Chronic Obstructive Pulmonary Disease

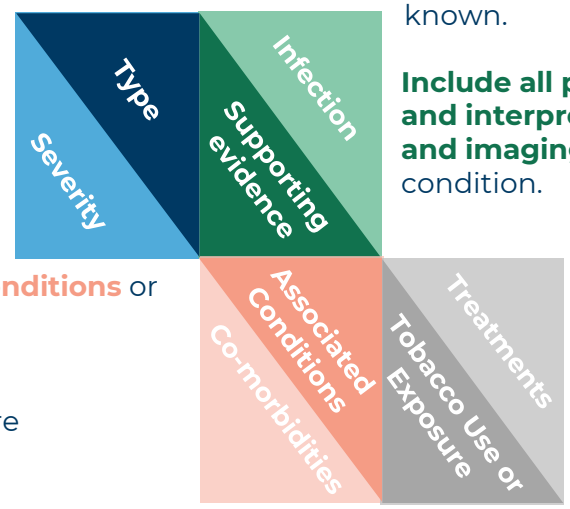
Chronic Obstructive Pulmonary Disease (COPD) is a frequently underdiagnosed condition, that consists of encompassing conditions like chronic obstructive asthma, chronic bronchitis, and emphysema. Emphysema involves lung tissue destruction, reducing elasticity, while chronic bronchitis features inflammation, cough, and airway narrowing. Bronchiectasis is a separate condition, not a COPD type. Accurate COPD documentation is crucial for proper coding and care. COPD has no cure; treatment focuses on slowing progression, managing symptoms, and preventing complications such as infections, pulmonary hypertension, and heart problems. Including the COPD diagnosis in the assessment is important even with specialist management.

Best Documentation Practices

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.

Link all related treatments to the condition including any oxygen use.

Document any related smoking use, history, or exposure.

M.E.A.T. the Condition

Proper documentation requires at least one of these four elements be present in the documentation for each condition.

M
Monitor

How is the patient doing?

Document signs, symptoms, disease progression/regression or ongoing surveillance

E
Evaluate

What is the current state of the condition?

Document current state, test results, medication effectiveness or response to treatment

A
Address/Assess

How will the condition be evaluated?

Document discussion, review of records, counseling, or ordering further tests

T
Treatment

What is being done to help the condition?

Document care, prescribed medications, referral to specialist or other modalities

CMS requires **annual coding and reporting of all chronic conditions**. A condition is not considered present in a given year unless it is appropriately documented and coded in that year.

COPD ICD-10 Category Reference Guide

This partial list of Risk Adjustment condition categories and ICD-10 codes (showing only partial codes for some) is not exhaustive. **For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.**

Chronic Obstructive Pulmonary Disease	
J40.X	Bronchitis, not specified as acute or chronic
J41.X	Simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43.X	Emphysema
J44.X	Other chronic obstructive pulmonary disease
Use additional code to identify, if applicable	
F17	Tobacco dependence
J45.x	Asthma
Z57.31	Occupational exposure to environmental tobacco smoke
Z72.0	Exposure to environmental tobacco smoke
Z77.22	Tobacco use
Z87.891	History of tobacco dependence

Coding Examples

Example 1	
Documentation	**Subjective:** Patient reports SOB, particularly with exertion. Productive cough with clear sputum. Former smoker, it has been 10 years since she quit. **PE/Lungs:** Diminished breath sounds B/L, wheezes noted diffusely. **Review of Results:** HRCT shows multiple emphysematous blebs <2cm at lung apices. **Assessment & Plan:** Emphysema – Former smoker. Spiriva Respimat (tiotropium bromide) 2.5 mcg/inhalation, 2 inhalations once daily.
ICD-10 Code(s)	J43.9 Emphysema, unspecified; Z87.891 Personal history of nicotine dependence
Rationale	Emphysema is clearly documented in the assessment and plan, supported by exam findings and diagnostic results, and notes a treatment plan.

Example 2	
Documentation	**CC:** COPD flare up, she increased her O2 to 6 L/min continuous at home. **Vitals:** O2 sat 83%. **Assessment & Plan:** COPD w/ acute exacerbation – Admitting to hospital for eval.
ICD-10 Code(s)	J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
Rationale	The record clearly indicates the patient is having an exacerbation of their COPD requiring hospitalization.

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NOTE: This tool is intended to assist with documentation only and not intended to take the place of clinical analysis. Information regarding any law or regulation does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws or regulations. Reference Official ICD-10-CM coding guidelines and manuals or electronic medical coding software for accurate ICD-10-CM codes and specificity.

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