



Coding for Postprocedural Pneumothorax

by Deanna L. Klure, RHIT, CDIP, CCS and Svetlana Woersching, RHIA, CCS, CPC

Pneumothorax occurs when air leaks into the space between the lung and chest cavity. Pneumo means “air” and thorax is the location, thus, air in thorax. The air causes the lung to partially or fully collapse. Pneumothorax can be caused by a chest injury, medical procedure or can occur spontaneously. Pneumothoraces often resolve without treatment, but occasionally when the pneumothorax is large, intervention is required. These treatments include chest tube insertion, pleurodesis, pleural abrasion, pleurectomy and bullectomy.

The following ICD-10-CM category codes are used accordingly:

The Agency for Healthcare Research and Quality (AHRQ) measures patient safety indicators (PSI), which provide information on potentially avoidable safety events. PSI focuses on hospital complications and adverse events caused by surgery, procedures, and childbirth. PSI-06 focuses on cases with a secondary diagnosis ICD-10-CM J95.811 postprocedural (iatrogenic) pneumothorax with a present on admission (POA) indicator of N. PSI-06 excludes encounters for chest trauma and thoracic or cardiac procedures as pneumothoraces are inherent to the risk associated with chest injuries and thoracic procedures. When the chest wall is penetrated via injury

or procedure, air will enter the chest cavity. This is expected if the chest cavity is being cut or punctured.

Providers often document chest x-ray findings of pneumothorax after a thoracic procedure such as pneumothorax status-post surgery. Coding professionals should not code J95.811 postprocedural pneumothorax without the provider specifically documenting that the pneumothorax was a surgical complication. *ICD-10-CM Official Guidelines for Coding and Reporting FY2019.I.B.16* Documentation of Complications of Care states, “code assignment is based on the provider’s documentation of the relationship between the condition and the care or procedure.”

Coding professionals should not assume pneumothorax is a complication from the procedure without specific documentation from the provider indicating so. Most common causes of pneumothorax are central vein cannulation (subclavian or jugular vein), pleural tap or biopsy, fine needle aspiration and acupuncture.

The key to accurate code assignment is to remember not all conditions that occur during or following surgery are complications. Many conditions are inherent or expected outcomes. The provider must document the cause-and-effect relationship between the

PROCEDURE	ICD-10-CM CATEGORY CODE
J93 - Pneumothorax and air leaks not related to a complication	J93 Not a surgical complication J93.0 Spontaneous tension pneumothorax J93.11 Primary spontaneous pneumothorax J93.12 Secondary spontaneous pneumothorax J93.81 Chronic pneumothorax J93.82 Other air leak J93.83 Other pneumothorax J93.9 Pneumothorax, unspecified P25.1 Congenital or perinatal pneumothorax
J95.8 - Pneumothorax intraoperative and postprocedural complications	J95.8 Iatrogenic complication J95.811 Postprocedural pneumothorax J95.812 Postprocedural air leak
S27 - Traumatic pneumothorax	S21.-, S22.-, S25.-, S26.-, S27.-, S28.- Chest trauma (rib fractures, traumatic pneumothorax and related chest wall injuries)

Continues on Page 22

own the patient portal. Partner with other surrounding states.

As we begin to implement the 2020-2022 strategic plan, CHIA's tactical operational plans will be put in place to advance each strategic priority and align operational plans and the CHIA budget to the strategies. Taken together, this level of coordination over a three-year period will produce greater impact and continuity for CHIA as we work to achieve development of health information professionals, advocate for practice excellence, and improved health for our communities through trusted information.

Nancy J. Andersen, MS, RHIA, CCS;
CHIA President 2019-2020

Coding for Postprocedural Pneumothorax from Page 13

condition and the surgery, indicating an iatrogenic or complication occurred from the procedure.

References

AHA. (2003). ICD-9-CM Coding Clinic, Third Quarter 2003. Page: 19; Postoperative pneumothorax following thoracic surgery.

AHA. (2011). ICD-9-CM Coding Clinic, First Quarter 2011. Page: 14 Effective with discharges; Iatrogenic pneumothorax.

AHRQ. (n.d.). Patient Safety Indicators Overview. Retrieved from qualityindicators.ahrq.gov/Modules/psi_resources.aspx

CMS. (2019). ICD-10-CM Official Guidelines for Coding and Reporting FY 2019.

Mayo Clinic. (n.d.). Pneumothorax. Retrieved from mayoclinic.org/diseases-conditions/pneumothorax/symptoms-causes/syc-20350367

NCBI. (2007). Pneumothorax: an update. Retrieved from ncbi.nlm.nih.gov/pmc/articles/PMC2600088/

Deanna L. Klure, RHIT, CDIP, CCS; Regional Director, Coding Education, Nosology, CAC and CDI Business System Applications, Kaiser Permanente; Co-Chair, CHIA Coding and Data Quality Committee

Svetlana Woerschling, RHIA, CCS, CPC, Coding Quality Analyst, Quality Improvement, Optum; Member, CHIA Coding and Data Quality Committee

CHIA Educational Calendar

SEPTEMBER

FY2020 ICD-10-CM/PCS Coding Update

24 Ontario

26 Dublin

The Next Generation in Quality Improvement: eCQMs

26 Live Webinar

OCTOBER

Diaries of a Professional Fee Coding Compliance Auditor

8 Live Webinar

CHIA Student Chat

8 Live Webinar

NOVEMBER

Confidentiality and the ROI in California

13 Garden Grove

14 Pleasanton

JANUARY

eHIM Best Practices Symposium

28 Los Angeles

30 Northern California TBD

Bookmark the CHIA events calendar page and visit often:
CaliforniaHIA.org/events-calendar

Component Local Association events visit:
CaliforniaHIA.org/clas

For Education On-Demand, Ebooks
and other CEU Opportunities:
CaliforniaHIA.org/resources