

OASIS Alert

Diagnosis Coding: VERIFY DOCUMENTATION TO AVOID PULMONARY CODING ERRORS

Obstructive chronic bronchitis covers more conditions than you might expect.

Emphysema questions can torpedo your coding accuracy.

Correctly reporting chronic obstructive pulmonary disease (COPD), obstructive bronchitis, and emphysema depends on your understanding the details in the patient's medical record. Making sure the documentation supports the patient's diagnosis and that you code for any associated acute conditions will ensure that you're correctly reporting pulmonary diagnoses in M1020, M1022, and M1024.

Careful Focus on Wording Will Lead the Way

One area of COPD coding that leaves homecare coders confused is when the patient has a diagnosis like "COPD specified as emphysema exacerbation." Look beyond the initial terms.

Here's how to do it. For this patient, look to 491.21 (Obstructive chronic bronchitis; with [acute] exacerbation). Even though the patient may not have chronic bronchitis, you should report 491.21 anyway. This diagnosis code represents a variety of conditions. For instance, when you look beyond the initial code descriptor for 491.21 in your ICD-9 manual, you'll see that this ICD-9 code also includes these descriptions:

- acute exacerbation of chronic obstructive pulmonary disease (COPD).
- decompensated chronic obstructive pulmonary disease (COPD).
- decompensated chronic obstructive pulmonary disease (COPD) with exacerbation.

Here's why. Emphysema is a form of COPD commonly associated with bronchitis and chronic bronchitis, says **Carol Pohlig**, senior coding and education specialist at the **University of Pennsylvania** department of medicine in Philadelphia. "Because it is difficult to delineate 'pure' cases of emphysema or chronic bronchitis, they are commonly grouped together," she explains.

For patients with an emphysema diagnosis but no mention of COPD, report 492.8 (Other emphysema), says **Lisa Selman-Holman**, consultant and principal of **Selman-Holman & Associates and CoDR -- Coding Done Right** in Denton, Texas.

Use 491.22 for Obstructive with Acute

Another common condition that is associated with airflow limitation is chronic obstructive bronchitis. When the physician documents chronic obstructive bronchitis with an episode of acute bronchitis, you should report 491.22 (Chronic bronchitis; obstructive chronic bronchitis; with acute bronchitis). You should not additionally report 466.0 (Acute bronchitis) for the obstructive chronic bronchitis since 491.22's code descriptor specifies acute bronchitis.

Tip: If the physician documents that a patient has acute bronchitis with chronic obstructive bronchitis that is causing an acute exacerbation, the combined bronchitis (chronic with acute bronchitis) supersedes the exacerbation (491.21, ... with [acute] exacerbation) or the acute condition alone (466.0), according to ICD-9-CM Guidelines. Therefore, you should still report 491.22 for the acute bronchitis with chronic obstructive bronchitis.

Watch out: But if the documentation states that the patient has chronic obstructive bronchitis with acute exacerbation

but doesn't mention acute bronchitis, you should report 491.21.

If the patient has emphysema in addition to chronic obstructive bronchitis, you should use code 491.20 (...without exacerbation) unless the patient has an exacerbation (491.21) or acute bronchitis (492.22).