

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

COPD



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Agenda

1. Overview of the condition
 2. Coding & documentation considerations
 3. Documentation example
 4. Additional resources
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COPD

Chronic Obstructive Pulmonary Disease (COPD) is a frequently underdiagnosed condition, which encompasses several chronic progressive respiratory diseases that obstruct the airways in the lungs, making it difficult to breathe.

The most common types include:

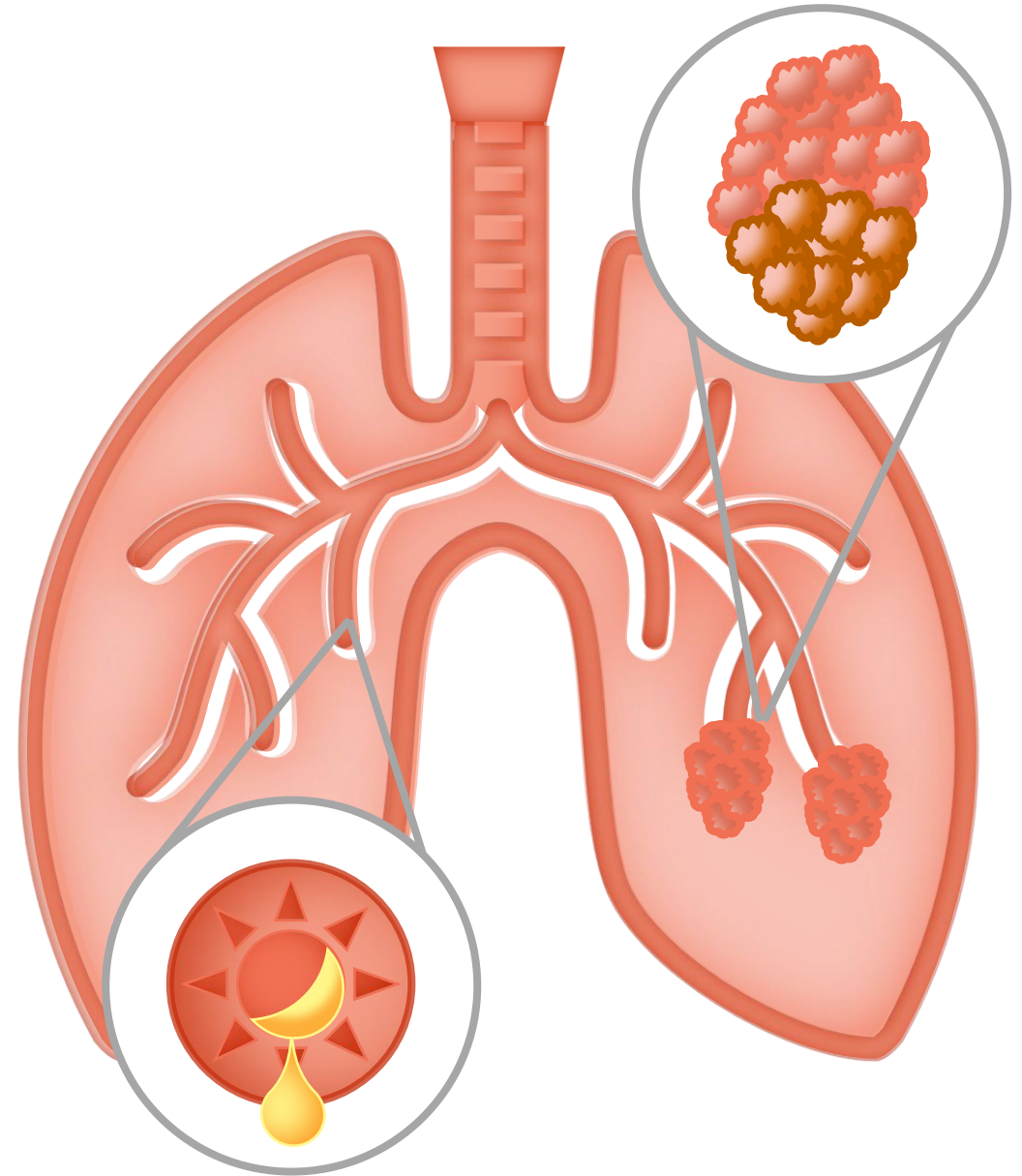
Chronic Bronchitis

- Involves inflammation and irritation of the bronchi
- Results in excessive mucus production and a persistent cough

Emphysema

- Involves damage to the alveoli compromising their elasticity
- Leads to shortness of breath and inefficiency at exchanging oxygen and carbon dioxide

Symptoms like breathlessness, cough, and wheezing worsen over time. COPD has no cure; treatment focuses on slowing progression, managing symptoms, and preventing complications such as infections, pulmonary hypertension, and heart problems.



Coding Considerations

Bronchitis, not specified	J40	<ul style="list-style-type: none">• Not specified as acute or chronic (J40)
Simple & mucopurulent bronchitis	J41	<ul style="list-style-type: none">• Simple chronic (J41.0)• Mucopurulent chronic (J41.1)• Mixed simple & mucopurulent (J41.8)
Chronic Bronchitis	J42	<ul style="list-style-type: none">• Unspecified chronic (J42)
Emphysema	J43	<ul style="list-style-type: none">• Unilateral pulmonary (J43.0)• Panlobular (J43.1)• Centrilobular (J43.2)• Other (J43.8)
COPD	J44	<ul style="list-style-type: none">• With (acute) lower respiratory infection (J44.0)• With (acute) exacerbation (J44.1)• Other specified (J44.89)• Unspecified (J44.9)

Use an additional code to identify, if applicable

- Asthma (J45.*)
- Tobacco dependence (F17)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Exposure to environmental tobacco smoke (Z72.0)
- Tobacco use (Z77.22)
- History of tobacco dependence (Z87.891)

Incomplete ICD-10 code(s): Refer to the current version of the ICD-10-CM Official Guidelines for Coding and Reporting, the ICD-10-CM Index to Diseases and Injuries, and the Tabular List of Diseases for a list of all ICD-10-CM codes and coding instructions.

Documentation Considerations

Accurate COPD documentation is crucial for proper coding and care. Including the COPD diagnosis in the assessment is important even with specialist management.

Specify the type:

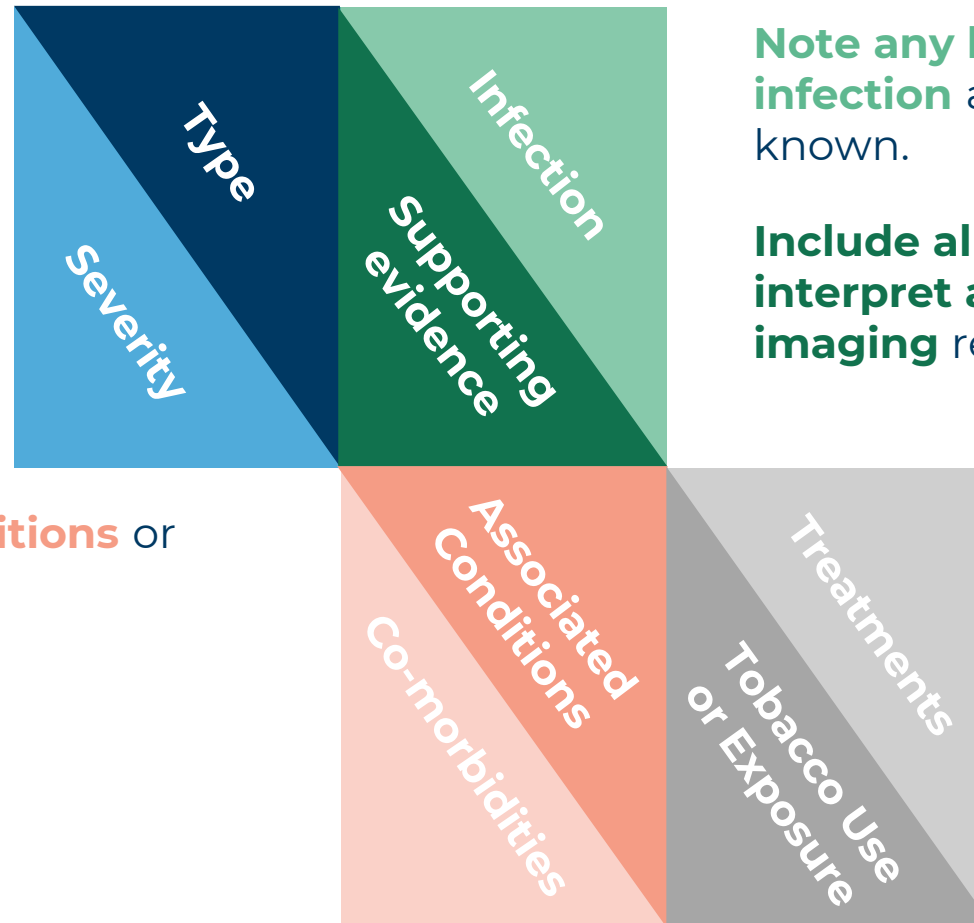
- Asthma (chronic obstructive)
- Bronchitis (chronic)
- Emphysema

Note the severity/status:

- Acute on chronic exacerbation
- Stable

Identify any associated conditions or co-morbidities:

- Hypercapnia
- Hypoxia
- Chronic respiratory failure
- Diabetes
- Cardiac disease



Note any lower acute respiratory infection and the infectious agent, if known.

Include all physical exam findings and interpret all diagnostic testing and imaging results to support the condition.

Record all related treatments for the condition including any oxygen use.

Document any related smoking use, history, or exposure.

COPD With Asthma Example



Subjective:

Patient with a **history of 30 years smoking** here for follow up on his severe persistent asthma and COPD.

Medication List

Symbicort

Assessment & Plan:

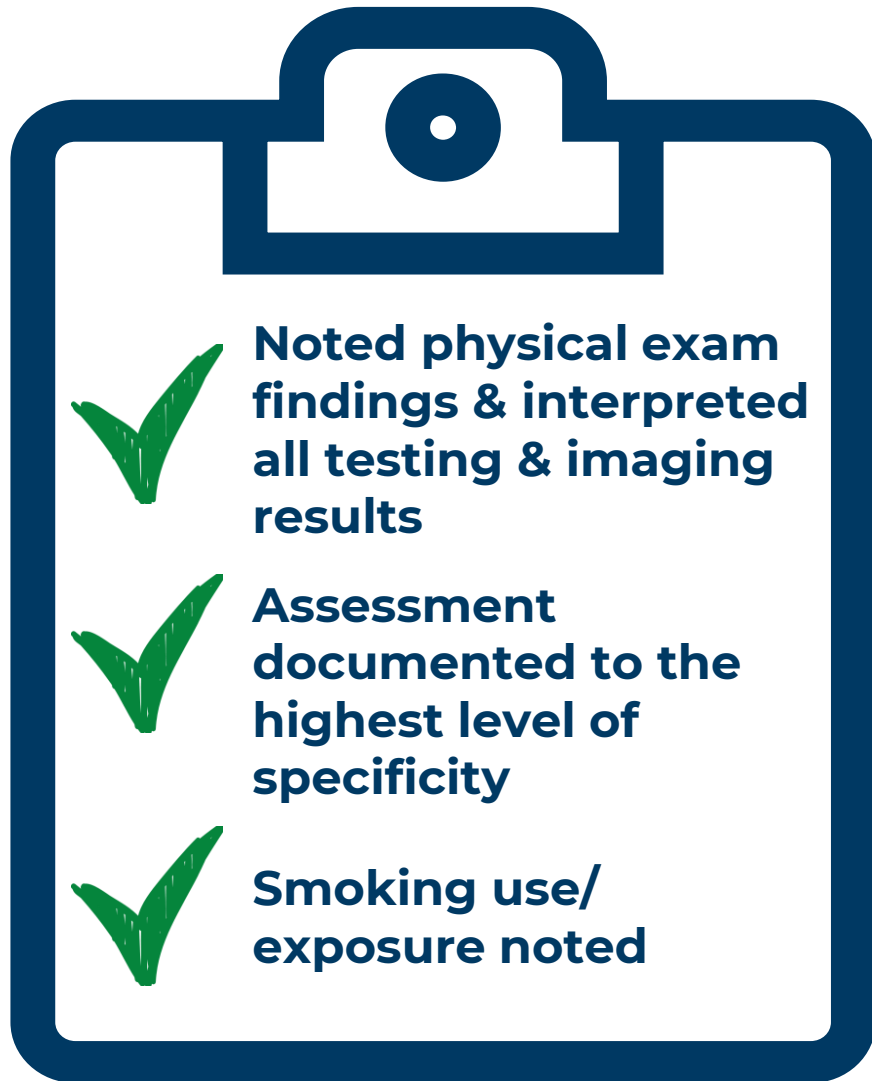
COPD with severe persistent asthma (J44.89, J45.50)

Continue with **Symbicort for asthma**. Referral to Pulmonology.

Personal history of nicotine dependence (Z87.891)

The clinician has documented with the highest level of specificity in both the subjective section and the assessment & plan. A smoking status is noted, treatment reviewed and a referral given for continued management.

COPD Example



Subjective:

Patient reports SOB, particularly with exertion. Productive cough with clear sputum. Former smoker, it has been 10 years since she quit.

Physical Exam:

Lungs have **diminished breath sounds B/L, wheezes noted diffusely.**

Review of Results:

HRCT shows multiple emphysematous blebs <2cm at lung apices.

Assessment & Plan:

Emphysema, unspecified (J43.9)

Former smoker. Spiriva Respimat (tiotropium bromide) 2.5 mcg/ inhalation, 2 inhalations once daily.

Personal history of nicotine dependence (Z87.891)

Emphysema is clearly documented in the assessment and plan, supported by exam findings, diagnostic results, and the clinician has documented a smoking status along with a detailed treatment plan.

Additional Resources

Documentation Best Practice Checklist



Annually assess all chronic conditions and document a plan for each one



Link medications to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



Use the term “History of” before a condition if it no longer exists or has resolved



Validate patient reported findings



Code and document all coexisting conditions that require or affect patient care, treatment or management



Avoid using uncertain terms when a diagnosis has been confirmed for a patient



Choose the highest level of specificity when selecting an ICD-10 code



Keep problem list up to date by removing acute and one-time conditions

Highmark Provider Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

RiskAdjustmentCoding@Highmark.com