

Chronic Obstructive Pulmonary Disease or COPD

refers to a group of chronic inflammatory lung diseases that causes obstructed airflow in the lungs. It is typically caused by long-term exposure to irritating gases or particulate matter, most often from cigarette smoke.

Types of COPD

- Emphysema is a condition in which the alveoli at the end of the smallest air passages (bronchioles) of the lungs are destroyed because of damaging exposure to cigarette smoke and other irritating gases and particulate matter.
- Chronic Bronchitis is inflammation of the lining of the bronchial tubes, which carry air to and from the air sacs (alveoli) of the lungs. It is characterized by daily cough and mucus (sputum) production.

Signs and Symptoms

At first, COPD may cause no symptoms or only mild. As the disease gets worse, symptoms usually become more severe. Common signs and symptoms are:

- Shortness of breath, especially during physical activities
- Wheezing, Chest tightness
- A chronic cough that may produce mucus (sputum) that may be clear, white, yellow, or greenish.
- Frequent respiratory infections
- Lack of energy
- Unintended weight loss (in later stages)

Risk factors

- **Exposure to tobacco smoke** is the most significant risk factor for COPD.

- Family history of COPD are more likely to develop the disease if they smoke.
- Long-term exposure to other lung irritants
- Personal history of asthma

Complications

- **Respiratory infections.** People with COPD are more likely to catch respiratory infection.
- **Heart problems.** For reasons that aren't fully understood, COPD can increase the risk of heart disease, including heart attack.
- **Lung cancer.**
- **Pulmonary hypertension.**
- **Depression**

Diagnostics test

- Medical history and physical exam
- Pulmonary Function Test (PFT)
- Chest Xray, CT-Scan
- Arterial blood gas analysis
- Pulse oximetry
- Sputum evaluation

Treatment

- **Lifestyle changes**
- **Smoking cessation**
- **Medications** such as Bronchodilators, Inhale steroids, Phosphodiesterase-4 inhibitors, Theophylline, antibiotics
- **Lung Therapies** such as supplement Oxygen therapy, pulmonary rehabilitation program
- **In home non-invasive ventilation therapy** help to improve breathing and decrease retention of carbon dioxide
- **Managing exacerbations**
- **Surgery** is an option for some patients. Includes:

Lung volume reduction surgery, lung transplant, bullectomy

Clinical Documentation and Coding Tips

- Always document it to the highest level of specificity
- SOAP Notes documentation tips:
 - **Subjective** – Document the presence or absence of any current symptoms related to COPD.
 - **Objective** – Document signs and symptoms and labs/test results related to COPD present at the time of the visit (such as SOB, cough, smoking status and counseling, PFT results, X-ray results, etc.).
 - **Assessment** – Document diagnostic statements that are compatible with the ICD-10 nomenclature, describing each final COPD-related diagnosis to the highest specificity.
 - **Plan** – Document and link all medications used to treat COPD; detail any referrals, consultations, labs, or diagnostic testing requested.

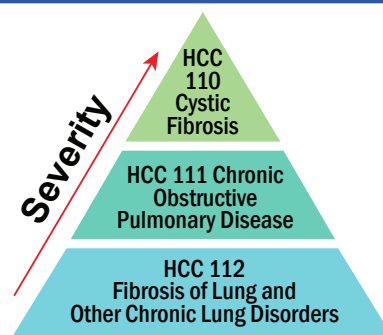
Medicare Hierarchal Condition Categories (HCC)

Hierarchical condition category (HCC) coding is a risk-adjustment model designed to estimate future health care costs for patients. This model filters ICD-10CM codes into diagnosis groups (DxGs), and then into Conditions Categories (CCs). Hierarchies or families are placed to gain an HCC numeric code, which translates to a risk adjustment factor (RAF) value. Each diagnosis code found in the model, as a stand-alone diagnosis code or within a family or hierarchy, carries a value through RAF, but this value can change if the patient has other influencing factors such as ESRD, hospice, or are dual-eligible. Families or hierarchies set a value based on severity of illness, with more severe diagnoses carrying the overall risk score for that family. Diagnoses within families or hierarchies are inclusive of one another, while any additional diagnoses from other hierarchies or stand-alone diagnoses are additive and increase each patient's overall risk score.

COPD is a chronic lung condition that falls under HCC 111 with an average RAF Score 0.346. This HCC category belongs to the “**Lung disease Hierarchy or family**”, which includes:

- ▶ HCC 110–Cystic Fibrosis (5 ICD-10CM Codes, and an average RAF Score of 0.509)
- ▶ HCC 111 - Chronic Obstructive Pulmonary Disease. (15 ICD-10 CMS Codes and an average RAF Score of 0.430)
- ▶ HCC 112 – Fibrosis of lung and other chronic lung disorders (83 ICD-10 CMS Codes and an average RAF Score of 0.161)

Lung Disease Hierarchy or “Family”



These categories are ranked by severity within the hierarchy. Qualifying codes for HCC 110 take precedence over any condition within HCC 111 and HCC 112 categories. Any qualifying codes for HCC 111 take precedence over any condition within HCC 112. Hence, the number value of the HCC category is inversely proportional to the severity of the disease.

Coding COPD

There are three (03) ICD - 10CM applicable to code COPD.

ICD-10 Code	Code description
J44.0	Chronic obstructive pulmonary disease with (acute) lower resp infection
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation
J42.9	Chronic obstructive pulmonary disease, unspecified

Always Remember

- Verify COPD is a current problem.
- Note the exact COPD description and any associated comorbidity to select to correct diagnosis code.
- Follow the ICD-10 CM official coding guidelines and conventions. Select the correct ICD-10 CM code to the highest specificity.