

ICD-10-CM Coding for Chronic Respiratory Conditions

Coding Job Aid

What is MEAT?

M = Monitor	E = Evaluate	A = Address/Assess	T = Treat
Signs, symptoms, disease progression /regression or ongoing surveillance	Document current state, test results, medication effectiveness or response to treatment	Document discussion, review of records, counseling, or ordering further testing	Document care, prescribed medications, referral to specialist or other modalities

Chronic respiratory conditions refer to long-standing diseases affecting the lungs and airways, often requiring continuous clinical management. For accurate coding and documentation, it's important to recognize conditions classified under **Chronic Obstructive Pulmonary Disease (COPD)**, which include **Chronic bronchitis**, **Asthma with COPD**, **Chronic obstructive bronchitis**, **Chronic obstructive tracheobronchitis**, **Chronic bronchitis with emphysema**.

ICD-10-CM Coding

Code	Description	Code	Description	Code	Description
J40	Bronchitis, not specified as acute or chronic	J43	Emphysema	J47	Bronchiectasis
J41	Simple and mucopurulent chronic bronchitis	J44	Other chronic obstructive pulmonary disease,	J4A	Chronic lung allograft dysfunction
J42	Unspecified chronic bronchitis	J45	Asthma		

COPD: Category J44

Code	Description
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection. *Use additional code to identify the infection.
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.89	Other specified chronic obstructive pulmonary disease
J44.9	Chronic obstructive pulmonary disease, unspecified

Asthma: Category J45

Code	Description
J45.2-	Mild intermittent asthma
J45.3-	Mild persistent asthma
J45.4-	Moderate persistent asthma
J45.5-	Severe persistent asthma
J45.9-	Unspecified Asthma

COPD with Asthma

Coding **COPD with Asthma** on the same date of service use the main COPD code (J44.9) and a second code from (J45.-) to identify the type of asthma.

Documentation for asthma should include long-term severity scale and acute status.

Long-term severity scale: Mild intermittent, mild persistent, moderate persistent, or severe persistent.

Acute status: Uncomplicated, exacerbated, or has acute severe exacerbation and if not responding to normal treatment.

Required 5th character to specify:

- (0) Uncomplicated
- (1) With Acute Exacerbation
- (2) With Status Asthmaticus

Emphysema: Category J43

Code	Description
J43.0	Unilateral pulmonary emphysema
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J43.9	Emphysema, unspecified

***Use J44.- for Emphysema with Chronic Obstructive Bronchitis**

Chronic Respiratory Failure: Category J46

Code	Description
J96.11	Chronic respiratory failure with hypoxia
J96.12	Chronic respiratory failure with hypercapnia
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia

Chronic Respiratory Failure

Chronic respiratory failure is a frequently **missed diagnosis** in patients with COPD. A documentation indicator of chronic respiratory failure is **dependence on continuous home oxygen**.

To support medical necessity for oxygen therapy, documentation should reflect:

- A confirmed diagnosis of COPD
- Evidence of hypoxia-related symptoms or findings, as defined by CMS:
 - Arterial PO₂ ≤ 55 mmHg
 - Arterial O₂ saturation ≤ 88%

(Values must be recorded at rest while breathing room air)

Important: Documentation must clearly justify the need for oxygen. Phrases like “Oxygen PRN” or “Oxygen as needed” are **not sufficient** to establish medical necessity.

Clinical Pearl

Patients with COPD should also be evaluated for tobacco cessation and complications of COPD, such as malnutrition, sleep disturbances, and depression.

Avoid using the phrase “**history of**” to describe conditions that are currently active, symptomatic, or stable.



“History of” should only be used for conditions that are **no longer present** or **not receiving active treatment**.



Use additional code, where applicable, to identify:

	Several conditions require reporting an additional diagnosis code to report either current or previous tobacco use, such as cardiac and respiratory conditions. Examples of common conditions which require the reporting of current or previous tobacco use are hypertension, heart disease, COPD and asthma.			
	Z77.22	Exposure to environmental tobacco smoke	P96.81	Exposure to tobacco smoke in the perinatal period
	Z87.891	History of tobacco dependence	Z57.31	Occupational exposure to environmental tobacco smoke
	F17-	Tobacco dependence	Z72.0	Tobacco use

Documentation Example - Validated

Subjective	85-year-old male presents for follow up of chronic obstructive pulmonary disease (COPD). He reports stable respiratory symptoms with no recent exacerbation. He quit smoking 5 yrs ago. Currently uses 2L of supplemental oxygen at night. Denies increased cough, sputum production, or shortness of breath beyond baseline.	Great Example of a validated record. Documentation shows that they are under current treatment for COPD; this supports an active condition
Problem List	Chronic Obstructive Pulmonary disease (COPD) (J44.9) History of tobacco dependence (Z87.891) Chronic respiratory failure with hypoxia (J96.11) Long term use of oxygen (Z99.81)	
Assessment & Plan	COPD (J44.9): Stable. No acute exacerbation. Continue current inhaler regimen. Chronic respiratory failure with hypoxia (J96.11): Patient remains on 2L oxygen at night. Continue home oxygen therapy. History of tobacco use (Z87.891): Quit 5 years ago	