Pneumothorax occurs when air leaks into the space between the lung and chest cavity. 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:

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<tr>
<th>PROCEDURE</th>
<th>ICD-10-CM CATEGORY CODE</th>
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| 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) |

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 FY 2019 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 condition and the care or procedure.
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.

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References

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