CHRONIC OBSTRUCTIVE PULMONARY DISEASE
ICD-9-CM CODING GUIDELINES

FY 2008 MS-DRG		Prior to 10/1/2007 CMS DRG	
190	Chronic obstructive pulmonary disease w MCC	088	Chronic Obstructive pulmonary disease
191	Chronic obstructive pulmonary disease w CC		
192	Chronic obstructive pulmonary disease w/o CC/MCC		

The below listed chronic obstructive pulmonary disease (COPD) guidelines are not inclusive. The coder should refer to the applicable *Coding Clinic* guidelines for additional information. The Centers for Medicare & Medicaid Services considers *Coding Clinic*, published by the American Hospital Association, to be the official source for coding guidelines. Hospitals should follow the *Coding Clinic* guidelines to assure accuracy in ICD-9-CM coding and DRG assignment.

Definition of Principal Diagnosis

The principal diagnosis is that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

Two or more diagnoses may equally meet the definition for principal diagnosis. This is in terms of the circumstances of admission, diagnostic work-up and/or therapy provided. Be aware that there is a difference between admitting a patient to treat two conditions and two conditions being present at the time of admission. The principal diagnosis is always the reason for admission.

Documentation to Support COPD

When reviewing a diagnosis of COPD, identify the medical record documentation that substantiates COPD.

- Chest x-ray
- Arterial blood gases
- Pulmonary function tests
- Dyspnea, breathlessness, tachypnea
- Diffuse wheezing, diminished breath sounds, prolonged expiration
- Chronic productive cough
- Bronchospasm
- Hypoxemia
- Upper respiratory infection, airway inflammation
- Tachycardia

Coding Guidelines

When coding diagnoses of COPD, chronic bronchitis, acute bronchitis, chronic asthmatic bronchitis, acute asthmatic bronchitis, emphysema, etc., it is important to understand the coding ramifications of the presence of two or more of these conditions and whether or not the condition is acute, chronic or in acute exacerbation.

Acute bronchitis/asthma

Acute bronchitis with asthma is coded 466.0 and 493.90. The acute condition is sequenced before a chronic condition. Asthma is not documented to be exacerbated nor is patient in status asthmaticus. (DRG 097) (See *Coding Clinic*, fourth quarter 2004, page 137.)

When coding acute bronchitis (466.0) and an exacerbation of asthma (493.92), code first the condition requiring the most care or that is the major focus of care. An infectious process, such as acute bronchitis, is not equivalent to an acute exacerbation of asthma. (See *Coding Clinic,* fourth quarter 2004, page 137.)

Acute bronchitis/COPD

As of 10/1/04, acute bronchitis with COPD is coded 491.22. (See *Coding Clinic*, fourth quarter 2004, page 81.)

A diagnosis of acute bronchitis with COPD was coded 491.21 (See *Coding Clinic*, volume 10, number 5, 1993, page 5) until 10/1/03. As of 10/1/03, code 466.0, acute bronchitis, no longer excluded acute bronchitis with COPD, and code 491.21, obstructive chronic bronchitis with exacerbation, no longer included inclusion term acute bronchitis with COPD. (See 10/1/03 updates for ICD-9-CM.) Therefore, two codes, 491.21 and 466.0, were required to code acute bronchitis with COPD. Code 491.21 was coded first. Documentation does not have to specifically state acute exacerbation of COPD. (See *Coding Clinic*, first quarter 2004, page 3.)

Acute bronchitis/emphysema/chronic obstructive asthma

Acute bronchitis and emphysema are coded 466.0 and 492.8. Acute bronchitis and chronic obstructive asthma are coded 466.0 and 493.2x. (See *Coding Clinic*, volume 10, number 5, 1993, page 4 [this advice was effective 6/11/92], and *Coding Clinic*, fourth quarter 1993, page 41.)

Acute exacerbation of COPD/acute bronchitis/acute exacerbation of asthma

Diagnoses of acute exacerbation of COPD, acute bronchitis, and acute exacerbation of asthma are coded 491.22, obstructive chronic bronchitis, with acute bronchitis and 493.22, chronic obstructive asthma with (acute) exacerbation. (See *Coding Clinic,* third quarter 2006, page 20.)

Acute exacerbation of COPD/decompensated COPD

Narrative that should be coded to 491.21, obstructive chronic bronchitis with (acute) exacerbation, includes the following: COPD in exacerbation, severe COPD in exacerbation, end stage COPD in exacerbation, exacerbation of COPD, COPD with exacerbation, decompensated COPD or decompensated COPD with exacerbation. (See *Coding Clinic*, third quarter 2002, pages 18 and 19.)

Asthma/COPD

When diagnoses of asthma and COPD are documented, code 493.2x is used. Codes 493.0x, 493.1x and 493.9x are used to classify asthma in patients without COPD. As of 10/1/00, a new fifth-digit of “2” indicating acute exacerbation was added to category 493, asthma. As of 10/1/03, the fifth digit of “0” was revised to unspecified, and the fifth digit of “2” was revised to with (acute) exacerbation. The fifth digit of “2” included acute bronchitis from 10/1/00 through 9/30/01. As of 10/1/01, code 466.0, acute bronchitis, no longer excludes acute bronchitis with asthma, 493.0-493.9 with fifth-digit of “2,” but code 493.2, chronic obstructive bronchitis, excludes acute bronchitis. (See Tabular List in ICD-9-CM; *Coding Clinic,* fourth quarter 2003, page 62; *Coding Clinic*, fourth quarter 2000, page 42; *Coding Clinic,* second quarter 1990, page 20; and *Coding Clinic,* July-August 1988, pages 17-19.)

There are many variations in the way asthma and COPD are documented. Code selection must be based on the terms as documented. (*See ICD-9-CM Official Guidelines for Coding and Reporting*, chapter 8, a. 3.)

Asthmatic bronchitis

Asthmatic bronchitis not specified as chronic is coded 493.90. Chronic asthmatic bronchitis was coded 491.2x until 10/1/02 when it was removed from subcategory 491.2, chronic obstructive bronchitis, and moved to subcategory 493.2, chronic obstructive asthma. (See ICD-9-CM coding updates for 10/1/02, and *Coding Clinic*, November-December 1984, page 17.)

Bronchial valves

Bronchial valves are a new therapy used to treat COPD. These valves are placed endoscopically. Multiple valves may be placed during a single operative episode (average of 6 to 7). Effective 10/1/2006, new codes were created: 33.71, endoscopic insertion or replacements of bronchial valve(s); 33.78, endoscopic removal of bronchial device(s) or substances; and 33.79,

endoscopic insertion of other bronchial device(s) or substances. (See *Coding Clinic,* fourth quarter 2006, pages 126 and 127.)

Bronchospasm

Bronchospasm is considered integral to asthma and COPD. Therefore, an additional code of 519.1 (519.1x as of 10/1/06) would not be added. (See *Coding Clinic*, third quarter 1988, pages 6 and 7.)

Chronic bronchitis/emphysema

Emphysema with chronic bronchitis is excluded from code 492.8, other emphysema. Use codes 291.20-491.22. (See *Coding Clinic,* fourth quarter 2004, pages 81 and 82.)

Chronic obstructive bronchitis

An acute exacerbation of chronic obstructive bronchitis is coded 491.21. The use of code 466.0, acute bronchitis, in this situation is incorrect. (See *Coding Clinic*, fourth quarter 1991, pages 24 and 25.)

Chronic obstructive bronchitis/emphysema/COPD

Chronic obstructive bronchitis and emphysema are forms of COPD. Chronic obstructive bronchitis with COPD and emphysema with COPD are redundant terms. COPD is not a separate disease entity. See *Coding Clinic,* fourth quarter 1993, page 26.)

Chronic restrictive lung disease

Chronic restrictive lung disease is coded 518.89. (See *Coding Clinic*, November-December 1987, page 8.)

COPD on anesthesia evaluation

A diagnosis of COPD on an anesthesia evaluation signed by the anesthesiologist can be coded, provided there is no conflicting documentation in the medical record and/or the coder is certain COPD is a valid diagnosis. (See *Coding Clinic,* second quarter 2000, page 15, and *Coding Clinic,* second quarter 1992, pages 16 and 17.)

COPD/complication of surgery

A patient with a history of COPD is admitted as inpatient following outpatient surgery, because of an exacerbation of COPD due to procedure. Assign code 997.3, respiratory complications, as the principal diagnosis with a secondary diagnosis code of 491.21, acute exacerbation of COPD (as of 10/1/91). (See *Coding Clinic,* fourth quarter 1993, page 43.)

Decompensated COPD

See “Acute exacerbation of COPD/decompensated COPD.”

Emphysema/respiratory failure

A patient with emphysema is admitted to hospital for acute respiratory failure. The principal diagnosis is acute respiratory failure, coded 518.81. (See C*oding Clinic*, first quarter 2005, page 4.)

Exacerbation of COPD

COPD with exacerbation without mention of bronchitis is coded 491.21. Acute bronchitis with COPD with acute exacerbation only requires one code (491.22). The acute bronchitis included in code 491.22 supercedes the acute exacerbation.
(See *ICD-9-CM Official Guidelines for Coding and Reporting*, 8.b.1 and *Coding Clinic*, first quarter 2005, page 51.)

As of Oct. 1, 2004, acute bronchitis with COPD is coded 491.22.

When the cause of an acute exacerbation of COPD is not identified, it should be coded 491.21. (See ICD-9-CM coding update for 10/1/94.) When the cause is identified, the cause is

designated as the principal diagnosis. (See *Coding Clinic*, third quarter 1988, page 5.)

Exposure to tobacco smoke/COPD

A physician's diagnosis of an acute exacerbation of chronic obstructive pulmonary disease with bronchitis secondary to patient's exposure to tobacco smoke due to 25 years of smoking is coded 491.21, obstructive chronic bronchitis with (acute) exacerbation, and 503.1, tobacco use disorder. (See *Coding Clinic,* second quarter 1996, page 10.)

Mucopurulent bronchitis

Chronic or recurrent mucopurulent bronchitis is coded 491.1. (See *Coding Clinic*, third quarter 1988, page 12.) Acute or subacute mucopurulent bronchitis is coded 466.0. (See ICD-9-CM, index to diseases, and *Coding Clinic*, third quarter 1988, page 12.)

Pneumonia/asthma/COPD

Chronic obstructive bronchitis (491.20) and pneumonia (486) are always coded separately. Pneumonia is not an acute exacerbation of COPD. (See *Coding Clinic*, third quarter 1997, page 9.)

If both asthma and pneumonia are present, each should be coded. (See *Coding Clinic*, first quarter 1992, page 15.)

Respiratory insufficiency/COPD

Respiratory insufficiency (518.82) is integral to COPD and therefore, should not be coded as an additional code with chronic obstructive bronchitis (491.2x), emphysema (492.x), chronic obstructive asthma (493.2x) or COPD (496). (See *Coding Clinic*, second quarter 1991, page 21.)

Secondary diagnosis/COPD

Substantiation of COPD as a secondary diagnosis requires documentation in the medical record (history, treatment, anesthesiologist's anesthesia evaluation, etc.) that the patient has COPD. Any conflicting information should be clarified with the physician. (See *Coding Clinic*, third quarter 2007*,* pages 13 and 14, *Coding Clinic*, second quarter 2000, page 15, and *Coding Clinic,* second quarter 1992, pages 16 and 17.)

If the only mention of COPD is on an x-ray, the diagnosis should be clarified with the physician, because COPD is found on many elderly patients' chest x-rays when other clinical substantiation, treatment or history of COPD is not present. (See *Coding Clinic*, second quarter 1990, pages 15 and 16.

Status asthmaticus

Statis asthmaticus refers to a patient's failure to respond to therapy administered during an asthmatic episode and is a life threatening complication that requires emergency care. (See *Coding Clinic,* first quarter 2005, page 50.)

A physician must confirm the designation of status asthmaticus before the fifth digit "1" is assigned with codes in category 493, asthma. (See *Coding Clinic*, first quarter 1991, page 13, and *Coding Clinic*, third quarter 1988, pages 9 and 10.)

If status asthmaticus is present with any type of COPD or with acute bronchitis, the status asthmaticus should be sequenced first. (See *ICD-9-CM Official Guidelines for Coding and Reporting*, 8.a.4 and *Coding Clinic*, first quarter 2005, page 50.)

Only the 5th digit of "1", with status asthmaticus, is used with an asthma code if both status asthmaticus and an acute exacerbation are present. (See *ICD-9-CM Official Guidelines for Coding and Reporting*, 8.a.4 and *Coding Clinic*, first quart 2005, pages 50 and 51.)

Steroid-dependent asthma

Steroid-dependent asthma is coded to category 493, asthma, when there is no mention of a side effect due to the steroid therapy. When a side effect is mentioned, code both the asthma and the side effect. See steroid in the ICD-9-CM alphabetic index and the subentry for effects due to correct substance properly administered, 255.8 (E932.0). (See *Coding Clinic,* July-August 1985, page 8.)

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