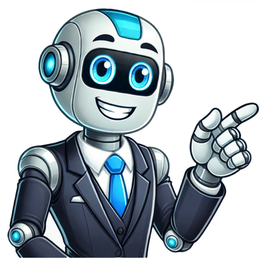
I'm not a bot



Tracheal stenosis icd 10

2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code J39.8 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. The 2025 edition of ICD-10-CM J39.8 became effective on October 1, 2024. This is the American ICD-10-CM version of J39.8 - other international versions of ICD-10 J39.8 may differ. The following code(s) above J39.8 contain annotation back-referencesAnnotation Back-ReferencesIn this context, annotation back-references refer to codes that contain:Applicable To annotations, orCode Also annotations, orCode First annotations, orExcludes1 annotations, orExcludes2 annotations, orIncludes annotations, orNote annotations, orUse Additional annotations that may be applicable to J39.8: J00-J99 2025 ICD-10-CM Range J00-J99Diseases of the respiratory systemNoteWhen a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site (e.g. tracheobronchitis to bronchitis in J40).Type 2 Excludescertain conditions originating in the perinatal period (P04-P96)certain infectious and parasitic diseases (A00-B99)complications of pregnancy, childbirth and the puerperium (O00-O9A)congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)endocrine, nutritional and metabolic diseases (E00-E88)injury, poisoning and certain other consequences of external causes (S00-T88)neoplasms (C00-D49)smoke inhalation (T59.81-)symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)Use Additionalcode, where applicable, to identify:exposure to environmental tobacco smoke (Z77.22)exposure to tobacco smoke in the perinatal period (P96.81)history of tobacco dependence (Z87.891)occupational exposure to environmental tobacco smoke (Z57.31)tobacco dependence (F17.-)tobacco use (Z72.0) Diseases of the respiratory systemJ39 ICD-10-CM Diagnosis Code J392016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Type 1 Excludesacute respiratory infection NOS (J22)acute upper respiratory infection (J06.9)upper respiratory inflammation due to chemicals, gases, fumes or vapors (J68.2) Other diseases of upper respiratory tract Approximate Synonyms Disorder of trachea Stenosis of trachea Tracheal disease Tracheal stenosis Tracheomalacia ICD-10-CM J39.8 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 011 Tracheostomy for face, mouth and neck diagnoses or laryngectomy with mcc 012 Tracheostomy for face, mouth and neck diagnoses or laryngectomy with cc 013 Tracheostomy for face, mouth and neck diagnoses or laryngectomy without cc/mcc 202 Bronchitis and asthma with cc/mcc 203 Bronchitis and asthma without cc/mcc Convert J39.8 to ICD-9-CM Code History 2016 (effective 10/1/2015): New code (first year of non-draft ICD-10-CM) 2017 (effective 10/1/2016): No change 2018 (effective 10/1/2017): No change 2019 (effective 10/1/2018): No change 2020 (effective 10/1/2019): No change 2021 (effective 10/1/2020): No change 2022 (effective 10/1/2021): No change 2023 (effective 10/1/2022): No change 2024 (effective 10/1/2023): No change 2025 (effective 10/1/2024): No change Diagnosis Index entries containing back-references to J39.8: Abscess (connective tissue) (embolic) (fistulous) (infective) (metastatic) (multiple) (pernicious) (pyogenic) (septic) L02.91ICD-10-CM Diagnosis Code L02.91Cutaneous abscess, unspecified2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code upper trachea J39.8 Adhesions, adhesive (postinfective) K66.0ICD-10-CM Diagnosis Code K66.02016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToAdhesions (of) abdominal (wall)Adhesions (of) diaphragmAdhesions (of) intestineAdhesions (of) male pelvisAdhesions (of) omentumAdhesions (of) stomachAdhesive bandsMesenteric adhesionsType 1 Excludesperitoneal adhesions with intestinal obstruction (K56.5-)Type 2 Excludesfemale pelvic adhesions [bands] (N73.6)female pelvic postprocedural adhesions (N99.4) Anosmia R43.0ICD-10-CM Diagnosis Code R43.0Anosmia2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Atrophy, atrophic (of) trachea J39.8 upper respiratory tract J39.8 Calcification Change(s) in) (of) - see also Removal hypertrophic upper respiratory tract J39.8 Cicatrix (adherent) (contracted) (painful) (vicious) L90.5 - see also ScarICD-10-CM Diagnosis Code L90.52016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToAdherent scar (skin)CicatrixDisfigurement of skin due to scarFibrosis of skin NOSScar NOSType 2 Excludeshypertrophic scar (L91.0)keloid scar (L91.0) Collapse R55ICD-10-CM Diagnosis Code R552016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToBlackoutFaintingVasovagal attackType 1 Excludescardiogenic shock (R57.0)carotid sinus syncope (G90.01)heat syncope (T67.1)neurocirculatory asthenia (F45.8)neurogenic orthostatic hypotension (G90.3)orthostatic hypotension (I95.1)postprocedural shock (T81.1-)psychogenic syncope (F48.8)shock NOS (R57.9)shock complicating or following abortion or ectopic or molar pregnancy (O00-O07, O08.3)shock complicating or following labor and delivery (O75.1)Stokes-Adams attack (I45.9)unconsciousness NOS (R40.2-) Compression Deformity Q89.9ICD-10-CM Diagnosis Code Q89.92016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code POA Exempt Applicable ToCongenital anomaly NOSCongenital deformity NOS trachea (rings) (congenital) Q32.1ICD-10-CM Diagnosis Code Q32.12016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code POA Exempt Applicable ToAtresia of tracheaCongenital anomaly of tracheal cartilageCongenital dilatation of tracheaCongenital malformation of tracheaCongenital stenosis of tracheaCongenital tracheocele Deviation (in) Disease, diseased - see also Syndrome respiratory (tract) J98.9ICD-10-CM Diagnosis Code J98.92016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToRespiratory disease (chronic) NOS acute or subacute NOS J06.9ICD-10-CM Diagnosis Code J06.92016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToUpper respiratory disease, acuteUpper respiratory infection NOSUse Additionalcode (B95-B97) to identify infectious agent, if known, such as:respiratory syncytial virus (RSV) (B97.4) upper J39.9ICD-10-CM Diagnosis Code J39.9Disease of upper respiratory tract, unspecified2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code noninfectious NEC J39.8 specified NEC J39.8 trachea NEC J39.8 Diverticulum, diverticula (multiple) K57.90ICD-10-CM Diagnosis Code K57.902016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToDiverticular disease of intestine NOS Dyskinesia G24.9ICD-10-CM Diagnosis Code G24.92016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable To Hypersecretion Infection, infected, infective (opportunistic) B99.9ICD-10-CM Diagnosis Code B99.9Unspecified infectious disease2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code respiratory (tract) J98.8ICD-10-CM Diagnosis Code J98.8Other specified respiratory disorders2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code upper (acute) J06.9ICD-10-CM Diagnosis Code J06.92016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToUpper respiratory disease, acuteUpper respiratory infection NOSUse Additionalcode (B95-B97) to identify infectious agent, if known, such as:respiratory syncytial virus (RSV) (B97.4) Necrosis, necrotic (ischemic) - see also Gangrene Obstruction, obstructed, obstructive Ossification Perichondritis Scar, scarring L90.5 - see also CicatrixICD-10-CM Diagnosis Code L90.52016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToAdherent scar (skin)CicatrixDisfigurement of skin due to scarFibrosis of skin NOSScar NOSType 2 Excludeshypertrophic scar (L91.0)keloid scar (L91.0) Stenosis, stenotic (cicatricial) - see also Stricture Stricture - see also Stenosis Tracheocele (external) (internal) J39.8 Tracheomalacia J39.8 Tracheostenosis J39.8 Ulcer, ulcerated, ulcerating, ulceration, ulcerative ICD-10-CM Codes Adjacent To J39.8 J38.3 Other diseases of vocal cords J38.4 Edema of larynx J38.5 Laryngeal spasm J38.6 Stenosis of larynx J38.7 Other diseases of larynx J39 Other diseases of upper respiratory tract J39.0 Retropharyngeal and parapharyngeal abscess J39.1 Other abscess of pharynx J39.2 Other diseases of pharynx J39.3 Upper respiratory tract hypersensitivity reaction, site unspecified J39.8 Other specified diseases of upper respiratory tract J39.9 Disease of upper respiratory tract, unspecified J40 Bronchitis, not specified as acute or chronic J41 Simple and mucopurulent chronic bronchitis J41.0 Simple chronic bronchitis J41.1 Mucopurulent chronic bronchitis J41.8 Mixed simple and mucopurulent chronic bronchitis J42 Unspecified chronic bronchitis J43.0 Unilateral pulmonary emphysema [MacLeod's syndrome] J43.1 Panlobular emphysema Reimbursement claims with a date of service on or after October 1, 2015 require the use of ICD-10-CM codes. ICD-Code In outpatient care, the ICD code on medical documents is always appended with a diagnostic confidence indicator (A, G, V or Z): A (excluded diagnosis), G (confirmed diagnosis), V (tentative diagnosis) and Z (condition after a confirmed diagnosis). Provided by the non-profit organization “Was hab’ ich?” gemeinnützige GmbH on behalf of the Federal Ministry of Health (BMG). The Potential Role of Bile Acids in Acquired Laryngotracheal Stenosis. Aldhahrani A, Powell J, Ladak S, Ali M, Ali S, Verdon B, Pearson J, Ward C. Aldhahrani A, et al. Laryngoscope. 2018 Sep;128(9):2029-2033. doi: 10.1002/lary.27105. Epub 2018 Feb 5. Laryngoscope. 2018. PMID: 29399801 Free PMC article. ICD-Code The trachea or windpipe begins below the larynx. It consists of many cartilage rings that strengthen the trachea. The trachea splits into 2 large airways in the middle of the chest. The airways then go into the lungs and branch out further.In your case, the windpipe is constricted. As a result, you may be having trouble breathing and might be hoarse. On medical documents, the ICD code is often appended by letters that indicate the diagnostic certainty or the affected side of the body. G: Confirmed diagnosis V: Tentative diagnosis Z: Condition after A: Excluded diagnosis L: Left R: Right B: Both sides Further information This information is not intended for self-diagnosis and does not replace professional medical advice from a doctor. If you find an ICD code on a personal medical document, please also note the additional indicator used for diagnostic confidence.Your doctor will assist you with any health-related questions and explain the ICD diagnosis code to you in a direct consultation if necessary. Provided by the non-profit organization “Was hab’ ich?” gemeinnützige GmbH on behalf of the Federal Ministry of Health (BMG). On medical documents, the ICD code is often appended by letters that indicate the diagnostic certainty or the affected side of the body. G: Confirmed diagnosis V: Tentative diagnosis Z: Condition after A: Excluded diagnosis L: Left R: Right B: Both sides Further information J39.8 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.The 2025 edition of ICD-10-CM J39.8 became effective on October 1, 2024.This is the American ICD-10-CM version of J39.8 – other international versions of ICD-10 J39.8 may differ.The following code(s) above J39.8 contain annotation back-references that may be applicable to J39.8:J00-J99 Diseases of the respiratory systemJ39 Other diseases of upper respiratory tractApproximate SynonymsDisorder of tracheaStenosis of tracheaTracheal diseaseTracheal stenosisTracheomalaciaICD-10-CM J39.8 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0):011 Tracheostomy for face, mouth and neck diagnoses or laryngectomy with mcc012 Tracheostomy for face, mouth and neck diagnoses or laryngectomy with cc013 Tracheostomy for face, mouth and neck diagnoses or laryngectomy without cc/mcc202 Bronchitis and asthma with cc/mcc203 Bronchitis and asthma without cc/mccConvert J39.8 to ICD-9-CMCode History2016 (effective 10/1/2015): New code (first year of non-draft ICD-10-CM)2017 (effective 10/1/2016): No change2018 (effective 10/1/2017): No change2019 (effective 10/1/2018): No change2020 (effective 10/1/2019): No change2021 (effective 10/1/2020): No change2022 (effective 10/1/2021): No change2023 (effective 10/1/2022): No change2024 (effective 10/1/2023): No change2025 (effective 10/1/2024): No changeDiagnosis Index entries containing back-references to J39.8:Abscess (connective tissue) (embolic) (fistulous) (infective) (metastatic) (multiple) (pernicious) (pyogenic) (septic) L02.91uppertrachea J39.8Adhesions, adhesive (postinfective) K66.0AnosmiaR43.0Atrophy, atrophic (of)trachea J39.8upper respiratory tract J39.8CalcificationChange(s) in) (of) – see also Removalhypertrophicupper respiratory tract J39.8Cicatrix (adherent) (contracted) (painful) (vicious) L90.5 – see also ScarCollapseR55CompressionDeformityQ89.9trachea (rings) (congenital) Q32.1Deviation (in)Disease, diseased – see also SyndromeDiverticulum, diverticula (multiple) K57.90DyskinesiaG24.9HypersecretionInfection, infected, infective (opportunistic) B99.9respiratory (tract) J98.8upper (acute) J06.9Necrosis, necrotic (ischemic) – see also GangreneObstruction, obstructed, obstructiveOssificationPerichondritisScar, scarringL90.5 – see also CicatrixStenosis, stenotic (cicatricial) – see also StrictureStricture – see also StenosisTracheocele (external) (internal) J39.8Tracheomalacia J39.8Tracheostenosis J39.8Ulcer, ulcerated, ulcerating, ulceration, ulcerative J39.8 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. The 2024 edition of ICD-10-CM J39.8 became effective on October 1, 2022. This is the American ICD-10-CM version of J39.8 – other international versions of ICD-10 J39.8 may differ. ICD-10-CM J39.8 is grouped within Diagnostic Related Group(s): 011 Tracheostomy for face, mouth and neck diagnoses or laryngectomy with mcc 012 Tracheostomy for face, mouth and neck diagnoses or laryngectomy with cc 013 Tracheostomy for face, mouth and neck diagnoses or laryngectomy without cc/mcc 202 Bronchitis and asthma with cc/mcc 203 Bronchitis and asthma without cc/mcc Code History 2016 (effective 10/1/2015): New code (first year of non-draft ICD-10-CM) 2016 (effective 10/1/2015): No change 2017 (effective 10/1/2016): No change 2018 (effective 10/1/2017): No change 2019 (effective 10/1/2018): No change 2020 (effective 10/1/2019): No change 2021 (effective 10/1/2020): No change 2022 (effective 10/1/2021): No change 2023 (effective 10/1/2022): No change 2024 (effective 10/1/2023): No change 2025 (effective 10/1/2024): No change Diagnosis Index entries containing back-references to J39.8: trachea > Abscess (connective tissue) (embolic) (fistulous) (infective) (metastatic) (multiple) (pernicious) (pyogenic) (septic) L02.91 respiratory > upper L02.41- trachea > Adhesions, adhesive (postinfective) K66.0 postinfectional > Anosmia R43.0 trachea > Atrophy, atrophic (of) upper respiratory tract > Atrophy, atrophic (of) trachea > Calcification upper respiratory tract > hypertrophic J34.89 trachea > Cicatrix (adherent) (contracted) (painful) (vicious) L90.5 trachea > Collapse R55 trachea > Compression acquired > trachea (rings) (congenital) Q32.1 trachea > Deviation (in) noninfectious > acute or subacute NOS J06.9 noninfectious NEC > upper J39.9 specified NEC > upper J39.9 trachea NEC > Disease, diseased trachea (acquired) > Diverticulum, diverticula (multiple) K57.90 trachea > Dyskinesia G24.9 upper respiratory > Hypersecretion chronic > upper NOS (acute) J06.9 trachea > Necrosis, necrotic (ischemic) trachea > Obstruction, obstructed, obstructive trachea > Ossification trachea > Perichondritis trachea > Scar, scarring L90.5 trachea > Stenosis, stenotic (cicatricial) trachea > Stricture trachea > Ulcer, ulcerated, ulcerating, ulceration, ulcerative Tracheal stenosis is a narrowing of your trachea, or windpipe, due to the formation of scar tissue or malformation of the cartilage in the trachea. While mild narrowing in your trachea may never be identified, a significant narrowing of more than 50% of your airway can lead to serious complications. The ttwo most prevalent causes of tracheal stenosis are: Prolonged placement of an endotracheal tube (breathing tube) or tracheostomy Collagen vascular disease (granulomatosis with polyangiitis) Other known causes include: Congenital malformations (birth defects)TraumaInhalation burnsRadiation therapyInfections of the tracheaInflammatory diseases (sarcoidosis or amyloidosis)Cancer In cancer and congenital malformations, the airway is being compressed either from outside the trachea or from narrowing from malformed cartilage. istockphoto Other causes of tracheal stenosis usually start with an ulceration in the trachea. The ulceration starts a cascade of inflammation, which is a normal healing process that can become exaggerated and may cause more scar tissue than would normally be necessary. This additional scar tissue narrows the area in your trachea. The frequency of acquiring tracheal stenosis depends upon the cause of the tracheal narrowing. Post-intubation damage to the airway can be common; however, the risk of symptomatic stenosis is low. The following risk factors will increase your likelihood of having post-intubation or tracheostomy-related tracheal stenosis: Female Overweight Diabetes Hypertension Heart disease Current smoker Tracheal stenosis may be one of the first signs seen in granulomatosis with polyangiitis. Stenosis can occur about 20% of the time. There is not much data available on the prevalence of other causes of tracheal stenosis. In congenital tracheal stenosis, mild stenosis can often be misinterpreted as asthma or recurrent bronchitis. With mild tracheal stenosis, you may not identify symptoms until later childhood or early adolescence when symptoms appear as difficulty breathing with exercise. In more severe cases of congenital tracheal stenosis, you may notice the following symptoms: Stridor (high-pitched breathing sound)Cyanotic, with noticeably blue lipsWheeze with inhalationExertional shortness of breath (dyspnea) In other cases of acquired tracheal stenosis, the symptoms may not present themselves for several weeks after the injury occurs. Difficulty with breathing is the common first symptom. Like congenital tracheal stenosis, you may notice stridor, wheezing, or exertional shortness of breath. Several testing methods may be used to help your healthcare provider determine whether you have tracheal stenosis or not. Bronchoscopy is considered the gold standard for diagnosing tracheal stenosis because your healthcare provider will be able to directly visualize your trachea. However, there are some risks associated with this because using a scope will further obstruct your airway, so maintaining your oxygenation levels may be more difficult. Discuss your individualized risk factors associated with bronchoscopy with your healthcare provider. Other methods that your healthcare provider may use include X-ray, CT scan, ultrasound, MRI, and pulmonary function testing. Standard X-rays are good at the identification of structure, columns of air, trauma, and other preliminary data. Other more sophisticated X-ray machines can be used (xeroradiography) to further identify stenosis; however, the radiation exposure is significantly higher than other methods. CT scanning can be a great technique for your healthcare provider in determining whether you have tracheal stenosis. It does, however, have difficulty identifying soft tissue causes of the narrowing of your trachea. Some techniques are being utilized in a way to create "virtual endoscopy" to minimize the need for you to undergo a bronchoscopy. Ultrasound can be helpful in identifying the amount of air space in the trachea. This allows your healthcare provider to determine whether or not more testing may be necessary; however, due to the amount of cartilage around the trachea, accuracy of the test can be questioned because of shadowing effects caused by the reflection of the sound waves off the cartilage. Leave this test only to those highly skilled at identifying tracheal stenosis by ultrasound. MRI scanning is also a great alternative method to help in diagnosing tracheal stenosis, and in children, it is being considered to become a standard method. The major drawback of MRI is the length of time you need to commit to have the procedure done and the blurring that can occur from normal breathing during the exam. Improved techniques are continuously being developed to improve the utilization of this technique in diagnosing tracheal stenosis. Pulmonary function testing can be performed in some healthcare providers' offices, or if unavailable, you will be sent to a pulmonary lab. This test can be used to determine how much of an impact the stenosis is having obstructing your breathing. This will be helpful in discussions regarding treatment options with your practitioner. Several options exist for treating tracheal stenosis, and several types of healthcare providers are trained in performing these procedures. Dilitations may be performed by a thoracic surgeon, an otolaryngologist (head and neck surgeon), or even some pulmonologists. Whichever type of practitioner you choose, be sure to discuss which options are the least invasive and have the potential for the best result for your individualized care. Most treatments are endoscopic procedures requiring actual visualization of your trachea. If the area of stenosis is small, placing a stent, dilating your trachea with a balloon, or removing some of the scar tissue with a laser will help to minimize the stenosis. During these procedures, your healthcare provider may also inject the tissue in your trachea with steroids to help minimize any swelling. Although often initially successful, there can be a high rate of recurrence with some of these procedures. For more severe tracheal stenosis, your healthcare provider may recommend tracheal resection, which requires surgery. This is a difficult operation and should be done by someone who does a lot of them to predict the best outcomes. This procedure is reserved for when endoscopic treatments have failed, or tracheal stenosis is too severe for endoscopic procedures. During this procedure, your healthcare provider will cut out the part of the trachea that is affected and repair your trachea with skin or cheek tissue. Following surgery, you will typically be able to have the breathing tube removed during recovery from anesthesia. However, if there is too much swelling, several interventions will be used. In this case, you can expect to be placed on steroids, as well as a diuretic. Healthcare providers will also be sure to keep the head of your bed elevated. Shortly thereafter, you will return to the operating room to have your breathing tube removed. If you are still unable to support your airway, a tracheostomy will be inserted to maintain your airway. Due to the invasive nature of this treatment, it is considered a last resort after other therapies have failed. J30-J39Sonstige Krankheiten der oberen AtemwegeJ39.-Exkl.:Akute Infektion der Atemwege o.n.A. (J22)Akute Infektion der oberen Atemwege o.n.A. (J06.9)Entzündung der oberen Atemwege durch chemische Substanzen, Gase, Rauch und Dämpfe (J68.2)J39.0Retropharyngealabszess und ParapharyngealabszessInkl.:PeripharyngealabszessExkl.:Peritonsillarabszess (J36)J39.1Sonstiger Abszess des RachenraumesInkl.:Abszess des NasopharynxRachenphlegmoneJ39.2Sonstige Krankheiten des RachenraumesInkl.:Ödem Rachen oder NasopharynxZyste Rachen oder NasopharynxExkl.:Pharyngitis: chronisch (J31.2)Pharyngitis: ulzerös (J02.9)J39.3Hypersensitivitätsreaktion der oberen Atemwege, Lokalisation nicht näher bezeichnetJ39.8-J39.80Erworbene Stenose der TracheaInkl.:Erworbene Stenose der Trachea o.n.A.Exkl.:Stenose der Trachea: angeboren (Q32.1)Stenose der Trachea: nach medizinischen Maßnahmen (J95.81)Stenose der Trachea: syphilitisch (A52.7)Stenose der Trachea: tuberkulös a.n.k. (A16.4)J39.88Sonstige näher bezeichnete Krankheiten der oberen AtemwegeJ39.9Krankheit der oberen Atemwege, nicht näher bezeichnet