COPD

A Quick Reference Guide for Providers

Chronic obstructive pulmonary disease (COPD) is an umbrella term for chronic lung disease that may affect patient care even in the absence of active treatment. COPD is progressive and causes breathing problems and obstructs airflow. Tobacco use or exposure is one of the leading causes of COPD.

Asthma is a chronic inflammatory disorder of the airways that leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing episodes. COPD can coexist with asthma and is sometimes referred to as asthma-COPD overlap (ACO).

Documentation Tips:

Documentation for COPD should always include the following:

- **Type**
  - Chronic bronchitis, emphysema, chronic asthma
- **Severity**
  - Acute exacerbation, acute on chronic exacerbation
- **Comorbidities**
  - Pulmonary artery disease, malnutrition, diabetes, cardiac disease, hypertension, heart failure, lung cancer, coronary artery disease
- **Oxygen dependence or chronic respiratory failure for COPD with other diseases**
  - Cystic fibrosis, lung injury
- **Tobacco status and/or exposure along with resulting conditions**
  - Simple chronic bronchitis (smoker's cough)
- **Acute lower respiratory infection and infectious agent, if known**
  - Acute bronchitis, pneumonia
- **External cause and specific agent, if known**
  - Ongoing and long-term exposure to chemicals, dust and fumes
- **Treatment and diagnostic tests**
  - Oxygen, bronchodilators, PFT, chest X-rays

Reminders:

- COPD should be assessed and reported annually, even when controlled and stable.
- When a patient has COPD and asthma, the specified type of asthma should also be documented.
- Always document to the highest known level of specificity.

For questions or more information, please contact:

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