



Chronic Condition Coding Awareness: COPD

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a chronic lung disease that progresses over time and makes it hard to breathe¹. The airways that carry air into and out of the lungs become blocked from swelling and or have excessive mucus. The tiny air sacs at the end of the airways become less flexible as they inflate and deflate (breathing in and out) causing shortness of breath². Some members who have COPD may also experience asthma at the same time.

Symptoms of COPD

Common COPD symptoms include shortness of breath, chronic cough, wheezing, frequent respiratory infections, production of excessive mucus, cyanosis (blueness of lips or nails) and even fatigue¹. Smoking is the one main cause of COPD, but nonsmokers can experience it as well¹. Others exposed to dust, air pollution, or even certain chemicals for extended periods of time can develop COPD. COPD with acute exacerbation is known as a “flare-up”; the symptoms become suddenly worse or come on rather quickly². An exacerbation is not equal to an infection but may be caused by an infection³.

Treatment of COPD

COPD is a serious disease that can cause long term disability and even an early death. Early detection and treatment of COPD can slow down the progression as there is no cure². Spirometry is a standard respiratory function test that should be used to detect COPD. Spirometry is a safe and practical diagnostic test that assesses airflow obstruction and can easily classify the severity of the disease⁴. Treatment may vary as not everyone experiences the same symptoms¹. A treatment plan may be developed by a provider that includes medication, pulmonary rehabilitation, supplemental oxygen, and sometimes even surgery¹. Medications may include bronchodilators, corticosteroids and even antibiotics to help open up the airways and reduce inflammation and infection².

COPD Coding Guidance

TIPS:	ICD-10 Mapping & Education
➤ ICD-10-CM	J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation J44.9 Chronic obstructive pulmonary disease, unspecified
➤ Documentation should specify	<ul style="list-style-type: none"> ○ Acute lower respiratory infection, bronchitis ○ Acute Exacerbation, decompensated ○ Unspecified
➤ Code also type of Asthma...	... if applicable: Asthma (J45- code series) <i>***Patients may experience COPD and Asthma at the same time; code both if supported by documentation***</i>
➤ Additional Coding Tips	<ul style="list-style-type: none"> ○ Bronchitis (J40): too general, identify acute or chronic. ○ Smoker's cough (J41.0): do not use bronchitis code.
➤ Chronic bronchitis	...if documentation states any of the following <i>code to COPD J44- series</i> : <ul style="list-style-type: none"> ○ Chronic asthmatic (obstructive) bronchitis ○ Chronic bronchitis with airways obstruction ○ Chronic bronchitis with emphysema/emphysematous bronchitis ○ Chronic obstructive asthma ○ Chronic obstructive bronchitis/tracheobronchitis



➤ Use additional code...	... to identify: <ul style="list-style-type: none"> ○ Exposure to environmental tobacco smoke (Z77.22) ○ Exposure to tobacco smoke in the perinatal period (P96.81) ○ History of tobacco dependence (Z87.891) ○ Occupational exposure to environmental tobacco smoke (Z57.31) ○ Tobacco dependence (F17.-) ○ Tobacco use (Z72.0)
➤ Code supplemental oxygen...	... if applicable: <ul style="list-style-type: none"> ○ Dependence on supplemental oxygen (Z99.81) ○ Dependence on respirator [ventilator] status (Z99.11) <p>***Dependence means patient cannot live without it***</p>
➤ Code long term (current) use of steroids	... if applicable: <ul style="list-style-type: none"> ○ Long term (current) use of inhaled steroids (Z79.51) ○ Long term (current) use of systemic steroids (Z79.52)
➤ Code the infection for J44.0...	... Not limited to, but most common: <ul style="list-style-type: none"> ○ Haemophilus influenzae (B96.3) ○ Streptococcus pneumoniae (B95.3)
➤ Avoid terms such as "history of"...	... If patient is still being monitored for the condition: <ul style="list-style-type: none"> ○ <u>Incorrect</u> wording: Patient has <u>history of</u> COPD. ○ <u>Correct</u> wording: Patient has COPD and currently using Flovent bid.
➤ HEDIS measures⁵...	<p>Pharmacotherapy Management of COPD Exacerbation (PCE)</p> <p>The percentage of COPD exacerbations for members 40 years and older who had an acute inpatient discharge or emergency department visit on or between January 1 and November 30 of the measurement year and who were dispensed appropriate medications. There are two rates reported:</p> <ol style="list-style-type: none"> 1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of event. 2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event. <p>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</p> <p>The percentage of members 40 years and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.</p>

1. American Lung Association (<https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/copd/learn-about-copd/what-is-copd.html>);
2. WebMD: Diagnosis and Treatment (<https://www.webmd.com/lung/copd/default.htm>);
3. 2019 ICD-10-CM Expert for Physicians: The Complete Official Code Set, Optum360. 2018 Optum360, LLC
4. NCBI: Journal of Thoracic Disease 2014. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255165/>)
5. 2019 HEDIS Technical Specifications
<https://cnet.centene.com/sites/ProviderPerformanceManagementCommunications/SitePages/HEDIS%20Quick%20Reference%20Guide.aspx>

Issued Date: 2/1/2019

➤ **Secure Portal Registration:** If you haven't already do so, please go to www.HomeStateHealth.com to register for our Secure Portal. Functions on the portal include: Verification of eligibility, submission of claims, entering authorizations, viewing patient care gaps, etc. Use of the portal is FREE for all services!

➤ **Electronic Funds Transfer / Electronic Remittance Advice**

- Home State Health Plan partners with PaySpan Health for EFT/ERA services.
- Please register with PaySpan Health at www.payspanhealth.com

Questions?

Contact Provider Relations at 1-855-694-4663.