COPD AND ASTHMA

Physician Documentation

Chronic obstructive pulmonary disease (COPD) has a tremendous effect on the quality of life and activities of daily living for patients. Ensure all aspects of COPD and asthma are tracked in the medical record.

Documentation Tips

- **Always specify bronchitis as acute or chronic,** when known.
- **Document results of pulmonary function tests (PFTs)** to show airway limitations, as well as any chest computed tomography (CT) results.
- **For chronic bronchitis, document if obstructive.**
- **ICD-10-CM differentiates between COPD with acute exacerbation and COPD with acute lower respiratory infection.** Document if an exacerbation of COPD is due to infection. Be specific in the documentation, and include the infective agent when known.

COPD Codes	Descriptions
J41.0	Simple chronic bronchitis
J41.1	Mucopurulent chronic bronchitis
J41.8	Simple and mucopurulent bronchitis
J42	Unspecified chronic bronchitis
J43.0	Unilateral pulmonary emphysema
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J43.9	Emphysema, unspecified
J44.0	COPD with acute lower respiratory infection
J44.1	COPD with exacerbation
J44.9	COPD, unspecified

- **For COPD, document severity** (mild, moderate, severe, end-stage).
- **For asthma, document from the following choices:** severity of mild, moderate, severe, or unspecified; with type as intermittent or persistent; and episode as uncomplicated, with acute exacerbation, or with status asthmaticus; or as exercise-induced bronchospasm, cough variant asthma, or other asthma.
- **Document acute respiratory failure** when it occurs, even when it does not require intubation. Document chronic respiratory failure for any encounter in which it exists and the respiratory system is evaluated. COPD can occur with or without respiratory failure, so it should be separately noted. Document hypoxia or hypercapnia in respiratory failure, as appropriate.
- **Document any dependence on ventilator and any tracheostomy.**
- **Tobacco use or dependence, history of tobacco use, or exposure to secondary smoke** (workplace, environment, perinatal), is relevant to all respiratory conditions and should be noted. Document the type of tobacco in current use (chewing tobacco, e-cigarette, cigarettes, etc).
- **Document any tobacco counseling, treatment, or intervention.**
- **Document the patient's dependence on supplemental oxygen.**

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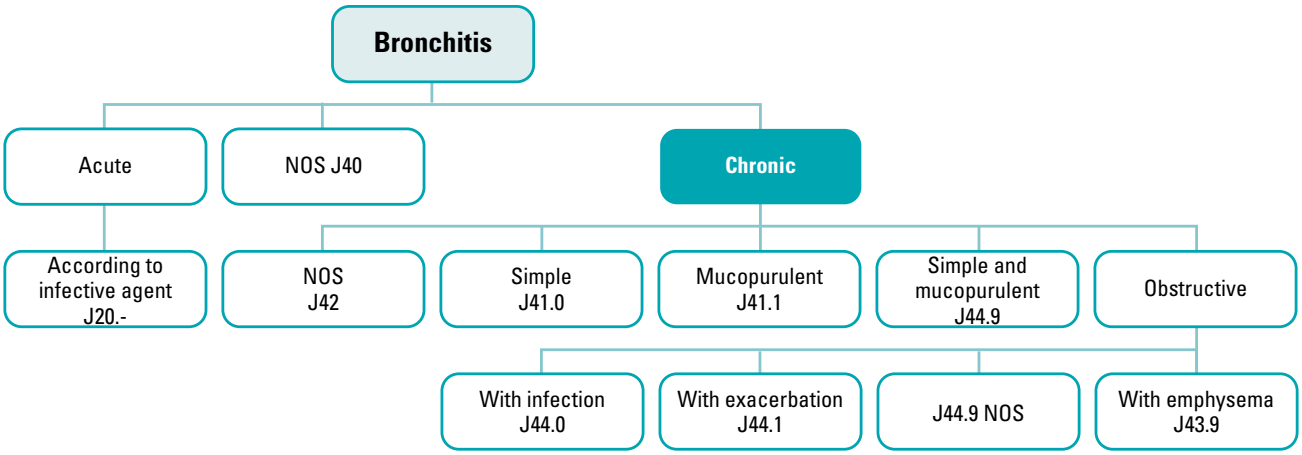
Coder Abstraction

COPD and asthma represent clinically discrete conditions that are sometimes difficult to code accurately. Most important for bronchitis is whether it is chronic and whether it is obstructive. Both of those conditions are required for COPD.



Coding Tips

- **When a patient has both COPD and emphysema,** report only the emphysema in ICD-10-CM, as COPD is included in the emphysema. See the Alphabetic Index under Disease/pulmonary/obstructive/with/emphysema J43.9. This is new for 2018.
- **When a patient is documented with both COPD and asthma,** report both conditions.
- **Code the patient's smoking status, if noted.** Do not link a current or past history of tobacco dependence with COPD, asthma, or emphysema, unless the documentation states a causal relationship between smoking and COPD. If a causal relationship is documented, report code F17.218, *Nicotine dependence, cigarettes, with other nicotine-induced disorders.*
- **Any hypoxia, hypercapnia, hypoxemia, polycythemia, or respiratory failure** in the patient with COPD or asthma should be reported.
- **If the patient's pulse oximetry reading is charted below 90** and no diagnosis of hypoxia or hypoxemia has been noted, query the physician (eg, "Is the pulseOx of XX significant for any additional diagnoses?").
- **Code Z99.11 for any dependence on a respirator,** including dependence on a continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP) device when oxygen is delivered through tracheostomy.
- **Aspiration pneumonia and influenza** are excluded from code J44.0, *Chronic obstructive pulmonary disease with acute lower respiratory infection,* as the cause of the infection, according to the AHA's *Coding Clinic.*

Common Tobacco Use and History Codes	
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
Z72.0	Tobacco use
Z77.22	Contact with and (suspected) exposure to environmental tobacco smoke (acute)(chronic)
Z87.891	Personal history of nicotine dependence