

COPD & Asthma



Coding & Documentation¹

Address all conditions that coexist at the time of the encounter that require or affect patient care, treatment or management. Document to the highest degree and code to the highest specificity. Include the ICD-10 code on the claim.

Condition Categories						
Category J40	Category J41	Category J42	Category J43	Category J44	Category J45	Category J47
Bronchitis, NOS	Simple Chronic Bronchitis	Unspecified Chronic Bronchitis	Emphysema	Chronic Obstructive Pulmonary Disease (COPD)	Asthma	Bronchiectasis
Not specified as acute or chronic, unspecified	Non-obstructive, mucopurulent	Obstructive, sub-acute inflammation of bronchial tubes <i>Type of COPD. Do not code with J44.</i>	Obstructive, damage of alveoli or alveolar walls <i>Type of COPD. Do not code with J44.</i>	Loss of elasticity of the bronchial tree, damage to alveolar walls, thickening of the bronchial wall	Airway inflammation and constriction/obstruction	Persistent abnormal dilation of the bronchi
Specificity						
ICD-10 code assignment depends on documented detail that should include: <ul style="list-style-type: none"> • Specific diagnosis • Severity, frequency or complication • Condition status • Coexisting and/or underlying conditions • Causal relationships 	Category J44.0	Category J44.1	Category J44.0 & J44.1	Categories J44.- & J45.-	Category J41.0	
	COPD with Acute Lower Respiratory Infection	COPD with Acute Exacerbation	COPD with Acute Exacerbation & Acute Lower Respiratory Infection	COPD with Asthma	Smoker's Cough	
	<ul style="list-style-type: none"> • Includes acute bronchitis • Code the infection if possible 	<ul style="list-style-type: none"> • Decompensated COPD • Acute exacerbation of condition itself 	<ul style="list-style-type: none"> • Code both conditions if they exist together • Code the infection if applicable 	<ul style="list-style-type: none"> • Use additional code to identify the type of asthma 	<ul style="list-style-type: none"> • Found in the ICD-10 alphabetic index • Must be specifically documented 	

¹ <https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2021.pdf>

MEAT ² — Supporting Detail		Code Also		
Active Management <ul style="list-style-type: none"> • “Medications reviewed and are current.” • “The patient is seeing a specialist.” • “Occurrence of/ no recent onset of exacerbation.” 	Current Condition <ul style="list-style-type: none"> • “Patient has moderate persistent asthma with no recent onset of exacerbation.” • “Patient uses albuterol inhaler as needed for COPD.” 	Test Results <ul style="list-style-type: none"> • Must interpret result and include significance • Diagnosis not supported by simple reference of diagnostic study <p>“COPD noted on CXR” is an example of insufficient documentation of test results.</p>	Supplemental Oxygen <p>Use of long-term supplemental oxygen regardless of the duration of use each day.³</p> <ul style="list-style-type: none"> • Dependence on supplemental oxygen, Z99.81 <ul style="list-style-type: none"> • Supplemental • Continuous • Nocturnal <p>Use of respirator or ventilator for life support—will not live without it.⁴</p> <ul style="list-style-type: none"> • Dependence on respirator [ventilator] status, Z99.11 <ul style="list-style-type: none"> • Respiratory device/equipment • Home respirator/ventilator 	Contributing Factors <ul style="list-style-type: none"> • Environmental exposure to tobacco smoke, Z77.22 • Occupational exposure to environmental tobacco smoke, Z57.31 • Tobacco dependence, Z17.– • Tobacco use, Z72.0
		Other <ul style="list-style-type: none"> • Long-term (current) use of inhaled steroids • Long-term (current) use of systemic steroids 		

HEDIS [®] Measures			
Asthma Medication Ratio (AMR) Measure demonstrates members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year		Pharmacotherapy Management of COPD Exacerbation (PCE) Measure demonstrates COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department visit between January 1 and November 30 of the measurement year, and who were dispensed appropriate medications. Two rates are reported:	
Asthma Controller Medications <ul style="list-style-type: none"> • Dyphylline-guaifenesin • Omalizumab • Dupilumab • Benralizumab • Mepolizumab 		<ul style="list-style-type: none"> • Reslizumab • Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Formoterol-mometasone 	<ul style="list-style-type: none"> • Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone
<ul style="list-style-type: none"> • Mometasone • Montelukast • Zafirlukast • Zileuton • Theophylline 		Systemic Corticosteroid Dispensed a systemic corticosteroid (or evidence of an active prescription) within 14 days of the event	Bronchodilator Dispensed a bronchodilator (or evidence of an active prescription) within 30 days of the event
Asthma Reliever Medications <ul style="list-style-type: none"> • Albuterol • Levalbuterol 	Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) Measure demonstrates members 3 months of age and older with acute bronchitis who were not dispensed an antibiotic prescription. The measure is reported as an inverted rate. A higher rate indicates appropriate treatment, e.g., antibiotics were not prescribed.		

NOTE: The information listed here is not all-inclusive and should be used as a reference only. Please refer to current ICD-10/CPT[®]/HCPCS coding and documentation guidelines at cms.gov. HEDIS measures can be found at ncqa.com.

For additional resources, contact our provider relations team at Providers@ARHealthWellness.com

² Monitor, evaluate, assess/address, treat

³ AHA Coding Clinic, 2002, Q4, Status V codes

⁴ <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0063006/>