

Coding and Documentation Tips for Chronic Obstructive Pulmonary Disease (COPD)

ICD-10		COPD and Other Chronic Lung Diseases
Code/document additional status to identify: Exposure to environmental tobacco smoke (Z77.22) History of tobacco dependence (Z87.891) Occupational exposure to environmental tobacco smoke (Z57.31) Tobacco dependence (F17-F17.299) Tobacco use (Z72.0)		<p>Most common and specified types of COPD are:</p> <p>Chronic bronchitis: Clinically defined as productive cough on most days of the week for at least three months total duration in two successive years.¹</p> <p>Diagnostic criteria for confirmed COPD measured by spirometry (post-bronchodilator FEV1/FVC < 0.7).²</p> <p>Emphysema: Pathologically or radiologically defined, involves the destruction of lung tissues and alveolar structure, causing airway collapse.¹</p> <p>Most patients have both.¹</p> <p>Document the clinical indicators and/or clinical evidence to support the diagnosis reported to the highest level of specificity, complexity and severity of illness, if known.</p> <p>Review and document the patient’s history, causes (e.g., inflammatory response to inhaled toxins such as cigarette smoke and alpha-1 antitrypsin deficiency and various occupational exposures are less common in patients who do not smoke), pathophysiology, physical exam findings, diagnostic tests and treatments/responses.</p> <p>Clinical Indicators for Considering a Diagnosis of COPD:</p> <p>Dyspnea that’s progressive over time, worsen with exercise or is persistent.</p>
J41.0	Simple Chronic Bronchitis	
J41.1	Mucopurulent Chronic Bronchitis	
J41.8	Mixed Simple and Mucopurulent Chronic Bronchitis	
J42	Unspecified Chronic Bronchitis	
J43.8	Other Emphysema	
J43.9	Emphysema, Unspecified	
COPD comprises: <ul style="list-style-type: none">• Asthma with COPD• Chronic asthmatic (obstructive) bronchitis• Chronic bronchitis with airway obstruction• Chronic bronchitis with emphysema• Chronic emphysematous bronchitis• Chronic obstructive asthma• Chronic obstructive bronchitis• Chronic obstructive tracheobronchitis Code/document also type of asthma, if applicable (J45-J45.998)		
J44.0	COPD with (acute) lower respiratory infection Code/document the identified infection	
J44.1	COPD with (acute) exacerbation Decompensated COPD with (acute) exacerbation	
J44.81	Bronchiolitis obliterans and bronchiolitis obliterans syndrome Code/document first, if applicable: Complication of transplant type (T86.-) Code/document also, if applicable, associated conditions, such as: Chronic graft-versus-host disease (D89.811) Chronic lung allograft dysfunction (J4A-J4A.9) Chronic respiratory conditions due to chemicals, gases, fumes, and vapors (J68.4)	
J44.89	Other specified COPD Chronic asthmatic (obstructive) bronchitis Chronic emphysematous bronchitis	

¹merckmanuals.com/professional/pulmonary-disorders/chronic-obstructive-pulmonary-disease-and-related-disorders/chronic-obstructive-pulmonary-disease-copd

²goldcopd.org/wp-content/uploads/2024/11/Pocket-Guide-2025-v1.0-New-Format-15Nov2024_WMV.pdf ncbi.nlm.nih.gov/books/NBK559281/

ICD-10	COPD and Other Chronic Lung Diseases	
J44.9	COPD, Unspecified	Clinical Indicators for Considering a Diagnosis of COPD: – Recurrent wheeze – Chronic cough, which may be intermittent and nonproductive – Recurrent lower respiratory tract infections – History of risk factors: tobacco smoke, smoke from cooking and heating fuels, occupational dust, vapors, fumes, gases and other chemicals – Host factors (e.g., genetic factors, developmental abnormalities, low birthweight, prematurity, childhood respiratory infections, etc.)
J47.0	Bronchiectasis With Acute Lower Respiratory Infection	
J47.1	Bronchiectasis With Acute Exacerbation	
J47.9	Bronchiectasis, Uncomplicated	
J84.9	Interstitial Pulmonary Disease, Unspecified	
J98.2	Interstitial Emphysema	
J98.3	Compensatory Emphysema	
F17.200	Nicotine Dependence, Unspecified, Uncomplicated	
Z72.0	Tobacco Use NOS	
Z87.891	Personal History of Nicotine Dependence	

ICD-10	Dependence on Enabling Machines/Devices	
Z99.81	Dependence on Supplemental Oxygen (long term)	Gold staging based on the severity of airflow limitation: <ul style="list-style-type: none"> • Mild (stage I): FEV1 ≥80% predicted • Moderate (stage II): FEV1 ≥50% but <80% predicted • Severe (stage III): FEV1 ≥30% but <50% predicted • Very severe (stage IV): FEV1 <30% predicted Complications of COPD include: <ul style="list-style-type: none"> • Pulmonary hypertension • Heart failure • Respiratory infection • Weight loss and other comorbidities

Coding Scenario:

1. An 80-year-old female patient presenting with mucopurulent chronic bronchitis and smokes one pack daily since 1980 (45-pack-year smoker). Lung exam auscultation reveals diminished breath sounds. The patient is counseled on the dangers of smoking and order for a pulmonary function test (PFT) and follow up with pulmonologist visit. Continue to use inhaler as needed and over-the-counter (OTC) guaifenesin as needed.

- J41.1 Mucopurulent chronic bronchitis
- F17.200 Nicotine dependence, unspecified, uncomplicated

2. A 65-year-old male patient presents with a “worsening cough, shortness of breath (SOB) and wheezing in the last few days.” Patient is coughing up thick, green sputum. In office vitals: BP (left arm): 150/100, repeat BP: 130/85, HR: 110 bpm, Resp rate.: 24, Temp: 101 F, O2 sat: 91% on room air (RA). History includes a quarter-pack cigarettes (five per day) between 1980 and 2000 = five pack-year history. Lung exam: Wheezing, rales and rhonchi. Increase Symbicort inhaler dosage to 160/4.5 mcg: two puffs twice a day. Rx for amoxicillin-clavulanate and continue OTC guaifenesin as needed. A chest x-ray result had revealed centrilobular emphysema. Referral to pulmonologist.

- J44.1 Chronic obstructive pulmonary disease with acute exacerbation)
- J43.2 Centrilobular emphysema
- Z87.891 Personal history of nicotine dependence