

Home Health ICD-9/ICD-10 Alert

Consult These Answers to Common COPD Scenarios

Review the following coding advice on potentially confusing scenarios coders often face, offered by consultant **Judy Adams, RN, BSN, HCS-D**, with Charlotte, NC-based **LarsonAllen Health Care Group**:

If the medical record indicates an acute exacerbation of COPD, but does not mention acute bronchitis, use code 491.21 (Obstructive chronic bronchitis; with [acute] exacerbation).

If the acute infection triggered an exacerbation of the COPD, plus the patient has acute bronchitis, you would still only use 491.22 because this code supercedes the acute infection. It is not necessary to code acute bronchitis (466.0).

If the record states only emphysema, use code 492.8 (Other emphysema).

If a patient has unspecified asthma or an acute exacerbation of asthma, use code 493.92 (Asthma, unspecified; with [acute] exacerbation). If the record includes specifics about the asthma, such as whether it is extrinsic or intrinsic, code the asthma with the appropriate fourth digit (e.g., 493.0x for extrinsic and 493.1x for intrinsic asthma).

If the patient has asthma with COPD, use code 493.2x with the fifth digit indicating whether status asthmaticus is present, there is an acute exacerbation or it is unspecified.

If the record documents status asthmaticus with any type of COPD or with acute bronchitis, sequence the status asthmaticus first. (Note: Status asthmaticus means the patient isn't responding to therapy during an asthma episode and the condition is life-threatening and requires emergency care. This is not a diagnosis one would expect to see in home care.)