![OPTUM®]

# Documenting and Coding Tips:
# Chronic obstructive pulmonary disease (COPD)

Chronic obstructive pulmonary disease (COPD) is considered the third leading cause of death in the U.S. with nearly 15.7 million Americans (6.4%) currently diagnosed with COPD. Cigarette smoking is the most significant determinant of development and progression of COPD.[1,2] More than 50% of adults with low pulmonary function are not aware that they have COPD.[3]

In ICD-10-CM, COPD is an umbrella term that includes chronic bronchitis, emphysema and chronic asthma. Specific ICD-10-CM codes are available to allow for clear delineation of the condition as either uncomplicated, with an acute lower respiratory infection, and/or in acute exacerbation. Performing pulmonary function tests (PFTs) such as a screening spirometry is recommended on all individuals with the following:[4]

- History of tobacco dependence (Z87.891), or exposure to environmental tobacco smoke (Z77.22)
- History of chronic cough, bronchitis or asthma (Z87.09)
- Family history of asthma and other chronic lower respiratory diseases (Z82.5), or other respiratory diseases (Z83.6)
- Tobacco dependence (F17.-), or use (Z72.0)

| ICD-10-CM | Description |
|---|---|
| **J41.0** | Simple chronic bronchitis (smokers' cough) |
| **J44.0** * | COPD with (acute) lower respiratory infection |
| **J44.1** * | COPD with (acute) exacerbation |
| **J44.9** * | COPD, unspecified |
| **J96.1-** | Chronic respiratory failure<br>• 0=unspecified, 1=with hypoxia, 2=with hypercapnia |
| **J96.2-** | Acute and chronic respiratory failure<br>• 0=unspecified, 1=with hypoxia, 2=with hypercapnia |
| R05.3 + | Chronic cough |
| Z99.81 | Dependence on supplemental (long-term) oxygen |
| **J43.9** ** | Emphysema, unspecified |
| J45.- *** | Asthma (mild, moderate, severe; intermittent or persistent); acute exacerbation or status asthmaticus |

\* Includes COPD, chronic obstructive asthma, chronic asthmatic bronchitis, chronic obstructive bronchitis and chronic bronchitis with emphysema.

\* If the patient has COPD or other disease such as cystic fibrosis or a lung injury, document also:
- If the patient is on oxygen (Z99.81)
- If the patient has chronic respiratory failure (**J96.1-**)

\*\* If COPD and emphysema are documented on the same DOS then only the emphysema code should be used.[5]

\*\*\* If the patient has COPD with asthmatic conditions, document and code both the COPD and type of asthma.[6]

**➡ When documenting COPD, specify:**

- **Type**: For example, asthma with COPD – also document the asthma by severity, frequency and level of exacerbation; chronic asthmatic bronchitis, chronic obstructive bronchitis, chronic bronchitis with emphysema, and chronic obstructive tracheobronchitis

- **Severity**: Acute exacerbation, acute-on-chronic exacerbation or chronic respiratory failure

- **Co-morbidities that can complicate COPD**: Such as (but not limited to) pulmonary artery disease, malnutrition, diabetes, cardiac disease, hypertension, heart failure, coronary artery disease (CAD) and lung cancer

- **Infection**: Any lower acute lower respiratory infection and the infectious agent, if known

- **Cause**: Identify any additional lung disease due to external agent and specify agent (for example, organic dust, chemical, gases, fumes, vapors, ventilation system, etc.)

- **Tobacco use/Exposure**: Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)

Consider reviewing Optum tools related to coexisting conditions such as diabetes, hypertension and malnutrition, if applicable.

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2022: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2021: cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.

Codes marked with a + directly after them represent new additions to the FY 2022 ICD-10-CM code classification.

The following references were used to create this document:
*Optum360 ICD-10-CM: Professional for Physicians 2022.* Salt Lake City: 2021.
1. World Health Organization. Global Strategy for the Diagnosis, Management, and Prevention of COPD. 2006 Global Imitative for Chronic Obstructive Lung Disease. http://who.int/respiratory/copd/GOLD_WR_06.pdf. Published 2006. Accessed February 9, 2022.
2. World Health Organization. Chronic respiratory diseases: COPD Definition. WHO. http://who.int/respiratory/copd/definition/en/. Published 2018. Accessed February 9, 2022.
3. Chronic Obstructive Pulmonary Disease (COPD). Centers for Disease Control and Prevention. cdc.gov/copd/basics-about.html. Published June 5, 2018. Accessed February 9, 2022.
4. U.S. Preventive Services Task Force. Screening for Chronic Obstructive Pulmonary Disease Using Spirometry: United States Preventive Services Task Force Recommendation Statement. Ann In Med 148: 529-534 (2008).
5. AHA Coding Clinic for ICD-10-CM. Acute Bronchitis, COPD and Emphysema. Vol 6, Q1, 2019.
6. AHA Coding Clinic for ICD-10-CM. Acute Exacerbation of Unspecified Asthma w COPD. Vol 4, Q4, 2017.

![OPTUM]

11000 Optum Circle
Eden Prairie, MN 55344