

## Internal Medicine Coding Alert

### ICD-10: Use One-to-one Transition Code For Chronic Laryngitis

**Hint: Don't forget to report exposure to tobacco or infectious agents separately.**

If your physician diagnoses a patient with chronic laryngitis, you will have to use a simple switchover code to report this condition in ICD-10. Apart from this, all other criteria for reporting this condition, including the types of laryngitis that you report with the same code, remain the same as in ICD-9.

**ICD-9:** When the physician arrives at a diagnosis of chronic laryngitis, you report it with the ICD-9 code, 476.0 (Chronic laryngitis). You will have to report the same ICD-9 code for patients with different types of chronic laryngitis:

- Catarrhal laryngitis
- Hypertrophic laryngitis
- Sicca laryngitis

**ICD-10:** When you shift to using ICD-10 codes on or after Oct.1, 2015, you will have to begin using J37.0 for a diagnosis of chronic laryngitis, instead of using 476.0. As with ICD-9, you use J37.0 for the same list of different types of laryngitis mentioned above.

You cannot use J37.0 when your clinician diagnoses the patient with acute laryngitis. You report this with a different ICD-10 code. You use J04.0 to report this condition. Similarly, you cannot use J37.0 for croup (acute obstructive laryngitis). You report J05.0 instead.

If your internist attributes the condition to exposure to tobacco smoke or to tobacco use, you will have to use one of the following codes additionally:

- exposure to environmental tobacco smoke (Z77.22)
- exposure to tobacco smoke in the perinatal period (P96.81)
- history of tobacco use (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

Also, ICD-10 asks you to report an additional code (B95-B97) to identify the infectious agent responsible for the chronic laryngitis if your physician has identified it as being caused due to a previously acute infection.

#### Focus on These Basics Briefly

**Documentation spotlight:** Your physician will arrive at a final diagnosis of chronic laryngitis based on findings of history, examination, imaging studies, and laboratory findings.

Some of the common findings that you are more likely to note in a patient with chronic laryngitis will include chronic cough that usually aggravates during the night, hoarseness of voice, dysphonia, and stridor. Some patients might also experience pain in the ear and difficulty with swallowing of food.

If your internal medicine specialist suspects a diagnosis of chronic laryngitis, he will undertake a complete history to see if the patient has had any exposure to tobacco smoke or any other hazardous fumes due to occupational exposure. He will also document if the patient has a history of smoking as exposure to tobacco smoke and any other fumes can lead to chronic laryngitis.

Your clinician will also review the patient to see if he is suffering from symptoms of gastroesophageal reflux disease (GERD), as this condition can contribute to the development of chronic laryngitis. He will also check for history of any allergies, asthma, and autoimmune disorders, as these conditions can precipitate the symptoms of chronic laryngitis.

If the patient is also having symptoms of fever and other signs of infection, your clinician will suspect that the chronic laryngitis has occurred as a result of infections.

**Tests:** If your physician suspects that the laryngitis has been caused due to an infectious agent, he will undertake tests like complete blood count, differential counts, sputum culture, and swab culture. He might order for skin tests if he suspects allergies contributing to the condition.

He might also order for imaging studies such as x-rays of the neck and chest areas or other studies such as a CT scan or an MRI to check for alterations in the laryngeal structures.