

Internal Medicine Coding Alert

YOU Be the Coder: CD-9 Coding for COPD/Bronchitis

Question: A new patient reports to the internist complaining of shortness of breath and coughing. The internist performs a level-three E/M, then orders a spirometry (the practice owns the spirometry equipment). Based on test results, the physician diagnoses chronic obstructive pulmonary disease (COPD) with acute bronchitis. When choosing ICD-9 codes, should I code the COPD and bronchitis separately?

South Dakota Subscriber

Answer: You don't have to report 466.0 (Acute bronchitis) for the obstructive chronic bronchitis because the code descriptor for 491.22 specifies acute bronchitis.

On the claim, report the following:

- 94010 (Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement[s], with or without maximal voluntary ventilation) for the spirometry
- 491.22 (Obstructive chronic bronchitis; with acute bronchitis) appended to 94010 to represent the COPD
- 99203 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity) for the E/M
- 491.22 appended to 99203 to represent the COPD
- modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to 99203 to show that the spirometry and E/M were separate services.