

## CLINICAL DOCUMENTATION

# Environmental Lung Diseases

Conditions classified here are due to inorganic dusts, tuberculosis, organic dusts, inhalation of chemicals, gases, fumes, or vapors, and respiratory conditions due to other external agents. Lung diseases due to organic dusts fall into two categories: airway disease and hypersensitivity. In airway disease it is the organic dust that causes the lung condition, while in hypersensitivity it is an allergic reaction to the dust that causes the lung disease.

## ICD-10 CODES

<b>J60</b>	Coalworker's pneumoconiosis	<b>J67.3</b>	Suberosis
	- Anthracosilicosis		- Corkhandler's disease or lung
	- Anthracosis		- Corkworker's disease or lung
	- Black lung disease	<b>J67.4</b>	Maltworker's lung
	- Coalworker's lung		Alveolitis due to <i>Aspergillus clavatus</i>
<b>J61</b>	Pneumoconiosis due to asbestos and other mineral fibers	<b>J67.5</b>	Mushroom-worker's lung
<b>J62.0</b>	Pneumoconiosis due to talc dust	<b>J67.6</b>	Maple-bark-stripper's lung
<b>J62.8</b>	Pneumoconiosis due to other dust containing silicas		- Alveolitis due to <i>Cryptostroma corticale</i>
	- Silicosis NOS		- Cryptostromosis
<b>J63.0</b>	Aluminosis (of lung)	<b>J67.7</b>	Air conditioner and humidifier lung
<b>J63.1</b>	Bauxite fibrosis (of lung)		- Allergic alveolitis due to fungal, thermophilic actinomycetes and other organisms growing in ventilation [air conditioning] systems
<b>J63.2</b>	Berylliosis	<b>J67.8</b>	Hypersensitivity pneumonitis due to other organic dusts
<b>J63.3</b>	Graphite fibrosis (of lung)		- Cheese-washer's lung
<b>J63.4</b>	Siderosis		- Coffee-worker's lung
<b>J63.5</b>	Stannosis		- Fish-meal worker's lung
<b>J63.6</b>	Pneumoconiosis due to other specified inorganic dusts		- Furrier's lung
<b>J64</b>	Unspecified pneumoconiosis		- Sequoiosis
<b>J65</b>	Pneumoconiosis associated with tuberculosis	<b>J67.9</b>	Hypersensitivity pneumonitis due to unspecified organic dust
<b>J66.0</b>	Byssinosis		- Allergic alveolitis (extrinsic) NOS
	- Airway disease due to cotton dust		- Hypersensitivity pneumonitis NOS
<b>J66.1</b>	Flax-dressers' disease	<b>J68.0</b>	Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors
<b>J66.2</b>	Cannabinosis	<b>J68.1</b>	Pulmonary edema due to chemicals, gases, fumes and vapors
<b>J66.8</b>	Airway disease due to other specific organic dusts	<b>J68.2</b>	Upper respiratory inflammation due to chemicals, gases, fumes and vapors, not elsewhere classified
<b>J67.0</b>	Farmer's lung	<b>J68.3</b>	Other acute and subacute respiratory conditions due to chemicals, gases, fumes and vapors
	- Harvester's lung	<b>J68.4</b>	Chronic respiratory conditions due to chemicals, gases, fumes and vapors
	- Haymaker's lung	<b>J68.8</b>	Other respiratory conditions due to chemicals, gases, fumes and vapors
	- Moldy hay disease	<b>J68.9</b>	Unspecified respiratory condition due to chemicals, gases, fumes and vapors
<b>J67.1</b>	Bagassosis		
	- Bagasse disease		
	- Bagasse pneumonitis		
<b>J67.2</b>	Bird fancier's lung		
	- Budgerigar fancier's disease or lung		
	- Pigeon fancier's disease or lung		

## DOCUMENTATION ACRONYMS

### DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support an environmental lung disease.

**Diagnosis:** Pneumonitis

**Evidence:** Complaints of increasing SOB, chronic productive cough, congested lung sounds, scarring noted on xrays; owns a dairy farm

**Evaluation:** Farmer's lung

**Plan:** Start Advair daily, rtc 2 weeks

### Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

**Diagnosis:**

**Lung Disease**

- Environmental Cause

**Status:**

**Acute**

- Hypersensitivity

**Chronic**

- Pneumonitis/Bronchitis

**Plan:**

- Medication Management
- Environmental Avoidance

### BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the cause & specificity of the lung disease as well as acute or chronic status
- When documenting lung disease and its severity, be sure to document **all compounding confirmed factors** to get a complete picture of the patients' health status.
- DSP should be applied for all diseases **as well as** for any lung diseases. Status should be apparent by using descriptive words to clarify the presence and severity of the illnesses. (Chronic, acute, symptomatic, mild, severe, newly identified, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** to show clinical evidence of chronic lung disease by incorporating tests, imaging results, and signs or symptoms. Document any associated treatment for the asthma, along with the final diagnosis.
- **Avoid** using terms such as “probable”, “suspected”, “likely”, “questionable”, “possible”, or “history of” with a confirmed and active diagnosis of lung disease.
- Documentation should contain the **most specified version** of the lung disease to ensure proper patient care.
- The environmental cause must always be documented with a **cause and effect relationship** to the lung disease. Use of common names related to occupational hazards, such as Black Lung are acceptable.



For more resources go to:

[HIOSCAR.COM/PROVIDERS/RESOURCES](https://HIOSCAR.COM/PROVIDERS/RESOURCES)

