Chronic Respiratory Failure

Did you know?
Chronic Respiratory Failure is more common than you think.

Criteria:
1. Continuous (24/7) home oxygen therapy (not just overnight)
   Note: No need to remonstrate hypoxemia as oxygen therapy only covered by insurance for home use if specific hypoxemia requirements have previously been met

2. Normal serum pH with a pCO2 > 50 mmHg (i.e. – chronic compensation on an ABG)
   Note: An elevated serum bicarbonate level on a BMP indicates a compensatory metabolic alkalosis which may be due to a chronic respiratory acidosis (i.e. – the patient likely meets the criteria for chronic respiratory failure!)

3. Home ventilator usage with tracheostomy

<table>
<thead>
<tr>
<th></th>
<th>Not Sick</th>
<th>CC (Sick)</th>
<th>MCC (Very Sick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Severity</td>
<td>On home O2</td>
<td>Chronic Respiratory Failure</td>
<td>Acute on Chronic Respiratory Failure</td>
</tr>
<tr>
<td>Moderate Severity</td>
<td>CC (Sick)</td>
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The cause(s) of the respiratory failure should be stated, such as:

- COPD
- Interstitial lung diseases
- Obesity Hypoventilation Syndrome
- Cystic Fibrosis
- Muscular Dystrophies
- Pulmonary Hypertension
- Spinal cord injuries

Clinical Language that is not effective for coding purposes

<table>
<thead>
<tr>
<th>Clinical Language that is not effective for coding purposes</th>
<th>Highly effective language that will support metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD on home oxygen</td>
<td>COPD with chronic respiratory failure, on home oxygen</td>
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