

Documentation and Reporting Chronic Obstructive Pulmonary Disease

DOCUMENTATION TIPS

COPD encompasses several respiratory conditions. Assess the condition regularly and document the condition specifically, including the status and treatment plan:

Diagnosis:

- Chronic obstructive pulmonary disease (COPD):
- Chronic obstructive asthma
- Emphysema
- Bronchitis:
 - Simple,
 - Acute, chronic, or acute on chronic
 - Obstructive

Status: stable, with or without exacerbation, with acute bronchitis or other respiratory infection

Plan: spirometry testing, medication, referral to specialist

Emphysema is a more specific diagnosis than COPD. Report only the emphysema if both conditions are documented in the progress note.

COPD (not an all-inclusive list)

ICD-10-CM Code	Description
J41.0	Simple chronic bronchitis <i>Smoker's cough</i>
J41.1	Mucopurulent chronic bronchitis
J41.8	Mixed simple mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43.0	Unilateral pulmonary emphysema
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J43.9	Emphysema, unspecified
J44.0	COPD with acute lower respiratory infection <i>Identify the type of infection</i>
J44.1	COPD with acute exacerbation <i>Decompensated COPD</i> <i>Decompensated COPD with (acute) exacerbation</i>
J44.9	COPD, unspecified <i>Chronic obstructive airway disease NOS</i> <i>Chronic obstructive asthma</i> <i>Chronic obstructive lung disease NOS</i>

Document the patient's dependence on **oxygen** for treatment of the COPD and report Z99.81 Dependence on supplemental oxygen.

COPD and Asthma

Document the frequency and severity of **asthma** to allow for reporting when the patient has both asthma and COPD. Unspecified asthma cannot be reported together with COPD. Document the following elements:

- **Frequency** – intermittent, persistent
- **Severity** – mild, moderate, severe
- Exacerbation, or
- Status asthmaticus

Document and report any of the following that are pertinent for the patient:

- Exposure to environmental tobacco smoke Z77.22
- History of tobacco dependence Z87.891
- Occupational exposure to environmental tobacco smoke Z57.31
- Tobacco dependence F17.-
- Tobacco use Z72.0

DOCUMENTATION AND REPORTING EXAMPLES

1. Patient presents with COPD complicated by acute bronchitis. Continue inhaler. Doxycycline, 100 mg, q.d. for 10 days.
J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
J20.9 Acute bronchitis, unspecified
Z79.899 Other long term (current) drug therapy
2. Patient with mild, intermittent asthma and COPD seen in follow-up. Continue inhaler as needed for asthma.
J44.9 Chronic obstructive pulmonary disease, unspecified
J45.20 Mild intermittent asthma, uncomplicated
3. Patient presents with nicotine dependence, smoker's cough, advised to quit smoking. Discussed use of nicotine patch.
J41.0 Simple chronic bronchitis
F17.210 Nicotine dependence, cigarettes, uncomplicated



HEDIS: Detailed information about measures related to COPD is available through your Passport/Molina Quality Representative.

According to the ICD-10-CM Official Guidelines for Coding and Reporting FY2022: “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required.” Refer to the tabular to verify that all characters are assigned to complete the diagnosis code.

1. ICD-10-CM Official Guidelines for Coding and Reporting FY2022. 1 Oct. 2021, www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf. Accessed 30 Nov. 2021.