Part B Insider (Multispecialty) Coding Alert

ICD-10: Prepare Now for New Sinusitis, Bronchitis Diagnosis Codes

Get ready for bronchitis Dx set to expand from one code to ten.

CMS has repeatedly confirmed that it will not push back the deadlines for the conversion to ICD-10, so you'll need to have your ICD-10 coding skills ready by Oct. 1, 2013. Check out the following examples of how ICD-10 will change your coding options for two common conditions.

Look for Big Changes to Sinusitis Diagnoses

Under the current ICD-9 system, you're already accustomed to scanninga long list of sinusitis codes--but that list will grow even longer under ICD-10. Right now, you can look to the 461.x series for acute sinusitis, depending on the location of the patient's condition (such as 461.0 for maxillary and 461.3 for sphenoidal). But effective Oct. 1, 2013, you'll look to the newly-established J01.xx series under ICD-10, with codes including the following:

- J01.00 (Acute maxillary sinusitis, unspecified)
- J01.01 (Acute recurrent maxillary sinusitis)
- J01.10 (Acute frontal sinusitis, unspecified)
- J01.11 (Acute recurrent frontal sinusitis)
- J01.20 (Acute ethmoidal sinusitis, unspecified)
- J01.21 (Acute recurrent ethmoidal sinusitis)
- J01.30 (Acute sphenoidal sinusitis, unspecified)
- J01.31 (Acute recurrent sphenoidal sinusitis)
- J01.40 (Acute pansinusitis, unspecified)
- J01.41 (Acute recurrent pansinusitis)
- J01.80 (Other acute sinusitis)
- J01.81 (Other acute recurrent sinusitis)
- J01.90 (Acute sinusitis, unspecified)
- J01.91 (Acute recurrent sinusitis, unspecified)

When the ICD-10 transition takes place, you'll expand out your coding options to allow for the description of whether the sinusitis is recurrent or not. For instance, with ICD-9 you would report 461.2 for any acute ethmoidal sinusitis, but with ICD-10 you will have to confirm whether the ethmoidal sinusitis is recurrent (J01.21) or not (J01.20). The other codes in the acute sinusitis category follow this lead as well.

In addition, ICD-10 will offer specific codes to identify pansinusitis (J01.4x), whereas with ICD-9, that would fall under the "other acute sinusitis" code 461.8.

Documentation: The biggest documentation adjustment will be that the physician must record whether the patient's sinusitis is recurrent or not, because your fifth digit code choice will hinge on that factor.

Iron out New Bronchitis Diagnoses

Currently, when a patient presents with acute bronchitis, you reach for code 466.0 (Acute bronchitis), but under ICD-10, you'll find the following expanded J20.x codes:

- 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 coxsackievirus)
- 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)

The most important change is the introduction of acute bronchitis codes that specify the cause of the bronchitis,such as RSV (J20.5) and rhinovirus (J20.6).

Documentation: Now more than ever, physicians will have to document the root cause of the patient's bronchitis in the medical record. If the physician is unable to trace the cause of the patient's bronchitis, you can report J20.9, but in most cases you'll select a more specific code from the J20.0 to J20.8 range.