Documenting and Coding Pulmonary Diseases

(For Risk Adjustment)

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Objectives

- Documenting Pulmonary Disease
- Coding Pulmonary Diseases
- Quality Measures
- Provide documentation and coding guidelines.

ICD 10 CM Guidelines

Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s).

Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment, or management

Documentation- Clinical Specificity

- Clinical specificity encompasses having a diagnosis *fully* documented in the medical record.

- Defaulting consistently to an unspecified diagnosis regardless of specificity is considered incomplete documentation.

Medical Necessity- Does diagnoses coding impact reimbursement?

- Specific documentation and coding of the diagnoses can have an impact on Evaluation and Management (E/M) and procedural reimbursement due to Medical Necessity (CMS).

- Medical necessity can only be captured on the claim form by accurate and complete diagnostic coding.

- Diagnostic coding reported on the claim form must match exactly what is documented in the encounter note.

Pulmonary Conditions

What Is Chronic Obstructive Pulmonary Disease (COPD)?

COPD is the name for a group of diseases that restrict air flow and cause trouble breathing. It is a general (unspecified) term used to describe a variety of conditions that result in obstruction of the airway.

Symptoms

- Chronic cough (also known as smoker's cough)
- Chronic phlegm production
- Shortness of breath while doing things you used to be able to do
- Not being able to take a deep breath
- Wheezing

Causes

- Tobacco use is the primary cause of COPD in the United States
- Air pollutants at home (such as secondhand smoke and some heating fuels)
- Air pollutants at work (such as dusts, gases, and fumes)
- Genetic predisposition

Predominant diseases that fall under COPD

- Emphysema pathologically denotes permanent enlargement of the air spaces distal to the terminal bronchiole, causing destruction of their walls, without obvious fibrosis. The tiny air sacs (alveoli) stretch out and air gets trapped (pink puffer).
- Chronic bronchitis is an inflammation of the mucous membrane of the bronchial tubes. The airways become narrowed and tightened; over time these changes limit airflow in and out of the lungs (blue bloater).
- Chronic asthma is paroxysmal dyspnea accompanied by wheezing caused by a spasm

Documenting COPD

- Diagnosis- Screening spirometry should be obtained in all persons with a history of:
  - Exposure to cigarette (see codes below) and/or environmental or occupational pollutants
  - Personal history of chronic cough, chronic bronchitis or chronic asthma (Z87.09)
  - Family history of chronic respiratory illness (Z82.5, Z83.6)
- Treatment- Although there is no cure for COPD, treatment exists that can prevent worsening of the disease. Daily COPD **medications** can be used to manage symptoms.

Coding COPD[1]

ICD-10-CM classifies these conditions to category J44, Other chronic obstructive pulmonary disease.

ICD10 Category J44 includes the following clinical terms:

- asthma with chronic obstructive pulmonary disease
- chronic asthmatic (obstructive) bronchitis
- chronic bronchitis with airways obstruction
- chronic bronchitis with emphysema
- chronic emphysematous bronchitis
- chronic obstructive asthma
- chronic obstructive bronchitis
- chronic obstructive tracheobronchitis.

Coding COPD2

There is an instructional note to *code also the type of asthma*, if applicable (J45.-) and a note to *use an additional code to identify*:

- Exposure to environmental tobacco smoke (Z77.22)
- History of tobacco use (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)

Category J44.- Excludes 1

This category specifically excludes (Excludes 1): You would **not** report these conditions with a code from category J44.-

- Bronchiectasis (J47.-)
- Chronic bronchitis NOS (**J42**) (HCC)
- Chronic simple and mucopurulent bronchitis (J41.-)
- Chronic tracheitis (**J42**) (HCC)
- Chronic tracheobronchitis (**J42**) (HCC)
- Emphysema without chronic bronchitis (J43.-)
- Lung diseases due to external agents (J60 - J70.-)

Coding for COPD- Category J44.-

J44.0 (HCC) Chronic obstructive pulmonary disease with acute lower respiratory infection

- There is an instructional note to *use additional code to identify the infection*

J44.1 (HCC) Chronic obstructive pulmonary disease with (acute) exacerbation

Included in subcategory:

- Decompensated COPD
- Decompensated COPD with (acute) exacerbation

Subcategory excludes (Excludes 2):

- COPD with acute bronchitis (**J44.0 HCC**)

This condition can also be reported if the provider documents this condition in addition to COPD with (acute) exacerbation.

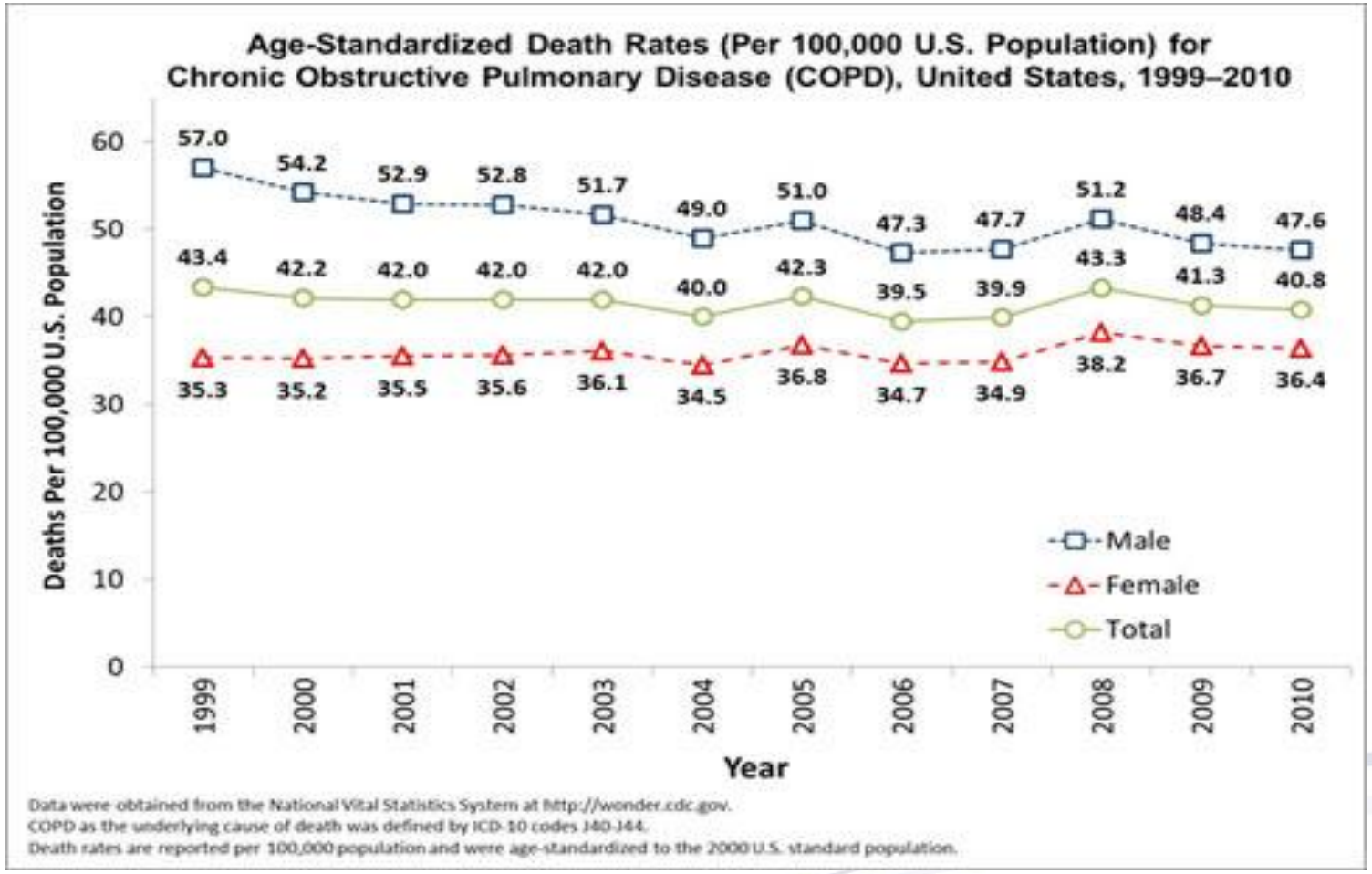
Coding for COPD unspecified

J44.9 (HCC) Chronic obstructive pulmonary disease, unspecified

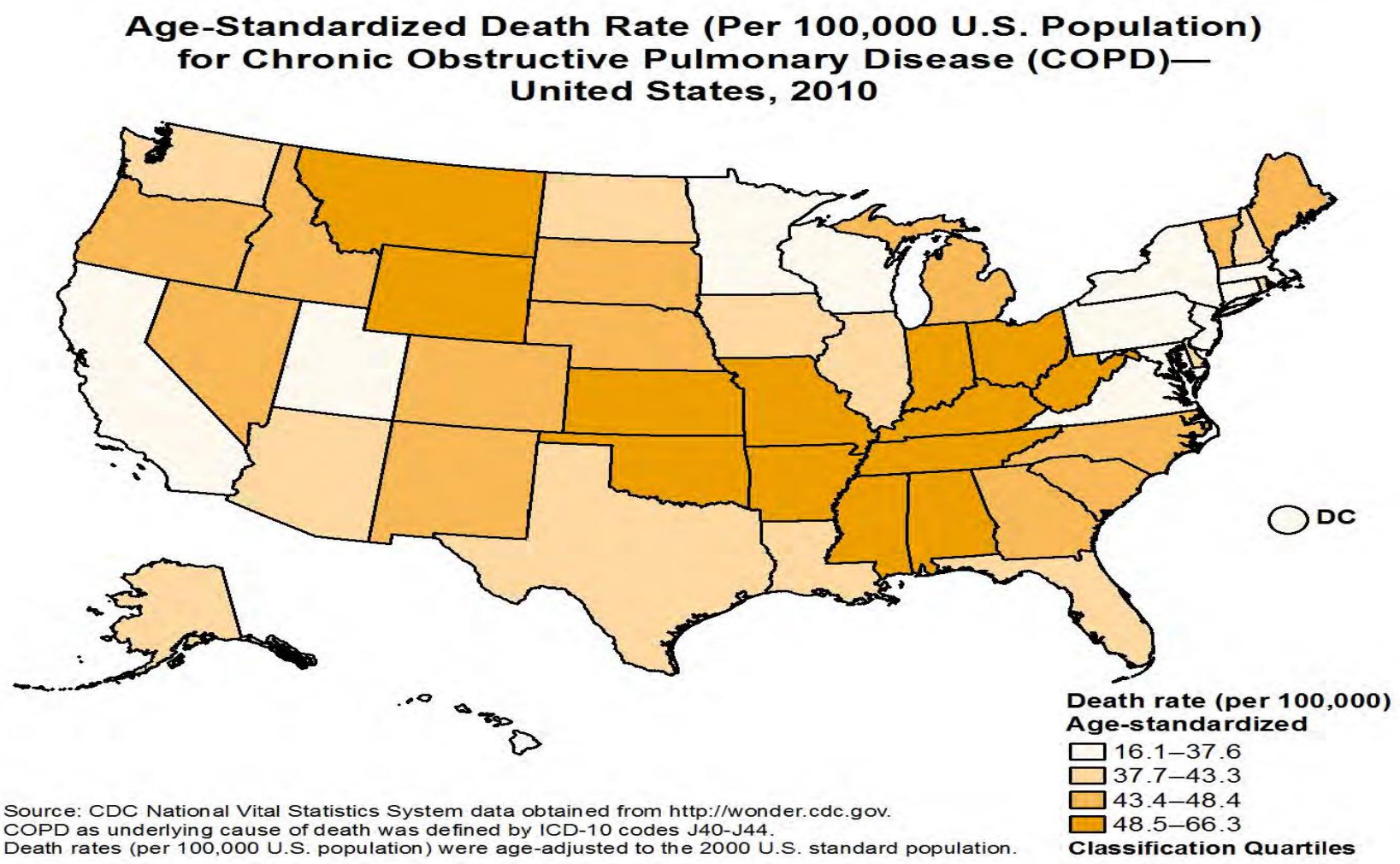
- Conditions included in this subcategory are:
  - Chronic obstructive airway disease NOS
  - Chronic obstructive lung disease NOS

Remember COPD is an umbrella term. It is an unspecified code. Code to the highest specificity.

COPD Death Rates in the United States



COPD in AZ



About 5.3% (age-adjusted = 5.1%) of Arizona residents surveyed in 2011 reported having been told by a health care professional that they have COPD. The map below depicts quartiles of the national prevalence of COPD by state for comparison.

What Is Asthma?

Asthma is a chronic disease that affects the airways in the lungs. During an asthma attack, airways become inflamed, making it hard to breathe. Asthma attacks can be mild, moderate, or serious — and even life threatening.

Symptoms

- Coughing
- Shortness of breath or trouble breathing
- Wheezing
- Tightness or pain in the chest

Causes

- Allergens (like pollen, mold, animal dander, cockroach allergen and dust mites)
- Exercise
- Occupational hazards
- Tobacco smoke
- Air pollution
- Airway infections

Documenting Asthma

- Most adults with asthma will NOT require an inpatient admission
- Be sure to clarify the relationship between COPD, bronchitis, and asthma
  - – ICD-10 distinguishes between uncomplicated cases and those in exacerbation
    - Acute exacerbation is a worsening or decompensation of a chronic condition
    - An acute exacerbation is not equivalent to an infection superimposed on a chronic condition
- An additional code can be used regarding exposure to or use of tobacco

Documenting Asthma

- Incorporate the following scales into documentation templates or queries
  - – The National Heart, Lung, and Blood Institute (NHLBI) asthma severity classification scale accounts for the progressive nature of asthma by measuring it across the dimensions of types of symptoms and lung function
    - Mild intermittent
    - Mild persistent
    - Moderate persistent
    - Severe persistent

Coding Asthma

Category J45.- is used to report asthma

This category includes:

- Allergic (predominantly) asthma
- Allergic bronchitis NOS
- Allergic rhinitis with asthma
- Atopic asthma
- Extrinsic allergic asthma
- Hay fever with asthma
- Idiosyncratic asthma
- Intrinsic nonallergic asthma
- Nonallergic asthma

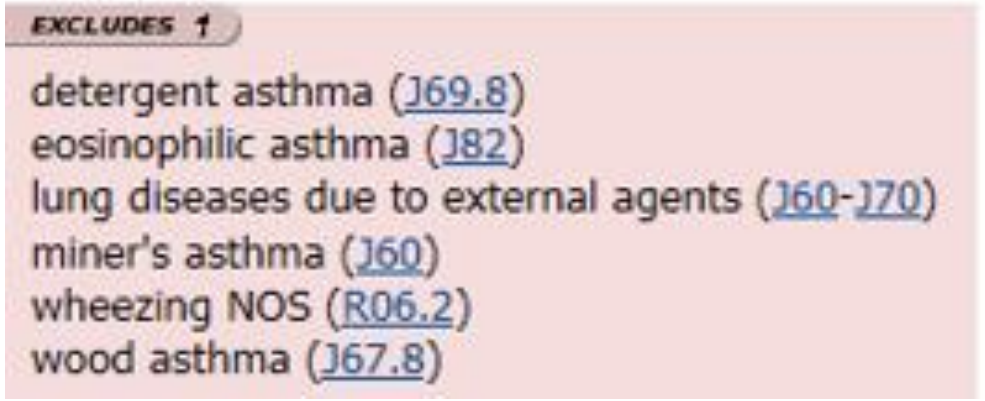
There is an instructional note to *use an additional code to identify:*

- Exposure to environmental tobacco smoke (Z77.22)
- History of tobacco use (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)

Coding for Asthma- Excludes 1

This category specifically excludes (Excludes 1):

- Detergent asthma (J69.8) (HCC)
- Eosinophilic asthma (J82) (HCC)
- Lung diseases due to external agents (J60 - J70.-)
- Miner's asthma (J60) (HCC)
- Wheezing NOS (R06.2)
- Wood asthma (J67.8)(HCC)



You would **not** report these conditions with a code from category J45.-

Coding for Asthma- Excludes 2

This category also excludes (Excludes 2):

- Asthma with chronic obstructive pulmonary disease (**J44.9**)(HCC)
- Chronic asthmatic (obstructive) bronchitis (**J44.9**) (HCC)
- Chronic obstructive asthma (**J44.9**) (HCC)

These conditions can also be reported if the provider documents the condition in addition to the type of asthma (for example, mild, moderate, severe; intermittent or persistent, etc.).

Coding for Asthma- Subcategories

The subcategories beneath J45.- are:

J45.2- Mild intermittent asthma
J45.3- Mild persistent asthma
J45.4- Moderate persistent asthma
J45.5- Severe persistent asthma

Codes in the subcategories above are differentiated by 5th characters 0, 1, and 2 for: uncomplicated or not otherwise specified; with (acute) exacerbation; and with status asthmaticus, respectively.

Coding for Asthma- Other and unspecified

J45.9- Other and unspecified asthma

Codes in this subcategory are differentiated by:

Unspecified asthma:

- With (acute) exacerbation (J45.901)
- With status asthmaticus (J45.902)
- Uncomplicated (asthma NOS) (J45.909)

This subcategory includes:

- Asthmatic bronchitis
- Childhood asthma
- Late onset asthma

Other asthma:

- Exercise induced bronchospasm (J45.990)
- Cough variant asthma (J45.991)
- Other asthma (J45.998)

Status Asthmaticus

Extreme wheezing in spite of conventional therapy or has suffered from an acute asthmatic attack in which the degree of obstruction is not relieved by the usual therapeutic measures

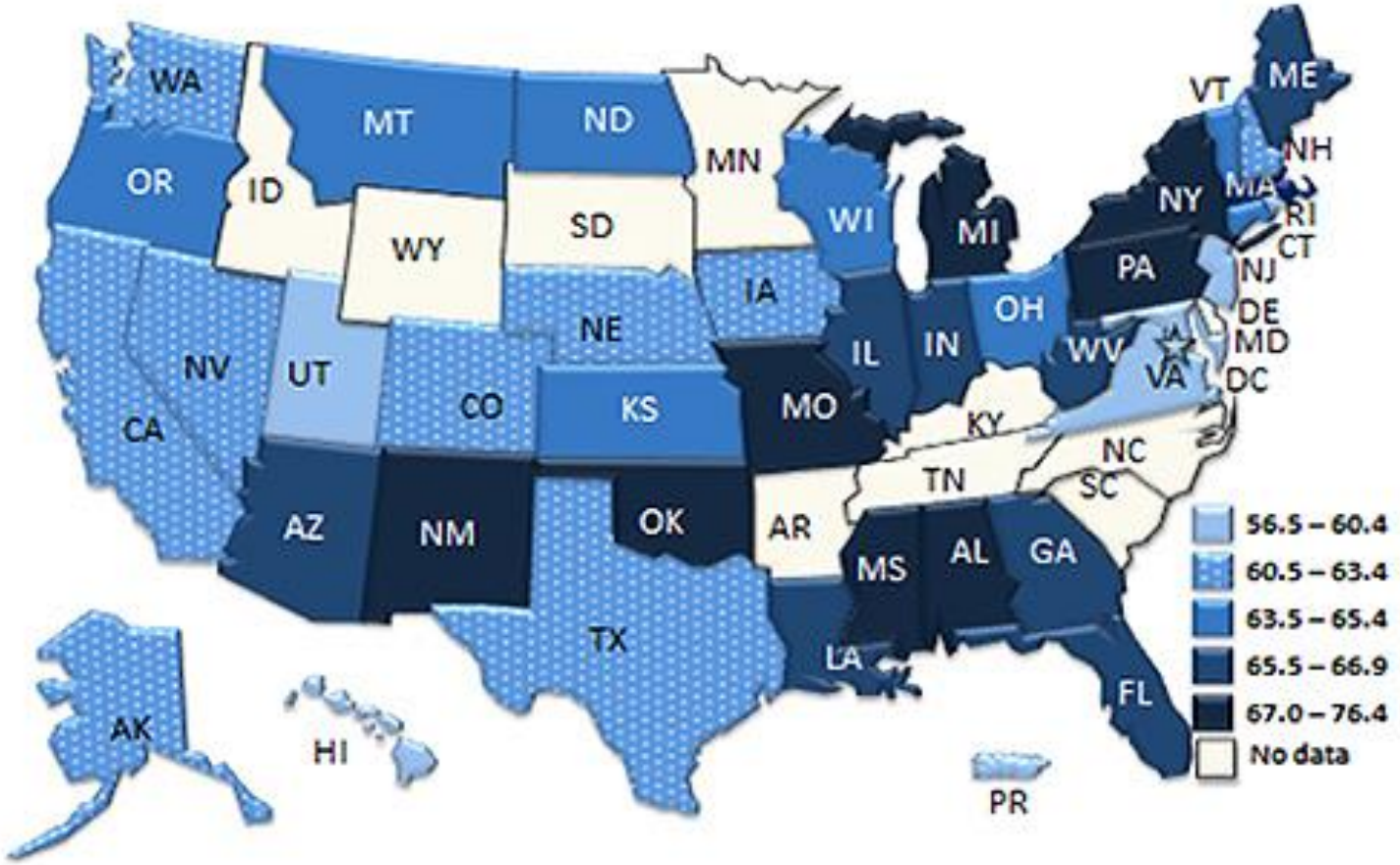
- Early status asthmaticus- refractory to treatment or who fail to respond to the usual therapies
- Advanced status asthmaticus- shows full development of an asthma attack that could result in respiratory failure, with signs and symptoms of hypercapnia (excess carbon dioxide in the blood)

- The final character 2 is assigned for both types of status asthmaticus. Use of this final character usually indicates a medical emergency for treatment of acute, severe asthma

Status Asthmaticus- Provider Query

- Coders should never assume that status asthmaticus is present without a specific statement from the provider
- Yet, asthma described as acute, characterized by prolonged or severe intractable wheezing, or asthma being treated by the administration of adrenal corticosteroids should alert the coder that status asthmaticus may exist and provider should be queried
- Other terms to describe status asthmaticus may include
  - Intractable asthma attack
  - Refractory asthma
  - Severe intractable wheezing Airway obstruction not relieved by bronchodilators
  - Severe, prolonged asthmatic attack

Asthma Severity among Adults with Current Asthma



Asthma severity determines type and duration of treatment

Percentage with Persistent Severity

	Asthma Severity among Adults with Current Asthma	
STATE	Intermittent Severity%	Persistent Severity%
U.S. Total**	35.2	64.8
AL	23.6	76.4
AK	38.3	61.7
AZ	34.3	65.7
CA	36.6	63.4

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Coding Example 1

Chronic bronchitis with decompensated COPD

Assign Code:

J44.1 (HCC) Chronic obstructive pulmonary disease with (acute) exacerbation

Coding Example 2

COPD with acute bronchitis

Assign Code:

J44.0(HCC) Chronic obstructive pulmonary disease with acute lower respiratory infection

Use additional code to identify infection

Coding Example 3

Emphysema with chronic obstructive bronchitis

Assign Code:

J44.9 (HCC) Chronic obstructive pulmonary disease, unspecified

Coding Example 4

Acute exacerbation of chronic asthmatic bronchitis

Assign Codes:

J44.1 (HCC) Chronic obstructive pulmonary disease with (acute) exacerbation

J45.901 (NO HCC) Unspecified asthma with (acute) exacerbation

Coding Example 5

Exacerbation of severe persistent asthma

Assign Code:

J45.51 (NOHCC) Severe persistent asthma with (acute) exacerbation

Coding Example 4

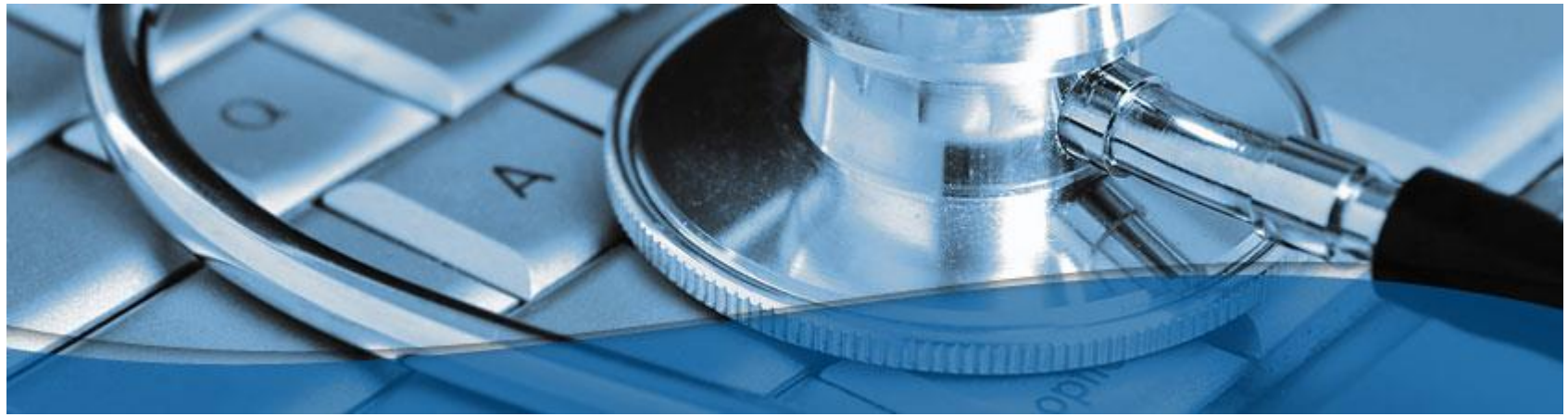
Asthma with COPD

Assign Codes:

J44.9 (HCC) Chronic obstructive pulmonary disease, unspecified

J45.909 (NO HCC) Unspecified asthma, uncomplicated (asthma NOS)

Documentation Best Practices



Center for Medicare and Medicaid Services (CMS)

Accurate chart documentation and diagnosis reporting determines reimbursement for the CMS Medicare Advantage (MA) Plans under the Risk Adjustment Program.

NOTE: In the past, CMS validation findings indicate that coded conditions were not supported in about 30% of the records reviewed.

Meet the M.E.A.T!

One of the Top 10 coding errors for risk adjustment:

Documentation does not indicate that the diagnoses are being monitored, evaluated, assessed/addressed, or treated (MEAT).

Remember, all diabetic manifestations are dependent on chart documentation for EACH date of service.

M.E.A.T.

Documentation must show how chronic condition is being treated, managed or assessed on EACH date of service. Each diagnosis should have an assessment and a plan.

Language Samples	
Assessment	Plan
Stable Improved Tolerating Meds Deteriorating Uncontrolled	Monitor D/C Meds Continue Current Meds Refuses Treatment Refer

Example of Acceptable Language
Ex: Uncontrolled diabetes with CKD 3, increase insulin. Cont. Lasix Ex: Diabetic neuropathy stable, observe.

Coding from Problem Lists:

For CMS risk adjustment data validation purposes, an acceptable problem list must be comprehensive and show evaluation and treatment for each condition that relates to an ICD-10-CM code on the date of service, and it must be signed and dated by the physician or physician extender.

It is inappropriate to submit risk adjustment claims for diagnoses that are simply mentioned in the problem list if the diagnoses were not treated by the provider during that visit.


Questions

References:

- ICD-10-CM Official Guidelines for Coding and Reporting 2014
- Risk Adjustment Participant Guide Module 7-16
- CMS Medicare Advantage Advance Notice CY2014
- CMS Preliminary ICD-10-CM Mappings

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Email

Send questions & comments to your RAF team:

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