

Internal Medicine Coding Alert

Reader Question: Report Both COPD and Chronic Bronchitis, but Not With Separate Codes

Question: Is it appropriate to code 491.0 with 496 when the patient has chronic bronchitis and COPD? The explanation in ICD-9 of billing acute bronchitis in a patient with COPD has me second guessing the correct way to bill chronic bronchitis with documented COPD.

Nevada Subscriber

Answer: COPD (496, Chronic airway obstruction, not elsewhere classified) is a general term for many disorders that cause persistent obstruction of bronchial airflow. Code 496 includes non-specific lung disease, obstructive lung disease and obstructive pulmonary disease not otherwise specified.

Do not submit a diagnosis from 496, however, when the patient also has chronic bronchitis, emphysema, or asthma. These exceptions fall under categories 491.xx (Chronic bronchitis), 492.x (Emphysema) and 493.xx (Asthma). Subcategories of these code families that could apply include 491.0 (Simple chronic bronchitis), 491.1 (Mucopurulent chronic bronchitis), 491.2x (Obstructive chronic bronchitis), 492.0 (Emphysematous bleb), 492.8 (Other emphysema), and 493.xx (Asthma).

Bottom line: If the patient has documented chronic bronchitis along with COPD, you should include both diagnoses in your claim. However, to do so, you will report only one ICD-9 code. Specifically, you will report either 491.20 (Obstructive chronic bronchitis; without exacerbation) or 491.21 (Obstructive chronic bronchitis; with [acute] exacerbation).