

Cough Codes – Clinical Rationale

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ICD-10 Coordination and Maintenance Committee
Baltimore, MD

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CMS, Hospital Outpatient Panel

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Joint Clinical Practice Committee

American College of Physicians (ACP)
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Chair, Practice Expense Subcommittee
Member, CPT/RUC Workgroup on E/M

National Board for Respiratory Care (NBRC)
Trustee

Disclaimers

Opinions - my own

Consultant – see disclosure* in program

No representation, guarantee or warranty of fitness

- Grand Rounds speaker, lecturer, consultant, and expert witness on documentation, coding, billing, and reimbursement to hospitals, physicians, departments, practice groups, insurers, professional societies, and attorneys (defense, plaintiff “qui tam”, US Attorneys General, and the Office of the Inspector General).
- Consultant to Aetna, Apnicure, Pfizer, Novartis, and Johnson & Johnson.
- Expert witness in workers’ compensation and in medical negligence matters.
- Stock held in 3M; and (spouse) Pfizer, Johnson & Johnson.
- Former Director, ACCP Enterprises, Inc. (wholly owned, for profit subsidiary of ACCP).
- Member of AMA RUC.
- Trustee, National Board for Respiratory Care (NBRC).
- Section Editor (Critical Care), UpToDate.

Coalition

American College of Allergy, Asthma & Immunology

American Thoracic Society

CHEST (American College of Chest Physicians)

Merck

History (I)

1998:

- 1st international guideline on cough
- Summarized known physiology
- Divided cough by duration: <3 weeks or 3-8 weeks
 - Addressed common diagnoses and corresponding treatments for both categories
- Never addressed truly chronic, inexplicable cough of >8 wk duration
- Landmark step forward

Irwin RS et al. Managing cough as a defense mechanism and as a symptom: a consensus report of the American College of Chest Physicians. Chest 114 (Suppl.): 133S-181S, 1998

History (II)

2006:

- 2nd international guideline on cough
- Now divided cough into three durations:
 - Acute, <3 weeks
 - Subacute, 3-8 weeks
 - Chronic, >8 weeks
 - Again addressed common diagnoses and corresponding treatments
 - Different diagnoses (and therefore treatments) in each category
- Another step forward

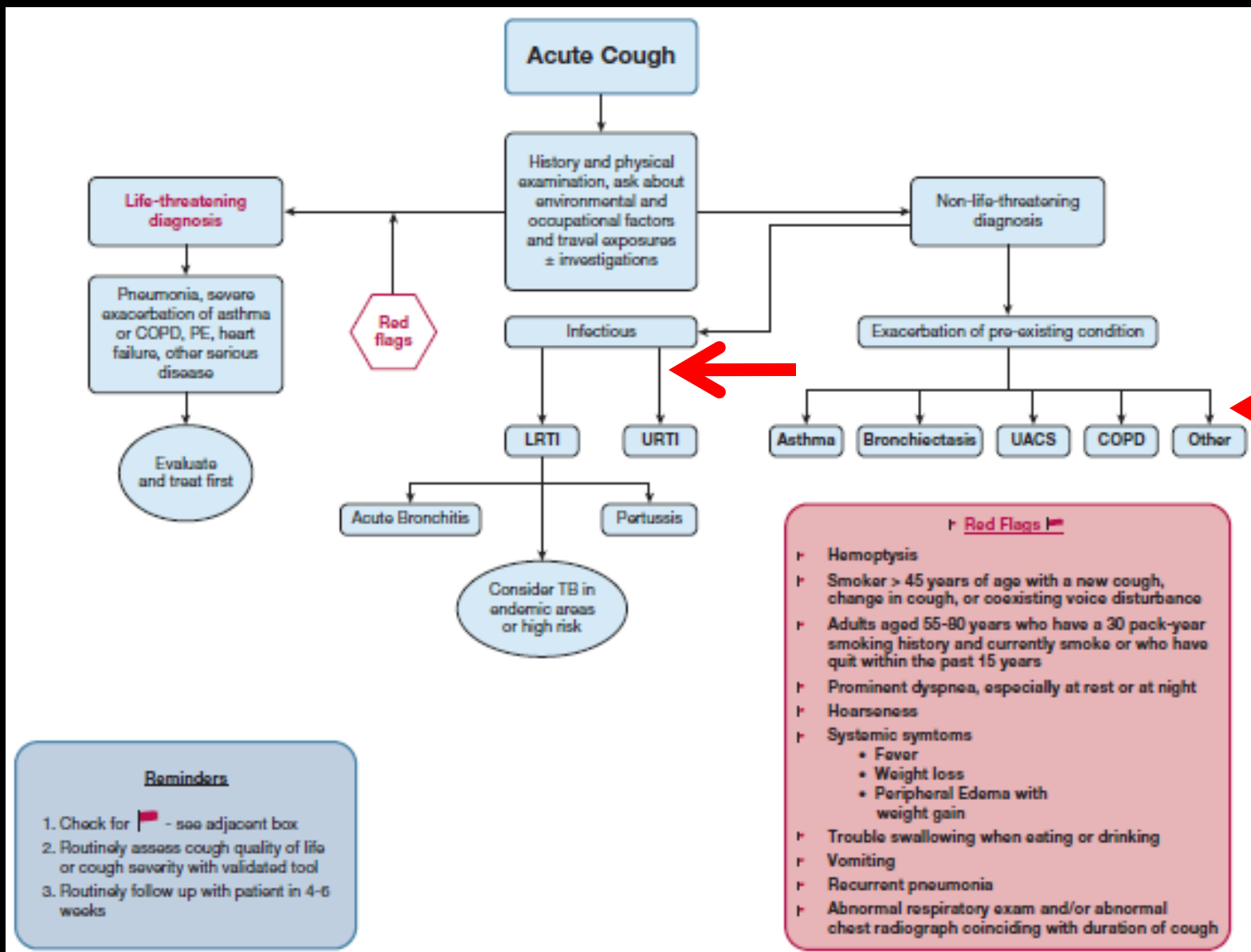
Irwin RS et al. Diagnosis and management of cough executive summary: ACCP evidence-based clinical practice guidelines. Chest 129 (Suppl.):1S-23S, 2006.

History (III)

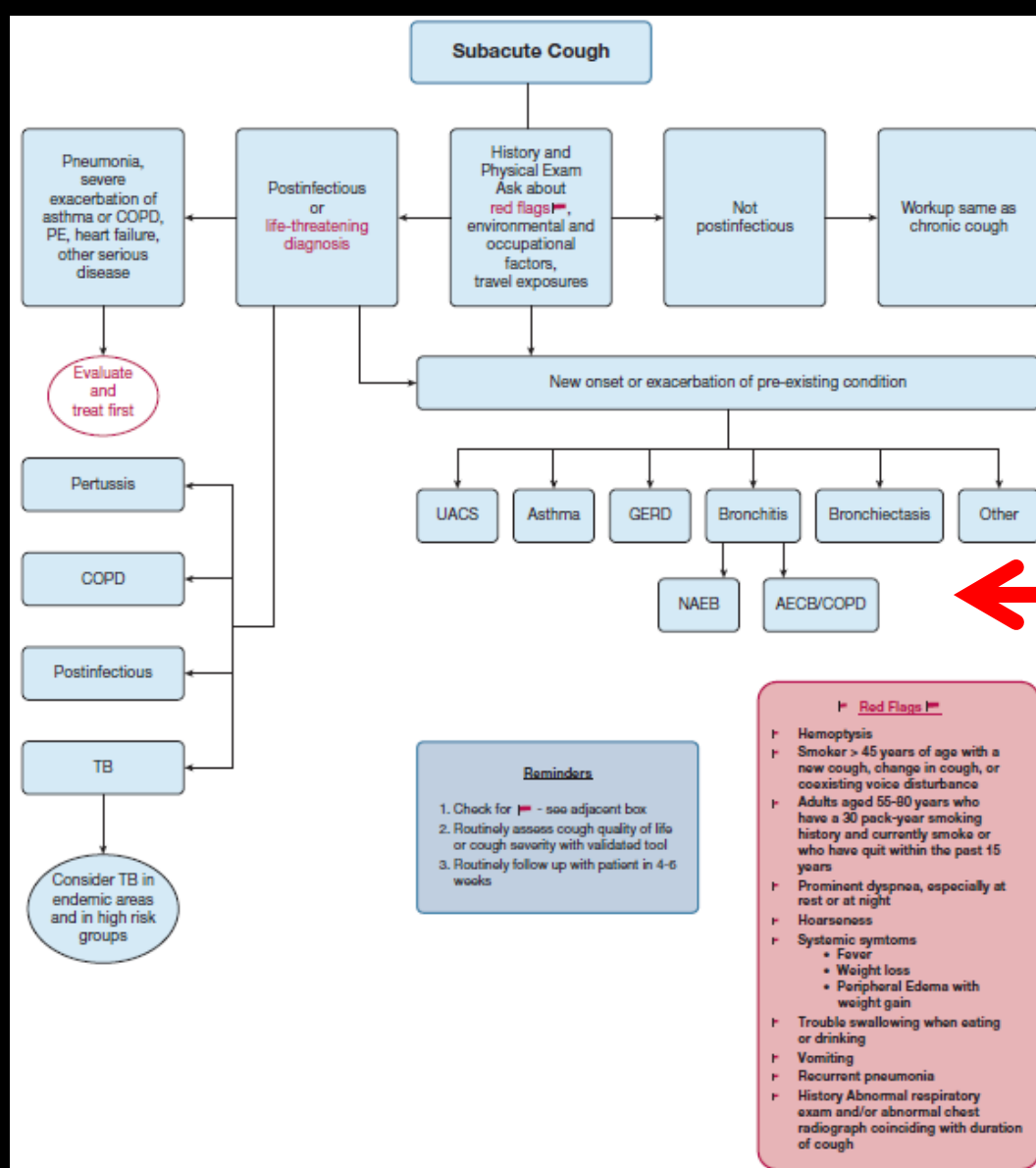
2018:

- 3rd international guideline on cough, updating from 2006
- Cough remains divided into same three durations:
 - Acute, <3 weeks
 - Subacute, 3-8 weeks
 - Chronic, >8 weeks
 - Again addressed common diagnoses and corresponding treatments
 - Different diagnoses (and therefore treatments) in each category
- Now known that “...the definitions were being used around the globe and that the management algorithms would accurately predict the most common causes of acute, subacute, and chronic cough.”

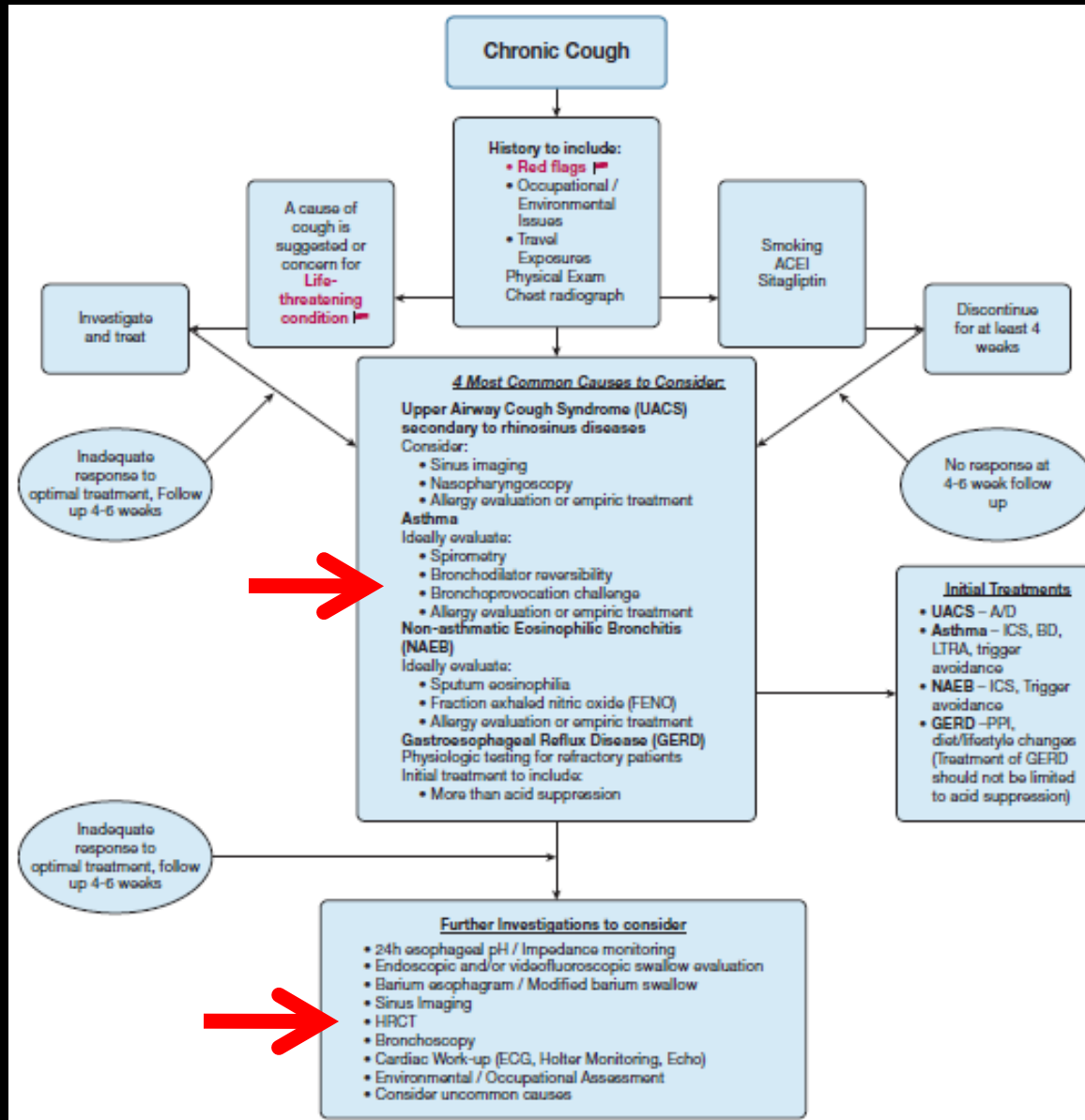
Irwin RS et al. Classification of cough as a symptom in adults and management algorithms; CHEST guideline and expert panel report. CHEST 153:196-209, 2018



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US National Library of Medicine

How to find chronic cough?!

A service of the U.S. National Library of Medicine | National Institutes of Health

Unified Medical Language System®

UMLS Terminology Services

Metathesaurus Browser

UTS Home Applications SNOMED CT Resources Downloads Documentation UMLS Home

Search Tree Recent Searches

Basic View Report View Raw View

cough

Release: 2018AB

Search Type: Word

Source: All Sources AIR ALT AOD AOT

Search Results (1569)

- [C2202983](#) Cough weak
- [C2203209](#) wheezy cough
- [C2220033](#) new onset of cough
- [C2365460](#) Robafen Cough
- [C2608373](#) Cough Relief
- [C2608504](#) Tussin Cough
- [C2723142](#) Cough Syrup brand of Dextromethorphan
- [C2919453](#) Postviral cough
- [C3153353](#) Cough Out
- [C3162394](#) DayQuil Cough
- [C3504339](#) Cough Recorders
- [C3553459](#) Recurrent cough
- [C3671986](#) Honking cough
- [C3671987](#) Tracheal cough
- [C3817362](#) Entre-Cough
- [C3819099](#) Broncolin Cough
- [C3871556](#) Flanax Cough
- [C3899823](#) CCQ 24 Hour Version - Did You Cough
- [C3899833](#) CCQ 1 Week Version - Did You Cough
- [C4061158](#) Absence of cough
- [C4086656](#) Often Cough
- [C4086845](#) Seldom Cough
- [C4318957](#) Cough duration:Time:Point in time:Patient:Quantitative
- [C4319794](#) Cough duration
- [C4325538](#) Cardiogenic cough

Concept: [C4318957] Cough duration:Time:Point in time:Patient:Quantitative

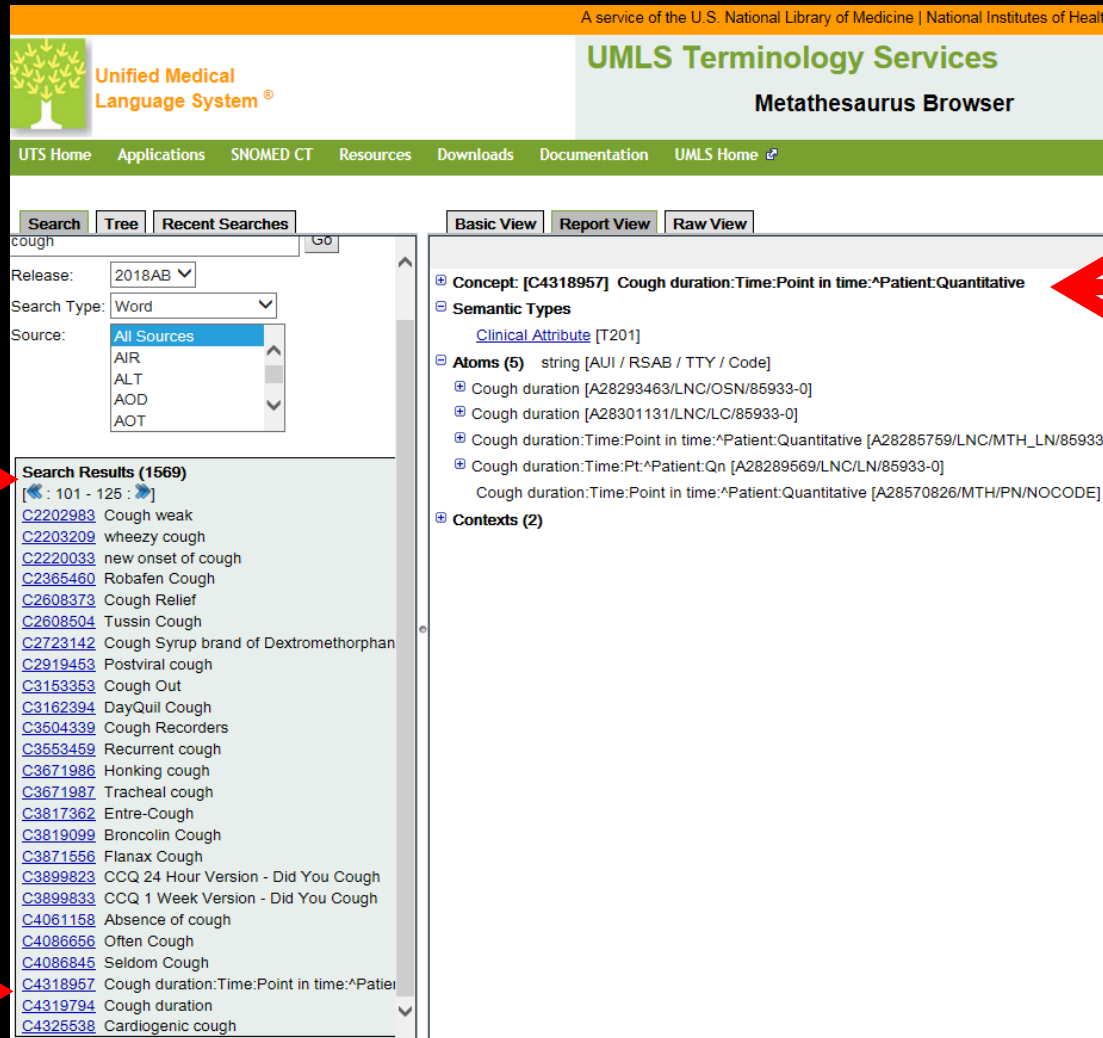
Semantic Types

- [Clinical Attribute \[T201\]](#)

Atoms (5) string [AUI / RSAB / TTY / Code]

- Cough duration [A28293463/LNC/OSN/85933-0]
- Cough duration [A28301131/LNC/LC/85933-0]
- Cough duration:Time:Point in time:Patient:Quantitative [A28285759/LNC/MTH_LN/85933-0]
- Cough duration:Time:Pt:Patient:Qn [A28289569/LNC/LN/85933-0]
- Cough duration:Time:Point in time:Patient:Quantitative [A28570826/MTH/PN/NOCODE]

Contexts (2)



Why Not (Yet!) SNOMED And ICD-11?

Stability of classification for almost 15 years

International use of this classification for research and clinical care only now known

Opioid epidemic implications: codeine or dextromethorphan only recommended for short term cough suppression with chronic bronchitis (Bolser DC. Cough suppressant and pharmacologic protussive therapy: ACCP evidence-based clinical practice guidelines. Chest 129 (Suppl): 238S–249S, 2006)

Lack of efficacy data for many commonly prescribed remedies; requires further classification both by disease state and cough duration

Important to exclude cough as a symptom diagnosis when underlying etiology identified



“We’d now like to open the floor to shorter speeches disguised as questions”