Provider Education

Quality Documentation & Coding Pearls

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CHRONIC OBSTRUCTIVE LUNG DISEASE

Chronic Obstructive Pulmonary Disease (COPD) is a common, preventable, and treatable condition that affects 5% of the population. It is the 3rd leading cause of death and causes high utilization. It is characterized by limited air flow due to airway and/or alveolar abnormality.

The onset of COPD usually occurs mid-life, and 80% of these patients have a smoking history. It is important to calculate pack years (packs of cigarettes per day multiplied by the number of years of active smoking) since the duration and intensity of cigarette smoking impacts the disease severity.

The most common symptoms of COPD are dyspnea, chronic cough, and sputum production. Less common complaints include wheezing and chest tightness. Sedentary patients will have fewer complaints due to their lack of activity, therefore, it is important to question at risk individuals about symptoms.

Since the majority of patients with COPD are overweight, it is important to assess for ***morbid obesity***. As COPD progresses watch for ***malnutrition*** which is poor prognosticator. Diagnose ***chronic respiratory failure*** if long-term oxygen is required. COPD can negatively impact a person's quality of life so screen for ***Major Depressive Disorder*** at least once a year.

Conditions commonly seen with COPD

E66.01 Morbid Obesity (BMI ≥40 or BMI 35-39.9 with 2 comorbid conditions)
E46 ***Protein Calorie Malnutrition*** (weight loss of 5% in 3-6 months or 10% in 6-12 months)
R64 ***Cachexia*** (weakness and muscle wasting due to severe chronic illness)
J96.1_ ***Chronic Respiratory Failure*** (long-term oxygen use due to underlying cardiopulmonary condition even if only PRN)
F32 or F33._ Major Depressive Disorder (screen with a PHQ-9)
I27.20 Pulmonary HTN (commonly seen in patients with morbid obesity and COPD)

Spirometry is the diagnostic tool of choice for COPD. It is positive when the forced expiratory volume in one second/forced vital capacity [FEV1/FVC] ratio is less than 70% and the airflow limitation is irreversible, or only partially reversible, after a bronchodilator treatment (inhalation of albuterol 400 mcg).

CODING TIPS

COPD:

J44.0 COPD with acute lower respiratory infection

J44.1 COPD with acute exacerbation

J44.9 COPD, unspecified

Chronic Bronchitis:

Defined as a chronic productive cough for 3 months in each of 2 successive years when other causes have been excluded

Symptoms may develop as early as 36 years of age in cigarette smokers

Not considered COPD unless there is airflow obstruction

J41.0 Simple chronic bronchitis

J41.1 Mucopurulent chronic bronchitis

J41.8 Mixed simple and mucopurulent chronic bronchitis

J42 Unspecified chronic bronchitis

Emphysema:

Caused by structural damage resulting in hyperinflation of the bronchioles and alveoli

Changes can be seen on CT scan

Not considered COPD unless there is airflow obstruction

J43._ The 4th character specifies the section of the lung that is damaged

*Don't forget to **VALIDATE**: **DIAGNOSIS**, **STATUS** & **PLAN***

Questions? Call (480) 499-8700 ext. 8205 or email provider.education@azprioritycare.com

Revised 10/01/18

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