

Chronic Respiratory Conditions documentation

To capture the full disease burden of a patient’s pulmonary condition, follow the documentation guidelines below, as applicable.

Chronic obstructive pulmonary disease encompasses a variety of chronic inflammatory lung diseases which are included in the “J44” ICD-10-CM category. COPD includes diagnoses such as emphysema, chronic bronchitis and refractory (non-reversible) asthma. ⁽⁴⁾

Do document: When a patient presents with COPD	Do document: Type of emphysema
<p>Any presence of any lower respiratory infection, including identification of the infection.</p> <ul style="list-style-type: none"> • Decompensation with/without any acute exacerbation • Any type of asthma patient may also have, if applicable • Chronic v. Acute v. exacerbation, with indicators • Severity: Uncomplicated, mild, moderate, severe • Tobacco use, abuse, dependence, history of, or exposure as applicable. <ul style="list-style-type: none"> ○ Tobacco counseling, treatment, or intervention. • Any relevant testing/ imaging and results pertaining to medical decision making, when applicable • Dependence on supplemental oxygen, ventilator and/or presence of tracheostomy, as applicable 	<ul style="list-style-type: none"> • Cellular tissue • Centrilobular • Compensatory • Connective tissue • Due to chemicals/gases/fumes or vapors • Interstitial, Laminated tissue • MacLeod's syndrome • Mediastinal • Panacinar • Panlobular • Subcutaneous • Swyer-James syndrome • Thymus • Traumatic • Unilateral • Other • ICD10-CM allows for coding Unilateral pulmonary emphysema [MacLeod's syndrome], Panlobular Emphysema, and Centrilobular Emphysema
Do document: When a patient presents with asthma	Do document: Chronic bronchitis
<ul style="list-style-type: none"> • Allergies, childhood, chronic obstructive, due to [please specify], exercise induced bronchospasm, extrinsic allergies, hay fever, intermittent, persistent, other • Severity: Uncomplicated, mild, moderate, severe 	<ul style="list-style-type: none"> • Symptoms for at least three months of two consecutive years ⁽⁴⁾

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Don't:

- Code unspecified asthma when COPD is present.
- Use terms such as “probable”, “suspected”, “likely”, “questionable”, “possible”, or “still to be ruled out”, “compatible with”, “consistent with”, or other similar terms indicating uncertainty, code the condition as if it existed or was established.

*The CMS-HCC Model also incorporates additional relative factors for disease interactions. Certain combinations of diseases have been determined to increase the cost of care. For example, a patient with heart failure and chronic lung disorder has higher expected costs than a patient that has only heart failure or a patient only has lung disease. Disease interactions result in higher risk scores when the disease pairs are present. The model includes disease-disease interactions as well as disability-disease interactions.

References:

1. Centers for Disease Control and Prevention. *Basics About COPD*. <https://cdc.gov/copd/basics-about.html>. June 9, 2021.
2. National Heart, Lung, and Blood Institute. *What is COPD?* <https://www.nhlbi.nih.gov/health/copd>. Mar 24, 2022.
3. Centers for Disease Control and Prevention. *Most Recent Asthma State or Territory Data*. https://www.cdc.gov/asthma/most_recent_data_states.htm. Dec 13, 2022.
4. Prescott, L, Manz, J, Newhouser, K. (2021). 2021 ACDIS Outpatient Pocket Guide The essential CDI Resource for Outpatient Professionals (pp. 312-313): HCPro, a Simplify Compliance Brand.