Chronic Obstructive Pulmonary Disease

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Overview

Approximately 15.7 million people in the United States were diagnosed with chronic obstructive pulmonary disease (COPD) in 2015 and experts at the Centers for Disease Control and Prevention believe millions more go undiagnosed every year[i]. Respiratory conditions associated with COPD are often overlooked when documenting and coding the disease, which results in inaccurate coding and a misrepresentation of the true clinical risk of people with COPD.

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Three different diseases can be classified as COPD:
- Chronic obstructive asthma
- Chronic obstructive bronchitis
- Emphysema

Many patients diagnosed with COPD have both emphysema and chronic bronchitis. This makes documentation and coding more complex, but it's essential to capture an accurate picture of the patient's health status.

The following conditions are included under the term of Chronic Obstructive Pulmonary Disease in the ICD-10-CM:

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

Documentation and Coding

Keep the following in mind when documenting COPD:
- If documenting asthma with COPD, indicate the type of asthma the patient has as one of these

types:
- o Mild intermittent or persistent
- o Moderate persistent
- o Severe persistent
- For COPD with acute lower respiratory infection, document the type of infection
- Indicate the acute exacerbation if present
- List any history of tobacco use, abuse, dependence, environmental exposure, or occupational exposure
- Document any treatment and diagnostic tests, such as oxygen, bronchodilators, PFT (pulmonary function test), or chest X-rays

Always document and code to the highest specificity. For example:

Documentation example	Correct ICD-10 code(s)	Comments
COPD with asthma and history of tobacco dependence	• J44.9, COPD, unspecified • Z87.891, personal history of nicotine dependence	A code for asthma is not needed since the type of asthma isn't documented; you do need a code for history of tobacco dependence.
COPD with acute exacerbation of moderate persistent asthma, oxygen dependent. History of 15 years of tobacco dependence.	• J44.9, COPD, unspecified • J45.41, moderate persistent asthma, with (acute) exacerbation • Z99.81, dependence on supplemental oxygen • Z87.891, personal history of nicotine dependence	A code for asthma is needed since the type of asthma is documented. Also code the status of oxygen dependence and history of tobacco dependence.
COPD with acute	• J44.0, COPD with acute lower respiratory infection	An additional code for acute bronchitis is not needed.
Decompensated COPD	• J44.1, COPD with (acute) exacerbation	Exacerbation is defined as a decompensation of a chronic
Emphysema with chronic obstructive bronchitis	• J44.9, COPD, unspecified	J44.9 includes chronic bronchitis with emphysema, so an additional code for emphysema is not needed.

Other Helpful Tips

COPD is a chronic condition and may affect patient care even in the absence of active treatment. If a patient presents with a problem that is impacted by his or her COPD, document the affect the COPD has on the problem and include COPD as an additional diagnosis code(s) to convey the clinical complexity of the patient.

For more information about documentation and coding of COPD or any other chronic or complex condition, email your provider clinical consultant at ProviderClinicalConsulting@Premera.com.

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i   https://www.cdc.gov/copd/basics-about.html