



Pulmonology Coding Alert

ICD-10 Update: Explore Your Pneumopathy Coding Options with J66 Category

Investigate occupational history to arrive at the specific diagnosis.

Coding for lung pathologies due to inhalation of dust can be a daunting task. You may tend to use category J66 (Airway disease due to specific organic dust), but there are more options from which to choose. Take note of the variety of available codes so the next time your provider sends a diagnoses of byssinosis, you know exactly what to report.

Focus on the Basics

The ICD-10-CM code set brims over with countless pneumopathy options and heightened specificity. Put your mastery of coding for this diagnosis to the test with the following example.

Case Scenario: A 50-year-old male patient arrives at your pulmonologist's office with complaints of breathing difficulty, wheezing, coughing and tightness of the chest area. He complains that symptoms are progressing, and affecting daily work. Your pulmonologist notes that the patient has been working with raw cotton for over 10 years. Examination shows wheezing and reduced lung expansion during breathing. Your pulmonologist withdraws an arterial blood sample and sends it to the lab to check for arterial blood gases to see if there is any reduction in oxygen saturation. He orders for a chest x-ray. He also performs pulmonary function tests (PFTs) like spirometry, respiratory flow volume and determination of lung volumes.

Documentation spotlight: Some of the signs and symptoms might appear similar to that seen in asthma and other obstructive lung diseases as this patient complains of as wheezing, coughing, difficulties with breathing, and tightness of the chest area. However, the occupational history of exposure to cotton dust will make your pulmonologist think of a provisional diagnosis of byssinosis.

"Getting an accurate history is important when coming up with a byssinosis diagnosis," says **Lisa Center, CPC**, Physician Practice Manager, Via Christi Hospital Pittsburg, Inc. Pittsburg, KS. "Once [providers] determine if a patient has had exposure to working with cotton dust, they can do more tests, such as CT scans and PFTs," to confirm the diagnosis.

Go to the Dust to Pick Your Codes Right

Occupational history is the key to correct code here, as Center points out. Is the patient a farmer? Does he work with moldy molasses, cotton dust, or in a textile factory? You will need to "ensure the provider obtains and documents a complete history to assist the coders in determining the correct code," says **Carol Pohlig, BSN, RN, CPC, ACS**, senior coding and education specialist at the Hospital of the University of Pennsylvania.

Options: In ICD-10, you have specific codes for these very similar looking interstitial lung diseases depicting byssinosis, cannabinosis, and flax-dressers' disease separately:

- J66.0 (Byssinosis) due to inhalation of cotton
- J66.1 (Flax-dressers' disease) due to inhalation of unprocessed flax
- J66.2 (Cannabinosis) due to inhalation of fiber dust in textile factories
- J66.8 (Airway disease due to other specific organic dusts)

So, when your pulmonologist carefully arrives at a diagnosis of byssinosis, as in the example scenario, you can report this diagnosis with J66.0.

Important: "Just remember not to assign the diagnosis prior to provider confirmation," Pohlig says. Consider these other diagnoses your provider may want to exclude, before zeroing in on byssinosis:

- J61 (Pneumoconiosis due to asbestos and other mineral fibers) due to mineral dust.
- J67.1 (Bagassosis) due to exposure to moldy molasses.
- J67.0 (Farmer's lung) due to inhalation of biologic dusts.
- J67.- (Hypersensitivity pneumonitis due to organic dust)
- J68.3 (Other acute and subacute respiratory conditions due to chemicals, gases, fumes and vapors)

Caveat: Until the provider confirms the diagnosis, remember to use signs and symptoms to report the services, such as R07.89 (Other chest pain) for chest tightness, R05 (Cough) for coughing, and R06.2 (Wheezing), Pohlig advises.

Getting Your Claim Ready

To report the consultation and diagnostic services, you will need to put together all the requisite ICD-10-CM and CPT® codes.

Here's how to report: You may be able to compile the following:

- Evaluation of the patient with 99204 (Office or other outpatient visit for the evaluation and management of a new patient...).
- The diagnosis of byssinosis with J66.0.
- To support the diagnosis of byssinosis, your pulmonologist might also depend on pulmonary function tests such as:

Spirometry □ 94010 (Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement[s], with or without maximal voluntary ventilation)

Determination of lung volumes □ 94727 (Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes)

Respiratory flow volume □ 94375 (Respiratory flow volume loop)

Beware of the PFT bundles: According to Correct Coding Initiative (CCI) edits, the CPT® code 94375 is bundled into 94010 with the modifier indicator '0,' which means that you cannot report these two codes for the same session together. For this reason, you will only report 94010 and 94727 for the PFTs and will not report 94375.

Also relevant in this scenario, "with bundling of CPT® codes it's critical to learn what codes can be appropriately billed to optimize the practice reimbursement," says **Jeff Berman, MD, FCCP**, executive director of the Florida Pulmonary Society.