

Commonly Coded Pediatrics



Commonly Coded in Pediatrics for ICD-10-CM

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AGENDA

- Asthma
- Bronchitis
- Otitis media
- Diabetes mellitus
- Crohn's disease
- Dermatitis
- Allergic rhinitis
- General medical examinations



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Asthma

- In ICD-10-CM, the code set is expanded. It is subcategorized by severity.

- J45.2- Mild intermittent
- J45.3- Mild persistent
- J45.4- Moderate persistent
- J45.5- Severe persistent
- J45.9- Other and unspecified asthma



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Asthma

- The subcategories are further broken down by complication:

- Uncomplicated
- With acute exacerbation
- With status asthmaticus



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Example

A patient with moderate persistent asthma presents to the office with a parent. She experiences some limitations of play due to her asthma. She is awakened multiple times a week by her symptoms and uses her rescue inhaler daily. At this visit she is tachypneic, with acute shortness of breath with audible wheezing. Patient has been given her prescribed medications of Cromolyn Sodium and Ventolin at home with no relief of symptoms prior to coming to the office.



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Example (cont.)

Auscultation revealed decreased breath sounds with inspiratory and expiratory wheezing and patient was coughing up small amounts of white sputum. SaO₂ was 93% on room air. Two nebulizer treatments were given, with improvement of peak flows. Re-exam indicates clearing of breath sounds and much improved airflow. Symptoms resolved and patient was given prescription for inhaled steroids to be used with current home meds.

J45.41 Moderate persistent asthma with (acute) exacerbation



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Bronchitis

- In ICD-10-CM, the codes for bronchitis are divided into the time parameters of acute and chronic. The acute bronchitis codes are further broken down by causal organism, including:

- J20.0 Acute bronchitis due to *Mycoplasma pneumoniae*
- J20.4 Acute bronchitis due to parainfluenza virus
- J20.7 Acute bronchitis due to echovirus



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Bronchitis

- The codes for chronic bronchitis are broken down by whether the bronchitis is simple, mucopurulent, or mixed.

- J41.0 Simple chronic bronchitis
- J41.1 Mucopurulent chronic bronchitis
- J41.8 Mixed simple and mucopurulent chronic bronchitis
- J40 Bronchitis, not specified as acute or chronic



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Example

4 month-old Jake is brought in by his father for a hospital follow-up visit. Jake was taken to the ED by his mother and admitted due to breathing problems. Respiratory viral panel showed Jake to have acute bronchitis due to RSV. He had an eight-day hospital stay. He is doing very well today with minimal cough and easy breathing.

J20.5 Acute bronchitis due to respiratory syncytial virus



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Ear Infections

- The codes are broken down by the following:
 - Temporal parameters
 - Whether the condition is recurrent
 - Laterality
 - Type



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Ear Infections

- Acute otitis media
 - Usually painful
 - Symptoms include redness of the eardrum, pus in the ear, and fever
 - May improve with antibiotic treatment



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Example

Nate is a 10-month-old baby brought in by his mother. The child has been cranky, running a fever, and pulling at his left ear. Examination notes some pus, bulging TM, and inflammation of the left ear. Diagnosis is made of acute suppurative OM.

H66.002 Acute suppurative otitis media without spontaneous rupture of ear drum, left ear



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Ear Infections

- Otitis media with effusion (OME)
 - Build up of fluid in the middle ear without signs and symptoms of acute infection
 - May be caused by viral upper respiratory infections, allergies, or exposure to irritants
 - Will not usually benefit from antibiotic treatment



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Example

Tony is a 3 year old male patient, and presents to be seen with his mother. He has had bilateral OME multiple times since the age of one, with significant amounts of fluid accumulation in both ears. The ear complaints are worse during allergy season. The mother now presents with the child after she and the preschool teacher noticed that he is not responding well to auditory stimuli and is having speech troubles with pronunciation of certain words. Upon exam, both ears have nonpurulent effusion noted. Assessment: Recurrent acute allergic bilateral OME

H65.116 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, bilateral



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Ear Infections

- Otitis externa
 - Commonly known as Swimmer's ear
 - Infection of the ear and or outer ear canal
 - Ears are itchy or become red and swollen so that touching of, or pressure on the ear is very painful
 - Pus that drains from the ear may also be present



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Example

Susan is brought in by her mother. She has been swimming at the pool all week and started complaining of pain in her ears. She says she is having trouble chewing also. On examination, the outer ears appear reddened with a light secretion in both ears. The patient complains of pain with tragal pressure. She is diagnosed with bilateral Swimmer's ear.

H60.333 Swimmer's ear, bilateral



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Diabetes Mellitus

- Diabetes mellitus occurs when the body can't use glucose normally
- According to the ADA, 25.8 million Americans have diabetes
- One in every 400 children and adolescents has diabetes
- Type 1 diabetes is more prevalent in children and adolescents



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Diabetes Mellitus

Type of diabetes

- E08 – Diabetes mellitus due to underlying condition
- E09 – Drug or chemical induced diabetes mellitus
- E10 – Type 1 diabetes mellitus
- E11 – Type 2 diabetes mellitus
- E13 – Other specified diabetes mellitus



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Diabetes Mellitus

Body system affected

- Kidney
- Ophthalmic
- Neurological
- Circulatory
- Other specified



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Diabetes Mellitus

Complications affecting the body system

- Nephropathy
- CKD
- Retinopathy
- Neuropathy
- Amyotrophy
- Peripheral angiopathy



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Diabetes Mellitus

Diabetes mellitus and the use of insulin

- Code Z79.4, Long-term (current) use of insulin
- Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter



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Example

Maria, a 10 year old female, presents to the office with an approximate 10 lb. weight loss over the last few weeks, nausea, increased thirst and urination. She denies abdominal pain. Her father has Type 1 DM and one cousin was diagnosed with Type 1 DM at age 18 months. Labs indicate a blood sugar of 411. She is admitted to the hospital and diagnosed with type 1 diabetes mellitus with hyperglycemia.

E10.65 Type 1 diabetes mellitus with hyperglycemia
Z83.3 Family history of diabetes mellitus



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Example

14-year-old female with type 2 diabetes. Patient's current and regular medications include NovoLog with each meal.

E11.9 Type 2 diabetic mellitus without complications
Z79.4 Long term (current) use of insulin



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Diabetes Mellitus

- Category E08
 - Code first the underlying condition
 - Use additional code to identify any insulin use
- Category E09
 - Code first poisoning due to drug or toxin, if applicable
 - Use additional code for adverse effect, if applicable, to identify drug
 - Use additional code to identify any insulin use



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Example

Janet presents with her parents for cystic fibrosis-related diabetes check. She is doing well on her insulin and continues to consume the correct protein (15%) and fat levels (35%) daily. Eating a lot of fish and chicken and consuming extra salt when hot outside. Diagnosis: CFRD. Doing well. Labs before next visit. See back in 2 months.

E84.8 Cystic fibrosis with other manifestations
 E08.9 Diabetes mellitus due to underlying condition without complications
 Z79.4 Long term (current) use of insulin



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Crohn's Disease

- Exact cause unknown
- Occurs when body's immune system mistakenly attacks and destroys healthy body tissue
- Most often affects the ileum
- May skip areas, leaving normal areas in between patches of diseased intestine



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Crohn's Disease

- Site
 - Small intestine (K50.0-)
 - Large intestine (K50.1-)
 - Both small and large intestine (K50.8-)



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Crohn's Disease

- Complications
 - Rectal bleeding (6th character 1)
 - Intestinal obstruction (6th character 2)
 - Fistula (6th character 3)
 - Abscess (6th character 4)
 - Other complication (6th character 8)
 - Without complications (5th character 0)



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Crohn's Disease

- Completed code examples include:
 - K50.00 Crohn's disease of **small intestine without complications**
 - K50.113 Crohn's disease of **large intestine with fistula**
 - K50.814 Crohn's disease of **both small and large intestine with abscess**
 - K50.918 Crohn's disease, **unspecified, with other complication**
 - K50.919 Crohn's disease, **unspecified, with unspecified complication**



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Example

Eddie has Crohn's disease of the ileum. He is brought in today by his mother with a complaint of rectal bleeding.

K50.011 Crohn's disease of small intestine with rectal bleeding



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Dermatitis

- Inflammation of the skin
- Different forms of dermatitis
- Located in code block L20-L30
- Terms dermatitis and eczema are used synonymously and interchangeably in this block of codes



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Dermatitis

Atopic dermatitis (AD)

- Often appears before a child's first birthday
- Appears as dry, red, itchy patches on skin
- Most common areas forehead, scalp, face
- Affects 10-20% children worldwide
- Risk factors include allergies, asthma, or family history of AD



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Dermatitis

- Besnier's prurigo L20.0
- Atopic neurodermatitis L20.81
- Flexural eczema L20.82
- Infantile eczema L20.83
- Intrinsic eczema L20.84
- Other atopic dermatitis L20.89
- Atopic dermatitis, unspecified L20.9



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Example

7-year-old girl brought in for itchy, papular rash on the flexural surfaces of the neck, axillae, and elbows. No other family members with AD, but mother has asthma. Scratching of the lesions is worse at night. Patient with lichenification in left elbow area. Patient is diagnosed with flexural dermatitis.

L20.82 Flexural eczema

Z82.5 Family history of asthma and other chronic lower respiratory diseases



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Dermatitis

Seborrheic dermatitis

- Common inflammatory skin condition
- Causes flaky, white to yellowish scales to form on oily areas
- Can occur with or without reddened skin
- If in infancy, usually disappears between 6 months and 1 year



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Dermatitis

Codes for seborrheic dermatitis are located in category L21:

- Seborrheic capitis L21.0
- Seborrheic infantile dermatitis L21.1
- Other seborrheic dermatitis L21.8
- Seborrheic dermatitis, unspecified L21.9



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Example

A new mother brings her infant in because she is worried about a yellowish, crusty deposit on the baby's scalp. He is diagnosed with cradle cap. The mother is told to wash the baby's hair once a day with a mild baby shampoo and brush gently with a soft brush to loosen the scales.

L21.0 Seborrhea capitis



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Dermatitis

Contact dermatitis

- Allergic contact dermatitis (external allergens)
- Irritant contact dermatitis (irritants)
- Together may affect up to 20% of pediatric population



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Dermatitis

- L23.0 **Allergic** contact dermatitis **due to metals**
- L24.81 **Irritant** contact dermatitis **due to metals**
- L23.2 **Allergic** contact dermatitis **due to cosmetics**
- L24.3 **Irritant** contact dermatitis **due to cosmetics**
- L25.0 **Unspecified** contact dermatitis **due to cosmetics**



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Example

Katie is brought in for a rash around her wrists and neck. Her grandmother bought her some costume jewelry at a children's store in the mall yesterday. After the child wore the jewelry for a few hours, her mother noticed her scratching the areas. She made her remove the jewelry, but the child has continued to scratch the area. She is diagnosed with allergic contact dermatitis due to nickel and given medication to help with the itching.

L23.0 Allergic contact dermatitis due to metals



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Allergic rhinitis

- Affects 40 – 50 million people in the US
- Seasonal allergic rhinitis usually develops after 6 years of age
- Perennial allergic rhinitis is commonly seen in younger children
- Symptoms produced by nasal irritation or inflammation (runny nose, itching, sneezing, stuffy nose)



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Allergic rhinitis

ICD-10-CM only contains a few codes for allergic rhinitis, but it is a condition commonly treated in family practice. From a coding perspective, the codes specify causation.

- 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
- J30.9 Allergic rhinitis, **unspecified**



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Example

Paul is brought in by his mother for his allergic rhinitis. He is hypersensitive to pollen. His mother has been treating him with over the counter medications, but she says she does not think they are working properly as Paul still complains of congestion and eye irritation. Upon examination, Paul has "allergy eyes" and swollen nasal tissue. Paul is given a prescription for an intranasal corticosteroid.

J30.1 Allergic rhinitis due to pollen



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General medical examinations

- The main pediatric general and special examination codes that contain a "with" and "without" abnormal findings break down are:
 - Routine child health examinations (Z00.121, Z00.129)
 - Examinations in period of delayed growth in childhood (Z00.70, Z00.71)
 - Examination of eyes and vision (Z01.00, Z01.01)
 - Examination of ears and hearing (Z01.10, Z01.110, Z01.118)



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General medical examinations

Other pediatric examination Z codes:

- Z00.110 Health examination for newborn under 8 days old
- Z00.111 Health examination for newborn 8 to 18 days old
- Z00.2 Encounter for examination for period of rapid growth in childhood
- Z00.3 Encounter for examination for adolescent development state



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General medical examinations

- Z23 –Encounter for immunization

Code first any routine childhood examination

NOTE: Procedure codes are required to identify the types of immunizations given



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5-year-old Jake is brought in for a well-child exam. He is doing well, reaching all the proper milestones, and a full examination is performed. Discussion is held in regards to proper child precautions in the home, seat belt usage, and wearing helmets while bike riding. Routine immunizations are given.

Z00.129 Encounter for routine child health examination without abnormal findings

Z23 Encounter for immunization



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Example

A man brings his 6-month-old daughter in for her well-child check. During the exam, the pediatrician notices a rash on the baby's trunk and a fever. The father states he did not notice it as the girl's mother usually dressed the child. The pediatrician notes the rash is present on both sides of the baby's trunk. The pediatrician decides to complete the preventive exam, but not give immunizations. He gives a prescription for rash and tells the father to leave the baby's shirt off when possible, keep a check on the fever, give antipyretics if necessary, and have the baby brought back in one week.



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Example

- Z00.121 Encounter for routine child health examination with abnormal findings
- R21 Rash and other nonspecific skin eruption
- R50.9 Fever, unspecified



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Thank You!!

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