

Clinical Economics

Allergic Rhinitis

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OVERVIEW

The Asthma and Allergy Foundation of America estimates that 50 million Americans suffer from allergic rhinitis, which includes hay fever and seasonal or perennial indoor/outdoor nasal allergies. These conditions are thought to affect up to 30% of adults and 40% of children, according to reports from the American College of Asthma Allergy & Immunology. This represents a marked increase over past decades; in the 1940s, hay fever was estimated to affect only 1% of the U. S. population.

Hay fever is the fifth-leading chronic disease for adults and a significant cause of work absenteeism, resulting in nearly four million missed workdays each year at a cost of over \$700 million in lost productivity. In addition, hay fever results in significant presenteeism, with poor performance while at work due either to the symptoms of the condition itself or the effects of medication used to treat those symptoms.

Overall, allergies are responsible for nearly \$14.5 billion in medical costs each year. More than 11 million outpatient office visits occur annually to address allergy, primarily in the spring and fall. What these statistics fail to show is the significant effect allergies can have on many patients' quality of life, given that allergy symptoms can have a greater impact even than diseases such as asthma.

Despite the burden associated with allergic symptoms, studies have shown that only a small percentage of patients actually seek medical advice regarding treatment. A review of data from the National Medical Expenditure Survey found that only 12.4% of patients with allergic rhinitis visited their physician to manage the condition, while others used home

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PATIENT MANAGEMENT TIPS SEE PAGE 24

- Evaluate effectiveness
- Define allergy triggers
- Individualize a treatment plan and educate accordingly
- Optimize allergen and self-management techniques
- Establish regular follow-up appointments
- Know when to refer

Annual outpatient office visits:

MORE THAN 11 MILLION
to address allergy, primarily
in the spring and fall.

Overall annual medical cost of allergies:

NEARLY \$14.5 BILLION

HAY FEVER Work absenteeism

4 MILLION
missed workdays each year
with a total cost of

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Providing effective, efficient counseling on management and medication is key to helping patients manage their seasonal symptoms.

Source: American College of Asthma Allergy & Immunology

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remedies or over-the-counter medications. Even with these attempts at treatment, about 50% of patients with allergic rhinitis report symptoms lasting more than four months per year, and 20% have symptoms lasting at least

nine months.

Clinicians play an important role in helping patients alleviate their allergy symptoms. “While there is no cure for grass pollen allergies, they can be managed through treatment and avoiding exposure to the pollen,” says Karen

Midthun, MD, director of the U.S. Food and Drug Administration’s Center for Biologics Evaluation and Research. Thus, effective, efficient patient counseling on management and medication is key to managing patients’ seasonal symptoms.

PATIENT MANAGEMENT TIPS

Evaluate effectively. A complete history will help clarify the patient’s chief concerns and symptoms, including symptom triggers, seasonality, and chronicity; environmental, home, and occupational exposure; and current coexisting conditions and medications. Specifically, asking patients about pollen and animal exposure can have positive predictive value for diagnosing allergic rhinitis.

It is also important to establish how symptoms affect a patient’s quality of life. Nasal examination, while important to supporting a diagnosis of allergic rhinitis, is not necessarily sufficient by itself to defining the condition. Perform a physical examination of all organ systems that may be affected by allergies, especially the lower respiratory tract.

It is also important to ask about the presence of comorbidities and other related conditions during the patient examination. Patient issues commonly associated with allergic rhinitis can include asthma, sleep disturbances, sinusitis, otitis media, ocular symptoms, abnormal breathing patterns that can alter facial growth in children, and effects on cognitive function that can manifest as falling school grades during allergy season.

Define allergy triggers. Identifying a patient’s allergy triggers provides crucial information for successful management. Common triggers of allergic rhinitis include animals, dust mites, fungi, insect emanations, and pollens.

Pollen types can vary widely based on climate and locale, and fungi are ubiquitous organisms that can produce clinically significant allergens. Therefore, patient education regarding avoidance of

PATIENT EDUCATION RESOURCES

American Academy of Allergy Asthma & Immunology:

Outdoor allergens bit.ly/1BzDnEX

Harvard Medical School:

Patient education center bit.ly/18DLdD7

Mayo Clinic:

Seasonal allergies mayod.in/1oyrNB3

established allergic triggers is essential.

Individualize a treatment plan and educate accordingly.

Successful management of allergic rhinitis typically requires a combination of allergen avoidance, patient education, pharmacotherapy, and possibly immunotherapy. Patient management and monitoring should be individualized based on reported symptoms, physical examination, comorbidities, and patient age and preferences.

A strong physician/patient/family partnership will provide the most effective framework for treatment success, and education is a key element in facilitating adherence and optimizing treatment outcomes. Patients should understand how to avoid environmental triggers, as well as the appropriate use of over-the-counter or prescription medications. Pharmacological management often requires a step-up approach when therapy is inadequate for symptom control, or a step-down approach when symptom relief is achieved.

Therefore, clinicians and families should agree as to when escalation or de-escalation of therapy is appropriate. Targeted immunotherapy may be necessary for symptom control in patients with moderate or severe persistent al-

lergic rhinitis that does not respond to other forms of treatment.

Optimize allergen and self-management techniques.

Patients with allergic rhinitis should avoid known allergic triggers such as pets, as well as general respiratory irritants such as cigarette smoke, perfumes, and paint fumes. Nasal irrigation with saline can be a beneficial self-management technique for alleviating symptoms, and may be used alone or as adjuvant therapy.

Some suggestions for controlling exposure to specific allergens include:

Animals: avoid contact

Dust mites: use dust covers for bedding, control humidity, vacuum carpets frequently, use high efficiency particulate (HEPA) filters.

Indoor fungi: remove sources of moisture, replace contaminated materials, use diluted bleach solution to clean nonporous surfaces

Pollen: limit time outdoors when pollen counts are high

Tobacco smoke and other irritants: minimize exposure

Establish regular follow-up appointments.

Consistent follow-up can allow for timely recognition of complications, increase therapeutic success, and improve compliance. Follow-up visits also facilitate regular review of a patient’s treatment plan so that it can be modified as necessary based on symptom control and quality of life.

Know when to refer. Referral to an allergist/immunologist can be helpful when there is a need to identify more specifically the allergens affecting a patient so that stricter environmental control can be achieved.

Additionally, specialist consultation may be necessary when patients with

allergic rhinitis have inadequately controlled symptoms, report a decrease in quality of life, or experience reduced ability to function. Additional reasons to refer include adverse reactions to medications, the presence of comorbid conditions such as asthma or recurrent sinusitis, or when immunotherapy is being considered as a treatment option.

—Written by Nicole Klemas, ELS

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KEY CODING CONSIDERATIONS

The current procedural terminology guidelines state that you should code signs and symptoms when a definitive diagnosis has not been confirmed.

Therefore, you will need to document and code the signs and symptoms that a patient presents with at his/her visit. Common diagnosis codes for allergy-related signs and symptoms include those listed below. You should also assign the appropriate E-code(s) for any external causes that can be identified.

Before choosing the treatment that best suits your patient, there are several types of tests that can help determine what the patient is allergic to, including:

- Antibody testing (86000-86063),
- Challenge ingestion testing (95076-95079), and/or
- Allergy tests (95004-95071).

After running one or more of these tests, you should be able to assign the definitive diagnosis(es). Those specific to allergies are listed elsewhere on the page. Keep in mind that once a definitive diagnosis has been confirmed, you should no longer bill the sign and/or symptom of that diagnosis. ■

—Written by Renee Dowling



MORE CLINICAL ECONOMICS ONLINE

For more information on patient management and coding tips for different conditions, visit:

<http://www.modernmedicine.com/tag/clinical-economics>

Symptom and condition codes

ICD-9 Code	Description	ICD-10 Code	Description
379.92	Swelling or mass of eye	H57.8	Other specified disorders of eye and adnexa
478.0	Hypertrophy of nasal turbinates	J34.3	Hypertrophy of nasal turbinates
478.19	Other diseases of nasal cavity and sinuses	J34.89	Other specified disorders of nose and nasal sinuses
		J34.9	Unspecified disorder of nose and nasal sinuses
		R09.81	Nasal congestion
564.89	Other functional disorders of intestine	K59.8	Other specified functional intestinal disorders
729.81	Swelling of limb	M79.89	Other specified soft tissue disorders
780.79	Other malaise and fatigue	R53.81	Other malaise
		R53.83	Other fatigue
781.1	Disturbances of sensation of smell and taste	R43.8	Other disturbances of smell and taste
		R43.9	Unspecified disturbances of smell and taste
782.0	Disturbance of skin sensation	R20.8	Other disturbances of skin sensation
		R20.9	Unspecified disturbances of skin sensation
782.1	Rash and other nonspecific skin eruption	R21	Rash and other nonspecific skin eruption
782.2	Localized superficial swelling, mass, or lump	R22.0 - R22.9	Localized swelling, mass and lump
782.9	Other symptoms involving skin and integumentary tissues	R23.8	Other skin changes
		R23.9	Unspecified skin changes
784.2	Swelling, mass, or lump in head and neck	R22.0	Localized swelling, mass and lump, head
		R22.1	Localized swelling, mass and lump, neck
784.91	Postnasal drip	R09.82	Postnasal drip
784.99	Other symptoms involving head and neck	R06.7	Sneezing
		R06.89	Other abnormalities of breathing
786.07	Wheezing	R06.2	Wheezing
786.09	Other dyspnea and respiratory abnormalities	R06.00	Dyspnea, unspecified
		R06.09	Other forms of dyspnea
		R06.3	Periodic breathing
		R06.89	Other abnormalities of breathing
786.2	Cough	R05	Cough
799.22	Irritability	R45.4	Irritability and anger

Coding for allergic rhinitis

ICD-9 Code	Description	ICD-10 Code	Description
477.0	Allergic rhinitis due to pollen	J30.1	Allergic rhinitis due to pollen
477.1	Allergic rhinitis due to food	J30.5	Allergic rhinitis due to food
477.2	Allergic rhinitis due to animal (cat)(dog) hair and dander	J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
477.8	Allergic rhinitis due to other allergen	J30.2	Other seasonal allergic rhinitis
		J30.89	Other allergic rhinitis
477.9	Allergic rhinitis, cause unspecified	J30.0	Vasomotor rhinitis
		J30.9	Allergic rhinitis, unspecified
995.3	Allergy, unspecified not elsewhere classified	T78.40XA	Allergy, unspecified, initial encounter

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