Pulmonary Disease

A quick reference guide to assist with accurate, complete documentation and coding that reflects the true nature of a patient's current health status at the highest level of specificity. Per ICD-10 official guidelines reporting and coding.
"The importance of consistent, complete documentation in the medical record cannot be over-emphasized. Without such documentation, accurate coding cannot be achieved.

Prevalent Pulmonary Diseases: Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Asthma

Documentation and Coding Tips

Documentation needs to be clear and detailed using the following terms to allow accurate ICD10 code selection.
 	
 Asthma
 • **Classification:**
    o **Mild intermittent:** Mild symptoms up to two days a week & up to two nights a month
    o **Mild Persistent:** Symptoms more than twice a week, but no more than once in a single day
    o **Moderate Persistent:** Symptoms once a day & more than one night a week
    o **Severe Persistent:** Symptoms throughout the day on most days & frequently at night
 • **uncomplicated, status asthmaticus or acute exacerbation**
 • **allergic, atopic, intrinsic, extrinsic, etc.**
 	
 Bronchitis
 • **Acute or chronic**
 • **Simple, mucopurulent, emphysematous, etc.**
 	
 Coding Tips:
 • **Asthma (J45.xxx)**
    o **Excludes:** asthma w/COPD, chronic obstructive asthma, and chronic asthmatic (obstructive) bronchitis (J44.9)
 • **COPD (J44.x)**
    o **Includes:** chronic obstructive asthma, asthma w/COPD, chronic obstructive bronchitis, chronic bronchitis with emphysema (J44.9)
    o **Excludes:** chronic bronchitis NOS (J42), chronic simple and mucopurulent bronchitis (J41-J41.8), and emphysema without chronic bronchitis (J43-J43.9)
 	
 Treatments include:
    o **Bronchodilators, anti-inflammatory drugs (Corticosteroids), Mucoactive drugs, Antibiotics, Vaccine, Oxygen therapy, Pulmonary rehabilitation, Lung volume reduction surgery, Lung Transplant, and Lifestyle changes.**
 	
 *Use additional codes to identify causative or environmental factors.

Common codes for Chronic and Acute Bronchitis:

J41.0 – Simple Chronic Bronchitis (Smoker's cough)	J20.0 – Acute Bronchitis due to mycoplasma pneumoniae
J41.1 – Mucopurulent Chronic Bronchitis	J20.4 – Acute Bronchitis due to parainfluenza virus
J41.8 – Mixed simple and mucopurulent Chronic Bronchitis	J20.7 – Acute Bronchitis due to echovirus
J42.2 Chronic bronchitis, unspecified	J20.9 – Acute Bronchitis, unspecified

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Common codes for Chronic Obstructive Pulmonary Disease (COPD):

J44.0	J44.1	J44.8 (5th character required)	J44.9

•Chronic obstructive pulmonary disease with (acute) lower respiratory infection	•Chronic obstructive pulmonary disease with (acute) exacerbation	•Other specified chronic obstructive pulmonary disease
		•J44.81
		  •Bronchiolitis obliterans and bronchiolitis obliterans syndrome
		•J44.89
		  •Other specified chronic obstructive pulmonary disease
			•Chronic obstructive pulmonary disease, unspecified

- J44 codes include combination codes with severity components, which differentiate between COPD with acute lower respiratory infection (acute pneumonia), COPD with acute exacerbation, and COPD without mention of a complication (unspecified). Remember to code to the highest specificity.

Common codes for Asthma:

J45.0	J45.2	J45.3	J45.4	J45.5	J45.9
•Asthma	•Mild intermittent Asthma	•Mild persistent asthma	•Moderate persistent asthma	•Severe persistent Asthma	•Other and unspecified Asthma

- Fifth and sixth characters indicate whether asthma is uncomplicated, with exacerbation, or with status asthmaticus.
- COPD with asthma exacerbation codes to J44.9 and J45.901 (unspecified asthma with (acute) exacerbation).
- When both are documented, only code for the more severe condition, status asthmaticus.

Asthma
- •Intermittent: Symptoms come and go, with normal periods in between.
- •Persistent: Ongoing symptoms that can be mild, moderate, or severe
- •Allergic: Which is triggered by allergens like mold, pollen, and pet dander.
- •Non-allergic: Triggered by factors like exercise, stress, or weather.
- •Adult-onset asthma: Starts after age 18
- •Pediatric: Begins before age 5

- Other types are exercise-induced, occupational, and asthma-COPD overlap syndrome or (ACOS).

Common codes for pulmonary disease risk factors:
- **Additional codes to identify causative or environmental factors.**

Z99.81 – Dependence on supplemental oxygen	Z77.xxx – Other contact with and (suspected) exposures hazardous to health
Z77.22 – Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)	Z77.090 – Contact with and (suspected) exposure to asbestos
Z72.0 – Tobacco Use	Z77.110 – Contact with and (suspected) exposure to air pollution

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F17.2x – Nicotine dependence	Z77.120 – Contact with and (suspected) exposure to mold (toxic)
Z87.891 – History of tobacco dependence	

Any additional information, tips, or clarifications related to your topic.

Applicable Code Updates:

References:
- Optum EncoderPro.com for Payers - Home (encoderprofp.com)
- ICD-10-CM Official Guidelines for Coding and Reporting (PDF)

For questions, please contact the Blue Cross NC Provider Engagement Risk Team via email at BCBSNCRiskAdj@bcbsnc.com