Cardiac Arrest vs Acute Respiratory Failure Update

by Monica Leisch, RHIA, CDIP, CCS

This article is an in-depth look at the question of whether acute respiratory failure could be the principal diagnosis code when it is present due to a cardiac arrest, both presenting on admission.

A patient is brought to the hospital following a cardiac arrest. CPR is continued in the ED; the patient is intubated for acute respiratory failure and placed on mechanical ventilation. The underlying cause of the cardiac arrest is not established despite a CT-head scan, and cardiac and neurology consult. Anoxic brain damage/encephalopathy was treated with hypothermia. The patient was maintained on mechanical ventilation for 9 days at which time the family and physician decide to make the patient DNR, and the patient expired. No treatment is done for the cardiac arrest during the inpatient stay; however, the physician lists cardiac arrest as the reason for admission and acute respiratory failure as a secondary diagnosis.

The CHIA Coding and Data Quality Committee (CDQ) asked members to offer their ideas on how this scenario should be coded from the following choices: Note the poll answers in percentages next to each.

A majority of the CDQ committee members felt strongly about how this case should be coded with the principal diagnosis code acute respiratory failure. The American Hospital Association's Coding Clinic was also asked for advice. The answer from the Coding Clinic was vague and only referenced coding guidelines such as two diagnoses that qualify as principal and cardiac arrest may be listed as the principal diagnosis when the cause is unknown. Also referenced were coding guidelines regarding respiratory failure. A definitive answer was not given.

In looking outside the state of California, it was noted that a large hospital group did receive an answer from Coding Clinic for this same coding situation. Coding Clinic recommended listing the acute respiratory failure first. Unfortunately, this advice was only given to that hospital group and cannot be applied to those outside of this group. It is encouraged to write to the Coding Clinic for a definitive answer.

Outside review organizations have been known to force coding changes on acute care hospitals saying that the cardiac arrest should be sequenced first, quoting the cardiac arrest coding guidelines. This guideline, however, says only that cardiac arrest "may" be listed first if the cause is unknown. The term "may" is not the same as "must", and the coder should determine which diagnoses most clearly meet the definition for the principal diagnosis code.

The option to query the physician is always available, and as you can see from the results of the poll, 40% of the respondents believed this was the best solution.

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