

Clinical overview

Definition

Chronic obstructive pulmonary disease (COPD) is a broad term that represents a group of chronic, progressive lung diseases that obstruct the airways in the lungs, making it difficult to breathe. There is no cure for COPD, and lung damage caused by COPD is not reversible.

Types

There are two main types of COPD, and most people with COPD have a combination of both conditions:

- Emphysema (slowly progressive destruction of the lung tissue, which loses its elasticity and ability to expand and contract)
- Chronic bronchitis (long-term, chronic inflammation and cough with mucus, resulting in narrowing and blockage of the airways)

Causes/risk factors

- Smoking (the No. 1 cause)
- Long-term exposure to environmental irritants (toxic fumes, dust, air pollution, secondhand smoke, etc.)
- History of serious respiratory infections

Signs and symptoms

- Chronic cough or cough with large amounts of mucus
- Shortness of breath that is worse with exertion
- Wheezing and chest tightness
- Fatigue
- Low oxygen blood saturation (see pulse oximetry in diagnostic tools below)

Complications

- Frequent respiratory infections
- Pulmonary hypertension (high blood pressure in the arteries of the lungs)
- Heart problems
- Depression
- Weight loss

Diagnostic tools

- Pulmonary function tests (PFTs)
- Imaging tests (chest X-ray, Computed Tomography (CT) scan, Magnetic resonance imaging (MRI))
- Arterial blood gas (ABG) analysis
- Pulse oximetry (Measures oxygen saturation in the blood. Values under 90% are considered low.)
- Sputum evaluation

Treatment

- Smoking cessation
- Avoidance of environmental irritants
- Medications (linked to diagnosis)
- Pulmonary rehabilitation
- Oxygen therapy
- Influenza and pneumonia immunization

Best documentation practices for healthcare providers

Subjective

The subjective section of the office note, document the presence or absence of any current symptoms related to chronic obstructive pulmonary disease (e.g., shortness of breath, cough, fatigue, etc.).

Objective

The objective section should include physical exam findings (e.g., decreased breath sounds, wheezing, etc.) and related diagnostic test results, such as pulmonary function tests (PFTs).

Assessment

COPD is a chronic, systemic condition that almost always affects patient care, treatment 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. (American Hospital Association ("AHA"), 1992)

Treatment plan

- Document a clear and concise treatment plan for COPD, linking related medications to the diagnosis.
- Include orders for diagnostic testing.
- Indicate in the office note to whom or where any referral or consultation requests are made.
- Document when the patient will be seen again, even if only on an as-needed basis.

Coding tips

COPD with coexisting asthma

COPD with unspecified asthma is included in category J44 and codes to J44.9. If the type of asthma is not specified, only J44.9 is assigned. When the type of asthma is further specified, two codes are assigned: A code from category J44 for COPD; and a code from category J45 to report the type of asthma. Four-character 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

Fifth and sixth characters are added to report whether asthma is uncomplicated, with exacerbation or with status asthmaticus.

COPD with exacerbation of asthma codes to J44.9 and J45.9Ø1, Unspecified asthma with (acute) exacerbation. Although code J45.9Ø1 does not represent a type of asthma, it is needed to identify asthma is in acute exacerbation.

When a medical record documents both acute exacerbation of asthma AND status asthmaticus, only the code for the more severe condition (status asthmaticus) should be assigned.

COPD with exacerbation and acute bronchitis

Code J44.1, COPD with exacerbation, has an **Excludes2** note advising code J44.Ø (COPD with acute bronchitis) is not part of the condition represented by code J44.1. This indicates it is acceptable to assign both codes when the medical record shows both conditions are present. The record does not have to specifically state the exacerbation is acute to assign code J44.1, as "acute" is enclosed in parentheses as a nonessential modifier. "Acute" is inherent to exacerbation.

COPD with acute bronchitis (an acute infection) is coded:

- J44.Ø Chronic obstructive pulmonary disease with (acute) lower respiratory infection
- J2Ø.9 Acute bronchitis, unspecified

COPD with bronchiectasis

Even though COPD and bronchiectasis are different and separate lung diseases, the ICD-10-CM classification indicates when a record documents COPD coexisting with bronchiectasis, a code from only category J47 is assigned.

In the alphabetic index, bronchiectasis does not appear under Disease, pulmonary. However, the coder is advised to see also Disease, lung. This leads the coder to Disease > lung > obstructive (chronic) > with > bronchiectasis J47.9.

- Category J47, bronchiectasis, has multiple instructional notes and fourth characters to provide greater specificity.
- Category J44 Excludes1 COPD with bronchiectasis and redirects the coder to category J47.

Emphysema

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

Please note that emphysema:

- Documented with coexisting chronic bronchitis classifies to category J44
- Without mention of chronic bronchitis classifies to category J43
- With COPD exacerbation classifies to category J43 (COPD does not automatically mean chronic bronchitis)

Additional reminders

- Pneumonia is not an acute exacerbation of COPD. When these two conditions coexist, code separately.
- Hypoxia is not inherent in COPD. When COPD is documented with hypoxia, code R09.02, Hypoxemia, may be assigned as an additional diagnosis.
- COPD codes to J44.9 (Chronic obstructive pulmonary disease, unspecified), which is an unspecified code. A vague and nonspecific condition description leads to a vague and nonspecific ICD-10-CM code.

Coding examples

Example 1	
Assessment and plan	COPD with emphysema
ICD-10-CM code	<ul style="list-style-type: none">• J43.9 Emphysema, unspecified
Comment	<p>Emphysema is a more specific type of COPD. When both conditions are documented and SUPPORTED in the medical record, code emphysema only. Following the coding path in the ICD-10-CM manual, "Disease > pulmonary > chronic obstructive" does not have a sub-term entry for "with emphysema." Therefore, the coder should follow the instruction to <i>see also</i> "Disease, lung."</p> <p>Disease > lung > obstructive (chronic) > with > emphysema > J43.9. (American Hospital Association (AHA), 2017a)</p>

Example 2	
Assessment and plan	COPD with emphysema and chronic bronchitis
ICD-10-CM code	<ul style="list-style-type: none">• J44.9 Chronic obstructive pulmonary disease, unspecified
Comment	<p>Code J43.9, Emphysema, unspecified, Excludes1 emphysema with chronic (obstructive) bronchitis and redirects the coder to category J44. Category J44, Other chronic obstructive pulmonary disease, includes chronic bronchitis with emphysema.</p> <p>(American Hospital Association (AHA), 2017b)</p>

Example 3

Assessment and plan	Emphysema and severe persistent asthma
ICD-10-CM code	<ul style="list-style-type: none"> • J43.9 Emphysema, unspecified • J45.5Ø Severe persistent asthma, uncomplicated
Comment	<p>Category J44 includes “asthma with chronic obstructive pulmonary disease” and has an instructional note to “Code also the type of asthma if applicable (J45.-).”</p> <p>Since emphysema is a more specific form of COPD, it is not appropriate to assign a code for unspecified COPD (J44.9). Instead, code J43.9 is assigned. The type of asthma is specified as severe persistent; therefore, J45.5Ø is assigned as an additional code. (American Hospital Association (“AHA”), 2019a)</p>

Example 4	
Assessment and plan	Acute exacerbation of COPD, acute bronchitis and acute exacerbation of asthma
ICD-10-CM codes	<ul style="list-style-type: none"> • J44.Ø COPD with acute lower respiratory infection • J2Ø.9 Acute bronchitis, unspecified • J44.1 COPD with (acute) exacerbation • J45.9Ø1 Unspecified asthma with (acute) exacerbation
Comment	<p>COPD with acute bronchitis codes to J44.Ø. Code J44.Ø advises to use an additional code to identify the infection, which in this example is acute bronchitis – J2Ø.9.</p> <p>COPD with acute exacerbation codes to J44.1, which “<i>Excludes2</i>” COPD with acute bronchitis and directs the coder to J44.Ø. A patient may have both conditions at the same time; and when both conditions are documented, both codes may be assigned.</p> <p>Category J44 advises to “code also type of asthma”, if applicable.</p>

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