Chronic obstructive pulmonary disease

ICD-10-CM
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.

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)

Bronchiectasis is not a type of COPD

COPD and bronchiectasis are two separate chronic lung conditions that can coexist. Although there are some similarities between the two, there also are some important differences and the conditions are treated differently.

- COPD includes a range of chronic, progressive, obstructive lung diseases usually caused by smoking and other environmental factors.
- Bronchiectasis is usually caused by inflammation and infection of the small airways (bronchi), which results in thickening and scarring of the airway walls. This airway damage prevents the natural clearing of mucus; thus, mucus accumulates and creates an environment in which bacteria can grow. This leads to a recurring cycle of inflammation and infection that can cause even more damage to the airways. Over time, the damaged airways lose their ability to effectively move air in and out, resulting in lack of adequate oxygen reaching vital organs. This can lead to serious health problems, such as respiratory failure and heart failure.

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 childhood respiratory infections
- Gastroesophageal reflux disease (GERD), which can worsen COPD or may even cause it

- In rare cases, it is thought that genetics – specifically a deficiency of alpha-1 antitrypsin (AAT), a protein produced in the liver – may play a role

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)

Periodic worsening or "flare-ups" of symptoms are called exacerbations, which can range from mild to life-threatening.

Complications/risks

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

Diagnostic tools

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

Treatment

There is no cure for COPD, and lung damage caused by COPD is not reversible. Treatment is aimed at slowing the progression, managing the symptoms and preventing complications. Treatments include:

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

Chronic obstructive pulmonary disease
ICD-10-CM
Tips and resources for coders

Subjective

In 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 all current associated physical exam findings (e.g., decreased breath sounds, wheezing, etc.) and related diagnostic test results, such as pulmonary function tests (PFT).

Assessment

American Hospital Association (AHA) Coding Clinic advises 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.

Managed by a different provider

- Even when the COPD condition is being followed and managed by a different provider, it is important to include the diagnosis in the final assessment.
- For example: "Chronic emphysematous bronchitis followed and managed by pulmonologist, Dr. Jane Smith."

Specificity:

- Describe each final COPD-related diagnosis to the highest level of specificity. A diagnosis of "COPD" is broad and nonspecific – it does not identify the particular type of COPD or any associated conditions.
- Include the current status (stable, worsening, improved, etc.)

Abbreviations:

A good rule of thumb for any medical record is to limit – or avoid altogether – the use of abbreviations. While COPD is a commonly accepted medical abbreviation for chronic obstructive pulmonary disease, best practice is as follows:

- The initial notation of an abbreviation should be spelled out in full with the abbreviation in parentheses: "Chronic obstructive pulmonary disease (COPD)."
- Subsequent mention of the condition can be made using the abbreviation.

Suspected versus confirmed:

- Do not document a suspected COPD condition as if it is confirmed. Instead, document the signs and symptoms in the absence of a confirmed diagnosis.
- Do not describe a confirmed COPD diagnosis with terms that imply uncertainty (such as "probable," "apparently," "likely" or "consistent with").

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 the referral or consultation requests are made.
- Document when the patient will be seen again, even if only on an as-needed basis.

Electronic health record (EHR) issues

Other and unspecified codes with descriptions:

Some electronic health records insert ICD-10-CM codes with descriptions into the medical record to represent the final diagnosis. Examples:

> J43.8 Other emphysema

> J43.9 Emphysema, unspecified

These are vague descriptions and incomplete diagnoses.

- Codes titled "other" or "other specified" are for use when the medical record documents a specific diagnosis description for which a specific diagnosis code does not exist.

- The "other" ICD-10-CM code with description should not be used, by itself, as a final diagnosis without clear documentation that specifies the particular "other" emphysema.

- Unspecified diagnosis descriptions should be used only when sufficient clinical information is not known or available to the provider at the time of the encounter.

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Mismatch between final diagnostic statement and EHR-inserted diagnosis code with description:

Another scenario that causes confusion is one in which the assessment section documents a stated final diagnosis *PLUS* an EHR-inserted diagnosis code with description that does not match or may even contradict the stated diagnosis. Example:

Assessment: Bullous emphysema

J43.1 Panlobular emphysema

Here the final diagnosis in **bold** is "Bullous emphysema," which codes to J43.9. The EHR-inserted diagnosis code with description does not match the stated diagnosis. No information is found elsewhere in the record that clearly supports panlobular emphysema. This creates confusion regarding which diagnosis code should be reported.

To avoid confusion and ensure accurate diagnosis code assignment, the provider's final diagnosis must either
    a) match the code with description; OR
    b) it must classify in ICD-10-CM to the EHR-inserted diagnosis code with description.

Note: ICD-10-CM is a statistical classification; it is not a substitute for a healthcare provider's final diagnostic statement. It is the healthcare provider's responsibility to provide legible, clear and concise documentation of each final diagnosis described to the highest level of specificity, which is then translated to a diagnosis code for reporting purposes. It is not appropriate for healthcare providers to simply list a code number or select a code number from a list of codes in place of a written final diagnosis.

Chronic obstructive pulmonary disease
ICD-10-CM
Tips and resources for coders

Coding basics

COPD and its associated conditions classify to the following categories:

- J43   Emphysema
- J44   Other chronic obstructive pulmonary disease
- J45   Asthma

Multiple instructional notes appear under each of these categories. To ensure accurate and specific diagnosis code assignment, the coder must note the exact diagnosis description in the medical record; then, in accordance with ICD-10-CM official coding conventions and guidelines:

- Search the alphabetic index for that specific description.
- Verify the code in the tabular list, following all instructional notes, as applicable.

COPD

COPD classifies to category J44 with a fourth character required as follows to provide further specificity:

- J44.Ø   COPD with (acute) lower respiratory infection
- J44.1   COPD with (acute) exacerbation
- J44.9   Chronic obstructive pulmonary disease, unspecified

Multiple instructional notes appear under these categories.

COPD with coexisting asthma

COPD with unspecified asthma is included in category J44 and codes to J44.9.

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 further specifies the asthma is an 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

Exacerbation of COPD is a periodic worsening, flare-up or decompensation of symptoms. An acute exacerbation is not equal to an infection superimposed on COPD (though COPD exacerbation may be triggered by an infection).

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 – a word that may be present or absent in the statement of a disease without affecting the code to which it is assigned. "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 that 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.

Chronic obstructive pulmonary disease
ICD-10-CM
Tips and resources for coders

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.

J43.Ø	Unilateral pulmonary emphysema [MacLeod's syndrome]
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J43.9	Emphysema, unspecified

Please note:
- Emphysema documented with coexisting chronic bronchitis classifies to category J44.
- Emphysema without mention of chronic bronchitis classifies to category J43.

Other reminders

- 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 RØ9.Ø2, Hypoxemia, may be assigned as an additional diagnosis.

Coding examples

Example 1	
Final diagnosis	COPD
ICD-10-CM code	J44.9 Chronic obstructive pulmonary disease, unspecified
Comment	A vague and nonspecific condition description leads to a vague and nonspecific ICD-10-CM code.

Example 2	
Final diagnosis	Emphysema
ICD-10-CM code	J43.9 Emphysema, unspecified
Comment	Emphysema is a more specific type of COPD.

Example 3	
Final diagnosis	COPD with emphysema
ICD-10-CM code	J43.9 Emphysema, unspecified
Comment	Emphysema is a more specific type of COPD. 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 *see also* "Disease, lung." **Disease** > lung > obstructive (chronic) > with > emphysema > J43.9.

Example 4	
Final diagnosis	COPD with emphysema and chronic bronchitis
ICD-10-CM code	J44.9 Chronic obstructive pulmonary disease, unspecified
Comment	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.

153601ALL0223-D

Chronic obstructive pulmonary disease
ICD-10-CM
Tips and resources for coders

Example 5	
Final diagnosis	COPD and asthma
ICD-10-CM code	J44.9 Chronic obstructive pulmonary disease, unspecified
Comment	Category J44 includes "asthma with chronic obstructive pulmonary disease." Instructional note at Category J44 advises to "Code also the type of asthma if applicable (J45.-)." In this example, the type of asthma is not specified; therefore, only J44.9 is assigned.

Example 6	
Final diagnosis	Emphysema and moderate persistent asthma
ICD-10-CM code	J43.9 Emphysema, unspecified J45.4Ø Moderate persistent asthma, uncomplicated
Comment	Category J44 includes "asthma with chronic obstructive pulmonary disease" and has an instructional note to "Code also the type of asthma if applicable (J45.-)." 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 moderate persistent; therefore, J45.4Ø is assigned as an additional code.

Example 7	
Final diagnosis	Asthma exacerbation, COPD
ICD-10-CM codes	J45.9Ø1 Unspecified asthma with (acute) exacerbation J44.9 COPD, unspecified
Comment	Asthma with exacerbation codes to J45.9Ø1. COPD codes to J44.9. Category J44 includes asthma with COPD and has an instructional note that advises to "code also type of asthma, if applicable (J45.-)." Although code J45.9Ø1 does not represent a type of asthma, it provides additional specificity regarding the asthma being in acute exacerbation and should be coded. (AHA Coding Clinic, Acute exacerbation of unspecified asthma with chronic obstructive pulmonary disease, Fourth Quarter 2017, pages 96-97)

Example 8	
Final diagnosis	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 identify the 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. Acute exacerbation of asthma codes to J45.9Ø1. (See example 7)

References: American Hospital Association Coding Clinic; COPD Foundation; ICD-10-CM Official Guidelines for Coding and Reporting; Mayo Clinic; MedlinePlus; National Heart, Lung and Blood Institute; and WebMD.

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