

Ask The Experts

QUESTION: *Physicians are required to indicate a “diagnosis” for their patients from pre-defined categories for insurance purposes. My new pulmonologist, who struggled to find a plausible one for my constellation of respiratory problems (polio, iron lung at first, then night-time ventilation since 1952), finally chose chronic respiratory failure and added a note about polio. Is there a more appropriate choice? Chronic respiratory failure sounds dreadful.*

ANSWER: Brenda J. Butka, MD, Respiratory Care & Pulmonology, Vanderbilt Stallworth Rehabilitation Hospital, Nashville, Tennessee

“Chronic respiratory failure” does sound dreadful, but so does “congestive heart failure” – and there are treatments for both, and neither means the heart or lungs are just about ready to stop! “Respiratory failure” is a perfectly accurate description that applies to anyone who uses oxygen or has elevated carbon dioxide or is very short of breath from any chronic respiratory condition. Other diagnoses that I might use, along with this one – not instead of it – might be “restrictive lung disease,” or “disorder of the diaphragm,” or “obstructive sleep apnea,” or “central apnea,” and, of course, I would reference polio.

Your doctor sounds like he or she is accurately assessing the facts of your physiology, which is the first step to appropriate treatment. Just remind yourself, as I occasionally have to remind my patients, that you are not any different after this box was checked than you were before. This is not news – just a label. But a label that is helpful to your doctor as he works with you on managing your condition.

ANSWER: Oscar A. Schwartz, MD, FCCP, FAASM, Sleep Disorder Specialist and Medical Director of the Barnes-Jewish West County Hospital Sleep Disorder/EEG Center, St. Louis, Missouri

This concern has troubled polio survivors and physicians for years. There are multiple terms used to describe the respiratory problems faced by individuals requiring respiratory support devices. The term “respiratory failure” has always been the least complimentary. No one appreciates being referred to as a “failure.”

The late effects of polio (ICD-9-CM* 138) and hypoventilation (ICD-9-CM 768.09) in medical terms also describe chronic conditions but appear to be less negative. Coding is dependent on regional practices and also on the acceptable terminology necessary to qualify for the equipment required and not the disease state in particular.

Unless the physician has the acceptable code, the ventilator or other needs may be rejected by the insurance carrier. I agree the coding and how the health care profession makes reference to conditions is confusing and, at times, appears to be insensitive. Remember, it is only a code! The real mission is to use the respiratory support device to allow for the most productive lifestyle possible. ▲

*International Classification of Disease, Clinical Modification (ninth revision)

REMINDER! Get Your Annual Seasonal Flu Shot

Seasonal flu can be a very serious illness. Over a 30-year period from 1976 to 2006, estimates of annual flu-related deaths in the United States range from a low of 3,000 to a high of 49,000. The composition of this year’s shot is the same as last year, but it should be taken again. Get your flu shot as soon as the vaccine is available. See www.flu.gov.