

Part B Insider (Multispecialty) Coding Alert

Reader Question: Know How to Code Wheezing

Question: Sometimes our physician suggests diagnosis 519.11 for wheezing, but sometimes he suggests 786.07. How can I tell which one to use?

Answer: The best code for "wheezing," or what allergists call "wheezing associated respiratory illness" (WARI), is diagnosis code 519.11 (Acute bronchospasm). Acute bronchospasm typically occurs in asthma or bronchitis. Although the descriptor for 786.07 is "wheezing," the code refers to stenosis (or narrowing) of respiratory passages that is symptomatic of a variety of conditions, including asthma, croup, hay fever, mitral stenosis, and pleural effusion and may result from a variety of other conditions, including tumors, foreign obstructions, tuberculosis, emphysema, and edema. Code 519.11 is more specific for bronchospasm and is a definitive diagnosis; code 786.07 represents a sign or symptom that would likely be reported in the absence of a more definitive diagnosis.

Physicians might use the diagnosis of WARI for patients who experience wheezing but don't meet the criteria for an asthma diagnosis. For example, a patient with an upper respiratory infection (URI) has his first episode of associated wheezing and requires treatment of bronchospasm. This would typically not warrant labeling a patient with "asthma," using ICD-9 code 493.02 (Extrinsic asthma; with [acute] exacerbation).