

Cardiac arrest versus acute respiratory failure - How would you code it?

by Monica Leisch, RHIA, CCS, CDIP

The Coding and Data Quality (CDQ) Committee recently was asked 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 majority of the CDQ Committee members felt strongly as to how this case should be coded, but also decided to ask the American Hospital Association's Coding Clinic. Before we tell you the outcome, we wanted to get the opinion of other coding professionals in California.

The specific case in question is summed up as follows:

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 neuro consult. Anoxic brain damage/encephalopathy was treated with hypothermia. The patient was maintained on mechanical ventilation for nine 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.

CHIA has set up a survey at <https://www.surveymonkey.com/s/CDQ2015>. The survey results, along with *Coding Clinic* and the CDQ Committee comments will be published in a future *CHIA Journal*.

How would you respond to this coding question?

- A. Cardiac arrest should be the principal diagnosis code
- B. Acute respiratory failure should be the principal diagnosis code
- C. The physician should be queried as to the underlying cause of the cardiac arrest before the principal diagnosis should be assigned.

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