Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

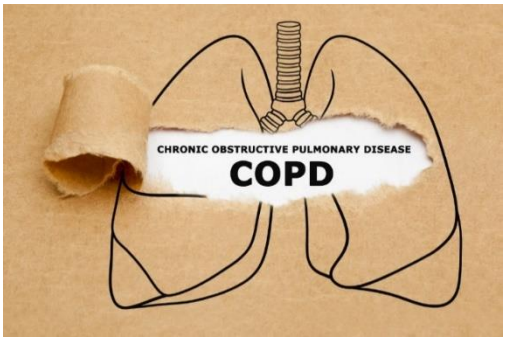
June 2021

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death in the U.S. COPD is defined as a condition in which there is chronic obstruction to airflow due to chronic bronchitis and/or emphysema. The disease is progressive in nature and typically worsens over time. The most common cause of COPD is smoking tobacco. Emphysema and chronic bronchitis are the two main conditions of COPD. COPD can be further clarified with acute exacerbation.

Documentation Best Practices

COPD is often coded inaccurately. Many billers, coders and providers are missing opportunities to show which patients are sicker and are at a higher risk of death or need of resources. Accurate documentation of this condition will guarantee greater specificity in coding and care.



The American Hospital Association (AHA) Coding Clinic advises that COPD is a chronic, systemic condition that almost always affects patient care, treatment and/or management. Therefore, it is appropriate to document the COPD diagnosis in the final assessment as a current, coexisting condition, even in the absence of specific treatment of the condition on an individual date of service.

- Always specify bronchitis as acute or chronic, if known.
- Document results of pulmonary functional tests (PFTs) to show airway limitations as well as any chest CT results.
- For chronic bronchitis, document if obstructive.
- ICD-10 differentiates between COPD with acute exacerbation and COPD with lower respiratory infection. Be specific in your documentation and include the type of infection and infective agent if the patient has a lower respiratory tract infection.
- For asthma, document whether it is mild, moderate or severe.
- Document tobacco use or dependence, history of tobacco use or exposure to secondary smoke.
- Document any tobacco counseling, treatment or intervention.
- Document the patient's use of oxygen.
- Document signs and symptoms of COPD or asthma, including hypercapnia, hypoxia and respiratory failure. Specify whether respiratory failure is acute or chronic. Document dependence on oxygen or a ventilator.
    - Pneumonia is not an acute exacerbation of COPD. When these two conditions coexist, code them separately.
    - Hypoxia is not inherent in COPD. When COPD is documented with hypoxia, code R09.02, Hypoxemia, may be assigned as an additional diagnosis.
- While COPD is a chronic condition, it is common for patients to experience an acute exacerbation (acute on chronic event) of COPD. This should clearly be stated as a sudden experience of worsening symptoms.

(continued next page)

Diagnostic and Treatment Documentation

Diagnosis Documentation

The following tools are used to diagnose COPD:

- Medical history and physical exam
- Pulmonary function tests (PFTs)
- Imaging tests (chest X-ray, CT scan)
- Arterial blood gas analysis
- Pulse oximetry (measures oxygen saturation in the blood)
- Sputum evaluation

Treatment Documentation

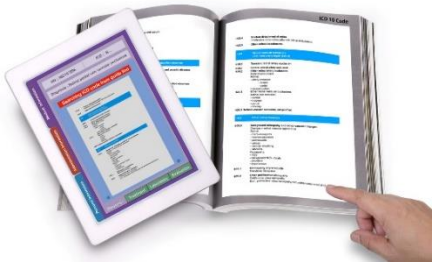
COPD has no cure, and lung damage caused by COPD is not reversible. Treatment is aimed at slowing progression, managing symptoms and/or preventing complications. Document treatments such as:

- Smoking cessation
- Avoidance of environmental irritants
- Medications
- Pulmonary rehabilitation
- Oxygen therapy
- Influenza and pneumonia immunization
- Regular exercise
- Balanced nutrition
- Surgery, removal of damaged lung tissue or lung transplant (in rare instances)

Coding COPD

COPD codes to category J44 in ICD-10-CM, which includes the following conditions:

- Asthma with chronic obstructive pulmonary disease
- Chronic asthmatic (obstructive) bronchitis
- Chronic bronchitis with airways obstruction
- Chronic bronchitis with emphysema
- Chronic emphysematous bronchitis
- Chronic obstructive asthma
- Chronic obstructive bronchitis
- Chronic obstructive tracheobronchitis



Note: Acute bronchitis codes to category J20.

Category J44 is further subdivided to specify whether there is an acute lower respiratory infection (J44.0) or an exacerbation of the condition (J44.1). If applicable, a code from category J45 is assigned to specify the type of asthma.

Code J44.1, Chronic COPD with acute lower respiratory infection, should have a secondary code to identify the infection (bronchitis or pneumonia).

Subcategories under J45 include the following:

J45.2- Mild intermittent asthma
J45.3- Mild persistent asthma
J45.4- Moderate persistent asthma
J45.5- Severe persistent asthma
J45.9-- Other and unspecified asthma

Add fifth and sixth characters to report whether asthma is uncomplicated, with exacerbation or with status asthmaticus. It is appropriate to code both the COPD with acute exacerbation and COPD with a lower respiratory infection.

(continued next page)

Coding Emphysema

Emphysema, a more specific type of COPD, classifies to category J43. A fourth character is required to specify the particular type of emphysema.

- J43.0 Unilateral pulmonary edema parentheses (MacLeod's syndrome)
- J43.1 Panlobular emphysema
- J43.2 Centrilobular emphysema
- J43.8 Other emphysema
- J43.9 Emphysema unspecified

Emphysema documented with coexisting chronic bronchitis classifies to category J44.

Emphysema without mention of chronic bronchitis classifies to category J43.

Earn CEUs through Coding Webinars

We offer live and on-demand webinars that provide details about how to support diagnoses per Centers for Medicare & Medicaid Services and U.S. Department of Health and Human Services guidelines. These courses are updated with current codes and guidelines. Each course is eligible for 1.5 continuing education unit credits.

Topics include:

- Atrial fibrillation
- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Diabetes
- Major depression
- Mental health
- Rheumatoid arthritis

AAPC
Advancing the Business of Healthcare

Register today at availity.com[1].

References

- AHA Coding Clinic for ICD-9-CM © 3rd Qtr, 2007, pages 13–14
- ICD-10-CM Official Guidelines for Coding and Reporting 2021
- ICD-10 Coding Manual
- AAPC

[1]Availity LLC is a multi-payer joint venture company.