Diseases of the respiratory system

Clinical overview

Definition (World Health Organization, 2023)
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 (National Heart, Lung, and Blood Institute, 2023)
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 (World Health Organization, 2023)
- Smoking (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 (National Heart, Lung, and Blood Institute, 2023)
- 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 (Mayo Clinic, 2024)
- Frequent respiratory infections
- Pulmonary hypertension (high blood pressure in the arteries of lungs)
- Heart problems
- Depression
- Weight loss

Diagnostic tools (National Heart, Lung, and Blood Institute, 2023)
- Pulmonary function tests (PFTs)
- Imaging tests (chest X-ray, CT scan, MRI)
- Arterial blood gas (ABG) analysis
- Pulse oximetry (Measures oxygen saturation in the blood. Values under 90% are considered low.)

Treatment (Mayo Clinic, 2020)
- Smoking cessation
- Avoidance of environmental irritants
- Medications (linked to diagnosis)
- Pulmonary rehabilitation
- Oxygen therapy
- Influenza and pneumonia immunization

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Best documentation practices for healthcare providers

Subjective
In the subjective section of the office note, document the presence of any current symptoms related to chronic obstructive pulmonary disease (e.g., shortness of breath, cough, fatigue, etc.). If there are no current symptoms, this section should document the patient was screened for symptoms.

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)

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 J44.89. If the type of asthma is not specified, only J44.89 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. 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 J44.89 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. (American Hospital Association (AHA), 2017a)
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

- J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
- J2Ø.9 Acute bronchitis, unspecified
  (American Hospital Association (AHA), 2016)

COPD with bronchiectasis

A causal association between COPD and bronchiectasis has not yet been clinically proven, but it is biologically plausible that COPD could be the cause of bronchiectasis, and they may coexist. (Martinez-Garcia & Miravitlles, 2017)

- 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. (AAPC, 2023)

Emphysema

Emphysema classifies to category J43. A fourth character is required to specify the particular type of emphysema. Please note that emphysema can coexist with COPD.

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 RØ9.Ø2, Hypoxemia, may be assigned as an additional diagnosis.
- COPD does not automatically mean chronic bronchitis.
- Effective 10/01/2023, per ICD-10-CM Official guidelines for coding and reporting, the ***Excludes1*** notes at category J44 regarding codes J47.- and J43.- have been changed to ***Excludes2*** notes which now includes bronchiectasis (J47.-) and emphysema without chronic bronchitis (J43.-) when the medical record supports that both conditions are present. (AAPC, 2023)
- When performing retrospective coding reviews, be certain to use coding software or the ICD-10-CM coding manual that correlates with the date of service being reviewed.

DOS 10/01/2022-09/30/2023	Excludes 1 note – do not code COPD and emphysema or bronchiectasis together
DOS 10/01/2023-09/30/2024	Excludes 1 note changed to Excludes 2 note allowing conditions to be coded together
DOS 10/01/2024-09/30/2025	Excludes 2 note allowing conditions to be coded together

Coding examples

Example 1	
Assessment and Plan	COPD with emphysema
ICD-10-CM codes	**J43.9** Emphysema, unspecified **J44.9** Chronic obstructive pulmonary disease, unspecified
Comment	Emphysema can coexist with COPD. Effective 10/01/2023, per ICD-10-CM, there is an ***Excludes2*** note at category **J43**, advising **J44.-** [Emphysema with chronic (obstructive) bronchitis] is not part of the condition represented by code **J43.9**. This indicates it is acceptable to assign both codes when both conditions are supported. (AAPC, 2024)

Example 2	
Assessment and Plan	COPD with emphysema and chronic bronchitis
ICD-10-CM codes	**J44.89** Other specified chronic obstructive pulmonary disease **J43.9** Emphysema, unspecified
Comment	Effective 10/01/2023, per ICD-10-CM, the ***Excludes1*** notes at category **J44** regarding codes **J47.-** and **J43.-** have been changed to ***Excludes2*** notes which now includes bronchiectasis (**J47.-**) and emphysema without chronic bronchitis (**J43.-**). (AAPC, 2024)

Example 3	
Assessment and Plan	Emphysema and severe persistent asthma
ICD-10-CM codes	**J43.9** Emphysema, unspecified **J45.5Ø** Severe persistent asthma, uncomplicated
Comment	Assign code **J43.9**, Emphysema, unspecified, together with a specific asthma code from category **J45**, to fully convey the clinical diagnosis in this case. (American Hospital Association (AHA), 2019)

Example 4	
Assessment and Plan	Acute exacerbation of COPD, acute bronchitis and acute exacerbation of asthma
ICD-10-CM codes	**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	COPD with acute bronchitis codes to **J44.Ø**. Code **J44.Ø** advises to use an additional code to identifythe infection, which in this example is acute bronchitis – **J2Ø.9**. COPD with acute exacerbation codes to **J44.1**, which "***Excludes2" 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. Category **J44** advises to "code also type of asthma", if applicable. (AAPC, 2024)

References

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