Chronic Obstructive Pulmonary Disease (COPD) Documentation Best Practices

WellSense HEALTH PLAN

Risk factors

More than 15 million adults have Chronic Obstructive Pulmonary Disease (COPD) in the U.S. and it contributes to a significant number of disabilities. According to the CDC, COPD is the 4th leading cause of death in the United States[i]. Smoking is the #1 cause of COPD in the U.S., including both exposure to tobacco smoke and smoking cigarettes.

Risk factors	
Medical	**Environmental**
Asthma	Chemical Fumes
Infections such as Tuberculosis or HIV	Air Pollution
Changes in lung growth and development	Secondhand Smoke
Age: COPD generally does not develop until 40+	**Personal behavior/history**
Aspirin and other nonsteroidal anti-inflammatory drugs	Smoking
Alpha-1 Antitrypsin (AAT) Deficiency	

Role of spirometry in COPD

To support an initial diagnosis of COPD, the documentation must contain spirometry results for risk adjustment verification. The GOLD standard for COPD diagnosis is an FEV1/FVC < 0.7.

The following results delineate GOLD grades and severity of airflow obstruction in COPD:

Gold Grade[ii]	Severity
GOLD 1	Mild
	FEV1 > 80% predicted
GOLD 2	Moderate
	50 % ≤ FEV1 ≤ 80% predicted
GOLD 3	Severe
	30% ≤ FEV1 < 50% predicted
GOLD 4	Very Severe
	FEV1 < 30% predicted

Documentation requirements

To ensure accurate coding of COPD, the documentation must clearly indicate:

- Clarify the condition the patient is being treated for. The COPD clinical umbrella includes: chronic obstructive asthma, chronic bronchitis, COPD and emphysema, but ICD-10 separates them for coding and tracking purposes and to show progression of disease state.
- Document spirometry results in the initial diagnosis of COPD, and to show disease progression. In the case of COVID restrictions or a patient with COVID, document the reason why spirometry wasn't performed.
- Document tobacco use or exposure, as appropriate.

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

- Identify if the patient is experiencing an additional infection/condition or an exacerbation of their pulmonary disease.
- Capture the cause of the condition: environmental, smoking or genetic

Documentation examples

COPD

HPI: Patient is here for a follow up of their COPD and taking medications as ordered. They're a former 2-pack per day smoker for 15 years; quit 10 years ago. The PFT test completed last week shows FEV1 of 50% predicted and FEV1/FVC of 60% predicted.

PE: Vitals normal: PE normal except for some expiratory wheezing: ROS negative

A: **J44.9 Chronic Obstructive Pulmonary Disease, unspecified**
Z87.891 Personal history of nicotine dependence

P: Continue current treatment plan as prescribed; will recheck patient in three months. Referral sent to pulmonology; requested visit notes be submitted to PCP office once encounter complete.

COPD with exacerbation

HPI: Patient is here for a follow up of their COPD. They're taking their medications as ordered; however, the last few days they have been coughing more, not sleeping well and are having a hard time taking a deep breath. Patient is a former 1-pack per day smoker for 18 years; quit 5 years ago. A PFT test was completed 2 weeks ago and shows FEV1 of 60% predicted and FEV1/FVC of 65% predicted.

PE: Vitals normal: PE normal except for expiratory wheezing and SOB: ROS negative

A: **J44.1 Chronic Obstructive Pulmonary Disease with (acute) exacerbation**
Z87.891 Personal history of nicotine dependence

P: Prednisone prescription sent to pharmacy; use as prescribed and contact PCP if exacerbation gets worse or doesn't abate in a week. Continue former treatment plan as prescribed; will recheck patient in three months if no concerns prior to next visit. Referral sent to pulmonology.

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[i] COPD - What Is COPD? | NHLBI, NIH

[ii] 2023 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD (goldcopd.org