Part B Insider (Multispecialty) Coding Alert

ICD-10: Prepare for Bronchitis Dx to Hinge on Cause Under ICD-10

Used to a single ICD-9 code? Ten codes will exist in ICD-10.

You'll face big changes in reporting acute bronchitis when ICD-10 goes into effect in 2014, including needing to focus more on what causes the condition. Read on for everything you'll need to know about successfully coding each patient's circumstances.

Prepare for Additional Options

Currently, ICD-9 lists only a single code for acute bronchitis: 466.0. You report 466.0 for any case of acute bronchitis with no concern for etiology, unless the patient has acute bronchitis with chronic obstructive pulmonary disease, in which case you report 491.22.

ICD-10 expansion: When ICD-9 shifts to ICD-10, you'll begin your code search with J20.- (Acute bronchitis). Then you'll drill down to a more specific code that describes the etiology. Your ten new choices will be:

- J20.0 (Acute bronchitis due to Mycoplasma pneumoniae)
- J20.1 (Acute bronchitis due to Hemophilus influenzae)
- J20.2 (Acute bronchitis due to streptococcus)
- J20.3 (Acute bronchitis due to coxsackie virus)
- J20.4 (Acute bronchitis due to parainfluenza virus)
- J20.5 (Acute bronchitis due to respiratory syncytial virus)
- J20.6 (Acute bronchitis due to rhinovirus)
- J20.7 (Acute bronchitis due to echovirus)
- J20.8 (Acute bronchitis due to other specified organisms)
- J20.9 (Acute bronchitis, unspecified)

Note: Code family J20.x will cover all cases of acute and subacute bronchitis along with acute tracheobronchitis. However, J20.x will not include allergic bronchitis (J45.909, Unspecified asthma, uncomplicated) and all types of chronic bronchitis (J42, Unspecified chronic bronchitis; J41.0, Simple chronic bronchitis; J44.0, Chronic obstructive pulmonary disease with acute lower respiratory infection; J41.1, Mucopurulent chronic bronchitis).

Age watch: Pay attention when your physician diagnoses bronchitis NOS (not otherwise specified). You'll turn to J20.9 for patients below the age of 15, which would be uncommon in a Part B environment. If the patient is above age 15, you'll report bronchitis NOS with J40 (Bronchitis, not specified as acute or chronic) instead.

Focus on Provider Documentation

Physicians usually will diagnose a case of acute bronchitis based on the signs and symptoms the patient is experiencing. ICD-10 codes for some of the common signs and symptoms that you'll find will include fever (R50.9, Fever unspecified), malaise (R53.81, Other malaise), nasal congestion (R09.81, Nasal congestion), wheezing (R06.2, Wheezing), and dry or suppurative, persistent cough (R05, Cough).

Since most of the cases of acute bronchitis are of viral origin and are self-limited, the physician will treat the patient's current symptoms. If the patient has a significant amount of sputum formation, the physician might suspect a lower respiratory tract infection (such as pneumonia) and order further tests to rule out or confirm the condition.››

In addition, the physician might order a sputum culture (89220, Sputum, obtaining specimen, aerosol induced technique [separate procedure]) to learn the etiology of the condition. This may be done if he suspects a bacterial origin that will

require antibiotics.

Example: A 66-year-old male patient arrives at the office with complaints of severe persistent cough for a period of about ten days with moderate amounts of sputum production. He also complains of fever with chills, nasal congestion, and generalized body and muscle aches.

Upon examination, the physician arrives at an initial diagnosis of acute bronchitis. Under ICD-10, you will report a preliminary diagnosis as J20.9 since the etiology is not confirmed. The physician suspects a bacterial origin, so he sends a sputum sample for culture. When the pathology result arrives, it confirms an infection due to streptococcus. The etiology is now confirmed, so you would then report the condition using J20.2.

Don't Be Afraid of J20.9

Once you begin coding under ICD-10, you'll need to complete the encounter notes with more details about what caused the acute bronchitis. If the documentation does not identify the etiology of the condition, then you'll code J20.9.

An "unspecified" diagnosis is never a preferred choice, but it might be your most accurate option.

"Be sure not to assign a definitive cause unless the physician confirms and documents the causal organism," says **Carol Pohlig, BSN, RN, CPC, ACS,** senior coding and education specialist at the University of Pennsylvania Department of Medicine in Philadelphia. "Just as in ICD-9, do not assign a diagnosis if the physician references a causal organism as 'suspected,' 'probable,' or 'possible.'"

If that's as detailed as the documentation gets, J20.9 is the correct choice.