

MDS Alert

ICD-10 Coding Quiz: Can You Code This COPD Scenario Correctly?

Test your ICD-10 skills with this scenario.

Chronic health conditions plague many residents, and with the more intensive focus on why residents end up in long-term care facilities - particularly their diagnoses - MDS coordinators and nurse assessment coordinators must work on feeling completely comfortable with ICD-10 coding conventions.

Try your hand at this coding this chronic obstructive pulmonary disease (COPD) scenario to test your ICD-10 knowledge.

Remember, though COPD may be a common condition, finding the most specific diagnosis code that describes one of its many manifestations isn't quite so straightforward. That's why it's always a good idea for all coders - even experts - to refresh their knowledge of COPD coding.

Scenario: A resident who has had COPD for six years tells the certified nurse assistant (CNA) that he has shortness of breath, increased sputum, difficulty sleeping, and a runny nose. He says his granddaughter, who recently visited, had the sniffles because of a rhinovirus. On examination, a pulmonologist determines that the resident with COPD is suffering from acute bronchitis stemming from the rhinovirus. She prescribes antibiotics and steroids and asks to see the resident again if the symptoms worsen. What is the correct code to choose in this situation?

Answer: Although the codes for this scenario may not be tricky, the sequencing may be. Since Oct. 1, 2017, you've had a new way to report COPD with acute lower respiratory infection. Although the code has remained the same, the note under it changed from "Use additional code to identify the infection" to "Code also to identify the infection" instead.

The "code also" note instructs that two codes may be required to fully describe a condition, but this note does not provide sequencing direction, the ICD-10-CM manual advises. On the other hand, the "use additional code" instruction "indicates that a secondary code should be added," the manual says. In other words, the "use additional code" notation tells coders to use a secondary code after the main code, which means that this note does provide sequencing direction. Because of this change, you're able to determine which code should be listed first.

Therefore, in this situation, you'll report J20.6 (Acute bronchitis due to rhinovirus) followed by J44.0 (Chronic obstructive pulmonary disease with acute lower respiratory infection). The reason you'll report J20.6 first is because the bronchitis is the primary reason the resident presented to the pulmonologist.