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CLINICAL DOCUMENTATION

AHA CODING CLINIC CORNER

Fourth Quarter 2017, pg 97
Second Quarter 2024, pg 4
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First Quarter 2019, pg 35

COPD, Emphysema and Chronic Bronchitis

Chronic bronchitis, chronic obstructive pulmonary disease (COPD), and emphysema, are grouped into the chronic lower respiratory disease group, which affects the bronchus and lungs. These conditions comprise some of the leading causes of death in the U.S. A vast majority of these illnesses are attributable to cigarette smoking, although other risk factors include environmental exposures and genetic predisposition.

ICD-10 CODES

J40 Bronchitis, not specified as acute or chronic
- Bronchitis NOS
- Bronchitis with tracheitis NOS
- Catarrhal bronchitis
- Tracheobronchitis NOS

J41.0 Simple chronic bronchitis

J41.1 Mucopurulent chronic bronchitis

J41.8 Mixed simple and mucopurulent chronic bronchitis

J42 Unspecified chronic bronchitis
- Chronic bronchitis NOS
- Chronic tracheitis
- Chronic tracheobronchitis

J43.0 Unilateral pulmonary emphysema
- MacLeod's syndrome
- Sawyer-James syndrome
- Unilateral emphysema
- Unilateral hyperlucent lung
- Unilateral pulmonary artery functional hypoplasia
- Unilateral transparency of lung

J43.1 Panlobular emphysema
- Panacinar emphysema

J43.2 Centrilobular emphysema

J43.8 Other emphysema

J43.9 Emphysema, unspecified
- Bullous emphysema (lung)(pulmonary)
- Emphysema (lung)(pulmonary) NOS
- Emphysematous bleb
- Vesicular emphysema (lung)(pulmonary)

J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection

J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

J44.81 Bronchiolitis obliterans and bronchiolitis obliterans syndrome

J44.89 Other specified chronic obstructive pulmonary disease

J44.9 Chronic obstructive pulmonary disease, unspecified

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support COPD.

Diagnosis: COPD

Evidence: Complaints of symptoms persisting, using daily inhaler, chronic productive cough

Evaluation: Chronic bronchitis

Plan: Start Advair daily, rtc 2 weeks

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:
COPD
- Type
- Severity

Status:
Acute
- Without Exacerbation
- With Exacerbation

Chronic
- Without Exacerbation
- With Exacerbation

Plan:
- Medication Management
- PFT
- Trigger Avoidance

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the type & specificity of the disease as well as acute or chronic status and with or without exacerbation, or with secondary lower respiratory infections.
- When documenting lung disease and its severity, be sure to document **all compounding confirmed factors** to get a complete picture of the patients' health status.
- DSP should be applied for all diseases **as well as** for any lung diseases. Status should be apparent by using descriptive words to clarify the presence and severity of the illnesses. (Chronic, acute, symptomatic, mild, severe, newly identified, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** to show clinical evidence of chronic lung disease by incorporating tests, imaging results, and signs or symptoms. Document any associated treatment for the asthma, along with the final diagnosis.
- **Avoid** using terms such as “probable”, “suspected”, “likely”, “questionable”, “possible”, or “history of” with a confirmed and active diagnosis of obstructive lung disease.
- Documentation should contain the **most specified version** of the lung disease to ensure proper patient care. COPD is considered the least specific type in this group of diseases.

For more resources go to:
HIOSCAR.COM/PROVIDERS/RESOURCES