

# Otolaryngology Coding Alert

## ICD-10: Get Used to a Broader Descriptor for Acute Laryngitis

**Now you won't specify whether obstruction is present.**

Acute laryngitis is the acute onset of hoarseness due to laryngeal inflammation. As common as the condition can be, otolaryngologists usually require only time and the common-sense avoidance of vocal excess and other irritants as laryngitis treatment.

**Past tactic:** When you still coded by ICD-9, you reported 464.00 (Acute laryngitis without obstruction) if the patient suffered from pneumococcal laryngitis, but did not experience any blockages of the passageway. You would also report this code for patients with septic, viral, or ulcerative laryngitis.

**ICD-10 approach:** Now, with ICD-10, you submit the J code J04.0 (Acute laryngitis) to report a diagnosis of acute laryngitis without obstruction. The new code switches to a broader description of acute laryngitis, taking out the explanatory phrase "without obstruction" from the original descriptor.

**Documentation:** The otolaryngologist should note the symptoms of the patient's laryngitis which may include fever, hoarseness, scratchiness in the throat, swollen lymph nodes in the neck, and throat pain.

Remember, until a test determines a condition, you should use signs-and-symptoms diagnoses rather than the diagnosis code for the condition itself. Look to your otolaryngologist's documentation to make your code selection.

**Coder tips:** If the patient adheres to a treatment plan, the prognosis for a rapid recovery to a premorbid level of phonation is excellent. However, if the patient's acute laryngitis symptoms have not resolved after approximately three weeks, the otolaryngologist should evaluate the patient for chronic laryngitis.

No cure for viral (acute) laryngitis exists. Only symptomatic relief (i.e., steam inhalation) treatments are available to those suffering from this condition. A physician who sees a patient for acute laryngitis usually will report a low-level E/M code.