CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Provider’s guide to diagnose and code COPD

What is COPD?
COPD is an under-diagnosed, airflow-limiting condition that:
› Affects 15.7 million people in the United States (Wheaton, 2015)
› Is the third leading cause of death in the United States (National Health Center for Statistics, 2015)
COPD is a constellation of obstructive lung diseases including:
› Emphysema – enlargement of airspaces associated with pathologic destruction of the alveolar-capillary membrane [clinicians should be aware that a solitary radiological emphysematous finding does not support a COPD diagnosis] (Celli, et al., 2004)
› Chronic bronchitis – a clinical cough of more than 3 months for 2 consecutive years (Celli et al., 2004)

Risk factors
› Aged 65 to 74
› Caucasian
› Female
› History of asthma
› Unemployed
› Low socioeconomic status
› Smoking
› Second-hand smoke inhalation
› Occupational exposure to pollutants

Physical exam findings
› Tachypnea
› Tachycardia
› Hypoxia
› Dyspnea with speaking or eating
› Accessory muscle use
› Intercostal chest retractions
› Abnormal breath sounds (crackles, decreased breath sounds, rhonchi, and wheezes)
› Hyper-expansion of the chest (barrel chest)
› Cyanosis
› Hepatomegaly
› Jugular vein distension
› Muscle wasting

Symptoms
› Exertional dyspnea
› Wheezing
› Chest tightness
› Excessive sputum production
› Cough

NOTE: Symptoms may be similar to conditions such as heart failure and pneumonia.

To ensure you are documenting to the highest degree of specificity for appropriate ICD-10 code assignment, go to www.cigna.com/codingeducation
Diagnosis

Diagnosis is enhanced by using several diagnostic modalities such as:

- Radiology exams – chest film and chest CT
- Arterial blood gas (ABG)
- Pulse oximetry
- Spirometry – the gold standard test to diagnose COPD – should be done:
  - Yearly to assess progression and/or stability
  - With and without bronchodilator when not contraindicated
  - Spirometry data includes:

<table>
<thead>
<tr>
<th>Spirometry data (GOLD, 2015)</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEV1 Forced expiratory volume over 1 second. If less than 80% of predicted, COPD diagnosis should be considered</td>
<td></td>
</tr>
<tr>
<td>FVC Forced vital capacity</td>
<td></td>
</tr>
<tr>
<td>FEV1/FVC This ratio determines the airflow limitation, if less than 0.70 a COPD diagnosis should be considered</td>
<td></td>
</tr>
<tr>
<td>DLCO Diffusion capacity of the lung for carbon monoxide (CO) must have an oxygen saturation of less than 92% to consider a valid test</td>
<td></td>
</tr>
</tbody>
</table>

People with COPD should be encouraged to get:

- Annual influenza vaccine
- Pneumococcal vaccine every 5 years
- Smoking cessation counseling if an active smoker
- Exercise
- Diet/nutrition education due to COPD malnutrition risk.

Once COPD is diagnosed, it is important to classify its severity and progression to help the clinician make informed treatment decisions. The following online tools are useful:

<table>
<thead>
<tr>
<th>Online tool</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOLD classification</td>
<td>Stages COPD in functional classes, using the FEV1/FVC and FEV1 data</td>
</tr>
<tr>
<td><a href="http://GOLDCOPD.com">http://GOLDCOPD.com</a></td>
<td></td>
</tr>
<tr>
<td>BODE index</td>
<td>Prognosis calculator which determines 52 month life expectancy</td>
</tr>
<tr>
<td><a href="http://www.qxmd.com/calculate-online/respirology/bode-index">http://www.qxmd.com/calculate-online/respirology/bode-index</a></td>
<td></td>
</tr>
</tbody>
</table>

Coding and documenting for lung disorders

- An additional code is needed for type of asthma
- Two combination codes help consolidate the reporting of several combinations of Chronic Bronchitis, Asthma, and Emphysema in the presence of COPD
- Expanded codes to provide greater specificity for the type of emphysema

With every clinical encounter it is important to:

- Verify patient name and date of birth
- Make sure there is a date of service with the clinical encounter
- Include provider name, credentials, and signature
- Evaluate if the COPD is stable or unstable
- Document the treatment and follow-up plan
- Link diagnoses when appropriate
- Document medications to support the clinical stages of COPD

Clinicians should use all available clinical data to represent a specific ICD-10 diagnosis. The following chart includes ICD-10 codes.

References


• Providers must be diligent about confirming the accuracy of their diagnoses and ensure that their diagnosis and coding practices comply with all applicable legal requirements;
• Failure to address recurrent diagnosis inaccuracies can, in some cases, result in administrative sanctions and potential financial penalties;
• Accurate coding and submission activities allow us to provide the best benefits and resources possible to our customers.
<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Description</th>
<th>Definition/tip</th>
<th>Coding tip</th>
</tr>
</thead>
</table>
| J44.9         | Chronic obstructive pulmonary disease, unspecified | Includes:  
• Asthma with COPD  
• Chronic (asthmatic) obstructive bronchitis  
• Chronic bronchitis with airways obstruction  
• Chronic bronchitis with emphysema  
• Chronic emphysematous bronchitis  
• Chronic obstructive asthma  
• Chronic obstructive bronchitis  
• Chronic obstructive tracheobronchitis  
Code also type of asthma, if applicable (J45.-) |          |
| J44.0         | Chronic obstructive pulmonary disease w/acute lower respiratory infection  
(Use additional code to identify the infection) | Includes:  
• Asthma with COPD  
• Chronic (asthmatic) obstructive bronchitis  
• Chronic bronchitis with airways obstruction  
• Chronic bronchitis with emphysema  
• Chronic emphysematous bronchitis  
• Chronic obstructive asthma  
• Chronic obstructive bronchitis  
• Chronic obstructive tracheobronchitis  
Code also type of asthma, if applicable (J45.-) |          |
| J44.1         | Chronic obstructive pulmonary disease w/(acute) exacerbation |          |          |
| J41.0         | Simple chronic bronchitis |          |          |
| J41.1         | Mucopurulent chronic bronchitis |          |          |
| J41.8         | Mixed simple & mucopurulent chronic bronchitis |          |          |
| J42           | Unspecified chronic bronchitis | Chronic bronchitis NOS  
Chronic tracheitis  
Chronic tracheobronchitis |          |
| J43.0         | Unilateral pulmonary emphysema  
[MacLeod’s syndrome] | Swyer-James syndrome  
Unilateral emphysema  
Unilateral hyperlucent lung |          |
| J43.1         | Panlobular emphysema | Panacinar emphysema |          |
| J43.2         | Centrilobular emphysema |          |          |
| J43.8         | Other emphysema |          |          |
| J43.9         | Emphysema, unspecified | Bullous emphysema (lung)(pulmonary)  
Emphysema (lung)(pulmonary)(NOS)  
Emphysematous bleb  
Vesicular emphysema (lung)(pulmonary) |          |
| J96.10        | Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia |          |          |
| J96.11        | Chronic respiratory failure with hypoxia |          |          |
| J96.12        | Chronic respiratory failure with hypercapnia |          |          |
| J98.2         | Interstitial emphysema  
Mediastinal emphysema |          |          |
| J98.3         | Compensatory emphysema |          |          |
| F17.20        | Nicotine dependence, unspecified |          |          |
| F17.201       | Nicotine dependence, unspecified, in remission |          |          |
| F17.21        | Nicotine dependence, cigarettes |          |          |

Use additional code to identify:  
• Tobacco dependence (F17.-)  
• Tobacco use (Z72.0)  
• History of tobacco dependence (Z87.891)  
• Exposure to environmental tobacco smoke (Z77.22)  
• Occupational exposure to environmental tobacco smoke (Z57.31)
<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Description</th>
<th>Definition/tip</th>
<th>Coding tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>F17.211</td>
<td>Nicotine dependence, cigarettes, in remission</td>
<td></td>
<td>• Tobacco use disorder, cigarettes, mild, in early remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, cigarettes, mild, in sustained remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, cigarettes, moderate, in early remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, cigarettes, moderate, in sustained remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, cigarettes, severe, in early remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, cigarettes, severe, in sustained remission</td>
</tr>
<tr>
<td>F17.22</td>
<td>Nicotine dependence, cigarettes, in remission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F17.221</td>
<td>Nicotine dependence, chewing tobacco, in remission</td>
<td></td>
<td>• Tobacco use disorder, chewing tobacco, mild, in early remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, chewing tobacco, mild, in sustained remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, chewing tobacco, moderate, in early remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, chewing tobacco, moderate, in sustained remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, chewing tobacco, severe, in early remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, chewing tobacco, severe, in sustained remission</td>
</tr>
<tr>
<td>F17.29</td>
<td>Nicotine dependence, other tobacco product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F17.291</td>
<td>Nicotine dependence, other tobacco product, in remission</td>
<td></td>
<td>• Tobacco use disorder, other tobacco product, mild, in early remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, other tobacco product, mild, in sustained remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, other tobacco product, moderate, in early remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, other tobacco product, moderate, in sustained remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, other tobacco product, severe, in early remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tobacco use disorder, other tobacco product, severe, in sustained remission</td>
</tr>
<tr>
<td>Z72.0</td>
<td>Tobacco use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTES**

---

---

---

---

---

---

---

---

---

---

---

---