

Pneumonia and COPD Reporting in the Inpatient Setting

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Editor's note: The online version of this article was edited on March 31, 2017 to correct an error.

The ICD-10-CM coding classification offers an improvement in coding selections for diseases and conditions. In particular, conditions in Chapter 10, “Diseases of the Respiratory System (J00-J99),” allow coding professionals to more appropriately select respiratory conditions that have a causal relationship with each other. Since respiratory conditions have a common link, these are conditions that challenge a coding professional when selecting the principal diagnosis and present on admission (POA).

This article highlights pneumonia and chronic obstructive pulmonary disease (COPD) code selections and proper sequencing based on healthcare provider documentation, ICD-10-CM Official Guidelines for Coding and Reporting, and ICD-10-CM conventions. As additional coding guidance continues to develop and change each year, the latest ICD-10-CM Official Guidelines for Coding and Reporting should serve as a guide for coding professionals when selecting the code assignment.

Understanding Conditions of Pneumonia and COPD

Pneumonia becomes complicated when fluid builds up between the lung and chest wall. The causes of pneumonia can be due to bacterial, viral, or fungal infections, or due to chemical inhalations. Symptoms that are similar for both pneumonia and COPD include shortness of breath, coughing, and chest pain. Patients with pneumonia may also experience chills or fever. It is important to note that the COPD population is more likely to develop pneumonia and that pneumonia is considered a comorbidity of COPD. An onset of COPD exacerbation may in fact be an indication that the patient is developing pneumonia. Additionally, pneumonia is treated with respiratory support and antibiotics. Coding professionals reviewing the medical record for code selection of the two conditions may need to query for a cause-and-effect relationship of the two conditions.

Pneumonia code selections are dependent upon associated factors, such as:

- Aspiration
- Organism identified
- Bacterial
- Viral

COPD code selections may be impacted when the following conditions exist:

- Exacerbation, acute
- Lower respiratory infection, acute
- Bronchitis, acute
- Emphysema
- Asthma
- Decompensated, with exacerbation (acute)
- Complicating pregnancy, childbirth, or the puerperium

ICD-10-CM Instructional Notes for COPD

Instructional notes for “Other chronic obstructive pulmonary disease” in the Tabular List has an “Includes” note at the beginning of category J44. In particular chronic obstructive pulmonary disease with acute respiratory lower infection has a “Use additional code to identify the infection” note. The condition of COPD may be complicated based on the underlying

cause documented. The instructional note “Use additional code” informs the coding professional that another code must be assigned as directed if applicable and sequenced after the COPD. The code assignments available for COPD and instructional notes have challenged coding professionals as far as when to select COPD or pneumonia as the principal diagnosis.

Coding Scenario #1

Patient presents as an inpatient with known COPD. The documented discharge diagnosis is pneumonia. Chest X-ray and chest CT scan obtained during the admission showed infiltrate in the right upper lobe and left lower lobe of the lungs. Patient was placed on Levaquin and Azithromycin. Continued monitoring of the lungs. COPD care is treated continuously with home medications.

Code assignment:

- **J44.0**, Chronic obstructive pulmonary disease, acute lower respiratory infection
- **J18.9**, Pneumonia, unspecified organism

Rationale:

The 'use additional code' note at J44.0 indicates that the COPD (J44.9) should be sequenced as the principal diagnosis. A secondary or additional code of pneumonia (J18.9) is reported separately. There is no mention of acute exacerbation. Patient continues treatment with antibiotics for pneumonia as infiltrates are present.

The circumstances of admission dictate the assignment of the principal diagnosis in the inpatient setting. The principal diagnosis is defined in Section II of the ICD-10-CM Official Guidelines for Coding and Reporting for fiscal year 2017. The relevant content from this section includes:

Section II. Selection of Principal Diagnosis

The circumstances of inpatient admission always govern the selection of principal diagnosis. The principal diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as “that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.”

...

B. Two or more interrelated conditions, each potentially meeting the definition for principal diagnosis.

When there are two or more interrelated conditions (such as diseases in the same ICD-10-CM chapter or manifestations characteristically associated with a certain disease) potentially meeting the definition of principal diagnosis, either condition may be sequenced first, unless the circumstances of the admission, the therapy provided, the Tabular List, or the Alphabetic Index indicate otherwise.

C. Two or more diagnoses that equally meet the definition for principal diagnosis

In the unusual instance when two or more diagnoses equally meet the criteria for principal diagnosis as determined by the circumstances of admission, diagnostic workup and/or therapy provided, and the Alphabetic Index, Tabular List, or another coding guideline does not provide sequencing direction, any one of the diagnoses may be sequenced first.

In the event both pneumonia and COPD are documented in a health record, the coding professional must review the complete chart to determine the appropriate code assignment. Sequences and code assignment are subject to specified characteristics of the disease or condition of COPD and pneumonia. Coding guidance or advice provided in reference to COPD and pneumonia is based on the scenario provided. The health record documentation must support the assignment of codes, principal diagnosis selection, and whether a condition is present on admission.

The *AHA Coding Clinic* recently published advice in the third quarter issue of 2016 regarding pneumonia and COPD with acute exacerbation, which should be reviewed by coding professionals. More than one COPD code assignment is applicable when a patient has a lower respiratory infection with acute exacerbation of COPD.

Coding Scenario #2

A 67-year-old patient presents to the hospital with symptoms of cough, fever, and yellow-green tinted mucous. The patient has a history of tobacco use and history of COPD. After further study of a CT scan and laboratory results, the patient is found to have streptococcus pneumonia. Patient's COPD is in acute exacerbation status.

Code assignment:

- **J44.1**, Chronic obstructive pulmonary disease with (acute) exacerbation
- **J44.0**, Chronic obstructive pulmonary disease with acute lower respiratory infection
- **J15.4**, Pneumonia due to other streptococci

Rationale:

COPD with acute exacerbation is reported as the principal diagnosis. The determination of which COPD code (J44.0 or J44.1) should be sequenced as the principal diagnosis is determined by the provider's documentation and reason for admission.

References

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