

CHRONIC OBSTRUCTIVE PULMONARY DISEASES

- Specify the type of COPD – chronic bronchitis, emphysema, obstructive asthma, or overlapping disease
- Document the clinical status – uncomplicated, with acute exacerbation, with lower respiratory infection
- If the patient also has chronic respiratory failure or dependence on supplemental oxygen, document it

Clinical Concepts

Chronic obstructive pulmonary disease (COPD) encompasses a range of conditions characterized by chronic respiratory symptoms due to abnormalities of the airway that cause persistent, often progressive, airflow obstruction, usually caused by smoking and other environmental factors.

COPD: FEV1/FVC ratio of <0.70 after bronchodilator use in a patient with a history of exposure to risk factors and dyspnea, chronic cough, or sputum production, often involving an overlapping spectrum of airway diseases, including:

- **Chronic Bronchitis:** productive cough for ≥3 months in each of 2 consecutive years; may precede or follow development of airflow limitation.
- **Emphysema:** destruction and enlargement of alveoli and bronchioles, manifested by decreased breath sounds and evidence of hyperinflation of the lungs.
- **Obstructive Asthma:** adults with a lifetime history of asthma and no risk factors for COPD may develop chronic airway remodeling including fixed airway obstruction.

Documentation Matters

History – document the date of onset and presence or absence of current symptoms, such as shortness of breath and a chronic or productive cough. Include the results of prior diagnostic testing (e.g. spirometry, CT or chest x-ray, etc.) and any history of tobacco use or exposure to environmental smoke.

Exam – include any current associated physical exam findings such as pulse ox level (on room air or supplemental O₂), decreased breath sounds, wheezing, crackles, rhonchi, prolonged expiration or use of accessory muscles.

Assessment – specify the type of COPD. Include the status (e.g. stable, worsening, improved, etc.) and link any comorbidities or complications that are present.

Plan – document the treatment or management plan and timeline for reevaluation or follow-up. Link associated prescription medications, orders for diagnostic testing or DME, and specialist referrals.

Coding Guidance

In order for accurate code assignment to occur, the following information must be documented in the progress note:

- **Type**
 - COPD
 - Uncomplicated
 - With lower respiratory infection
 - With acute exacerbation
 - Chronic Bronchitis
 - Simple
 - Mucopurulent
 - Mixed
 - Emphysema
 - Unilateral [MacLeod's syndrome]
 - Panlobular [panacinar]
 - Centrilobular [centriacinar]
 - Other [paraseptal or irregular]

COPD codes differentiate uncomplicated cases from those with lower respiratory infection or acute exacerbation. Documentation must support a level of severity matching the clinical situation.

When both COPD and emphysema are documented in the absence of chronic bronchitis, only the code for emphysema (J43*) should be assigned, unless the COPD is accompanied by an infection or exacerbation.

To report a diagnosis of asthma with COPD, assign code J44.89. A separate code for asthma would only be assigned when the type of asthma is specified, or the asthma presents with an exacerbation.

Document and report a patient's history of smoking, dependence on continuous supplemental oxygen and any associated hypoxia, hypercapnia, or chronic respiratory failure as appropriate.

References

[Up to Date: COPD Diagnosis & Staging](#)
[ICD-10-CM Official Guidelines for Coding & Reporting](#)

COPD Diagnoses

ICD-10-CM	Code Description	HCC Model
J41.0	Simple chronic bronchitis	CMS/HHS
J41.1	Mucopurulent chronic bronchitis	CMS/HHS
J41.8	Mixed simple and mucopurulent chronic bronchitis	CMS/HHS
J42	Unspecified chronic bronchitis	CMS/HHS
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]	CMS/HHS
J43.1	Panlobular emphysema	CMS/HHS
J43.2	Centrilobular emphysema	CMS/HHS
J43.8	Other emphysema	CMS/HHS
J43.9	Emphysema, unspecified	CMS/HHS
J44.0	Chronic obstructive pulmonary disease with lower respiratory infection <ul style="list-style-type: none"> • Code also the underlying infection 	CMS/HHS
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	CMS/HHS
J44.81	Bronchiolitis obliterans and bronchiolitis obliterans syndrome	CMS/HHS
J44.89	Other specified chronic obstructive pulmonary disease Includes: <ul style="list-style-type: none"> • Chronic obstructive asthma • Chronic obstructive bronchitis • Chronic asthmatic bronchitis • Chronic emphysematous bronchitis 	CMS/HHS
J44.9	Chronic obstructive pulmonary disease, unspecified (uncomplicated)	CMS/HHS

Additional Diagnoses to Consider

ICD-10-CM	Code Description	HCC Model
F17.21*	Nicotine dependence, cigarettes	-
I27.23	Pulmonary hypertension due to lung diseases or hypoxia	CMS/HHS
I27.81	Cor pulmonale (chronic)	CMS/HHS
I50*	Heart failure <ul style="list-style-type: none"> • Specify type and clinical status, if known 	CMS/HHS
J12*-J18*	Pneumonia <ul style="list-style-type: none"> • Specify pathogen, if known 	CMS/HHS [Bacterial]
J20*	Acute bronchitis <ul style="list-style-type: none"> • Specify pathogen, if known 	-
J45*	Asthma <ul style="list-style-type: none"> • Specify type, severity, and clinical status, if known 	HHS
J96.11	Chronic respiratory failure with hypoxia	CMS/HHS
J96.12	Chronic respiratory failure with hypercapnia	CMS/HHS
Z72.0	Tobacco use	-
Z77.22	Exposure to secondhand tobacco smoke	-
Z79.51	Long term (current) use of inhaled steroids	-
Z79.52	Long term (current) use of systemic steroids	-
Z94.2	Lung transplant status	CMS/HHS
Z99.81	Dependence on supplemental oxygen	-

*Additional characters needed to complete code