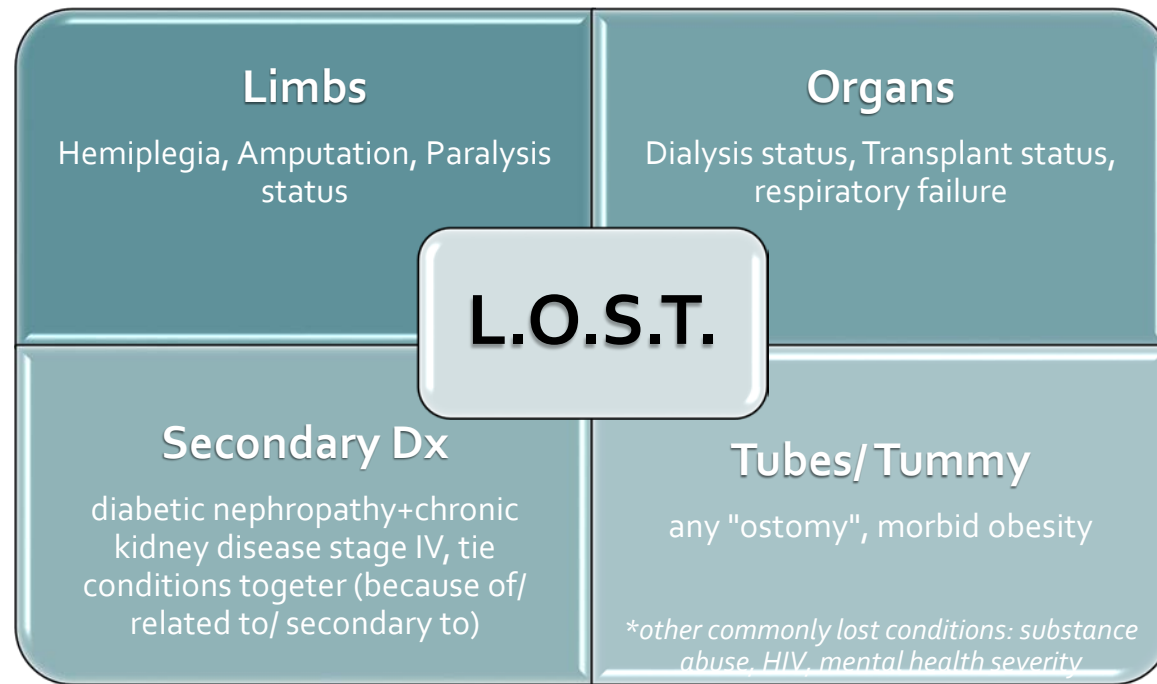
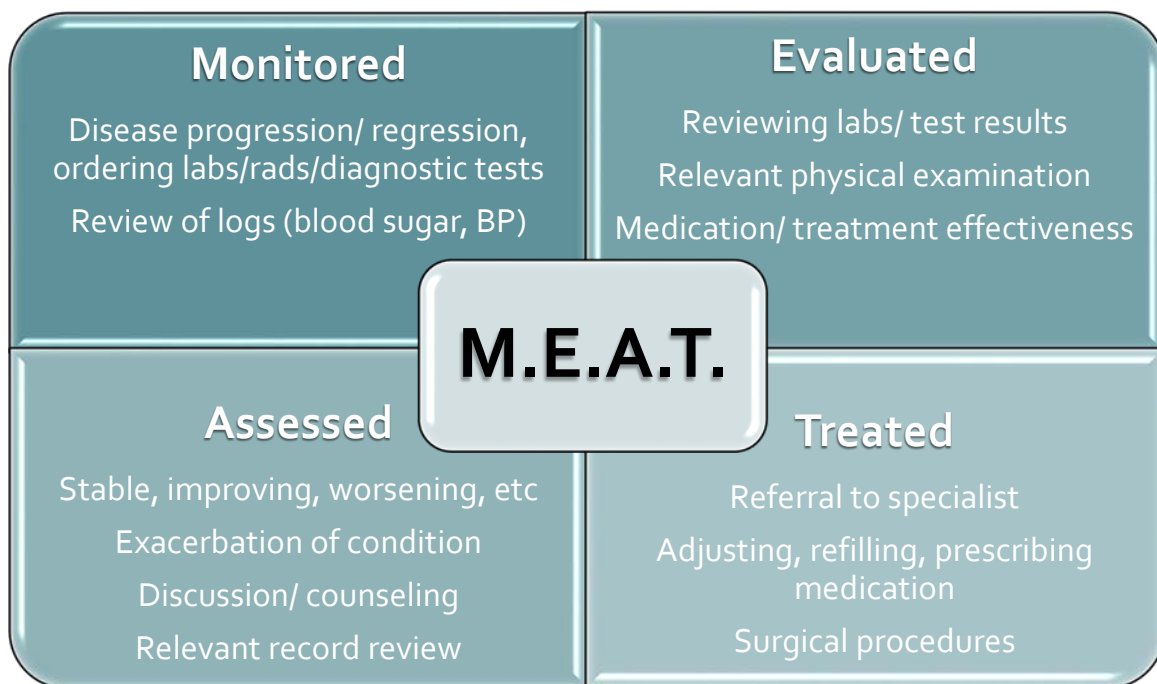


## Pulmonary Codes

| DIAGNOSES                                 | ICD-10 Code Root | Sub Codes  | Hierarchical Condition Category (HCC)             |
|---|------------------|--|---|
| COPD                                      | J44.X            | J44.0, J44.1, J44.9  | Chronic Obstructive Pulmonary Disease             |
| Emphysema                                 | J43.X            | J43.0-J43.2, J43.8-J43.9   |   |
| Pulmonary Hypertension                    | I27.X            | I27.0-I27.9  | Congestive Heart Failure                          |
| Respiratory Failure                       | J96.X            | J96.0-J96.92   | Cardio-Respiratory Failure and Shock              |
| Bronchiectasis                            | J47.X            | J47.0-.1, J47.9  | Fibrosis of Lung and Other Chronic Lung Disorders |
| Pulmonary Fibrosis                        | J84.1X           | J84.10-J84.17  |   |
| Sarcoidosis of lung                       | D86.X            | D86.0-D86.9  |   |
| Interstitial Pulmonary/Lung Disease (ILD) | J84.X            | J84.84-J84.9   |   |
| Lung Cancer                               | C34.X            | C34.00-C34.02, C24.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92 | Lung and Other Severe Cancers                     |
| Morbid Obesity                            | E66.X            | E66.2, E66.01 & Z68.41-.45   | Morbid Obesity                                    |
| Sleep Apnea                               | G47.X            | G47.0-G47.9  | Non-Specific Symptom Codes and Non-HCC Codes      |
| Cough                                     | R05              | -  |   |
| Shortness of Breath                       | R06.02           | -  |   |
| Dyspnea                                   | R06.00           | -  |   |
| Hypoxemia                                 | R09.02           | -  |   |
| Obesity, unspecified                      | E66.9            | -  |   |
| Snoring                                   | R06.83           | -  |   |

Please remember, the diagnoses chosen must meet MEAT criteria, one of the following has to be supported: M-Monitored, E-Evaluated, A-Assessed, T-Treated  
Documentation must be complete and accurate before selecting the specific diagnosis code, and always choose the most specific/or combination ICD-10 CM code(s) to fully describe the patient condition(s).



- 1 element required per DX code; more is better
- These factors help providers to establish the presence of a diagnosis during an encounter (“if it wasn’t documented, it doesn’t exist”)
- Review problem list, document as ‘current’ or ‘active’
- Do not use ‘history of’ for chronic conditions unless is fully resolved. Instead use ‘stable

- Document anything that impacts your medical decision making** to reflect the complexity and level of care provided.
- Documentation improves care, coverage, costs and compliance.
- other commonly lost conditions: substance/alcohol abuse, AIDS or HIV, mental health severity and status