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American Academy  
of Value Based Care

# **Chronic Respiratory Failure**

Quick Coding Guide

# AAVBC Chronic Respiratory Failure - Quick Reference Guide

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## 1. CLINICAL SNAPSHOT

**Definition:** Chronic Respiratory Failure is clinically defined as a long-standing, persistent inability of the respiratory system to maintain adequate gas exchange, resulting in chronically low arterial oxygen (hypoxemia) or high carbon dioxide (hypercapnia) levels. Unlike the acute form, which is a sudden medical emergency, the chronic definition requires that the condition has developed over a period of days, weeks, or longer, typically as a result of underlying diseases like COPD, neuromuscular disorders, or interstitial lung disease.<sup>1,2</sup>

**ICD-10 Codes and HCC/RAF V28:** Chronic respiratory failure is coded by subtype: J96.10 (unspecified), J96.11 (with hypoxia), J96.12 (with hypercapnia), all mapping to HCC 283, RAF 0.282. Acute-on-chronic respiratory failure (J96.20–J96.22) maps to HCC 282, RAF 0.783, reflecting the added clinical complexity and resource intensity. A critical requirement for capturing these chronic codes is the clinical documentation of long-term oxygen or ventilator dependence, ensuring the medical record reflects the patient's ongoing need for life-sustaining respiratory support.

ICD-10 CODE	HCC CATEGORY	RAF WEIGHT	DOCUMENTATION REQ.
<b>J96.10 (Chronic respiratory failure, unspecified)</b>	HCC 283 — Chronic Respiratory Failure, Chronic	0.282	<b>Avoid unspecified when gas exchange type is identifiable.</b> Document hypoxia (SpO2 ≤88% on RA) or hypercapnia (PaCO2 ≥45 mmHg) when present.
<b>J96.11 (Chronic hypoxemic respiratory failure — Type I)</b>	HCC 283 — Chronic Respiratory Failure, Chronic	0.282	Document supplemental O2 use or formal requirement (e.g., home oxygen order). Confirm chronicity — not an acute-only event.
<b>J96.12 (Chronic hypercapnic respiratory failure — Type II)</b>	HCC 283 — Chronic Respiratory Failure, Chronic	0.282	Document CO2 retention (elevated PaCO2 on ABG) or BiPAP/ventilator dependence. Confirm chronicity — not an acute episode alone.
<b>J96.21 (Acute-on-chronic hypoxemic respiratory failure)</b>	HCC 282 — Acute-on-Chronic Respiratory Failure	0.783	Use during acute inpatient or emergency exacerbation in a patient with established chronic respiratory failure. Sequence the underlying chronic condition as an additional code.
<b>J96.22 (Acute-on-chronic hypercapnic respiratory failure)</b>	HCC 282 — Acute-on-Chronic Respiratory Failure	0.783	Common in COPD exacerbations and obesity hypoventilation syndrome (OHS). Confirm acute worsening of established chronic hypercapnic failure. Sequence underlying chronic code additionally.

**Prevalence:** Chronic respiratory failure, frequently driven by progressive diseases like COPD, represents a significant public health challenge in the United States. As of 2017, the incidence rate reached approximately 1,275 cases per 100,000 adults, reflecting the widespread prevalence of the condition. Mortality rates for adults aged 45 and older have seen a sharp upward trend, climbing from 3.71 per 100,000 in 1999 to 10.50 per 100,000 in 2023. As of 2023, this mortality risk remains slightly more pronounced in men (11.14 per 100,000) compared to women (9.94 per 100,000).<sup>3,4</sup>

## 2. RECOGNITION AND DIAGNOSIS

### Medicare Screening/Diagnostic Tools and CPT Reference

#### Screening Tools<sup>5-8</sup>

##### 1. Symptom-Based Screening Tools

Because chronic respiratory failure is often a "silent" progression of an underlying disease, these tools help clinicians identify subtle signs of respiratory muscle fatigue or poor gas exchange. **See appendix links to tools.**

Tool	Description	Primary CPT Code	Medicare Coverage
<b>CAT</b>	A 10-item questionnaire that measures the impact of symptoms like cough, phlegm, and chest tightness on a patient's life. A high score (typically >10) suggests a higher risk of complications	96160	Covered (often part of the Annual Wellness Visit or a Chronic Care Management plan)
<b>mMRC</b>	A simple 0–4 scale used to grade the severity of breathlessness. Higher grades correlate with an increased risk of respiratory failure	96160	Covered (often part of the Annual Wellness Visit or a Chronic Care Management plan)
<b>CAPTURE Tool</b>	Designed specifically for primary care, this tool combines a 5-item questionnaire with <b>Peak Expiratory Flow (PEF)</b> measurements to identify patients with undiagnosed, clinically significant COPD	96160 + 94150	Covered as a screening service in primary care for at-risk patients
<b>STOP-BANG</b>	While primarily for Obstructive Sleep Apnea (OSA), it is frequently used to screen for nocturnal hypoventilation, a precursor to chronic hypercapnic respiratory failure	96160	Covered; used as the clinical justification for a subsequent sleep study (PSG)

Abbreviations: CAT, COPD Assessment Test; CPT, Current Procedural Terminology; mMRC, Modified Medical Research Council; NIV, Non-Invasive Ventilation; PSG, Polysomnography; STOP-BANG, Snoring, Tiredness, Observed apnea, high Blood pressure, BMI, Age, Neck circumference, Gender

##### 2. Clinical "Red Flag" Screening (Physical Signs)

For patients with known chronic conditions, clinicians screen for these specific clinical markers during routine exams:

- **Morning Headaches:** A classic indicator of nocturnal CO<sub>2</sub> retention (hypercapnia)
- **Orthopnea:** Difficulty breathing when lying flat, which may signal diaphragm weakness
- **Paradoxical Breathing:** The abdomen moving inward rather than outward during inhalation, indicating respiratory muscle exhaustion

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