

Chronic Obstructive Pulmonary Disease

REMINDER: When documenting and coding, be sure to provide a status and at least one component of **Monitor, Evaluate, Assess, or Treatment (MEAT)** for each condition reported.

Conditions that fall under Chronic Obstructive Pulmonary Disease (COPD): Chronic Bronchitis, Asthma with COPD, Chronic Obstructive Asthma, Chronic Obstructive Bronchitis, Chronic Obstructive Tracheobronchitis, Chronic Bronchitis with Emphysema. (see ICD-10-CM tabular list category code J44 for additional guidance)

Symptoms of COPD	COPD Risk Factors
Dyspnea that is progressive, worse with exercise, or persistent	Smoke from home cooking and heating fuels
Chronic cough that may be intermittent and may be unproductive	Family history of COPD or childhood predisposing factors
Recurrent wheezing	Occupational dusts and chemicals
Chronic sputum production	Congenital or genetic predisposing factors
Recurrent lower respiratory tract infections	Tobacco smoke

COPD: Category J44.

There is an instructional note to code also the type of asthma, if applicable (J45.-)

J44.0	Chronic obstructive pulmonary disease <i>with acute lower respiratory infection</i> <ul style="list-style-type: none"> There is an instructional note to use additional code to identify the infection
J44.1	Chronic obstructive pulmonary disease <i>with (acute) exacerbation</i>
J44.9	Chronic obstructive pulmonary disease, <i>unspecified</i>

COPD with Asthma: Coding COPD with Asthma on the same Date of Service, uses the main COPD code (**J44.9**) *and* a second code from (**J45.XX**) to identify the type of Asthma

Documentation for *Asthma* should include things such as:

- Long term severity scale: **mild intermittent, mild persistent, moderate persistent, or severe persistent** to be coded properly
- Acute status: **uncomplicated, exacerbated, or has acute severe exacerbation** and if not responding to normal treatment

Asthma: Category J45.

J45.2	Mild intermittent asthma	J45.3	Mild persistent asthma	J45.4	Moderate persistent asthma	J45.5	Severe persistent asthma
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Emphysema: Category J43.-

(excludes emphysema with chronic obstructive bronchitis use code J44.-)

J43.0	Unilateral pulmonary emphysema	J43.1	Panlobular emphysema	J43.	Centriolobar emphysema
J43.8	Other emphysema	J43.9	Emphysema, unspecified		

Chronic Respiratory Failure: Chronic Respiratory Failure is a commonly missed diagnosis associated with COPD

The most important documentation indicator of chronic respiratory failure is dependence on continuous home oxygen. Medical necessity for oxygen therapy includes COPD and hypoxia-related symptoms or findings per CMS (ex: An arterial PO2 at or below 55 mm Hg, or an arterial oxygen saturation at or below 88%, taken at rest, breathing room air.). "Claims for oxygen must be supported by medical documentation in the patient's record, documentation statements "Oxygen PRN" or "Oxygen as needed" does not provide any basis for determining if the amount of oxygen is reasonable and necessary for the patient"*

Chronic Respiratory Failure: Category J96.--

J96.11	Chronic Respiratory Failure with Hypoxia
J96.12	Chronic Respiratory Failure with Hypercapnia
J96.10	Chronic Respiratory Failure, unspecified whether with hypoxia or hypercapnia



NOTE: Patients with COPD should also be evaluated for tobacco cessation and complications of COPD, such as malnutrition, sleep disturbances, and depression.