

## Pediatric Coding Alert

### ICD-10 Coding: Clear Up Your Bronchitis Coding With This Expert Advice

#### Know when age does, does not, play a role in the Dx.

Considering bronchitis is such a common pediatric condition, coding it is far from easy. Look it up in the ICD-10 index, and not only will you find a number of similar-sounding conditions, such as bronchiolitis, but the sheer variety of subterms in the index can easily lead to coding confusion.

Of particular concern to peds coders, too, are several conditions where age is a significant factor in assigning the most specific code. So, to help you arrive at the best possible diagnosis, we've assembled this guide to some of the confusing aspects of the condition.

#### Know the Difference Between Acute and Chronic

In one sense, bronchitis coding is easy once you locate the acute and chronic codes, and the codes associated with the condition when it is neither acute nor chronic. Simply put, the acute codes can be found in the J20.- (Acute bronchitis) code set. If your provider documents anything else, then you'll either need to go J40 (Bronchitis, not specified as acute or chronic), J41.- (Simple and mucopurulent chronic bronchitis), or J42 (Unspecified chronic bronchitis) to locate the correct codes.

The acute bronchitis codes are then easily narrowed down by the virus that causes the condition. So, you'd code bronchitis brought on by strep as J20.2 (Acute bronchitis due to streptococcus), while the common cold can bring on J20.6 (Acute bronchitis due to rhinovirus).

**Good advice:** "Because we have codes for acute bronchitis caused by specific infectious agents, codes from chapter 1 are not needed," **JoAnne M. Wolf, RHIT, CPC, CEMC, AAPC Fellow**, coding manager at Children's Health Network in Minneapolis, Minnesota, reminds coders. "Since we are heading into respiratory syncytial virus [RSV] season, here is a good example of that: acute bronchitis due to RSV is coded solely as J20.5 [Acute bronchitis due to respiratory syncytial virus]. B97.4 [Respiratory syncytial virus as the cause of diseases classified elsewhere] is not needed, since the infection is specified in J20.5."

Coding the chronic form of the condition, however, is a little more complex despite the fact that there are fewer code choices. First, you need to pay attention to the numerous notes for each of the conditions that direct you to use additional codes involving current or historic tobacco use or tobacco exposure.

Second, you also need to know how to translate your pediatrician's notes if the patient is documented with mucous hypersecretion, or mucopurulence. This condition, where the patient secretes greater than usual amounts of mucous, can be coded in several different ways with the J41.- codes and, if it leads to obstructing the patient's airways, could even lead you to use a code from J44 (Other chronic obstructive pulmonary disease).

#### Know When Age Is a Factor in the Diagnosis

Coding for bronchitis can also look more complex when you turn to the [ICD-10 index](#). Here, there are two conditions listed that are age-specific. The entries for bronchitis ⇒ with tracheitis and bronchitis ⇒ catarrhal direct you to code J40 (Bronchitis, not specified as acute or chronic) if the patient is 15 years old or above, and J20.9 (Acute bronchitis, unspecified) if the patient is under 15.

Another index entry, bronchitis ⇒ under 15 years of age, directs you to choose a code from J20.- (Acute bronchitis), while a subentry under this entry directs you code chronic bronchitis as chronic bronchitis, which would direct you to code either J41.- (Simple and mucopurulent chronic bronchitis) or J42 (Unspecified chronic bronchitis).

However, "this doesn't really pose a problem for coders," says Wolf. "Essentially, if the patient is under 15 years of age, the index points you to bronchitis, acute or bronchitis, chronic, and if the patient is over 15 years of age, the coder is directed the same."

### **Know the Difference Between Bronchitis and Bronchiolitis**

The words sound, and even look, the same. But there's a big difference between them that goes beyond the medical difference to involve age.

"The main difference between the two terms depends upon the anatomical area of the lungs that is infected," says **Melanie Witt, RN, CPC, MA**, an independent coding expert based in Guadalupita, New Mexico. "The bronchioles are the small, delicate airways that lead directly to the alveoli, which are the microscopic 'cul-de-sacs' of the lung tree, whereas the bronchi are the larger 'pipes' that make up the first two to three branches of the lungs immediately after the trachea," Witt further elaborates.

So, while a diagnosis of bronchitis would lead you to choose from J20.-, J40, J41.- or J42, a bronchiolitis diagnosis would lead you to either J21.- (Acute bronchiolitis) or J44.- (Other chronic obstructive pulmonary disease) in the case of chronic bronchiolitis.

**Coding caution:** "The age of onset of these diseases is different in that bronchiolitis is an infant to early childhood illness, while bronchitis is never seen in this age range but is more likely seen in teens and adults," Witt cautions coders, adding that "adults rarely have bronchiolitis unless it is associated with an infection or an inhalation injury." However, age should not be a deciding factor when you choose a code - your provider's documentation should decide it.