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Pneumonia coding guidelines Despite the changing clinical preferences for diagnosing pneumonia, the positive chest x-ray is still considered the standard by recovery audit contractors (RAC), the Office of Inspector General, and other auditors, King said. As such, coders need to watch for it in documentation.

~~Pneumonia with a negative chest x-ray:~~

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Q: A physician admitted a patient with pneumonia, which was the first diagnosis. The second diagnosis was malnutrition secondary to feeding difficulties of the elderly. Two days later, the physician inserted a percutaneous gastrostomy tube. A day or two later, the physician documented only that the

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patient had aspirated. Our clinical documentation analyst queried the physician for aspiration ...

~~Q&A: Coding for pneumonia with ...~~
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Do you now have to code the pneumonia as a COPD with a lower respiratory infection? A: Yes, the AHA's Coding Clinic for ICD 10-CM/PCS , Third Quarter 2016, discusses an instruction note found at code J44.0, chronic obstructive pulmonary disease with acute lower respiratory infection requires that the COPD be coded first, followed by a code for the lower respiratory infection.

~~Q&A: Coding guidelines for COPD and pneumonia~~
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Q: A physician admitted a patient with pneumonia, which was the first listed diagnosis. The second diagnosis was malnutrition secondary to feeding difficulties of the elderly. Two days later, the physician inserted a percutaneous gastrostomy tube. A day or two later, the physician documented only that the patient had aspirated. Our clinical documentation analyst queried the physician for ...

~~Q&A: Query for aspiration pneumonia~~
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The early Coding Clinics instructed coders to sequence the pneumonia first, ahead of the code for acute respiratory failure. Then the

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Guidelines switched to say the opposite (that we should sequence the respiratory failure first). This caused a rise in concern since many professionals saw respiratory failure as a symptom versus a definitive diagnosis and the final instruction stated that the circumstances of admission must be considered.

~~Q&A: Pneumonia versus acute respiratory failure as ...~~

Complex Pneumonia -AB are not general first line, Risk factors for "Complex" pneumonia are present, Poor response to initial tx with change in AB noted, May require longer length of stay, and discharged on broad spectrum AB. The query should ask the physician to "please clarify the most likely type of pneumonia you are treating."

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pneumonia; code J44.0, Chronic obstructive pulmonary disease with acute lower respiratory infection; code J15.9, Unspecified bacterial pneumonia; and code J44.1, Chronic obstructive pulmonary disease with (acute) exacerbation. All four codes are needed to capture the diagnostic statement. The circumstances of the admission would determine the

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Good Documentation Will Clear Up Pneumonia Coding Problems Pneumonia is an inflammatory

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process that affects the lung tissue (i.e.,
the par MAY 7, 2014. JUSTCODING Q&A:
Ventilator-Associated Pneumonia in ICD-10-CM
... HCPro Announces the Billers&Rsquo;
Association for Long-Term Care! JUNE 30,
2015.

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by Richard D. Pinson, MD, FACP In its 2016
Third Quarter edition, the AHA's Coding
Clinic for ICD-10-CM/PCS clarified the use of
the following two ICD-10 codes: J44.0:
Chronic obstructive pulmonary disease with
acute lower respiratory infection J44.1:
Chronic obstructive pulmonary disease with
(acute) exacerbation Code J44.0 requires that
the lower respiratory infection be

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