2018 Otolaryngology Survival Guide

Chapter 14: Rhinitis

Use chronic codes for patients with rhinitis for 12-plus weeks.

Otalaryngology practices could treat patients suffering from a variation of rhinitis types — and since ICD-10 rolled out with its more specific diagnosis codes across the board, choosing the right code for these conditions is nothing to sniff at.

Read on for more information on how to identify the different types of rhinitis, and you’ll know how to fix any diagnosis coding issues before they occur.

I.D. Rhinitis Type First

In basic clinical terms rhinitis is inflammation of the mucous lining of the nose.

Here’s a rundown of the types of rhinitis that your otolaryngologist is most likely to treat, along with a quick list of symptoms you might spot in the documentation to confirm the rhinitis type. Use this list to identify the different rhinitis issues you might have to code at your practice:

Vasomotor rhinitis

**Definition:** Vasomotor rhinitis is also known as nonallergic rhinitis. You’ll report instances of vasomotor rhinitis with J30.0 (Vasomotor rhinitis).

Symptoms of a vasomotor rhinitis sufferer are similar to an allergic reaction, but the causes differ. [Allergic reactions] cause the nasal linings to swell and cause excessive blood vessel dilation. On the other hand, the most common cause of nonallergic rhinitis is acute viral infection.

Allergic rhinitis

**Definition:** Allergic rhinitis is an inflammation of the nasal passages caused by allergic reaction to airborne substances. You’ll report allergic rhinitis with codes from the J30.1 (Allergic rhinitis due to pollen) through J30.9 (Allergic rhinitis, unspecified) code set.

Allergic rhinitis may be seasonal, perennial, or occupational and is the most common type of rhinitis.

**Symptom clues:** Allergic rhinitis is systemic, so its symptoms might differ from traditional rhinitis clues. When a patient is suffering from allergic rhinitis, the condition may be associated with constitutional symptoms such as fatigue, malaise, post nasal drip and headache. It also may be a comorbidity in patients with asthma, eczema, or chronic sinusitis.

Chronic rhinitis

**Definition:** Chronic rhinitis is a protracted sluggish inflammation of the nasal mucous membrane [and] inflammation of the sinuses for more than 12 weeks. You’ll report chronic rhinitis with J31.0 (Chronic rhinitis).

A patient might have chronic rhinitis if symptoms include nasal congestion, facial pressure, cough, and thick nasal discharge. Danger zones for chronic rhinitis development include after a patient suffers a cold or during times of ongoing
allergic rhinitis symptoms.

**Chronic rhinitis patient? Check tobacco exposure level.**

**Not so fast:** If the patient has chronic rhinitis, one ICD-10 code might not be enough to fully represent the patient's diagnosis. In order to submit a complete picture of the chronic rhinitis patient, ICD-10 directs you to include another code if the patient experiences tobacco exposure, either due to personal or environmental factors.

Check out this knowledge on when, and how, to use additional codes to complete the diagnosis coding picture for chronic rhinitis patients.

**Look Out for Evidence of Tobacco Use, Exposure**

ICD-10 wants otolaryngology coders to use an additional code to identify tobacco use/exposure because you should always code to the highest specificity, which means not only using the most specific primary [ICD-10] code, but also any additional code that could affect the illness, injury or disease.

In the descriptor for chronic rhinitis (J31), ICD-10 states it wants a supplemental code to indicate tobacco use or exposure to tobacco smoke, when applicable. You’ll use secondary, or supplemental, diagnosis codes to represent underlying factors for the medical necessity of the patient encounter. Therefore, if a person were exposed to tobacco somehow — either through personal use or environmental factors — it’s important to include another code in order to get the most accurate rhinitis diagnosis.

Tobacco use/exposure would definitely be associated with increased prevalence of rhinitis symptoms.

When your otolaryngologist treats a chronic rhinitis patient with a history of tobacco use/exposure, choose from the following ICD-10 codes as a secondary diagnosis, depending on encounter specifics:

- Z77.22, *Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)*
- P96.81, *Exposure to (parental) (environmental) tobacco smoke in the perinatal period*
- Z87.891, *Personal history of nicotine dependence*
- Z57.31, *Occupational exposure to environmental tobacco smoke*
- F17.-, *Nicotine dependence*
- Z72.0, *Tobacco use*

**Also:** On the claim, the otolaryngologist should document the relationship between the diagnosis and the tobacco use, abuse, exposure, or dependence.

**Supplemental Code Could Guide Physician Actions**

If one of the above codes apply to a patient suffering from chronic rhinitis, it will absolutely affect treatment. The physician is going to recommend limiting exposure [to smoke] or stopping [smoking] completely in order to see the highest improvement from treatment.

**Reason:** Avoidance of any type of smoke is the only way to improve some chronic rhinitis patients. If a patient smokes or is exposed to a high level of environmental smoke, decongestants, antihistamines, and nasal steroids are of little help.

**Physician Could Use Many Services to Dx Rhinitis**

Symptom-wise, most rhinitis sufferers will exhibit similar problems no matter the final diagnosis code. For each rhinitis ICD-10 code, the symptoms could all be very similar — congestion, post-nasal drip, itchy nose, sneezing. In order to diagnose the specific type of rhinitis the patient has, your provider might need to perform one (or more) of the following
services/tests in an office setting:

- Office evaluation and management (E/M) service: 99201 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making) through 99205 (... a comprehensive history; a comprehensive examination; medical decision making of high complexity) or 99212 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Typically, the presenting problem[s] are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.) through 99215 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity)
- Diagnostic nasal endoscopy: 31231 (Nasal endoscopy, diagnostic, unilateral or bilateral [separate procedure]) through 31235 (Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy [via puncture of sphenoidal face or cannulation of ostium])
- Allergy testing, such as 95004 (Percutaneous tests [scratch, puncture, prick] with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests), 95024 (Intracutaneous [intradermal] tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests), and 95027 (Intracutaneous [intradermal] tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests)
- CT scan, such as 76380 (Computed tomography, limited or localized follow-up study), 70450 (Computed tomography, head or brain; without contrast material), or 70470 (Computed tomography, head or brain; without contrast material, followed by contrast material[s] and further sections)

If your otolaryngologist performs one of the services above, she might be trying to get a definitive rhinitis or perhaps a sinusitis diagnosis.

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