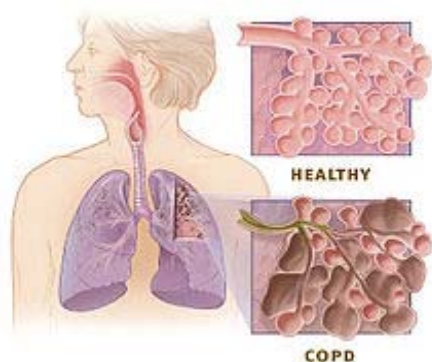


# Risk Adjustment Coding Academy- Coding Focus

## Chronic Obstructive Pulmonary Disease (COPD)



Chronic Obstructive Pulmonary Disease (COPD) is a disease of the lungs that makes it difficult to breathe. It is usually caused by long term exposure to lung irritants, with cigarette smoking being the leading cause of COPD.<sup>1</sup>

According to the National Heart, Lung and Blood Institute, during normal respiration, air passes into the lungs where small air sacs (alveoli) fill with oxygen which then passes through the walls of air sacs into the bloodstream through capillaries. At the same time, carbon dioxide is released from the capillaries and expelled out of the body during exhalation. The ability of the lungs and air sacs to expand and contract is essential for this process to occur. People with COPD have a decrease in this gas exchange process, usually due to:

- Loss of elasticity in the air sacs
- Damage to or inflammation of the walls of the air sacs
- Increased mucus production resulting in clogs

### Symptoms of COPD

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

According to the Mayo Clinic, people who have COPD often do not exhibit symptoms until after significant lung damage has occurred.<sup>2</sup> The severity of the symptoms will depend upon how damaged the lungs are.

### Treatment for COPD

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. 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 bronchodilators and inhaled glucocorticosteroids help to reduce airway 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.

### COPD Coding Guidance

Accurate documentation is key in order to code COPD correctly. ICD-9-CM contained multiple codes that reflected the overlapping nature of COPD with chronic bronchitis, asthma and emphysema. Consequently, COPD unspecified code 496 (HCC 111) was not to be used with any code from categories 491-493.<sup>3</sup>

In ICD-10-CM, category J44 (HCC 111) 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 for appropriate secondary code assignment.

Chronic obstructive asthma and chronic obstructive bronchitis, which had separate codes in ICD-9, now map to COPD unspecified code J44.9 in ICD-10. The type of asthma (J45.-) should also be coded, if applicable (no HCC).

ICD-10 also has a 'Use additional code' instruction for coders to identify tobacco smoke exposure or tobacco use or dependence.<sup>4</sup> Providers will need to include this information in order to code to the highest level of specificity.

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1. National Heart, Lung, and Blood Institute website: What Is COPD? (accessed May 2016):

<http://www.nhlbi.nih.gov/health/health-topics/topics/copd>

2. Mayo Clinic website: COPD (accessed May 2016): [mayoclinic.org](http://www.mayoclinic.org)  
<http://www.mayoclinic.org/diseases-conditions/copd/basics/definition/con-20032017>

3. Hart, A. C., Stegman, M. S., & Ford, B. (2011). ICD-9-CM for physicians, volumes 1 & 2: 2012 professional: International Classification of Diseases, 9th revision, Clinical Modification. Eden Prairie, MN: OptumInsight.

4. Anita Schmidt, K.K., & P.W. (2016). ICD-10-CM Expert for Physicians. Optum360