COPD and Other Respiratory Conditions

Risk Adjustment Coding Guide

Chronic obstructive pulmonary disease, or COPD, should be documented and coded based on:

- **type**
- **with(out) exacerbation**
- **coexisting conditions** (ex. asthma, bronchitis, pneumonia, emphysema)
- **complications:** ex. lower respiratory infection, asthma
    - **also document and code complication**
    - only code type of asthma, if documented

Asthma should be documented and coded based on:

- **severity**: mild, moderate, severe
- **type**: intermittent or persistent (examples)
- **with(out) exacerbation**

Respiratory failure should be documented and coded based on:

- **acuity**
- **with(out) hypoxia and/or hypercapnia**

Coding examples

Asthma, mild persistent	J45.30
Bronchitis, chronic	J42
COPD with acute bronchitis or pneumonia	J44.0 and J20.9
COPD with acute exacerbation	J44.9
COPD with asthma, mild persistent	J44.9 and J45.30
COPD with chronic bronchitis	J44.9
COPD with emphysema	J43.-
COPD with emphysema and bronchitis	J44.9
Smoker's cough (do not code with COPD)	J41.0
Acute respiratory failure with hypercapnia	J96.02
Chronic respiratory failure with hypoxia	J96.11

The most effective way to document is MEAT. This acronym can be broken down as follows:

- **Monitor:** signs, symptoms, disease progression, disease regression
- **Evaluate:** test results, medication effectiveness, response to treatment
- **Assess:** ordering tests, discussion, review records, counseling
- **Treat:** medications, therapies, other modalities

All HCC diagnoses must be documented and coded at least once per year

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