Outpatient Facility Coding Alert

ICD 10: Transition of Chronic Laryngitis Will Be a Simple Switchover to a J Code

Remember to report exposure to tobacco or infectious agents separately.

If your physician diagnoses a patient with chronic laryngitis, you will have a simple switchover code to report this condition in ICD-10. Apart from this, all other criteria for reporting this condition, including the types of laryngitis that you report with the same code, remain the same as in ICD-9. However, exposure to infectious agents and pollutants may warrant additional codes.

ICD-9: Now, when your physician diagnose the condition as chronic laryngitis, you report it with the ICD-9 code 476.0 (Chronic laryngitis). You report the same ICD-9 code for patients with different types of chronic laryngitis:

- Catarrhal laryngitis
- Hypertrophic laryngitis
- Sicca laryngitis.

ICD-10: When you shift to ICD-10 codes, you will report J37.0 for a diagnosis of chronic laryngitis, instead of using 476.0. As with ICD-9, you'll use J37.0 for the same types of laryngitis mentioned above.

However, you cannot use J37.0 when your clinician diagnoses the patient with acute laryngitis. Instead, you will report this with J04.0 (Acute laryngitis). Similarly, you cannot use J37.0 for croup. You'll report J05.0 (Acute obstructive laryngitis [croup]) instead.

If your physician attributes the condition to exposure to tobacco smoke or to tobacco use, you will have to use one of the following codes additionally:

- Exposure to environmental tobacco smoke (Z77.22)
- Exposure to tobacco smoke in the perinatal period (P96.81)
- History of tobacco use (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0).

Also, ICD-10 asks you to report an additional code (B95-B97) to identify the infectious agent responsible for the chronic laryngitis if your physician has identified its cause due to a previously acute infection.

Documentation spotlight: Your physician will arrive at a final diagnosis of chronic laryngitis based on history, examination, imaging studies, and laboratory findings.

Some of the common findings that you are more likely to note in a patient with chronic laryngitis will include chronic cough that usually aggravates during the night, hoarseness of voice, dysphonia, and stridor. Some patients might also experience pain in the ear and difficulty swallowing food.

If your physician suspects a diagnosis of chronic laryngitis, he will undertake a complete history to see if the patient has

had any exposure to tobacco smoke or any other hazardous fumes due to occupational exposure. He will also document if the patient has a history of smoking as exposure to tobacco smoke and any other fumes can lead to chronic laryngitis.

Your clinician will also review the patient to see if he is suffering from symptoms of gastroesophageal reflux disease (GERD), as this condition can contribute to the development of chronic laryngitis. He will also check for history of any allergies, asthma, and autoimmune disorders, as these conditions can precipitate the symptoms of chronic laryngitis.

If the patient is also having symptoms of fever and other signs of infection, your clinician will suspect that the chronic laryngitis has occurred as a result of infections.