

Insider

Informative and educational coding information for providers

FOCUS ON: CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)



COPD is the fourth leading cause of death in the United States and Europe. Because the disease is usually not diagnosed until it is clinically apparent and moderately advanced, prevalence and morbidity data greatly underestimate the total burden of COPD.¹

Less than 50% of individuals with COPD based on airflow limitation have a doctor's diagnosis of COPD. In most cases, patients seeking medical attention for COPD have acute exacerbations and initially present with later stage disease¹

Early identification of COPD can help to reduce the morbidity and mortality that is associated with COPD in at-risk populations.

Key Indicators for Considering a COPD Diagnosis

- Chronic Cough
- Sputum
- Dyspnea
- History of tobacco use or environmental dust or chemicals

Risk factors for COPD include history of asthma and frequent episodes of bronchitis or pneumonia.

Chronic obstructive pulmonary disease (COPD) is characterized by airflow limitation. The diagnosis should be confirmed with spirometry.^{1,2}

Chronic bronchitis is defined clinically as chronic productive cough for three months in each of two successive years in a patient in whom other causes of productive chronic cough have been excluded.¹

ALWAYS REMEMBER...

- To report first the specific condition that you are treating as the primary diagnosis along with the status code, (e.g. hypoxemia - **799.02** supplemental oxygen V46.2, or dependence on respirator/ventilator **V46.11**).
- To Consider "smokers' cough" (**491.0**) with tobacco use disorder (305.1) as an alternative to a confirmed COPD.

DOCUMENTATION AND CODING TIPS

- COPD, not elsewhere classified (**496**), is a nonspecific code that should only be used when documentation does not specify the type of COPD, and should not be used with any other COPD code.^{3,4,6}
- Obstructive chronic bronchitis (**491.2x**) necessitates a 5th digit requiring specific documentation to indicate with or without acute exacerbation, or with acute bronchitis:
 - The codes for chronic obstructive bronchitis and asthma distinguish between uncomplicated cases and those in acute exacerbation.
 - o Documentation must support a worsening or a decompensation of the COPD condition to validate as an acute exacerbation.⁶
 - o An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.⁶
 - o If documentation supports an infection superimposed on the COPD condition, then COPD with acute bronchitis (**491.22**) is plausible.⁶
 - o If documentation supports acute bronchitis with a worsening or a decompensation of the COPD condition, assign the combination code of COPD with acute exacerbation (**491.21**).^{4,6}
- Chronic obstructive asthma (**493.2x**) necessitates a 5th digit requiring specific documentation to indicate with or without the presence of status asthmaticus or acute exacerbation:^{5,6}

Coding example: COPD with exacerbation - 491.21, Obstructive chronic bronchitis, with acute exacerbation

Rationale: COPD with exacerbation or "acute" exacerbation without mention of acute bronchitis is assigned to code 491.21.

Coding example: Bronchitis and COPD - 491.22 Obstructive chronic bronchitis with acute bronchitis.

Rationale: COPD does not need to be further specified as chronic obstructive bronchitis in order to assign code 491.22 for acute bronchitis and COPD.

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1 American Thoracic Society / European Respiratory Society Task Force. Standards for the Diagnosis and Management of Patients with COPD [Internet]. Version 1.2. New York: American Thoracic Society; 2004 [updated 2005 September 8]. Available from: <http://www.thoracic.org/go/copd>.

2 Rabe KF, et al. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: GOLD executive summary. Am J Respir Crit Care Med. 2007 Sep 15;176(6):532-55. Epub 2007 May 16.

3 AHA Coding Clinic (1984). Chronic obstructive pulmonary disease (COPD) guidelines. 2nd Quarter.

4 Ingenix (2012). Coders' desk reference. Alexandria, VA: Ingenix

5 Coding Clinic, 2008, fourth quarter, pp 241-244

6 The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), (2011, October). ICD-9-CM official guidelines for coding and reporting: Chpt 8, Sec a (2) p. 40. Retrieved July 28, 2011, from Department of Health and Human Services (DHHS) Web site: <http://www.cdc.gov/nchs/data/icd9/icdguide10.pdf>