

Medicare Risk Adjustment Coding Focus

Chronic obstructive pulmonary disease

Chronic Obstructive Pulmonary Disease (COPD) is a collective term that encompasses several chronic lung disorders, such as chronic bronchitis and emphysema, that are characterized with chronic airway obstruction and manifest with difficulty in breathing. COPD is usually caused by long term exposure to lung irritants, with cigarette smoking being the leading cause.¹

During normal respiration, air passes into the lungs where small air sacs, known as alveoli, fill with oxygen which then passes through the walls of the alveoli into the bloodstream through the walls of capillaries surrounding the alveoli. At the same time, carbon dioxide is released from the capillaries into the alveoli and is expelled out of the body during exhalation. The ability of the lungs and alveoli to expand and contract is essential for this process to occur. People with COPD have a defective gas exchange process, usually due to:

- Loss of elasticity in the alveoli.
- Damage to or inflammation of the walls of the airways and alveoli.
- Narrowing and increased mucus production in the airways resulting in obstruction.

Symptoms

The signs and symptoms of COPD include shortness of breath, tightness of the chest, a chronic cough and an increase in mucus production.

According to the Mayo Clinic, people who have COPD often do not exhibit symptoms until significant lung damage has occurred.² The severity of the symptoms depends on the extent of damage to the lungs.

Patients with COPD will occasionally experience a flare up with sudden worsening of their symptoms that may require urgent or emergent care in the hospital. These episodes are referred to as acute exacerbations of COPD.

Treatment

COPD is a lifelong disease, meaning that there is currently no cure, and due to its progressive nature, it will continue to worsen over time, unless risk factors are controlled.

However, there are treatments available that help make breathing easier and slow the progression of the disease.

Lifestyle changes include quitting smoking and avoiding secondhand smoke as well as other lung irritants. Medications like inhaled bronchodilators and corticosteroids help reduce airway obstruction and inflammation and improve breathing. Pulmonary rehab and oxygen therapy may also be needed as the disease progresses. In some cases, a lung transplant may be an option for patients with very severe COPD.

Coding guidance

Accurate documentation is key in order to code COPD correctly. When known, the specific subcategory of COPD, e.g. emphysema, should be documented and coded.

In ICD-10-CM, category J44 includes combination codes to indicate COPD with acute lower respiratory infection, COPD with (acute) exacerbation and COPD unspecified. If there is an acute lower respiratory infection, the provider will need to document the type of infection, e.g. pneumonia or acute bronchitis for appropriate secondary code assignment.

ICD-10-CM also has a 'Use additional code' instruction for coders to identify tobacco smoke exposure, tobacco use or dependence.³ Providers must include this information in their documentation in order to code to the highest level of specificity.

COPD	
J44.0	*COPD with (acute) lower respiratory infection
J44.1	COPD with (acute) exacerbation
J44.9	COPD, unspecified
*Use an additional code to identify the infection	

Resources

- 1 National Heart, Lung, and Blood Institute website: *What Is COPD?* (accessed August 2020): <https://www.nhlbi.nih.gov/health-topics/copd>
- 2 Mayo Clinic website: *COPD* (accessed August 2020): <https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679>
- 3 Optum 360° (2019), *ICD-10-CM Expert for Physicians*, The complete official code set.

Reference the ICD-10-CM Codebook, CMS-HCC Risk Adjustment Model(s) and AHA Coding Clinic for complete code sets and official coding guidance.