

Outpatient Facility Coding Alert

Reader Question: Choose Well From the Pharyngitis Multiple Code Options

Question: When the provider diagnoses acute pharyngitis, what are the ICD-10 codes possible for the condition? And how do I choose the best code?

Michigan Subscriber

Answer: Your encounter specifics will decide your final diagnosis code choice. If you want to choose the most accurate acute pharyngitis ICD-10 code, you'll need to refer to the records and get more information on the patient's specific complaints. Then, you'll be able to make a more informed decision on the specific type of acute pharyngitis the patient is suffering from.

Pharyngitis types: According to ICD-10, you could diagnose acute pharyngitis with one of the following ICD-10 codes:

- **J02.0 (Streptococcal pharyngitis):** Use this diagnosis if the patient suffers from conditions such as septic pharyngitis or streptococcal sore throat.
- **J02.8 (Acute pharyngitis due to other specified organisms):** Use this diagnosis if the patient suffers from pharyngitis brought on by an infectious agent. Also, include an additional code from the B95.- (Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified elsewhere ...) through B97.- (Viral agents as the cause of diseases classified elsewhere ...) ICD-10 code set to identify the infectious agent.
- **J02.9 (Acute pharyngitis, unspecified):** Use this diagnosis if the patient suffers from pharyngitis not otherwise classified in the other pharyngitis codes. As examples of possible J02.9 sufferers, ICD-10 offers patients afflicted with acute attacks of gangrenous pharyngitis, suppurative pharyngitis, and ulcerative pharyngitis. ICD-10 also wants you to report J02.9 when a patient has one of the following conditions: acute infective pharyngitis, NOS (not otherwise specified); acute pharyngitis, NOS; and acute sore throat, NOS.

Although providers are encouraged to avoid unspecified diagnoses as much as possible, it is likely that the organism will be unknown when the otolaryngologist first sees the patient with his complaints. A swab is sent out for culturing during that visit and the exact organism should be known by the time the patient comes for follow-up visits.