

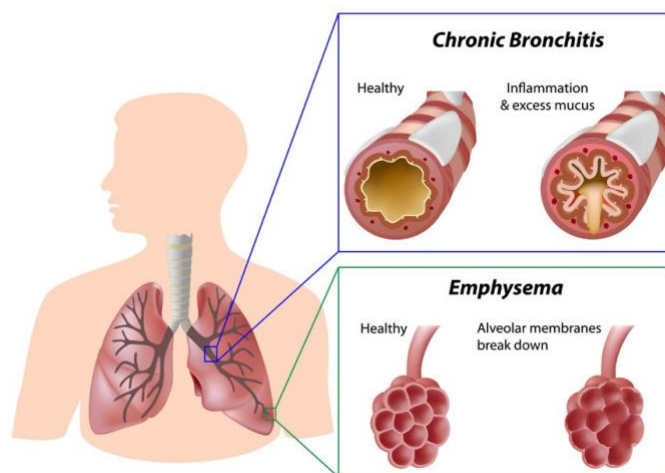
Chronic Obstructive Pulmonary Disease (COPD)

CMS-HCC_V28 Model Updates

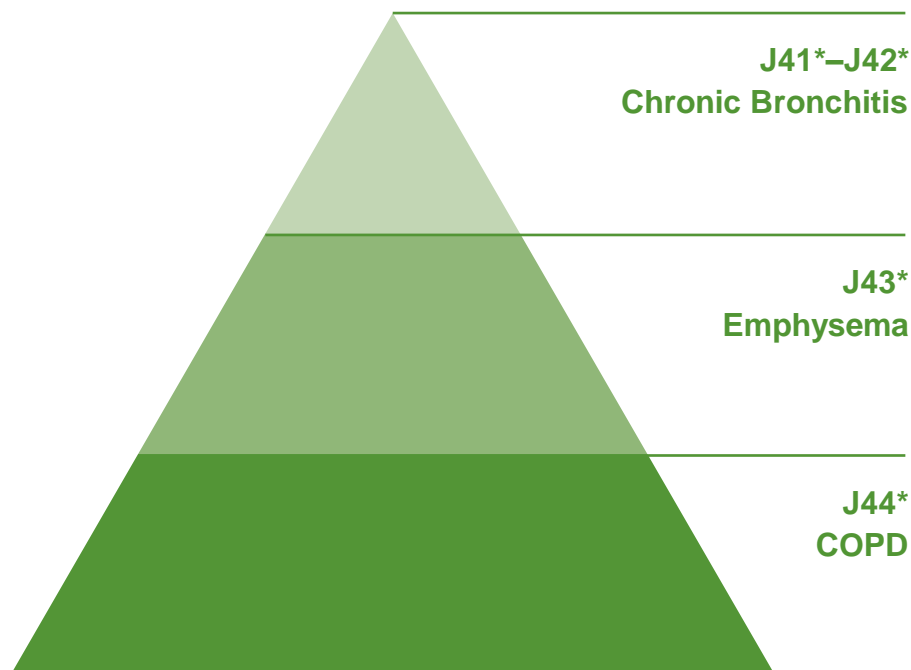
At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for **Chronic Obstructive Pulmonary Disease (COPD)**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Emphysema and chronic bronchitis are the two most common conditions that contribute to COPD. These two conditions usually occur together and can vary in severity among individuals with COPD.

Chronic Obstructive Pulmonary Disease (COPD)



Documentation and Coding



*Requires fourth digit to complete the diagnosis code

Clinical documentation should include:

- Updated status of COPD (stable, improved, and/or worsening)
- Document to the highest level of specificity of COPD diagnosis and associated conditions
- Diagnostic tests (Optional: Pulmonary function test [PFT], Pulse oximetry, Chest X-ray), pulmonary referral, treatment
- Home Oxygen Therapy (Z99.81 - Dependence on supplemental oxygen) often used in COPD
- Document a clear and concise treatment plan for COPD, linking related medications to the diagnosis
- As per AHA Coding Clinic, COPD is a chronic and lifelong condition. Providers should document the COPD diagnosis in the final assessment as a current or coexisting condition.
 - While COPD is a chronic condition, it is common for patients to experience an acute exacerbation (acute on chronic event) of COPD. This is defined as a sudden experience of worsening symptoms.
- When coding emphysema, COPD, bronchitis, and obstructive asthma, an additional code should be used to identify any exposure to tobacco smoke, history of tobacco use, tobacco dependence, or current tobacco use, where applicable.

Documentation and Coding

Coding Example

Case	How should COPD and emphysema be coded when both are documented and supported in the medical record?
ICD-10-CM	J43.9 -Emphysema, unspecified
AHA Coding Clinic (Volume 4, Fourth Quarter 2017)	Since emphysema is a form of COPD, it is not appropriate to assign a code for “unspecified” COPD in addition to code J43.9 . The advice published in Coding Clinic regarding COPD and emphysema was based on the current structure of the classification. Assign code J34.9 , Emphysema, unspecified. Emphysema is a specific type of COPD. The indexing for these conditions is as follows: Disease <ul style="list-style-type: none">• lung J98.4• obstructive (chronic) J44.9 with <ul style="list-style-type: none">• emphysema J43.9

Coding Tips

- Decompensated COPD is the worsening or acute exacerbation of a chronic condition; therefore, documentation of decompensated COPD is interpreted to mean acute on chronic exacerbation.
- Category J44, Other COPD, include terms i.e. Asthma with COPD, Chronic asthmatic (obstructive) bronchitis, Chronic emphysematous bronchitis, Chronic bronchitis.
- When emphysema with COPD is documented, emphysema is reported (J43.9), since emphysema is a more specific form of COPD.
- When asthma with COPD exacerbation is documented, code both the conditions J45.909 - Asthma NOS and J44.1 - COPD with (acute) exacerbation.
- If the COPD exacerbation is in the setting of COPD with acute bronchitis, both code J44.0 and code J44.1 may be reported when appropriate.
 - Acute bronchitis is not equivalent to acute exacerbation; it is a separate condition. J44.0, COPD with acute lower respiratory infection, is not included in J44.1 – COPD with (acute) exacerbation.

Documentation and Coding

Questions?

Contact us at [#Risk Adjustments and clinical Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the coding section on [HFproviders.org](https://www.healthfirst.com/providers)

References

- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2024](#)
- [CodingClinic](#)
- [AAPC.com](#)

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