MDS Alert

You Be the Coder: Anatomy Matters for Bronchitis Coding

Question: A resident has been diagnosed with bronchiolitis, but I want to make sure that I fully understand the difference between bronchiolitis and bronchitis, which I'm more familiar with, and of which I know there are many subtypes listed in the ICD-10-CM. I'm a little worried I've missed this diagnosis for other residents!

Texas Subscriber

Answer: Bronchitis may be a common condition, but coding it is surprisingly difficult. Look it up in the ICD-10 index, and not only will you find several similar-sounding conditions, such as bronchiolitis, but the sheer variety of sub terms in the index can easily lead to coding confusion.

When differentiating bronchitis from bronchiolitis, keep in mind that the main difference between the two terms depends upon the anatomical area of the lungs that is infected.

They may sound the same, but "the difference between bronchitis and bronchiolitis is the difference between what part of the lungs are actually infected," says **Marcella Bucknam, CPC, CCS-P, COC, CCS, CPC-P, CPC-I, CCC, COBGC,** revenue cycle analyst with **Klickitat Valley Health** in Goldendale, Washington.

"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," she says.

However, "even if there is an x-ray that includes that information, a coder cannot make the decision of coding bronchitis versus bronchiolitis unless a provider has documented that diagnosis," Bucknam advises.

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).

Coding the chronic form of the condition, however, is a little more complex even though 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 the physician's notes if the resident is documented with mucous hypersecretion, or mucopurulence. This condition, where the resident's body 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 resident's airways, could even lead you to use a code from J44 (Other chronic obstructive pulmonary disease).

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. While you probably won't come across a situation where you'll need J20.9, you need to be careful. Although the codes themselves don't refer to the ages, the index does, which confirms that you

should always use a two-step process when selecting a diagnosis - checking both the index and the code listing.

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.