

Outpatient Facility Coding Alert

ICD-10 Coding Quiz: Scale Your ICD-10 Knowledge with These Two Teasers

Keep your eyes open to differentiate streptococcal tonsillitis from sore throat.

It's been more than a year since you have been reporting ICD-10-CM diagnosis codes, however, you are yet to master the voluminous body of codes, and specificity of options. Gauge the depth of your knowledge with this short quiz, and then check the explanations alongside to ensure your coding thought process is in perfect shape.

Tread Carefully with Tonsillitis Coding

Question: Which diagnosis code should you report for acute tonsillitis due to streptococcus? Is it the same as streptococcal sore throat?

Answer: Although acute tonsillitis might be one of the most common ENT diagnoses your provider may assign, you will need to be careful with the selection of your code choices. You have to expand your thinking horizons as ICD-10 requires you to be as specific as possible. Both of your diagnoses, though they appear to be similar, actually need different codes.

Tip: Check out the excludes list carefully.

Think strategy: The broad category for acute tonsillitis is J03.-(Acute tonsillitis...). Now, for further specificity, ICD-10 wants to know the type of the patient's tonsillitis. The fourth character in your tonsillitis code will identify the organism and the fifth will indicate whether the patient's condition is acute or recurrent, as follows:

- J03.0 (Streptococcal tonsillitis)
- J03.00 (Acute streptococcal tonsillitis, unspecified)
- J03.01 (Acute recurrent streptococcal tonsillitis)

So, for a case of acute tonsillitis due to streptococcus, you would report J03.00. This does not mean that the diagnosis is truly unspecified in this case. This "unspecified" diagnosis actually means that the patient's acute tonsillitis is not mentioned as recurrent. Payers should not penalize providers for using these "unspecified" diagnoses since there are no other alternatives available.

A word of difference: Now for the next part of the question, streptococcal sore throat is not synonymous with streptococcal tonsillitis. In fact, you have a separate code for this, J02.0 (streptococcal sore throat). What's more, J02.0 is in the excludes1 list of J03.- category, which means that these two condition cannot occur together, and therefore do not attempt to code these simultaneously.

For acute tonsillitis due to other specified or unspecified cause, you would resort to:

- J03.8 (Acute tonsillitis due to other specified organisms)
- J03.9 (Acute tonsillitis, unspecified) which includes (follicular tonsillitis [acute], gangrenous tonsillitis [acute], infective tonsillitis [acute], tonsillitis [acute] NOS, and ulcerative tonsillitis [acute]).

Pull Out the Right Cerumen Impaction Dx

Question: How do you report impacted cerumen?

Answer: Impacted cerumen, also known as earwax, can affect both children and adults alike. In this condition, cerumen accumulates within the ear canal, putting pressure on the middle and inner ear, and also obstructs examination of the

ear structures. This cerumen may become dry, itchy, painful, and infected as well, and may result in partial loss of hearing, and tinnitus (ringing noise).

You may report impacted cerumen with H61.2- (Impacted cerumen...) code category. The fourth digit will specify the affected ear:

- H61.20 (Impacted cerumen, unspecified ear)
- H61.21 (Impacted cerumen, right ear)
- H61.22 (Impacted cerumen, left ear)
- H61.23 (Impacted cerumen, bilateral).

Try to avoid the "unspecified ear" code H61.20 as far as possible. In fact, your provider should be documenting the laterality for each case, and an "unspecified" code scenario should not arise in the first place. Do payers deny this diagnosis? What does a coder do if the provider does not document the left/right laterality in his documentation? "You should query the physician if the ear is not specified in the chart," says **Sarah Goodman, MBA, CHCAF, CPC-H, CCP, FCS**, president of the consulting firm SLG, Inc., in Raleigh, N.C.