

CLINICAL DOCUMENTATION: COPD

THE DIAGNOSIS	Chronic Obstructive Pulmonary Disease (COPD)
COMMON CONDITIONS INCLUDED IN HCC GROUP 280 RAF = 0.319	Chronic obstructive pulmonary disease unspecified (V28) – J44.9 Simple chronic bronchitis “Smoker’s Cough” (V28) – J41.0 Mucopurulent chronic bronchitis (V28) – J41.1 Panlobular emphysema (V28) – J43.1 Centrilobular emphysema (V28) – J43.2 Chronic obstructive pulmonary disease with (acute) lower respiratory infection (V28) – J44.0
KEY CODING or DOCUMENTATION TIPS	Remember when considering an acute on chronic diagnosis, the acute exacerbation is a <u>worsening or decompensation of the chronic condition</u> – not just any infection on top of the chronic condition. The worsening may be caused by the infection, such as pneumonia. Remember to choose the most specific known diagnosis of the COPD, if known.
MEAT the DOCUMENTATION M = Monitor E = Evaluate A = Assess/Address T = Treat	Assessment and Plan example: Simple chronic bronchitis (J41.0) Nicotine dependence (F17.20) Tobacco abuse counseling (Z71.6) Mr. N continues to c/o a productive cough. Onset 18 months ago. He has a 50/pack year cigarette history, stating he usually smokes ¾ of pack/day. Discussed the importance of smoking cessation, answered questions from wife and daughter who are also present. Patient states he is not ready to quit yet. Using albuterol prn. Renewed prescription. M – Signs and symptoms, such as productive cough E – Test results or vital signs, such as x-rays or oxygen saturation. A – Order tests or patient discussion, such as smoking cessation. T – Medications, therapy, or other modalities, such as inhalers.
IMPACT on QUALITY – HEDIS MEASURES	Emphysema diagnoses (J43.x) are considered advanced illness diagnoses. When added to a claim twice in the current or prior year meets the advanced illness criteria. Frailty or advanced illness, ESRD, and/or palliative care diagnosis codes may provide a denominator exclusion.