

# Aspiration pneumonia and aspiration pneumonitis

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## What is the difference between aspiration pneumonia and aspiration pneumonitis?

Aspiration pneumonia is an infectious pulmonary process that occurs after abnormal entry of fluids into the lower respiratory tract. It is sometimes referred to as macro aspiration of gastric and oropharyngeal contents. This condition can be especially serious for older adults or people with a compromised immune system.

Aspiration pneumonitis is an inhalational acute lung injury, or in other words it is the inflammatory process that occurs post-aspiration. In ICD-10-AM unspecified aspiration pneumonia and unspecified aspiration pneumonitis have the same Alphabetic Index pathway.

## Are there any common risk factors or associated conditions?

There are a few common risk factors for aspiration. They can include an altered mental status, neurologic disorders, oesophageal motility disorders, protracted vomiting, and gastric outlet obstruction, current smoker, poor oral health status and impaired cough function.

There are a number of conditions and interventions that can increase a person's risk of aspiration pneumonia, such as (but not limited to):

- stroke or intracranial masses
- drug overdose
- alcohol use disorder
- seizures or head trauma
- dementia and Parkinson's Disease
- oesophageal stricture or
- gastroesophageal reflux disease
- pseudobulbar palsy
- dysphagia
- impaired swallowing
- interventions such as general anaesthesia, nasogastric tube, tracheostomy, bronchoscopy.

## What are some of the common clinical indications of aspiration?

Clinical presentation may include:

- sudden onset dyspnoea
- fever
- hypoxemia
- radiological findings of bilateral infiltrates
- crackles on lung auscultation.

## What are the possible complications of aspiration pneumonia?

Complications of aspiration pneumonia can include:

- sudden acute respiratory distress syndrome (ARDS)
- empyema
- lung abscess
- parapneumonic effusion
- respiratory failure.

## Condition onset flag assigned for aspiration pneumonia and aspiration pneumonitis

As for all Condition onset flags (COF) assigned with ICD-10-AM diagnosis codes, accuracy of the COF is critical.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) Hospital Acquired Complication (HAC) specifications (Version 3.2) for aspiration pneumonia includes the ICD-10-AM Thirteenth Edition codes:

- J69.0 *Pneumonitis due to food and vomit*
- J69.8 *Pneumonitis due to other solids and liquids*
- J95.4 *Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia (Mendelson's syndrome)*
- J95.82 *Ventilation associated pneumonia.*

The following advice received from the Statewide Respiratory Clinical Network (2 September 2021) provides guidance for the assignment of aspiration pneumonia COF values.

A reasonable definition of an 'in hospital aspiration' event would be: The acute onset of new respiratory symptoms (dyspnoea, cough fevers) during an episode of hospitalisation following a defined event that is associated with a high risk of resulting in aspiration (e.g. choking episode, cardiac arrest, altered consciousness (Glasgow Coma Scale <8)) or in patients with severe dysphagia.

Aspiration can reasonably be assumed to have occurred 'prior to admission' in patients with respiratory symptoms within the first 24 hours of admission, in whom admission was preceded by a defined event that is associated with a high risk of resulting in aspiration (e.g. choking episode, cardiac arrest, altered consciousness (Glasgow Coma Scale <8)) or in patients with severe dysphagia.

## Validations

The following validations apply for aspiration pneumonia and aspiration pneumonitis ICD-10-AM codes:

- J69.0 *Pneumonitis due to food and vomit*
- J69.8 *Pneumonitis due to other solids and liquids*

**H847** - Code || cannot have a Condition onset flag of 9 Condition onset unknown/uncertain on admission to the episode of care. Please review and amend.

### Reason for validation

This validation outlines when aspiration pneumonia and aspiration pneumonitis ICD-10-AM codes are assigned they cannot be with COF 9.

From 1 July 2020, the COF value 9 - Condition onset unknown/uncertain on admission to the episode of care was end-dated in order to more closely align with national standards. Aspiration pneumonia and aspiration pneumonitis are considered HACs if they occur during the episode of care. HACs are determined by the COF. Accuracy of the COF is critical for correct data on care provision and funding.

The COF reflects what occurred during the episode of care and should not be unknown.

If aspiration pneumonia and aspiration pneumonitis ICD-10-AM codes are assigned with COF 9, H847 will generate.

### How to resolve the validation

There are a few things that you can check before responding in Electronic Validation Application (EVA) Plus for this validation including:

- confirming that the diagnosis code is correct based on the clinical documentation
- confirm the correct Condition onset flag.

#### **J95.4** *Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia (Mendelson's syndrome)*

Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia.

**H838** - Code | | must be accompanied by a code in the range | (expected sequence is W78 followed by code in the range Y48-).

### Reason for validation

This validation outlines when code J95.4 is not assigned with external cause codes in the range W78 Inhalation of gastric contents and Y48.- *Anaesthetics and therapeutic gases*. Refer to the additional code instructions for J95.4 *Mendelson's syndrome* in the ICD-10-AM Tabular List.

It is expected that when J95.4 *Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia* is assigned it is accompanied by additional codes:

- *W78 Inhalation of gastric contents to identify aspiration of gastric contents*
- *Y48.- Anaesthetics and therapeutic gases* to identify anaesthesia causing adverse effect in therapeutic use.

If J95.4 is not assigned with external cause codes W78 and Y48.-, H838 will generate.

### How to resolve the validation

There are a few things that you can check before responding in EVA Plus for this validation including:

- confirming that the diagnosis code is correct based on the clinical documentation
- ensure the code is followed by appropriate external cause codes as indicated in the ICD-10-AM Tabular List.

#### **J95.82** *Ventilation associated pneumonia*

**H847** - Code | | cannot have a Condition onset flag of 9 Condition onset unknown/uncertain on admission to the episode of care. Please review and amend.

### Reason for validation

This validation outlines when aspiration pneumonia and aspiration pneumonitis ICD-10-AM codes are assigned they cannot be with COF 9.

If aspiration pneumonia and aspiration pneumonitis ICD-10-AM codes are assigned with COF 9, H847 will generate.

### How to resolve the validation

There are a few things that you can check before responding in EVA Plus for this validation including:

- confirming that the diagnosis code is correct based on the clinical documentation
- confirm the correct Condition onset flag.

**H564** - Code | | must be followed by a code in the range |.

### Reason for validation

This validation outlines when J95.82 *Ventilation associated pneumonia* is assigned it must be followed by an additional code in the range of Y60–Y849 to identify the external cause of procedure complication.

If J95.82 is assigned without a code in the range of Y60–Y849, H564 will generate as a data quality review.

### How to resolve the validation

There are a few things that you can check before responding in Electronic Validation Application (EVA) Plus for this validation including:

- confirming that the diagnosis code is correct based on the clinical documentation
- confirm the external cause of procedure complication is supported by the clinical documentation.

## Additional Resources

[Australian Commission on Safety and Quality in Health Care Hospital-Acquired Complications \(HACs\) List - Specifications - Version 3.2 \(Thirteenth Edition\)](#)

[Hospital Acquired Complications Attribute Sheet 2024-2025](#) (Queensland Health facilities only)

[Queensland Respiratory and Sleep Clinical Network](#) (Queensland Health facilities only)

**Document History**

<b>Version</b>	<b>Date</b>	<b>Status</b>	<b>Key changes made</b>	<b>Author/s</b>
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2.0	September 2024	Approved	Addition of validation information, addition of resources, editorial amendment	Data Quality Team
3.0	November 2024	Approved	Reference to ICD-10-AM Tabular List.	Data Quality Team
4.0	October 2025	Approved	ICD-10-AM Thirteenth Edition update	Data Quality Team