

Internal Medicine Coding Alert

ICD-10 Update: Acute Laryngitis: More Than One Option In The Foray

Don't forget to take into account the number of conditions the code will represent.

Although the descriptor to acute laryngitis code doesn't mention obstruction as in ICD-9, you still have to delve into patient documentation to check for this as you have two codes in ICD-10 for acute laryngitis based on the presence or absence of obstruction.

ICD-9: Diagnosis coding is simple in ICD-9 when your physician diagnoses acute laryngitis. If no obstruction is present, you assign 464.00 (Acute laryngitis; without mention of obstruction). If an obstruction is present, you assign 464.01 (Acute laryngitis; with obstruction). Both codes apply to patients with several types of laryngitis:

- Edematous laryngitis
- Hemophilus influenzae laryngitis
- Pneumococcal laryngitis
- Septic laryngitis
- Suppurative laryngitis
- Ulcerative laryngitis

The codes also apply to acute laryngitis not otherwise specified.

ICD-10: Once ICD-10 goes into effect, you'll use code J04.0 (Acute laryngitis) to report acute laryngitis without obstruction. ICD-10 has a broader description of acute laryngitis that doesn't include the explanatory phrase "without obstruction" in the descriptor. Also, ICD-10 asks you to report an additional code (B95-B97) to identify the infectious agent responsible for the acute laryngitis, if possible.

Remember, until a test confirms a condition, you should use signs-and-symptoms diagnoses rather than the diagnosis code for the condition itself. Look to your physician's documentation to guide your code selection.

Reminder: Even though descriptor doesn't mention obstruction, you will have to look through documentation for presence of obstruction. If obstruction is present, you will have to look at J05.0 (Acute obstructive laryngitis [croup]) instead of J04.0.

Coding tip: If the patient follows a treatment plan, he or she should have a quick recovery from acute laryngitis. If the patient's symptoms have not resolved after approximately 3 weeks, however, the physician should evaluate the patient for chronic laryngitis. You currently code chronic laryngitis as 476.0, and will switch to J37.0 (Chronic laryngitis) under ICD-10.

Example: Your FP assesses an established patient presenting with symptoms of cough, sore throat, and hoarseness of voice. The patient complains that he has been suffering from these symptoms for the past week and has now developed severe symptoms of rhinitis and has been having fever for the past two days.

Your FP records the patient's history and performs a thorough examination of the patient. He then performs a direct examination of the larynx using a laryngoscope and observes edema in the vocal folds. He mentions that there is no obstruction of the airways present.

Based on history, examination, and findings during laryngoscopy, your clinician arrives at the diagnosis of acute laryngitis without obstruction.

What to report: You report the evaluation of the patient with an appropriate evaluation and management code, such as

99213 (Office or other outpatient visit for the evaluation and management of an established patient...). You report the diagnosis with J04.0 using ICD-10 and 464.00 if you are using ICD-9 code sets.