Documentation and Coding:
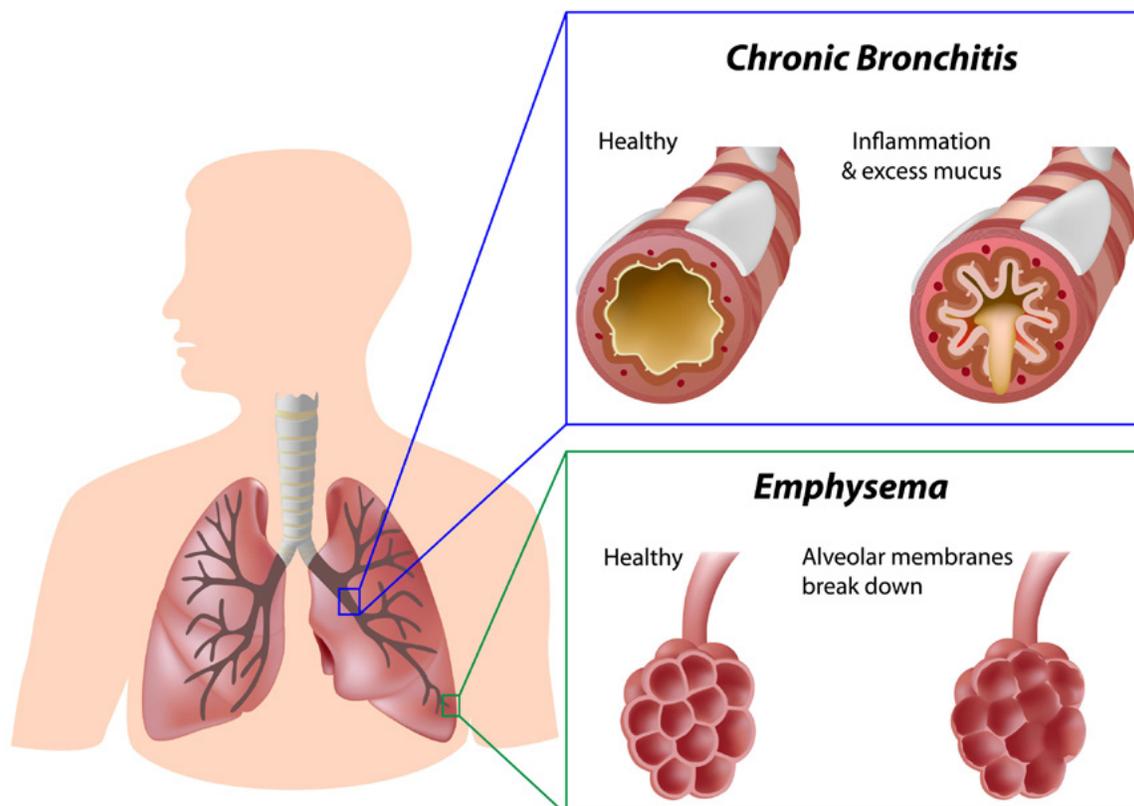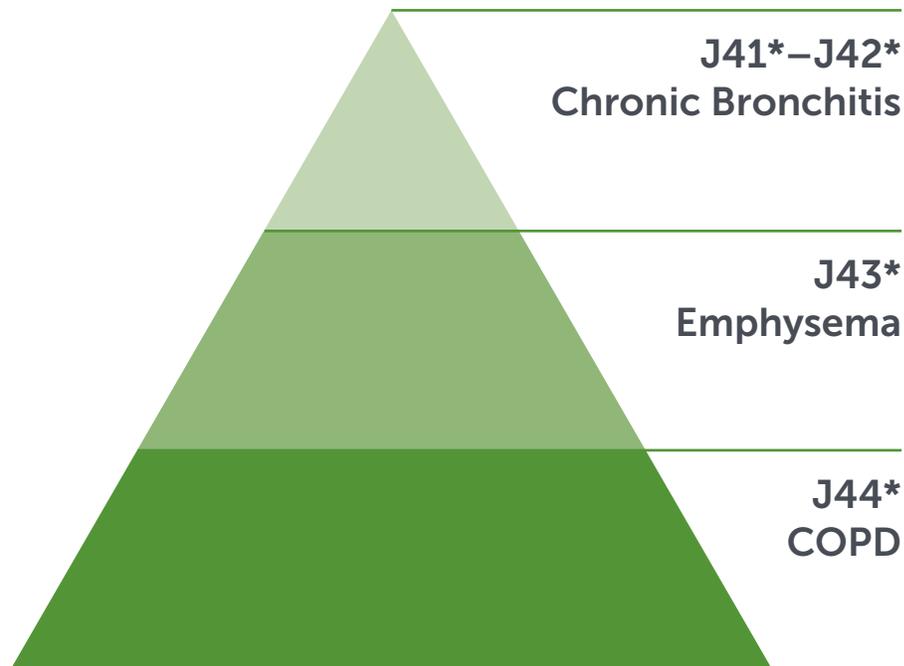# Chronic Obstructive Pulmonary Disease (COPD)

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. Proper ICD-10 coding can provide a comprehensive view of a patient's overall health. This tip sheet will offer guidance on how to submit a diagnosis code with greater specificity for coding 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)

Chronic Obstructive Pulmonary Disease (COPD)

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                    J41*–J42*
                    Chronic Bronchitis

                    J43*
                    Emphysema

                    J44*
                    COPD
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*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.

Chronic Obstructive Pulmonary Disease (COPD)

Question 1	A patient with emphysema presents due to COPD and Pneumonia. Per Coding Clinic Fourth Quarter 2017, COPD in a patient with emphysema is reported with code J43.9, Emphysema, unspecified. However, there is an Excludes1 note found at category J44, Other COPD, which prohibits the reporting of code J44.0, COPD with acute lower respiratory infection, with code J43.9. Should we report an additional code to capture the pneumonia along with code J43.9? Or should code J44.0 be reported to capture the COPD with pneumonia? What is the appropriate code assignment for COPD and pneumonia in a patient with emphysema?
ICD-10-CM	J43.9 - Emphysema, unspecified J18.9 - Pneumonia, unspecified organism
AHA Coding Clinic (Volume 6 First Quarter 2019)	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 previously published in Coding Clinic regarding COPD and emphysema was based on the current structure of the classification. Currently, codes J43.9 and J44.0 cannot be assigned together because of the Excludes1 note. The Centers for Disease Control and Prevention/National Center for Health Statistics, the organization responsible for revisions to ICD-10-CM, is aware of this issue and has agreed to consider a Coordination and Maintenance proposal for possible revisions to the instructional note.

Question 2	A 72-year-old male with a history of COPD and emphysema presents due to COPD exacerbation. The Alphabetic Index leads coding professionals to code J44.1, COPD with (acute) exacerbation, for exacerbation of COPD. However, Coding Clinic Fourth Quarter 2017 advises to assign code J43.9, Emphysema, unspecified, when a patient with emphysema presents with an acute exacerbation of COPD. The Excludes1 note found at category J44, Other COPD, prohibits the reporting of code J44.1 with code J43.9. If only code J43.9 is assigned, the acuity is not captured. What is the appropriate code assignment for an exacerbation of COPD with emphysema?
ICD-10-CM	J43.9, Emphysema, unspecified
AHA Coding Clinic (Volume 6 First Quarter 2019)	Emphysema is a form of COPD. The advice previously published in Coding Clinic regarding COPD and emphysema was based on the current structure of the classification. Currently, codes J43.9 and J44.1 cannot be assigned together because of the Excludes1 note. The Centers for Disease Control and Prevention/National Center for Health Statistics, the organization responsible for revisions to ICD-10-CM, is aware of this issue and has agreed to consider a Coordination and Maintenance proposal for possible revisions to the instructional note.

Please note: Excludes1 note means "NOT CODED HERE"

Coding Tips for COPD:

- 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.

Questions?

Contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.

For additional documentation and coding guidance, please visit the Coding section at **hfproviders.org**.

References:
ICD-10-CM Official Guidelines for Coding and Reporting; AAPC.com; CodingClinic