

Risk Coding Tips and Tools Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is an umbrella term that includes chronic bronchitis, emphysema, and severe asthma.

Documentation Best Practices

- **Type:** Asthma with COPD – remember to 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
- **Complicating Comorbidities to COPD:** Include but are not limited to pulmonary artery disease, malnutrition, diabetes, cardiac disease, hypertension, heart failure, coronary artery disease, 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 the agent (e.g., organic dust, chemicals, gases, fumes, vapors, ventilation systems, etc.)
- **Tobacco Use/Exposure:** Any related tobacco use, abuse, history, dependence, or exposure (e.g., second hand, occupational, etc.)

Coding Tips

- COPD and emphysema should not be documented on the same date of service
- If the patient has COPD or other conditions, such as cystic fibrosis or a lung injury, also document:
 - If the patient is on oxygen (**Z99.81**)
 - If the patient has chronic respiratory failure (**J96.1-**)

You can find this resource and others like it at the Orlando Health Network Risk Coding Corner on our website:

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Physician Documentation Examples

HPI: 50-year-old female patient presenting with mucopurulent chronic bronchitis and smokes one pack of cigarettes daily.

Assessment/Plan: Mucopurulent Chronic Bronchitis

- Will follow up with a chest x-ray and pulmonologist visit
- Continue to use inhaler, as needed

Nicotine Dependence, Unspecified, Uncomplicated

- Patient counseled on dangers of smoking

HPI: Patient has COPD and is complaining of shortness of breath, ongoing for two days. He states that symptoms do not improve with inhaler. Oxygen taken at office is at 93% auscultation with wheezes.

Assessment/Plan: Chronic Obstructive Pulmonary Disease with (Acute Exacerbation)

- Prednisone prescribed; instructions provided
- Continue using inhaler

References:

<https://www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines-updated-02012022.pdf>

[https://www.who.int/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-\(copd\)](https://www.who.int/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-(copd))

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