Commonly Coded in Otolaryngology

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AGENDA

- Perforation of tympanic membranes
- Sleep apnea
- Neoplasms
- Cholesteatoma
- Sialoadenitis
- Foreign bodies
- Polyps
- Nasal Fractures
- Otitis Media/Externa
- Sinusitis
- Allergic Rhinitis
Commonly Coded Conditions in Otolaryngology

- Runny nose
- Itching
- Sneezing
- Stuffy nose due to blockage or congestion
- These symptoms are the nose’s natural response to inflammation and irritation and are often associated with itching of the eyes.

Allergic Rhinitis

- J30.1 Allergic rhinitis due to pollen (which includes hay fever)
- J30.2 Other seasonal allergic rhinitis
- J30.5 Allergic rhinitis due to food
- J30.81 Allergic rhinitis due to animal (cat) (dog) hair and dander
- J30.89 Other allergic rhinitis

Example

- Patient is a 50-year-old man. He has allergic rhinitis that is hypersensitive to pollen. He has had this condition for several years and is currently treating it himself with over the counter medications, but they do not work well. His symptoms include sneezing, rhinorrhea and nasal blockage. His eyes, nose and palate are itchy. Paul is given a prescription for an intranasal corticosteroid.

- J30.1 Allergic rhinitis due to pollen
Commonly Coded Conditions in Otolaryngology

- Noise
- Aging
- Disease
- Heridity

Hearing Loss

- Conductive
- Sensorineural
- Mixed

Example

- Adult male, aged 57, presented to the audiology clinic with a sudden sensorineural hearing loss in the left ear.

- H90.42 Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
Commonly Coded Conditions in Otolaryngology

Nasal Fractures
- Le Fort I Fractures (horizontal)
- Le Fort II Fractures (pyramidal)
- Le Fort II Fractures (transverse)

Nasal Fractures
- S02.2 - Fracture of nasal bones
- S02.3 - Fracture of orbital floor
- S02.400 - Malar fracture, unspecified
- S02.401 - Maxillary fracture, unspecified
- S02.402 - Zygomatic fracture, unspecified
- S02.411 - LeFort I fracture
- S02.412 - Lefort II fracture
- S02.413 - Lefort III fracture
- S02.420 Fracture of the alveolus of maxilla

7th Character Extender
- A Initial encounter for closed fracture
- B Initial encounter for open fracture
- D Subsequent encounter for fracture with routine healing
- G Subsequent encounter for fracture with delayed healing
- K Subsequent encounter for fracture with nonunion
- S Sequela
A 20-year-old professional football player was brought by ambulance to the emergency room after a collision with his opponent on the field. Both the players were reported to have suffered head injuries when they collided while attempting to head the ball. He had headache and tenderness of the nasal bone and left orbital rim. On physical examination, he had several facial ecchymoses over the left zygomatic bone and a clotted nosebleed. The mandible was not dislocated and was not tender on palpation. On further examination, the maxilla could be moved anteriorly, also demonstrating mobility of the nose. No crepitations were palpated over the orbital rims but the nasal bone was felt to be broken and the left frontal sinus was tender. Visual acuity and ocular movements were normal. Physical and neurological examination showed no other findings. In plain X-rays, the only evident finding was a fracture of the nasal bone. In a maxilla-facial CT, a pyramidal fracture traversing the nasofrontal junction and extending laterally across the medial orbital wall, orbital floor, infraorbital rim and through the zygomaticomaxillary suture line was observed and LeFort II fracture was diagnosed.

- S02.412A LeFort II fracture, initial encounter for closed fracture
- W03.XXXA Other fall on same level due to collision with another person
- Y93.61 Activity, American tackle football
- Y92.321 Football field as the place of occurrence of the external cause
- Y99.0 Civilian activity done for income or pay
Nontraumatic Perforations

- Central perforation of the tympanic membrane (H72.00–H72.03)
- Attic perforation of the tympanic membrane (H72.10–H72.13)
- Other marginal perforations of tympanic membrane (H72.2X1–H72.2X9)
- Multiple perforations of tympanic membrane (H72.811–H72.819)
- Total perforations of tympanic membrane (H72.821–H72.829)

Example

- A 9-year-old white male patient with a perforated tympanic membrane presents for surgery. Operative findings reveal a central eardrum perforation of the left ear.
  - H72.02 Central perforation of tympanic membrane, left ear

- A patient is seen in consultation with a central perforation of the right tympanic membrane. The patient suffered recurrent bouts of acute otitis media of the right ear. The current bout being the worse, causing pus build up to the point the TM ruptured.
  - H66.014 Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, right ear
  - H72.01 Central perforation of tympanic membrane, right ear
• A, initial encounter
• D, subsequent encounter
• S, sequela

Example
• A boxer presents for evaluation and treatment options. He was in a match the previous evening and suffered a rupture of his left ear drum.
• S09.22XA Traumatic rupture of left ear drum, initial encounter

Sleep Apnea
• Obstructive
  – Caused by a collapse of the airway while sleeping
• Central
  – Caused by a failure of the brain to activate the muscles of breathing while asleep
Sleep Disorders

• G47.30 Sleep apnea, NOS
• G47.31 Primary central sleep apnea
• G47.32 High altitude periodic breathing
• G47.33 Obstructive sleep apnea (adult) (pediatric)
• G47.34 Idiopathic sleep related nonobstructive alveolar hypoventilation
• G47.35 Congenital central alveolar hypoventilation
• G47.36 Sleep related hypoventilation in conditions classified elsewhere
• G47.37 Central sleep apnea in conditions classified elsewhere
• G47.39 Other sleep apnea

Example

• Joe is seen by his ENT for the results of his polysomnogram (PSG). The results show he has a positive diagnosis for obstructive sleep apnea (OSA). The physician suggests CPAP therapy.

• G47.33 Obstructive sleep apnea (adult) (pediatric)

Example

• George is a 68-year-old man with central sleep apnea due to left ventricular failure. He presents to discuss CPAP.

• I50.1 Left ventricular failure
• G47.37 Central sleep apnea in conditions classified elsewhere
Neoplasms

- Benign
- In situ
- Malignant
- Uncertain histologic behavior

Laryngeal Neoplasms

- The supraglottis (C32.1) is the top portion;
- The glottis (C32.0) is the middle portion (this is where the vocal cords are located);
- The subglottis (C32.2) is the lower portion, which connects to the trachea; and
- The laryngeal cartilage (C32.3) is made up of three large cartilages (cricoid, thyroid, and epiglottis) and three pairs of smaller cartilages (arytenoids, corniculate, and cuneiform).

Example

- A patient presents with a hoarse voice without pain and trouble swallowing for about eight weeks. He decided to come in when he noted a lump in his throat. He has smoked 2-3 packs of cigarettes a day for the past 45 years. Laryngoscopy revealed a mass from the supraglottis into the glottis. Biopsy confirms malignancy.

- C32.8 Malignant neoplasm of overlapping sites of larynx
- F17.210 Nicotine dependence, cigarettes, uncomplicated
### Commonly Coded Conditions in Otolaryngology

- **The tongue**: base (C01), dorsal surface (C02.0), border (C02.1), ventral surface (C02.2), and anterior two-thirds (C02.3), lingual tonsil (C02.4), and overlapping sites of tongue (C02.8);
- **The tonsils and oropharynx**: tonsillar fossa (C09.0), tonsillar pillar (C09.1), overlapping sites of tonsil (C09.8), vallecula (C10.0), anterior surface of epiglottis (C10.1), lateral wall of oropharynx (C10.2), posterior wall of oropharynx (C10.3), branchial cleft (C10.4), overlapping sites of oropharynx (C10.8);
- **The gums, floor of the mouth, and other parts of the mouth**: upper gum (C03.0), lower gum (C03.1), anterior floor of mouth (C04.0), lateral floor of mouth (C04.1), overlapping sites of floor of mouth (C04.8), hard palate (C05.0), soft palate (C05.1), uvula (C05.2), overlapping sites of palate (C05.8), cheek mucosa (C06.0), vestibule of the mouth (C06.1), retromolar area (C06.2), overlapping sites (C06.80, C06.89)

### Oral Cavity and Oropharyngeal Neoplasms

**Example**

- Jim presents for his biopsy results. He is a 45-year-old man that noted his lower left gums were sensitive and discolored. He is dependent on chewing tobacco and has chewed tobacco at that spot for 26 years. His results confirm malignancy of the lower left gums.

- C03.1 Malignant neoplasm of the lower gum
- F17.220 Nicotine dependence, chewing tobacco, uncomplicated

### Malignant Neoplasms of Skin

- Melanoma
- Basal cell
- Squamous cell
• Jack presents to the office for evaluation. He has a growth on his right ear that has begun to change color and increase in size. Diagnostics confirm the patient has a melanoma.
• C43.21 Malignant melanoma of right ear and external auricular canal

Example

• 70-year-old May presents with a history of basal cell carcinoma of the right thigh two years ago. She complains of 2 months of crusting on the right nasal tip. Patient with a long history of sun exposure with multiple bad sunburns. Biopsy reveals new basal cell carcinoma of the nasal tip. The patient will undergo Mohs surgery.
• C44.311 Basal cell carcinoma of skin of nose
• Z85.828 Personal history of other malignant neoplasm of skin

Example

• 75-year-old male patient presents with a rapidly enlarging mass near his upper lip. He is fair skinned and lives on a farm, using no sun protection other than a baseball cap. The mass has been rapidly increasing in size for the past 2 months. After diagnostic testing he is diagnosed with Merkel cell carcinoma of the perioral area.
• C4A.39 Merkel cell carcinoma of other parts of face
Commonly Coded Conditions in Otolaryngology

- H71.0 Cholesteatoma of attic: located above the tympanum
- H71.1 Cholesteatoma of tympanum: in the ear drum
- H71.2 Cholesteatoma of mastoid: the bone located immediately behind the external ear
- H71.3 Diffuse cholesteatosis: fatty degeneration due to cholesterol esters
- H71.9 Unspecified cholesteatoma

Example

- Patient is brought to the operating room for tympanomastoidectomy for a large cholesteatoma of the left tympanum with mild erosion. Facial nerve monitoring was performed with normal findings.
- H71.12 Cholesteatoma of tympanum, left ear

Foreign Bodies

- Most foreign bodies in the ear, nose, and throat are most common in children.
- Common items that are found in the ear canal, nose, and throat include:
  - Toys
  - Insects
  - Small batteries
  - Food
  - Buttons
  - Pieces of crayon
• T16.1 - Foreign body in right ear
• T16.2 - Foreign body in left ear
• T16.9 - Foreign body in ear, unspecified site
• T17.0 - Foreign body in nasal sinus
• T17.1 - Foreign body in nostril
• T17.20 - Unspecified foreign body in pharynx
• T17.21 - Gastric contents in pharynx
• T17.22 - Food in pharynx
• T17.29 - Other foreign object in pharynx

Example

• The ENT specialist is called to the ED. A 5-year-old was brought in by his parents after continuous complaints of right ear irritation and stating it felt like “something was in there.” Upon otoscopic examination, the ED physician noted a foreign body, but was not able to grasp it.
• T16.1XXA Foreign body in right ear, initial encounter

Example

• A patient presents for a follow-up in the office for a foreign body in his left nostril.
• T17.1XXD Foreign body in nostril, subsequent encounter
Commonly Coded Conditions in Otolaryngology

Sialoadenitis

- K11.20 Sialoadenitis, unspecified
- K11.21 Acute sialoadenitis: Associated with pain, tenderness, swelling, and erythema over the affected area, and dehydration. More serious and less common than chronic;
- K11.22 Acute recurrent sialoadenitis
- K11.23 Chronic sialoadenitis: Associated with recurrent enlargement of the gland, usually following meals, typically without erythema. Linked to decreased salivary flow.

Example

- Patient presents complaining of throat pain and swelling in the left side of the neck. Examination and ultrasound is performed. Patient is diagnosed with acute sialoadenitis and I & D is performed.
- K11.21 Acute sialoadenitis

Polyps

- J33.0 Polyp of nasal cavity
- ..J33.1 Polypoid sinus degeneration
- ..J33.8 Other polyp of sinus
- ..J33.9 Nasal polyp, unspecified
- ..J38.1 Polyp of vocal cord and larynx
- ..J39.2 Other diseases of pharynx
• Sue is a 71-year-old with bilateral large vocal cord polyps with voice and resonance disorder caused by a history of smoking who is scheduled for surgery today.
• J38.1 Polyp of vocal cords
• R49.9 Unspecified voice and resonance disorder
• Z87.891 History of tobacco use

Nasal Fractures

• Nasal trauma accounts for about 40% of bone injuries
  – Open or closed depending on integrity of mucosa
  – Le Fort Fractures
    • Le Fort I, II and III

Nasal Fractures

• S02.2- Fracture of nasal bones
• S02.3- Fracture of orbital floor
• S02.400- Malar fracture, unspecified
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• S02.402- Zygomatic fracture, unspecified
• S02.411- LeFort I fracture
• S02.412- LeFort II fracture
• S02.413- LeFort III fracture
• S02.420- Fracture of the alveolus of maxilla
Nasal Fractures

Fractures of the skull and facial bones require a 7th character extender. The 7th character extender for codes from category S02 include:

- **A** Initial encounter for closed fracture
- **B** Initial encounter for open fracture
- **D** Subsequent encounter for fracture with routine healing
- **G** Subsequent encounter for fracture with delayed healing
- **K** Subsequent encounter for fracture with nonunion

Example

20-year-old professional football player was brought by ambulance to the emergency room after a collision with his opponent on the field. Both the players were reported to have suffered head injuries when they collided while attempting to head the ball. He had headache and tenderness of the nasal bone and left orbital rim. On physical examination, he had several facial ecchymoses over the left zygomatic bone and a clotted nosebleed. The mandible was not dislocated and was not tender on palpation. On further examination, the maxilla could be moved anteriorly, also demonstrating mobility of the nose. No crepitations were palpated over the orbital rims but the nasal bone was felt to be broken and the left frontal sinus was tender. Visual acuity and ocular movements were

Physical and neurological examination showed no other findings. In plain x-rays, the only evident finding was a fracture of the nasal bone. In a maxilla-facial CT, a pyramidal fracture traversing the nasofrontal junction and extending laterally across the medial orbital wall, orbital floor, infraorbital rim and through the zygomaticomaxillary suture line was observed and LeFort II fracture was diagnosed.

S02.412A LeFort II fracture, initial encounter for closed fracture
W03.XXXA Other fall on same level due to collision with another person
Y93.61 Activity, American tackle football
Y92.321 Football field as the place of occurrence of the external cause
Y99.0 Civilian activity done for income or pay
Otitis Media

- Most common ear infection
- Affect the middle ear behind the tympanic membrane
- Children are more likely than adults

Otitis Media

- Severity
  - Mild
  - Moderate
  - Severe
- Duration
  - Acute
  - Subacute
  - Chronic
Otitis Media

• Children
  – Ear pain, especially when lying down
  – Tugging or pulling at an ear
  – Difficulty sleeping
  – Crying more than usual
  – Acting more irritable than usual
  – Difficulty hearing or responding to sounds
  – Loss of balance
  – Fever of 100°F (38°C) or higher
  – Drainage of fluid from the ear
  – Headache
  – Loss of appetite

• Adults
  – Ear pain
  – Drainage of fluid from the ear
  – Diminished hearing

Example

• CHIEF COMPLAINT: Ear pain

• HISTORY OF PRESENT ILLNESS: Established male patient here for ear pain. Patient is complaining of bilateral ear pain that started last night. He has not had URI symptoms. No fevers. No ear drainage noted. He didn’t sleep well last night. No vomiting. He is drinking well, appetite is fine.

• REVIEW OF SYSTEMS: All systems negative except for ear pain.


• ASSESSMENT/PLAN: Otitis media, suppurative.

Example

• CHIEF COMPLAINT: Cold, fever, earache

• HISTORY OF PRESENT ILLNESS: Established male patient here for fever, ear pain, and congestion. Onset: 1 week ago. Severity level is moderate. Timing has been constant. The patient’s mom describes the cough as moist and productive. Symptoms are aggravated by lying down. He is also experiencing fever, nasal congestion, cough, and earache. Pertinent negatives include SOB, wheezing, and stridor.

• REVIEW OF SYSTEMS: Positive for fever, ear pain, nasal congestion, and cough.


• ASSESSMENT: Otitis media, suppurative, bilateral and acute upper respiratory infection.
Otitis Media with Effusion

• Thick or sticky fluid behind the eardrum in the middle ear without presence of an ear infection.
• Also called serous otitis media or nonsuppurative otitis media
• May be caused by:
  – Upper respiratory infections
  – Allergies
  – Exposure to irritants (especially cigarette smoke)

Example

• PREOPERATIVE DIAGNOSIS: Chronic otitis media with effusion
• POSTOPERATIVE DIAGNOSIS: Chronic otitis media with effusion
• INDICATIONS: The 23-month-old child status post tubes on year ago. The tubes have extruded and his problem has returned. Therefore, the above procedure was planned. Prior to the procedure, all of the risks vs. benefits were discussed at length with the patient’s mother. An informed consent was obtained.
• FINDINGS: Dull membranes bilaterally with a small amount of serous fluid.
• PROCEDURE IN DETAIL: After appropriate written consent was obtained from the patient’s parents he was taken to the operating room, placed supine on the operating stretcher. General anesthesia was given by mask. Once an adequate depth of anesthesia had been achieved, the right ear was examined with an operating microscope. The tympanic membrane was noted to be retracted and dull. A tube was note in the external auditory canal which was removed with an alligator forceps. A small radial incision was made on the tympanic membrane and the serous fluid was suctioned from the middle ear. A Paparella style tube was placed. Saline drips were applied.
• Attention was then turned to the left ear. Again, the tympanic membrane was noted to be retracted and dull. A small radical incision was made. A small amount of serous fluid was suctioned from the middle ear and a Paparella style tube was placed. Saline drops were applied. The patient was then awakened and taken to the recovery area in stable condition. Estimated blood loss was less than 5cc. He tolerated the procedure well without complications.
### Documentation

<table>
<thead>
<tr>
<th>Type</th>
<th>Manifestation</th>
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<tr>
<td>Infectious</td>
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<tr>
<td>Allergic</td>
<td>Mucoid</td>
</tr>
<tr>
<td>Tubotympanic</td>
<td>Suppurative</td>
</tr>
<tr>
<td>Atticoantral</td>
<td>Non-Suppurative</td>
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<td>Other Type</td>
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<td>Without spontaneous rupture of the ear drum</td>
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<td>Other manifestation</td>
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### Documentation Continued ....

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<tr>
<th>Infectious Agent</th>
<th>Temporal Parameters</th>
<th>Laterality</th>
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<tbody>
<tr>
<td>Scarlet fever</td>
<td>Acute</td>
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<td>Measles</td>
<td>Chronic</td>
<td>Left</td>
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<td>Influenza</td>
<td>Subacute</td>
<td>Bilateral</td>
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<tr>
<td>Other infectious agent</td>
<td>Recurrent</td>
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</table>

### ICD-10-CM Coding

- Serous otitis media (Acute and recurrent:H65.00-H65.07; Chronic: H65.20–H65.23)
- Allergic otitis media (Acute, subacute, and recurrent: H65.111–H65.119; Chronic: H65.411-H65.419)
- Other nonsuppurative otitis media (acute, subacute, and recurrent: H65.191-H65.199; Chronic: H65.491–H65.499)
- Chronic mucoid otitis media (MOM) (H65.30–H65.33)
ICD-10-CM Coding Continued ....

- Suppurative otitis media without spontaneous rupture of tympanic membrane (Acute and recurrent: H66.001–H66.009)
- Suppurative otitis media with spontaneous rupture of tympanic membrane (Acute and recurrent H66.011–H66.019)
- Chronic tubotympanic suppurative otitis media (H66.10–H66.13)
- Chronic atticoantral suppurative otitis media (H66.20–H66.23)

ICD-10-CM Coding

Use additional code to identify:

| Condition                                      | Code
|------------------------------------------------|--------------------------------------------------|
| Associated perforated tympanic membrane (H72.2) | Occupational exposure to environmental tobacco smoke (Z57.31)
| Exposure to environmental tobacco smoke (Z77.22) | Tobacco dependence (F17.)
| Exposure to tobacco smoke in the perinatal period (P96.81) | Tobacco use (Z72.0)
| History of tobacco use (Z87.891)                 |                                                  

Otitis Externa

- Otitis Externa
- Ear canal
- Middle ear
- Eardrum
- Bone
- Inflammation and infection in the ear canal
Otitis Externa

• Causes
  – Excess moisture in your ear
  – Scratches or abrasions in your ear canal
  – Sensitivity reactions

Otitis Externa

• Mild signs and symptoms
  – Itching in your ear canal
  – Slight redness inside your ear
  – Mild discomfort that's made worse by pulling on your outer ear (pinna, or auricle) or pushing on the little "bump" (tragus) in front of your ear
  – Some drainage of clear, odorless fluid

Otitis Externa Continued …

• Moderate progression
  – More intense itching
  – Increasing pain
  – More extensive redness in your ear
  – Excessive fluid drainage
  – Discharge of pus
  – Feeling of fullness inside your ear and partial blockage of your ear canal by swelling, fluid and debris
  – Decreased or muffled hearing
Otitis Externa Continued …. 

• Advanced progression 
  – Severe pain that may radiate to your face, neck or side of your head 
  – Complete blockage of your ear canal 
  – Redness or swelling of your outer ear 
  – Swelling in the lymph nodes in your neck 
  – Fever 

Otitis Externa 

• Acute diffuse 
• Acute localized 
• Chronic 
• Eczematous 
• Necrotizing (malignant) 
• Otomycosis 

Example 

• A 40-year-old man presents with painful, "wet" right ear preceded by a few days of general itching. To ease the itching he had inserted a bobby pin to scratch the skin. He used an over-the-counter cerumen removal kit to try to relieve the symptoms. Examination revealed an erythematous canal with normal tympanic membrane. He was given strict instructions regarding water precautions and ear trauma. He was prescribed a steroid and antibiotic topical therapy.
Example

- A 62-year-old female who presents with a 2-month history of left-sided otalgia and discharge. The ear has been treated with standard treatment for otitis externa. The initial trauma appeared to have been caused by cleaning the external canal with a Q-tip. Physical examination revealed an inflamed left external auditory canal with polypoid tissue obstructing much of the canal at the approximate level of the bony cartilaginous junction. Examination of her cranial nerves was unremarkable. Computerized tomography (CT) scan showed soft tissue density involving the external auditory canal with bone erosion of the tegmen consistent with inflammatory destruction. There was also increased attenuation of the left side mastoid antrum and air cells consistent with mastoiditis. Given these initial findings, a diagnosis of malignant otitis externa.

Documentation

- Clinical documentation should include:
  - Type
    - Noninfective
    - Actinic
    - Chemical
    - Contact
    - Eczematoid
    - Infective
    - Reactive
    - Malignant
  - Laterality
    - Right
    - Left
    - Bilateral

ICD-10-CM Coding

- H60.2 Malignant otitis externa
- H60.3 Other infective otitis externa
- H60.5 Acute noninfective otitis externa
- H60.6 Unspecified chronic otitis externa
- H62.4 Otitis externa in other diseases classified elsewhere
Commonly Coded Conditions in Otolaryngology

Anatomy of Sinuses

Sinusitis

- Inflammation of sinus
- Occurs from an infection
  - Due to
    - Virus
    - Bacteria
    - Fungus

Coding and Time Parameters

- Location
  - Pansinusitis
- Parameters
  - Acute
  - Subacute
  - chronic
Commonly Coded Conditions in Otolaryngology

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
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<tbody>
<tr>
<td>J01.00</td>
<td>Acute maxillary sinusitis, unspecified</td>
</tr>
<tr>
<td>J01.01</td>
<td>Acute maxillary recurrent sinusitis</td>
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<td>J01.10</td>
<td>Acute frontal sinusitis, unspecified</td>
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<td>J01.11</td>
<td>Acute frontal recurrent sinusitis</td>
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<td>Chronic sphenoidal sinusitis</td>
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<td>Chronic pansinusitis</td>
</tr>
<tr>
<td>J32.8</td>
<td>Other chronic sinusitis</td>
</tr>
</tbody>
</table>

Timing Example

Patient presents for sinusitis that has been **ongoing for the past 11 weeks**. He seems to get no relief and he presents today feeling like he has not recovered and requesting another round of treatment.

Example

**Subjective:** Janice is seen in the office for discomfort in the maxillary region. For the previous 4-5 years the patient had suffered from chronic sinus problems of a similar type. Symptoms included constant nasal congestion, coughing, and snoring. The patient is exposed to second-hand smoke from family members.

**Objective:** An initial exam showed edematous red nasal mucosa and colored nasal discharge. Allergy testing results were negative. A CT scan confirmed bilateral maxillary blockage and bilateral thickening of the mucus membrane.

**Assessment:** Chronic maxillary sinusitis, Secondary tobacco smoke exposure.

- J32.0 Chronic maxillary sinusitis
- Z77.22 Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)
Example
Greg presents for a visit with facial pain. He said he had a cold last week with some nasal congestion and facial pain. His pain is primarily below the eyebrows. Upon examination, his frontal sinuses are tender to percussion and there is injection and erythema in the turbinates. He is diagnosed with acute frontal sinusitis.
J01.10 Acute frontal sinusitis,

Allergic Rhinitis

• Rhinitis symptoms
  – Runny nose
  – Itching
  – Sneezing
  – Stuffy nose due to blockage or congestion
  – “Shiners”

Allergic Rhinitis

• Allergic rhinitis due to pollen
  – Tree pollen
  – Grass and weed pollens
  – Fungus spores
Example

- Patient is a 50-year-old man. He has allergic rhinitis that is hypersensitive to pollen. He has had this condition for several years and is currently treating it himself with over the counter medications, but they do not work well. His symptoms include sneezing, rhinorrhea and nasal blockage. His eyes, nose and palate are itchy. Paul is given a prescription for an intranasal corticosteroid.
  J30.1 Allergic rhinitis due to pollen

Obsessive-Compulsive Personality Disorder

- Allergic rhinitis due to food
  - Nasal congestion
  - Rhinorrhea
  - Sneezing
  - Pruritis
- Rare occurrence

Example

- Carla is brought in to the clinic by her mother. She states that when Carla eats scrambled eggs, her nose runs, she sneezes, then gets congested. She is diagnosed with allergic rhinitis due to eggs after RAST IgE testing.
  J30.5 Allergic rhinitis due to food
Commonly Coded Conditions in Otolaryngology

Allergic Rhinitis

- Allergic rhinitis due to animal (cat) (dog) hair and dander
  - Proteins in pet dander, skin flakes, saliva, and urine can cause an allergic reaction
  - Pet hair or fur can also collect pollen, mold spores, and other outdoor allergens
  - About 5-10% of Americans suffer from allergic rhinitis due to animal hair and dander

Example

- Sue presents to the clinic with complaints of sneezing, itchy and runny nose. She went away to college this year and has a roommate. She found that the roommate has dogs at home. She does not experience the symptoms when she comes home, or is away from her dorm room. She is diagnosed with allergic rhinitis due to animal hair and dander.
  J30.81 Allergic rhinitis due to animal (cat) (dog) hair and dander

Documentation

- Causation
  - Pollen, food, animal hair or dander
- Tobacco use/dependence/exposure
ICD-10-CM Coding

• J30.1 Allergic rhinitis due to pollen (which includes hay fever)
• J30.2 Other seasonal allergic rhinitis
• J30.5 Allergic rhinitis due to food
• J30.81 Allergic rhinitis due to animal (cat) (dog) hair and dander
• J30.89 Other allergic rhinitis

Questions?

Thank You!