

Risk Coding Tips and Tools Pulmonary Fibrosis



It is appropriate to address a chronic condition that affects the care of a patient even when the primary care provider (PCP) is not directly managing the condition.

Clinical Documentation for Pulmonary Fibrosis:

- Symptoms such as shortness of breath, dry cough, fatigue, unexplained weight loss, clubbing of fingers, crackling of lungs, and loss of appetite
- Confirmation of diagnosis through medical history and physical examination, imaging tests ((computed tomography (CT), chest x-rays)), lung function tests, blood tests and lung biopsy (if necessary)
- Treatment plan depends on the cause and severity of pulmonary fibrosis. Medicines such as pirfenidone or nintedanib may be recommended, as well as oxygen therapy and pulmonary rehabilitation or referral to a specialist. A lung transplant may also be an option

Categories of Pulmonary Fibrosis:

- Idiopathic pulmonary fibrosis: Most common form, the cause of this fibrosis is unknown
- Pulmonary fibrosis from diseases: Can be caused by autoimmune diseases like rheumatoid arthritis, scleroderma or Sjogren's syndrome. Other risk factors include viral infections and gastroesophageal reflux disease (GERD)
- Pulmonary fibrosis from exposures: Caused by exposure to hazardous materials, radiation treatments or certain types of medications
- Familial pulmonary fibrosis: Two or more members within the same family have idiopathic pulmonary fibrosis. Familial pulmonary fibrosis is very rare

Physician Documentation Example

Example 1: J84.10 Pulmonary Fibrosis, unspecified

HPI: A 63-year-old female here for wellness visit. Patient has been diagnosed with Pulmonary Fibrosis.
Physical Exam: Lung crackles, dry cough, and fatigued appearing
Assessment and Plan: Seeing Pulmonologist. Continue taking nintedanib and going to Pulmonary Rehabilitation.

Example 2: J70.1 Fibrosis of Lung following radiation (This code requires a secondary code for external cause) / W88.8 Exposure to other ionizing radiation (secondary code)

HPI: A 66-year-old male with Pulmonary Fibrosis due to radiation for lung cancer.
Physical Exam: Dyspneic, fatigued appearing, low O2 sats
Assessment and Plan: Continue being monitored for signs of progression with Pulmonologist. Continue anti-inflammatory medication pirfenidone and oxygen therapy.

Mayo Clinic Staff. (2018). *Pulmonary fibrosis - Diagnosis and treatment* - Mayo Clinic. [Mayoclinic.org](https://www.mayoclinic.org/diseases-conditions/pulmonary-fibrosis/diagnosis-treatment/drc-20353695).

<https://www.mayoclinic.org/diseases-conditions/pulmonary-fibrosis/diagnosis-treatment/drc-20353695>

American Lung Association. (2024). *Pulmonary fibrosis types and causes*. Lung.org. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/pulmonary-fibrosis/introduction/types-causes-and-risk-factors>

You can find this resource and others like it in the OHN Risk Coding Corner at www.OrlandoHealth.com/Network/Resources.

You can also contact us at RiskCoding@OrlandoHealth.com for additional questions or support needs.