

Radiology Coding Alert

ICD-10-CM Review: Diagnosis Coding: Location Is Key In Respiratory Tuberculosis

Do not miss structures other than lungs that can be affected by tuberculosis.

Diagnosis coding for respiratory tuberculosis is not challenging. All you need to do is to confirm which structure in the respiratory tract has been affected by tuberculosis. Look in the clinical note to spot the location of the tubercular foci in the respiratory tract and accordingly select the corresponding ICD-10-CM code.

Tip: Coding for respiratory tuberculosis is fairly easy. "Start with code A15 and it breaks down simply to A15.0 – A15.9," says **Michele Midkiff, CPC-I, RCC**, an interventional and neuro-interventional radiology coding consultant in Mountain View, CA.

Ignore Pathological Change In Lung Tuberculosis

Tuberculosis can affect the lungs in more ways than one. The air sacs may collapse due to the spreading infection, pockets of pus may form, or the lung may turn into a fibrous solid tissue. Regardless of these morphological changes in the lungs, you'll use a single ICD-10-CM code to report the underlying cause – tuberculosis. When your physician documents tuberculous bronchiectasis, fibrosis of lung due to tuberculosis, tuberculous pneumonia or pneumothorax, submit ICD-10-CM code A15.0 (Tuberculosis of lung). For tuberculosis of the pleura or tubercular empyema, submit the ICD-10-CM code A15.6 (Tuberculous pleurisy).

Example: On an ultrasound assessment, your physician may document pleural thickening or calcification and presence of septations and loculated areas with fluid. In this case, you submit the diagnosis code A15.6.

You Have One Code for Any Intrathoracic Lymph Node

Involvement of the draining lymph nodes is common in tuberculosis of the lungs. These lymph nodes may show on X-rays or CT scans as enlarged masses. The lymph nodes likely to be affected by tuberculosis are the hilar, mediastinal, or tracheobronchial lymph nodes. For any of these lymph nodes, submit the ICD-10-CM code A15.4 (Tuberculosis of intrathoracic lymph nodes).

Example: Your physician may document right sided hilar nodes of more than 2 cm in diameter and showing a low-attenuation center on CT assessment. The low attenuation on CT implies a necrotic center. These changes are typical of hilar node tuberculosis and you submit the diagnosis code A15.4.

Do Not Miss Other Respiratory Structures

Tuberculosis in the respiratory tract is not limited to the lungs and surrounding lymph nodes. You may come across diagnosis of tuberculosis impacting the glottis, larynx, trachea, or bronchial tree. In this case, submit the diagnosis code A15.5 (Tuberculosis of larynx, trachea and bronchus).

For tuberculosis of other respiratory structures like the nasopharynx, mediastinum, nose, or nasal sinuses, submit the ICD-10-CM code A15.8 (Other respiratory tuberculosis). Your physician may document respiratory tuberculosis in a patient who has no history of exposure to a potential source of infection. In this case, you submit the diagnosis code A15.7 (Primary respiratory tuberculosis). When your physician does not specify the respiratory structure affected by tuberculosis, you submit the ICD-10-CM code A15.9 (Respiratory tuberculosis unspecified).

