

Chronic obstructive pulmonary disease (COPD) is a progressive lung disease characterized by a chronic obstruction of air flow that interferes with normal breathing. This condition is not fully reversible. Chronic bronchitis and emphysema are included in the group of diseases known as COPD.

Types

There are two main types:

- ✓ **Emphysema:** Slow, progressive lung disease caused by damage to alveoli resulting in air becoming trapped in the alveolar sacs causing them to rupture thus preventing the exchange of oxygen and carbon dioxide
- ✓ **Chronic bronchitis:** Long-term, chronic inflammation of the bronchial mucous membrane characterized by cough, hypersecretion of mucus, and expectoration of sputum over a long period of time associated with increased vulnerability to bronchial infection. Most people with COPD have a combination of both conditions.

Supporting Documentation

- ✓ Avoid vague documentation and coding such as asthma unspecified (J45.909) or bronchitis unspecified (J40)
- ✓ Consider asthma mild, moderate and intermittent or persistent (J45.2X – J45.42)
- ✓ Documentation must support a worsening or a decompensation of the COPD condition to validate an acute exacerbation
- ✓ A diagnosis of COPD should be clearly documented and addressed in the medical record along with a treatment plan. A medication list alone does not support a diagnosis of COPD. For example, Advair may be used to treat asthma or COPD

Note: Patients using an inhaled steroid or other bronchodilators have some form of COPD or asthma.

Important Tests to Capture in Documentation

- ✓ Pulmonary function testing including Spirometry (PFT)
- ✓ Arterial blood gases
- ✓ Transfer factor for carbon monoxide
- ✓ Chest x-ray*
- ✓ Oximetry
- ✓ Pulmonary consultation

*Radiology services alone are not sufficient to support COPD diagnosis. Coders should not assign a COPD diagnosis unless the condition is captured in the medical record documentation by a physician.

Signs and symptoms

- ✓ Chronic cough or cough with large amounts of mucus
- ✓ Shortness of breath, which is worse with exertion
- ✓ Wheezing and chest tightness
- ✓ Fatigue

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

Coding Tips

- ✓ COPD is a non-specific code that should only be used when documentation does not specify the type of COPD present
- ✓ Codes for emphysema include the diagnosis of COPD
- ✓ Consider a documented “history of COPD.” Has the condition been resolved? Is there documentation of active treatment?
- ✓ Consider smoker’s cough with tobacco use disorder (see nicotine dependence category for appropriate code)

Note: It is neither the intention of this reference guide nor the purpose to replace the ICD-10-CM Official Guidelines for coding and reporting. Adherence to these guidelines when assigning ICD-10-CM diagnosis and procedure codes is required under the Health Insurance Portability and Accountability Act.

Chronic Obstructive Pulmonary Disease Documentation and Coding Reference

Chronic Obstructive Pulmonary Disease			
ICD-10-CM Category Code	Category Code Description	Subcategory Code ¹	Description
J41	Simple and Mucopurulent Chronic Bronchitis	J41.0	Simple Chronic Bronchitis (Smoker's Cough)
		J41.1	Mucopurulent Chronic Bronchitis
J42	Unspecified Chronic Bronchitis	No Subcategory Code	
J43	Emphysema	J43.0	Unilateral Pulmonary Emphysema [MacLeod's Syndrome]
		J43.1	Panlobular Emphysema
		J43.2	Centrilobular Emphysema
		J43.8	Other Emphysema
		J43.9	Emphysema, Unspecified
J44	Other Chronic Obstructive Pulmonary Disease (includes chronic obstructive asthma and chronic obstructive bronchitis)	J44.0	Chronic Obstructive Pulmonary Disease with Acute Lower Respiratory Infection
		J44.1	Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation
		J44.9	Chronic Obstructive Pulmonary Disease, Unspecified
J45	Asthma	J45.901	Unspecified Asthma with (Acute) Exacerbation
		J45.902	Unspecified Asthma with Status Asthmaticus
		J45.909	Unspecified Asthma, Uncomplicated
J98	Other Respiratory Disorders	J98.2	Interstitial Emphysema
		J98.3	Compensatory Emphysema

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¹ Due to ICD-10 changes in specificity there are numerous additional codes associated with codes that are not listed here. The primary code has been listed; please refer to the manual for more specific coding.