

Home Health ICD-9/ICD-10 Alert

Reader Questions: 997.31 Makes Its Way to Respiratory Complications Coding

Question: Our new patient is dependent on a ventilator and has developed pneumonia. Which pneumonia code should I report?

Answer: If the physician documents that the patient's pneumonia is due to her ventilator use, you should report 997.31 (Ventilator-associated pneumonia). This is a fairly new diagnosis code which premiered in ICD-9 2009. Report this code only when a physician documents that the pneumonia is related to the respirator. Ventilator-associated pneumonia (VAP) is one of the conditions that is considered a preventable condition by the **Centers for Medicare & Medicaid Services** and if it develops in certain circumstances the hospital will not receive payment for the VAP.

In the past, you would use the generic 997.3 (Respiratory complications) for this type of pneumonia. The newer ICD-9 code offers a clearer description of the source of the patient's pneumonia.

Quick fact: You will never find 997.3 as a complete code in the ICD-9 book because it requires an additional digit. Codes 997.31 (Ventilator associated pneumonia) and 997.39 (Other respiratory complications) have further specified 997.3. The code descriptor for 997.39 is vague, and this should tip you off that it's a code of last resort. Use 997.38 only when you cannot find a more appropriate diagnosis code. For instance, you could apply this code when a patient develops pneumonia after a procedure or Mendelson's syndrome following surgery.