

RESPIRATORY FAILURE

- Clearly state whether the respiratory failure is chronic (compensated), acute (emergency), or acute-on-chronic
- Specify if the patient has hypoxemia (low oxygen) and/or hypercapnia (high carbon dioxide)
- Document and code any underlying conditions that cause the respiratory failure

Clinical Concepts

Respiratory failure results from disruptions in oxygenation and carbon dioxide removal associated with dysfunction of the lung, and may be characterized as hypoxic or hypercapnic:

- **Hypoxic/hypoxemic:** Defined by SpO₂ levels less than 91% on room air or partial pressure of oxygen (pO₂) less than 60 mmHg on room air
- **Hypercapnic:** Characterized by a sustained elevation in partial pressure of carbon dioxide (pCO₂) above 50 mmHg, with a normal pH range (7.35–7.45)

Chronic respiratory failure is a significant medical condition necessitating ongoing management to enhance patient quality of life and mitigate potential complications. Diagnosis frequently involves the requirement for continuous supplemental oxygen at home.

- Nighttime oxygen use alone does not necessarily indicate chronic respiratory failure, since sleep-related breathing disorders may occur with or without it.

By contrast, acute respiratory failure represents a potentially life-threatening emergency that warrants prompt medical intervention.

Documentation Matters

History – document the date of onset and presence or absence of current symptoms, such as shortness of breath, hypoxia/hypoxemia, or hypercapnia. Include the results of prior diagnostic testing (pulse oximetry or arterial blood gas) and any dependence on supplemental home oxygen.

Exam – include any current associated physical exam findings such as pulse ox level (on room air or supplemental O₂), decreased breath sounds, wheezing, prolonged expiration or use of accessory muscles.

Assessment – include the status (e.g. stable, worsening, improved, etc.) and specify the underlying cause of chronic respiratory failure, such as:

- COPD, emphysema, or asthma
- Pulmonary fibrosis or restrictive lung disease
- Obesity hypoventilation syndrome
- Pulmonary hypertension or right heart failure
- Spinal cord injuries or neuromuscular disease

Plan – document the treatment or management plan and timeline for reevaluation or follow-up. Link associated prescription medications, orders for DME (e.g. home oxygen, BiPAP, etc.) or diagnostic tests, and specialist referrals.

Coding Guidance

For accurate code assignment to occur, the following information must be documented in the progress note:

- **Clinical Status**
 - **Acute:** sudden onset, symptomatic (*ED and inpatient only*)
 - **Chronic:** gradual onset, stable
 - **Acute-on-Chronic:** symptomatic exacerbation requiring intervention
- **Type**
 - With hypoxia/hypoxemia
 - With hypercapnia/respiratory acidosis

Ensure documentation includes the underlying cause of respiratory failure and clear clinical indicators supporting the clinical status to justify code assignment.

It is common for acute-on-chronic respiratory failure to remain on the problem list after an inpatient stay. The problem list should be updated to indicate resolution of the acute failure.

Documentation of respiratory insufficiency does not support the assignment of a respiratory failure code.

References

[ICD-10-CM Official Guidelines for Coding & Reporting](#)

Respiratory Failure Diagnoses

ICD-10-CM	Code Description		HCC Model
J96.0*	Acute respiratory failure	*5 th character required: 0 - unspecified as with hypoxia or hypercapnia 1 - with hypoxia 2 - with hypercapnia	CMS/HHS
J96.1*	Chronic respiratory failure		CMS/HHS
J96.2*	Acute and chronic respiratory failure		CMS/HHS
J96.9*	Unspecified respiratory failure		CMS/HHS

Additional Diagnoses to Consider

ICD-10-CM	Code Description	HCC Model
E84.0	Cystic fibrosis with pulmonary manifestations	CMS/HHS
E66.2	Morbid obesity with alveolar hypoventilation	CMS
G12.2*	Motor neuron disease	CMS/HHS
G70.0*	Myasthenia gravis	CMS/HHS
G71.01	Duchenne or Becker muscular dystrophy	CMS/HHS
G82.5*	Quadriplegia	CMS/HHS
I27.81	Cor pulmonale (chronic)	CMS/HHS
I50*	Heart failure	CMS/HHS
J43*	Emphysema	CMS/HHS
J44*	Chronic obstructive pulmonary disease	CMS/HHS
J45*	Asthma	HHS
J84.1*	Interstitial pulmonary disease with fibrosis	CMS/HHS
Z93.0	Tracheostomy status	-
Z99.81	Dependence on supplemental oxygen	-

*Additional characters needed to complete code