

Internal Medicine Coding Alert

Reader Questions: Skip the Unspecified Asthma Codes

Question: An elderly patient with a history of asthma developed bronchitis. How should I code the bronchitis? Should I report an asthma code?

Texas Subscriber

Answer: You should list 466.0 (Acute bronchitis) as the primary - and possibly only - diagnosis. Remember to avoid using an unspecified asthma code (493.9x, 493.x0).

If you don't have access to the physician's notes, go back to the physician for more information, if the documentation supports assigning an asthma code at all. If the physician simply mentions that the patient has a history of asthma, you may want to reconsider reporting 493.xx. Part of the decision depends on the place of service:

1. **Inpatient:** In this case, code the secondary diagnosis because you need as many comorbidity ICD-9 codes as possible to support the assigned E/M level in a facility setting.
2. **Outpatient:** Look at whether the visit addresses the asthma. If the patient's asthma is not causing any problems, the condition may not warrant using an ICD-9 code. But if the condition affects the encounter - for instance, the patient's asthma medication impacts the bronchitis' treatment - report the condition.

Be careful: Some insurers will deny unspecified asthma code 493.9x. Depending on the service you are reporting and whether the payer accepts the code, you may have to submit additional notes and ultimately have to select a specific code.

Better method: Before filing the claim, get the information you need to avoid using an unspecified code.

You don't indicate that the patient's asthma is exacerbated (493.x2, ... with [acute] exacerbation) or that the condition requires treatment with a nebulizer, so the patient's asthma is probably stable. In this case, you would use a fifth-digit sub-classification of 0.

You can assign the appropriate specific asthma code with one more piece of information: the patient's asthma type. Use 493.01 for a stable extrinsic (typical) asthmatic and 493.11 for a stable intrinsic (less common) asthmatic.

- Answers for You Be the Coder and Reader Questions were reviewed by **Kathy Pride, CPC, CCS-P**, a coding consultant for QuadraMed in Port St. Lucie, Fla.; and **Bruce Rappoport, MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise.