

Internal Medicine Coding Alert

ICD-10 Update: Allergic Rhinitis: One-to-One Transition in ICD-10

Vasomotor rhinitis can be reported with a specific code in ICD-10.

When reporting a diagnosis of allergic rhinitis with ICD-10 codes, you will have to base your reporting on the allergen that is causing the rhinitis as you did in ICD-9. If a causative allergen has not been identified, you will have to use an unspecified code similar to the way you did in the ICD-9 code system.

ICD-9: When your internist arrives at a diagnosis of allergic rhinitis, you will have to delve into documentation to check if the allergic cause has been identified, as it will affect the code that you will select. If no cause has been identified, you will have to report it with 477.9 (Allergic rhinitis cause unspecified).

You have the following choices to opt from if documentation reveals the allergic etiology:

- 477.0 (Allergic rhinitis due to pollen)
- 477.1 (Allergic rhinitis due to food)
- 477.2 (Allergic rhinitis, due to animal [cat] [dog] hair and dander)
- 477.8 (Allergic rhinitis due to other allergen)

So, for instance, if you see in the chart notes that the allergic rhinitis is caused by animal hair, you will have to report 477.2. If the cause for the rhinitis is known and is other than food, pollen, hair or dander, you will have to choose 477.8.

ICD-10: When you switch to using ICD-10 codes instead of ICD-9, you will have to report allergic rhinitis in almost the same way as you did in ICD-9. However, you will have an additional choice in ICD-10 to report non-allergic rhinitis (vasomotor rhinitis). You report this with the ICD-10 code, J30.0 (Vasomotor rhinitis). In ICD-9, you report the unspecified code for vasomotor rhinitis.

For allergic rhinitis where your internist has not identified the cause, you will report J30.9 (Allergic rhinitis, unspecified). Again, as in ICD-9, if the cause for the allergy has been identified, you will have to choose from other options:

- J30.1 (Allergic rhinitis due to pollen)
- J30.2 (Other seasonal allergic rhinitis)
- J30.5 (Allergic rhinitis due to food)
- J30.81 (Allergic rhinitis, due to animal [cat] [dog] hair and dander)
- J30.89 (Other allergic rhinitis)

Note: Coding guidelines note that J30.9 will include spasmodic rhinorrhea. You will have to choose a different ICD-10 code if the patient is suffering from allergic rhinitis with asthma. You report this with the ICD-10 code, J45.909 (Unspecified asthma, uncomplicated). For rhinitis NOS, you will have to choose J31.0 instead of J30.-.

Focus on These Basics Briefly

Documentation spotlight: Your clinician will arrive at a diagnosis of allergic rhinitis based on findings of history, signs

and symptoms, physical examination, and results of certain tests.

Some of the common findings that your clinician might observe in a patient with allergic rhinitis will include sneezing, rhinorrhea, congestion, postnasal drip, headache, earache, redness or swelling of the eyes, drowsiness, fatigue, and malaise.

Your clinician will obtain a detailed history to evaluate a patient for allergic rhinitis. Important elements include an evaluation of the nature, duration, and time course of symptoms; possible triggers for symptoms; response to medications; comorbid conditions; family history of allergic diseases; environmental exposures; occupational exposures; and effects on quality of life. A thorough history may help the physician identify specific triggers for the condition.

Upon examination, your clinician might note dark circles around the eyes along with the presence of a nasal crease (caused by upward rubbing of the nose). Upon internal examination of the nose, your clinician might note the enlargement of nasal turbinates and the presence of erythema of the mucosa. Your clinician might note that the nasal secretions are thin and watery, which is indicative of allergic rhinitis. Your clinician will also check for any other abnormalities, such as a deviation of the nasal septum, or check for the presence of any polyps or tumors.

Tests: Your clinician might test the patient for reaction to specific allergens in order to confirm the diagnosis of allergic rhinitis and to determine specific allergic triggers. Skin testing is the most common method of allergy testing. Your physician might also obtain a nasal smear to establish the diagnosis.

Your clinician might, in some cases, ask for radiographic imaging. This will not help confirm the diagnosis of allergic rhinitis but will help your clinician assess if there are any structural abnormalities present and will help in identifying other coexisting conditions or any other complications resulting from the rhinitis.