OPTUM™

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Insider

Informative and educational coding information for providers

Focus on: Chronic lung disorders

Pulmonary fibrosis is when the lung tissue around and between the air sacs (alveoli) becomes scarred and damaged, causing thickened, stiff lung tissue. This makes it harder for oxygen to pass through the walls of the air sacs into the bloodstream, making the individual progressively more short of breath. Once the lung tissue becomes scarred, the damage cannot be reversed. About 140,000 Americans have been diagnosed with pulmonary fibrosis. It is most likely to affect people ages 50 to 75. In most cases, there is no known cause for the disease; this is referred to as idiopathic pulmonary fibrosis or IPF.

Things that may increase the risk of pulmonary fibrosis include; cigarette smoking, exposure to environmental toxins or pollutants, radiation therapy to lungs or breast, and certain medications. Also lung damage can occur from certain medical conditions including; GERD, SLE, rheumatoid arthritis, sarcoidosis, scleroderma, TB and pneumonia.[1]

Chronic obstructive pulmonary disease (COPD) is the third leading cause of death in America and has been diagnosed in nearly 13 million adults. Researchers estimate another 12 million have the disease but have not yet been diagnosed.[2] COPD is a serious but highly preventable disease, smoking is the leading cause of COPD in the U.S. COPD is an umbrella term for the diagnosis of emphysema and chronic bronchitis. Chronic asthma also puts individuals at higher risk of developing COPD. The definite diagnosis of COPD is made using spirometry test to measure how well the lungs are working. Providers should document and code the specific type of COPD when known; emphysema, chronic bronchitis or chronic asthma.

Emphysema pathologically denotes permanent enlargement of the air spaces distal to the terminal bronchiole, causing destruction of their walls, without obvious fibrosis.

Chronic bronchitis is an inflammation of the mucus membrane of the bronchial tubes, over time the airways become narrowed and tightened limiting airflow in and out of the lungs.

Chronic asthma is paroxysmal dyspnea accompanied by wheezing caused by bronchial tube spasm or swelling of their mucous membrane.

Always remember ...

- Document and code pulmonary fibrosis to causal agent, if known.
- Specify any acute exacerbation or status asthmaticus.
- Document any exposure to tobacco, other external agent, or radiation therapy.
- An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.

Documentation and coding tips[3]

Coding pulmonary fibrosis
J84.10 Pulmonary fibrosis, unspecified
J84.112 Idiopathic pulmonary fibrosis
Categories J60-J70 contain codes to report by external agent.

Coding chronic obstructive pulmonary disease (COPD)
J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
J44.9 Chronic obstructive pulmonary disease, unspecified
Code also type of asthma, if applicable (J45.-)

Coding emphysema
J43.9 Emphysema, unspecified

Coding chronic bronchitis
J41.0 Simple chronic bronchitis (smoker's cough)
J41.1 Mucopurulent chronic bronchitis
J41.8 Mixed simple and mucopurulent chronic bronchitis
J42 Unspecified chronic bronchitis

Coding chronic asthma
J45.909 Unspecified asthma, uncomplicated
J45.902 Unspecified asthma with status asthmaticus
J45.901 Unspecified asthma with (acute) exacerbation

Excludes 2:
*Asthma with chronic obstructive pulmonary disease **(J44.9)***
*Chronic asthmatic (obstructive) bronchitis **(J44.9)***
*Chronic obstructive asthma **(J44.9)***
Category J45 Asthma includes severity-specific subcategories (for example, mild, moderate, severe, intermittent, persistent)

For codes J00-J99, use additional code, where applicable to identify:

- Exposure to environmental tobacco smoke (Z77.22)
- History of tobacco use (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)

1. American Lung Association; http://www.lung.org/lung-disease/pulmonary-fibrosis/understanding- pulmonary fibrosis
2. Roth,, Carl, Ph.D., LL.M. "Chronic Obstructive Pulmonary Disease (COPD)." National Institutes of Health. National Heart, Lung and Blood Institute, n.d. Web. 11 Nov. 2015. <http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=77>.
3. *Optum360 ICD-10-CM: Professional for Physicians 2016*. Salt Lake City: 2015

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required."