

Home Health ICD-9/ICD-10 Alert

CODING HOW-TO: PUT AN END TO YOUR COPD CODING CONFUSION WITH THESE TACTICS

Follow these guidelines when you report COPD with an exacerbation.

When you see a diagnosis of chronic obstructive pulmonary disease, 496 (Chronic airway obstruction, not elsewhere classified) may be the first diagnosis code that comes to mind--but ending your search there could lead to errors if the patient also has another related condition.

When coding COPD, make sure you can accurately identify the patient's specific pulmonary condition and any associated acute conditions, if necessary. When the patient has other conditions that are related to COPD, report those with the correct ICD-9 codes. New coding guidelines and some additional codes for COPD with asthma and COPD with bronchitis were added in 2005.

Look to Category 493 For COPD and Asthma

Asthma is one condition that can be associated with COPD. You can find all of the asthma codes in the 493 category of ICD-9 codes, says **Deborah Grider, CMA, CPC, CPC-H, CPC-P, CCS-P, CCP, EMS**, president of Indianapolis-based **Medical Professionals Inc.** and author of the **American Medical Association's** Principles of ICD-9-CM Coding.

When the physician diagnoses both COPD and asthma, you'll use the terms he documents in the medical record as you select the code to report. The two asthma codes you'll choose from in home care are:

- 493.20 (Chronic obstructive asthma, unspecified); and
- 493.22 (Chronic obstructive asthma with [acute] exacerbation).

Hidden trap: Try to avoid using non-specific codes such as 493.20. If possible check with the clinician to see if the patient has an acute exacerbation so you can avoid using the unspecified code. If the patient doesn't, your only option is to use 493.20.

For COPD and Bronchitis, Use 491.22

Another common condition that patients with COPD have is bronchitis. When the physician documents both COPD and acute bronchitis, you should report 491.22 (Obstructive chronic bronchitis, with acute bronchitis). You don't have to additionally report 466.0 (Acute bronchitis) for the obstructive chronic bronchitis since the code descriptor for 491.22 specifies acute bronchitis.

Tip: If the physician documents that a patient has acute bronchitis with COPD that is causing an acute exacerbation, for your coding purposes, the bronchitis supercedes the exacerbation, says **Alan L. Plummer, MD**, professor of medicine in the division of pulmonary, allergy and critical care at the Emory University School of Medicine in Atlanta, GA. Therefore, you should still report 491.22. If, however, the documentation states that the patient has COPD with acute exacerbation, but doesn't mention acute bronchitis, report 491.21 (Obstructive chronic bronchitis, with [acute] exacerbation).

Exception: If your patient is diagnosed with COPD and there are no other manifestations or conditions, such as chronic bronchitis or emphysema, that are associated with COPD, you should use code 496 (Chronic airway obstruction, not elsewhere classified), advises Grider.

Documentation Must Support COPD Diagnosis

When you list a COPD diagnosis code, be sure the documentation supports the physician's diagnosis. For instance, the documentation should include a listing of signs, symptoms and conditions.

Make sure that you have enough detail in the medical record to support a diagnosis of COPD before reporting a COPD code.