

Medicare Risk Adjustment Coding Focus

Emphysema



Overview

Emphysema is an irreversible respiratory condition that causes the tissues in the tiny air sacs of the lungs, known as alveoli, to become damaged and enlarged. The alveoli facilitate the oxygen and carbon dioxide exchange within the lungs and bloodstream. Due to the malfunction of oxygen and carbon dioxide exchange, people with emphysema may also develop chronic bronchitis. This is inflammation of the bronchial tubes that leads to a persistent cough. These two conditions make up Chronic Obstructive Pulmonary Disease (COPD).¹

Historically, in the United States, men have led in numbers for this disease until the last few years. The rate of women diagnosed with emphysema has increased by more than 60%.²

Signs and Symptoms

Emphysema can be present for many years without any signs or symptoms. The most common symptom is shortness of breath that begins gradually and can progress over time. An individual may eventually start to avoid activities that can cause shortness of breath and, in

some cases, they may notice that routine daily activities are affected. As the disease progresses, sitting upright or lying down will make it difficult to breathe, due to the limitations of air intake.³

Risk Factors

Smoking is the main cause of emphysema. Other risk factors include:

- Exposure to secondhand smoke
- Occupational exposure to dust or fumes
- Exposure to indoor or outdoor pollution

Prevention strategies include not smoking, avoiding secondhand smoke and the use of a protective mask when working with chemicals or other air pollutants.

Treatment

The physician may order lab work, pulmonary function tests, arterial blood gas, chest x-ray or Computed Tomography (CT scan) in order to diagnose emphysema and determine the level of severity of the disease. Managing the symptoms of emphysema may include bronchodilators inhaled through a metered dose inhaler (MDI) or nebulizer. These devices deliver a pre-set dose of medication, which may be long or short-term acting, to the lungs to open the airways. Other medical treatment may include oxygen therapy, antibiotics, corticosteroids, pulmonary rehabilitation or lung reduction surgery.

Coding Guidance

Chapter 10 on the ICD-CM codebook covers Diseases of the Respiratory System.⁴ An additional diagnosis code may be required to identify:

- Tobacco use (Z72.0) or dependence (F17.-)
- History of tobacco use –Z87.891
- Exposure to environmental tobacco smoke (Z77.22), occupational (Z57.31)

Emphysema HCC 111

J43.0 – Unilateral pulmonary emphysema [MacLeod's syndrome]
J43.1 – Panlobar emphysema
J43.2 – Centrilobular emphysema
J43.8 – Other emphysema
J43.9 – Emphysema, unspecified
J98.2 – Interstitial emphysema
J98.3 – Compensatory emphysema

Resources:

¹ Mayo Clinic (n.d.). Emphysema. Accessed June 26, 2018 from mayoclinic.org

² COPD Statistics (n.d.) Emphysema & COPD. Accessed June 26, 2018 from copd.net

³ American Lung Association (n.d.). Emphysema & COPD. Accessed June 26, 2018 from lung.org

⁴ Schmidt, A. & Patterson, L. (2018). ICD-10-CM Expert for Physicians. Optum Insight Inc.