



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

ICD-10	COPD and Other Chronic Lung Diseases	
	<b>Code/document additional status to identify:</b> 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)	Most common and specified types of COPD are:  <b>Chronic bronchitis:</b> Clinically defined as productive cough on most days of the week for at least three months total duration in two successive years. <sup>1</sup>
J41.0	<b>Simple Chronic Bronchitis</b>	
J41.1	<b>Mucopurulent Chronic Bronchitis</b>	Diagnostic criteria for confirmed COPD measured by spirometry (post-bronchodilator FEV1/FVC < 0.7). <sup>2</sup>
J41.8	<b>Mixed Simple and Mucopurulent Chronic Bronchitis</b>	
J42	<b>Unspecified Chronic Bronchitis</b>	
J43.8	<b>Other Emphysema</b>	<b>Emphysema:</b> Pathologically or radiologically defined, involves the destruction of lung tissues and alveolar structure, causing airway collapse. <sup>1</sup>
J43.9	<b>Emphysema, Unspecified</b>	Most patients have both. <sup>1</sup>
	COPD comprises: <ul style="list-style-type: none"><li>• Asthma with COPD</li><li>• Chronic asthmatic (obstructive) bronchitis</li><li>• Chronic bronchitis with airway obstruction</li><li>• Chronic bronchitis with emphysema</li><li>• Chronic emphysematous bronchitis</li><li>• Chronic obstructive asthma</li><li>• Chronic obstructive bronchitis</li><li>• Chronic obstructive tracheobronchitis</li></ul>	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.
	<b>Code/document also type of asthma, if applicable (J45-J45.998)</b>	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.
J44.0	<b>COPD with (acute) lower respiratory infection</b> <b>Code/document the identified infection</b>	
J44.1	<b>COPD with (acute) exacerbation</b> Decompensated COPD with (acute) exacerbation	
J44.81	<b>Bronchiolitis obliterans and bronchiolitis obliterans syndrome</b> <b>Code/document first, if applicable:</b> Complication of transplant type (T86.-) <b>Code/document also, if applicable, associated conditions, such as:</b> 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)	<b>Clinical Indicators for Considering a Diagnosis of COPD:</b>  Dyspnea that's progressive over time, worsens with exercise or is persistent.
J44.89	<b>Other specified COPD</b> Chronic asthmatic (obstructive) bronchitis Chronic emphysematous bronchitis	

<sup>1</sup>[merckmanuals.com/professional/pulmonary-disorders/chronic-obstructive-pulmonary-disease-and-related-disorders/chronic-obstructive-pulmonary-disease-copd](https://www.merckmanuals.com/professional/pulmonary-disorders/chronic-obstructive-pulmonary-disease-and-related-disorders/chronic-obstructive-pulmonary-disease-copd)

<sup>2</sup>[goldcopd.org/wp-content/uploads/2024/11/Pocket-Guide-2025-v1.0-New-Format-15Nov2024\\_WMV.pdf](https://goldcopd.org/wp-content/uploads/2024/11/Pocket-Guide-2025-v1.0-New-Format-15Nov2024_WMV.pdf) [ncbi.nlm.nih.gov/books/NBK559281/](https://ncbi.nlm.nih.gov/books/NBK559281/)

ICD-10	COPD and Other Chronic Lung Diseases	
J44.9	<b>COPD, Unspecified</b>	<b>Clinical Indicators for Considering a Diagnosis of COPD:</b> <ul style="list-style-type: none"> <li>– Recurrent wheeze</li> <li>– Chronic cough, which may be intermittent and nonproductive</li> <li>– Recurrent lower respiratory tract infections</li> <li>– History of risk factors: tobacco smoke, smoke from cooking and heating fuels, occupational dust, vapors, fumes, gases and other chemicals</li> <li>– Host factors (e.g., genetic factors, developmental abnormalities, low birthweight, prematurity, childhood respiratory infections, etc.)</li> </ul>
J47.0	<b>Bronchiectasis With Acute Lower Respiratory Infection</b>	
J47.1	<b>Bronchiectasis With Acute Exacerbation</b>	
J47.9	<b>Bronchiectasis, Uncomplicated</b>	
J84.9	<b>Interstitial Pulmonary Disease, Unspecified</b>	
J98.2	<b>Interstitial Emphysema</b>	
J98.3	<b>Compensatory Emphysema</b>	
F17.200	<b>Nicotine Dependence, Unspecified, Uncomplicated</b>	
Z72.0	<b>Tobacco Use NOS</b>	
Z87.891	<b>Personal History of Nicotine Dependence</b>	

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

**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