START SMART CODING TIP

Respiratory Conditions

Pneumonia, ventilator-associated pneumonia & vaping-related disorders

RELEVANT CODING CLINICS

2Q 2026

3Q 2025

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Empowering Better Health

PNEUMONIA

Coding by Type & Cause

Pneumonia is coded in various ways based on the documented type and cause

COMBINATION CODES · CH 1 & 2

Some codes capture both the pneumonia and the organism. E.g., **J15.0** (PN due to Klebsiella); **J11.08 + J12.9** (viral PN with influenza).

MANIFESTATION · 2 CODES

Other pneumonias are coded as manifestations of underlying conditions (Chapter 1 or other chapters) and require two codes. E.g., **I00 + J17** (PN in rheumatic fever).

NOT FURTHER SPECIFIED

Examine laboratory reports for organism identification, and verify with the provider whether documentation supports a more specific diagnosis.

NO ORGANISM IDENTIFIED

Report **J18.9** – pneumonia, unspecified organism.

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PNEUMONIA · DOCUMENTATION RULES

Additional Coding Tips

Provider documentation drives the code — not imaging, labs, or treatment

NOT ON IMAGING ALONE

Don't code pneumonia from radiological / x-ray findings without provider documentation.

BACTERIAL TYPE NEEDS THE PROVIDER

Gram-negative or other bacterial PN can't be assumed from lab or clinical findings alone — physician determination is required. Findings may support or prompt a query.

NOT ON TREATMENT ALONE

The condition must be documented by the provider.

PNEUMOCYSTIS WITH HIV / AIDS

For PCP with AIDS/HIV, sequence **B20** (HIV disease) first, with additional code **B59** (Pneumocystosis).

LOBAR PN NEEDS DOCUMENTATION

Don't code lobar PN from radiology reports alone — base it on provider documentation, even when imaging identifies the lobe(s).

UNCERTAIN TERMS

PN documented as "probable" or "possible" may be coded on inpatient records **only at discharge.**

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CHAPTER-SPECIFIC RESPIRATORY SECTION

Five Respiratory Conditions

Conditions addressed in the chapter-specific guidelines – this tip focuses on PN & vaping

COPD & Asthma

Acute Respiratory Failure

Influenza (identified viruses)

Ventilator-Associated Pneumonia

Vaping-Related Disorders

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VAP · GUIDELINE 1.C.10.D.1 & 2

Ventilator-Associated Pneumonia

J95.851 applies only when the provider documents VAP

ASSIGNING J95.851

Assign **J95.851** only when the provider documents VAP. Add a code for the organism (e.g., Pseudomonas aeruginosa, **B96.5**).
Do **not** add a code from J12–J18 for the type of PN, and don't assign J95.851 just because a patient has PN while on a ventilator.

DEVELOPS AFTER ADMISSION

A patient may be admitted with one type of PN (e.g., **J13**, Streptococcus pneumoniae) and later develop VAP.
Principal dx = the PN present on admission (J12–J18); assign **J95.851** as an additional diagnosis when VAP is documented.

IMPORTANT REMINDERS

VAP is a complication of mechanical ventilation · watch sequencing rules · PN on a vent alone isn't enough · **don't assume VAP – if unclear, query.**

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VAPING · GUIDELINE 1.C.10.E

Vaping-Related Disorders

U07.0 – effective 4/1/2020 for e-cigarette / vaping lung injury

U07.0 – WHEN & WHY

U07.0 became effective 4/1/2020 in response to respiratory illnesses associated with e-cigarette (e-nicotine) delivery systems.
Assigned for "vaping" or "dabbing" injuries.

HOW TO SEQUENCE

Assign **U07.0** as the principal diagnosis. For lung injury due to vaping, assign only U07.0.
Add codes for other manifestations – e.g., acute respiratory failure (**J96.0-**) or pneumonitis (**J68.0**).

SYMPTOM CODING

Associated respiratory signs/symptoms (cough, shortness of breath) aren't coded separately once a definitive diagnosis is established – but GI symptoms (diarrhea, abdominal pain) **may** be coded separately.

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2Q 2026 CODING CLINIC UPDATE

Vaping & Status Asthmaticus

A published correction notice and a second-hand exposure Q&A (3Q 2025 · p.11)

CORRECTION NOTICE

Persistent Status Asthmaticus due to Secondary Exposure to Vaping.

In Coding Clinic 3Q 2025 (p.11), **J45.41** (moderate persistent asthma with acute exacerbation) was given to identify status asthmaticus. Because the question stated persistent status asthmaticus, the code should have been **J45.42** (moderate persistent asthma with status asthmaticus).
Assign only the code for the more severe condition – status asthmaticus.

SECOND-HAND VAPING · Q&A

A 7-year-old with a history of asthma is admitted for acute hypoxic respiratory failure and moderate persistent status asthmaticus due to **second-hand** exposure to vaping.
Assign **J96.01** (acute respiratory failure with hypoxia), **J45.41**, and **Z77.29** (exposure to other hazardous substances).
U07.0 is NOT appropriate – this is second-hand exposure, not the patient's own vaping.