 Postprocedural subglottic stenosis

CB63 Postprocedural stenosis of the trachea

CB64 Transfusion related acute lung injury

This is a serious blood transfusion complication characterised by the acute onset of non-cardiogenic pulmonary oedema following transfusion of blood products.

CB7Z Diseases of the respiratory system, unspecified