**J44 - J45 Diseases of the Respiratory System**

**J44 Other chronic obstructive pulmonary disease**

- **INCLUDES**
  - asthma with chronic obstructive pulmonary disease
  - chronic asthmatic (obstructive) bronchitis
  - chronic bronchitis with airway obstruction
  - chronic bronchitis with emphysema
  - chronic emphysematous bronchitis
  - chronic obstructive asthma
  - chronic obstructive bronchitis
  - chronic obstructive tracheobronchitis

- **Code also:**
  - type of asthma, if applicable (J45.~)
  - Use additional code to identify:
    - exposure to environmental tobacco smoke (Z77.22)
    - history of tobacco dependence (Z87.891)
    - occupational exposure to environmental tobacco smoke (Z57.31)
    - tobacco dependence (F17.~)

- **EXCLUDES 1**
  - bronchectasis (J47.~)
  - chronic bronchitis NOS (J42)
  - chronic simple and mucopurulent bronchitis (J41.~)
  - chronic tracheitis (J42)
  - chronic tracheobronchitis (J42)
  - emphysema without chronic bronchitis (J43.~)

- **GUIDELINES**

  **Section I.C.10.a**
  The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.

- **CODING TIP:**
  - When the physician reports chronic obstructive asthma or chronic asthmatic bronchitis, and the type of asthma is specified, an additional code from category J45.- should be reported.

- **AHA:**
  - 1Q 2017, 25
  - 2Q 2017, 30

**J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection**

- **Code also:**
  - to identify the infection

- **CODING TIP:**
  - Assign a code from J44.0 when a patient has both a condition classifiable to J44 and a diagnosis of a lower respiratory tract infection. An additional code should be assigned to report the infection. If the physician confirms both a diagnosis of a lower respiratory tract infection and exacerbation of the condition classifiable to J44, both J44.1 and J44.0 should be assigned, followed by a code for the specific lower respiratory infection. Lower respiratory infections include pneumonia, bronchitis and bronchiolitis.

- **AHA:**
  - 3Q 2016, 15-16
  - 1Q 2017, 26
  - 2Q 2017, 30
  - 4Q 2017, 75

**J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation**

- **DEEMAS**
  - Decompensated COPD
  - Decompensated COPD with (acute) exacerbation

- **EXCLUDES 2**
  - chronic obstructive pulmonary disease [COPD] with acute bronchitis (J44.0)
  - lung diseases due to external agents (J60-J70)

- **CODING TIP:**
  - Documentation: Do not assign J44.1 unless the physician has confirmed that the condition is exacerbated. An exacerbation may not be assumed without physician confirmation, and changes in treatment and medication regimen do not presume an exacerbation.

- **AHA:**
  - 1Q 2016, 36
  - 3Q 2016, 15-16
  - 1Q 2017, 26
  - 4Q 2017, 75

**J44.9 Chronic obstructive pulmonary disease, unspecified**

- **CODES**
  - Chronic obstructive airway disease NOS
  - Chronic obstructive lung disease NOS
  - Chronic obstructive lung disease unspecified

- **EXCLUDES 1**
  - lung diseases due to external agents (J60-J70)

- **AHA:**
  - 4Q 2013, 109, 129
  - 4Q 2014, 21
  - 1Q 2016, 36-37
  - 1Q 2017, 24
  - 1Q 2017, 25
  - 4Q 2017, 76
  - 4Q 2017, 76

**J45 Asthma**

- **INCLUDES**
  - allergic (predominantly) asthma
  - allergic bronchitis NOS
  - allergic rhinitis with asthma
  - atopic asthma
  - extrinsic allergic asthma
  - hay fever with asthma
  - idiosyncratic asthma
  - intrinsic nonallergic asthma
  - nonallergic asthma

- **Use additional code to identify:**
  - eosinophilic asthma (J82.83)
  - exposure to environmental tobacco smoke (Z77.22)
  - exposure to tobacco smoke in the perinatal period (P96.81)
  - history of tobacco dependence (Z87.891)
  - occupational exposure to environmental tobacco smoke (Z57.31)
  - tobacco dependence (F17.~)

- **EXCLUDES 1**
  - detergent asthma (J69.8)
  - eosinophilic asthma (J82)
  - miner’s asthma (J86)
  - wheezing NOS (R06.2)
  - wood asthma (J67.8)

- **EXCLUDES 2**
  - asthma with chronic obstructive pulmonary disease (J44.9)
  - chronic asthmatic (obstructive) bronchitis (J44.9)
  - chronic obstructive asthma (J44.9)

- **GUIDELINES**

  **Section I.C.10.a**
  The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.

- **CODING TIP:**
  - Assign J43.9 with a code from J45 for emphysema, COPD and asthma. (AHA: 1Q 2019)

- **CODING TIP:**
  - Documentation: When reporting a code from category J45.-, do not report the condition as exacerbated without physician confirmation of the diagnosis. An exacerbation may not be assumed without physician confirmation, and changes in treatment and medication regimen do not presume an exacerbation.
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J45.9 Other asthma

- J45.99 Exercise induced bronchospasm
- J45.991 Cough variant asthma
- J45.998 Other asthma

Asthma

- Normal bronchiole
- Swelling
- Tight muscles

DEFINITION
Asthma is also known as reactive airway disease. It is an inflammatory process of the lining of the airways of the lungs and is considered reversible. Patients with asthma typically develop wheezing, shortness of breath and cough. Because the inflammation of the lining of the airways is considered reversible, asthma symptoms are intermittent and cover a spectrum from mild-to-severe disease. Several symptoms overlap in patients with COPD and asthma. A history of wheezing strongly suggests a diagnosis of asthma, whereas chronic cough productive of sputum is more indicative of COPD.

AHA: 1Q 2019, 27

Lung diseases due to external agents (J60-J79)

- J60 Coalworker's pneumoconiosis
  - Anthracosis
  - Black lung disease

DEFINITION
Silicotic nodules and scar-tissue formation in the lungs due to prolonged inhalation and collection of coal dust particles in the bronchioles.

J61 Pneumoconiosis due to asbestos and other mineral fibers
- Asbestosis
  - pleural plaque with asbestosis (J92.0)
  - pneumoconiosis with tuberculosis, any type in A15 (J65)

DEFINITION
Chronic lung disease caused by inhaling asbestos particles over a prolonged period.

J62 Pneumoconiosis due to dust containing silica
  - silicotic fibrosis (massive) of lung

DEFINITION
Pneumonoconiosis with tuberculosis, any type in A15 (J65)

J63 Pneumoconiosis due to other inorganic dusts

DEFINITION
Pneumonoconiosis with tuberculosis, any type in A15 (J65)

- J63.0 Silicosis
  - Silicotic fibrosis (of lung)

DEFINITION
AHA: 1Q 2021, 18

Bronchiectasis

INCLUDES bronchiectasis

Use additional code to identify:
- exposure to environmental tobacco smoke (Z77.22)
- exposure to tobacco smoke in the perinatal period (P96.81)
- history of tobacco dependence (Z57.31)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.1)
- tobacco use (Z72.0)

EXCLUDES 1 congenital bronchiectasis (Q33.4)
- tuberculous bronchiectasis (current disease) (A15.0)

EXCLUDES 2 asthma (J45.9)
- malignant neoplasm of bronchus and lung (C34.9)

J64 Unspecified pneumoconiosis

EXCLUDES 1 pneumoconiosis with tuberculosis, any type in A15 (J65)

J65 Pneumoconiosis associated with tuberculosis
- Any condition in J60-J64 with tuberculosis, any type in A15 Silicotuberculosis