

Pediatric Coding

Risk Adjustment Programs for
Provider Engagement and Education
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This Presentation will be available on the Blue Cross NC Provider's Risk Adjustment webpage for educational purposes only.



Please submit questions in the chat box webinar



If we cannot answer your question during the session, the response will be emailed to you after the Webinar.

Disclaimer



This presentation is intended for both physicians and office staff. The information contained in this presentation and responses to the questions are not intended to serve as official coding or legal advice.



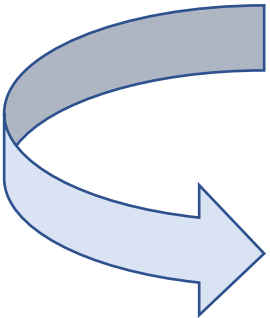
All Coding should be considered case by case basis and should be supported by medical necessity and the appropriate documentation reflected within the medical record.

Pediatric Coding Agenda

Common HCCs in Pediatrics

Pulmonary: Asthma, Pulmonary Eosinophilia HHS-HCC 161.2

Neurological: Epilepsy, Seizures HSS-HCC 120



Coming in 2024!

Neuro-Developmental: Autism Spectrum Disorders HHS-HCC 102



On a scale from 1-5, How comfortable are you with Pediatric Asthma and Seizure Coding?

1
Not
comfortable

2
Familiar

3
Neutral

4
Proficient

5
Expert



Objectives

- **After this webinar participants will have:**
 - Basic Overview of Some Common Pediatric Conditions
 - Knowledge of Prevention, Treatment, Basic Outcomes
 - Knowledge of HCPCS Codes frequently used to capture Pediatric Conditions
 - Understanding of the Impact of Pediatric Chronic Conditions on Lifespan

Before we dive in, let's take a quick look at some of the common HCC codes in Pediatrics.

Common HCCs in Pediatrics

Pediatric Coding: Top 5 HCCs

Common HCC Codes in Pediatrics

The five most common HCCs in pediatrics include:

- 1.HCC 161 Asthma
- 2.HCC 88 Major Depressive and Bipolar Disorders
- 3.HCC 120 Seizure Disorders and Convulsions
- 4.HCC 21 Diabetes without Complication
- 5.HCC 102 Autistic Disorder



Pediatric Coding: Top 5 HCCs

Common HCC Codes Covered in Previous Webinars

HCC 88 Major Depressive and Bipolar Disorders

[Link to Previous Risk Adjustment Coding Webinars](#)

HCC 21 Diabetes without Complication



Pulmonary: Asthma - HHS-HCC **161.2**

Pediatric Coding: Pulmonary

Pulmonary: Asthma



- ❖ Although asthma can develop at any age, it most commonly begins in childhood, particularly in the first 5 years of life.
- ❖ Some children continue to have asthma into the adult years. In other children, asthma resolves.
- ❖ Asthma is one of the most common chronic diseases of childhood, affecting more than 6 million children in the United States.
- ❖ It occurs more frequently in boys before puberty and in girls after puberty.
- ❖ Asthma is a leading cause of hospitalization for children and is the number one chronic condition causing elementary school absenteeism.

Pediatric Coding: Pulmonary

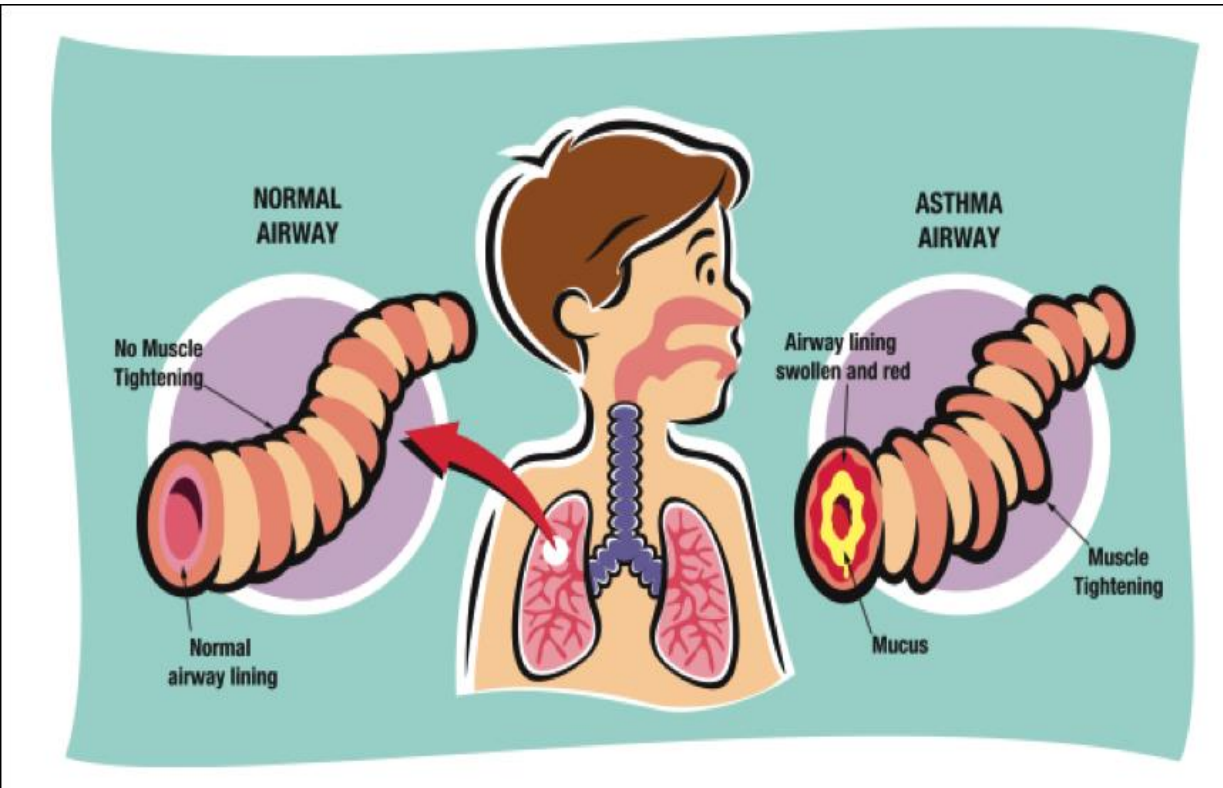
Pulmonary: Asthma



- ❖ A child with one parent who has asthma has a 25% risk of developing asthma. If both parents have asthma, the risk increases to 50%.
- ❖ In the United States, children in urban environments are more likely to develop asthma, particularly if they are from lower socioeconomic groups.
- ❖ Children whose mothers smoked during pregnancy may be more likely to develop asthma.
- ❖ Asthma also has been linked to other factors related to the mother, such as young maternal age, poor maternal nutrition, and lack of breastfeeding. Prematurity and low birth weight are also risk factors.



Symptoms



- ❖ As the airways narrow in an asthma attack, the child develops difficulty breathing, chest tightness, and coughing, typically accompanied by wheezing. Wheezing is a high-pitched noise heard when the child breathes out.
- ❖ Not all asthma attacks cause wheezing, however. Mild asthma, particularly in very young children, may result only in a cough.
- ❖ Children with an extremely severe asthma attack may actually not wheeze because there is too little air flowing even to make a noise.

Treatment / Acute Mild Attack



- ❖ Treatment is given to resolve sudden (acute) attacks and sometimes to prevent attacks.
- ❖ Children who have mild, very infrequent attacks usually take drugs only during an attack.
- ❖ For acute attacks, bronchodilators and sometimes corticosteroids are given.
- ❖ Bronchodilators such as a dose of a short-acting beta-adrenergic drug such as albuterol are inhaled via inhaler or nebulizer.

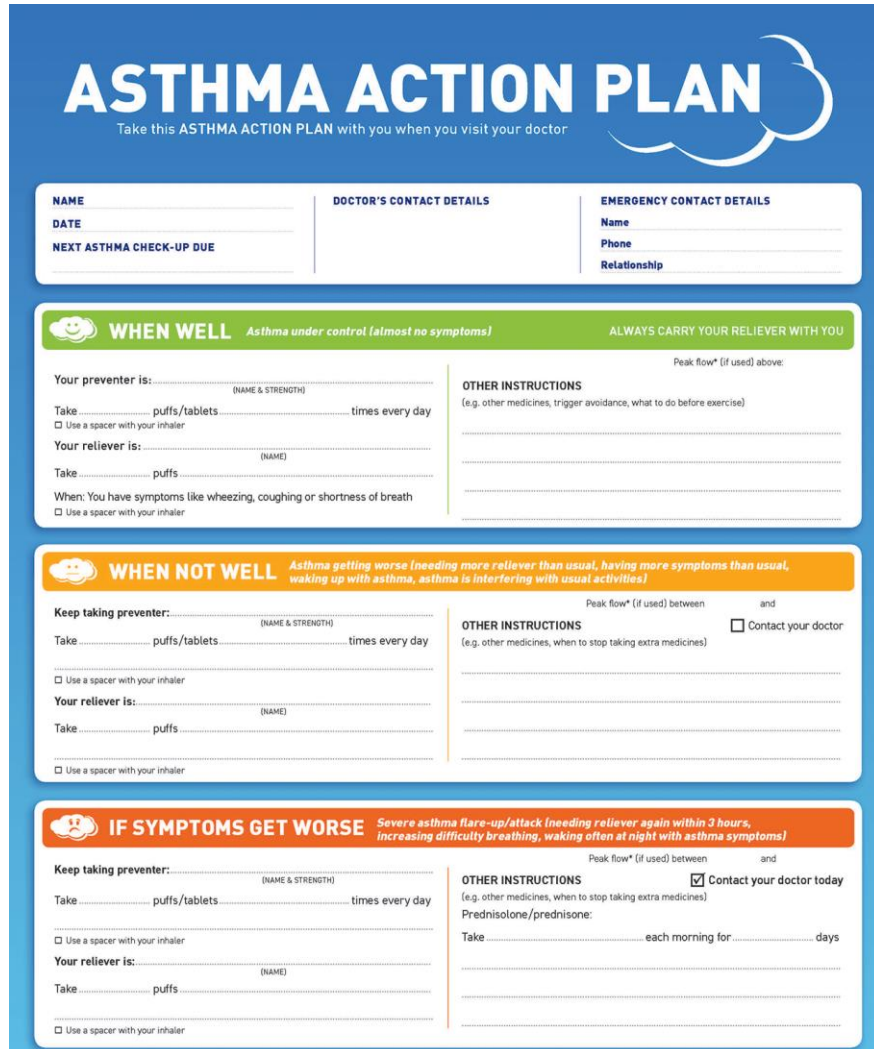
Treatment / Acute Severe Attack

- ❖ Children who have severe symptoms should typically go to an emergency department.
- ❖ For severe attacks, doctors give frequent treatment using inhaled beta-adrenergic bronchodilator drugs delivered by a device called a nebulizer.
- ❖ Doctors sometimes give these bronchodilator drugs in combination with anticholinergic drugs. People are also given a corticosteroid, such as prednisone, by mouth or by vein (intravenously).
- ❖ Supplemental oxygen may be given during attacks.



Maintenance Management

Have a plan and stick to it. Children with a diagnosis of asthma should have an [asthma action plan](#). These written instructions from the doctor give clear, step-by-step directions on what medicines to take and when, how to avoid triggers, what to do between flare-ups, and how to recognize and manage them if they happen.



ASTHMA ACTION PLAN
Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME _____ **DOCTOR'S CONTACT DETAILS** _____ **EMERGENCY CONTACT DETAILS** _____
DATE _____ **Name** _____
NEXT ASTHMA CHECK-UP DUE _____ **Phone** _____
_____ **Relationship** _____

WHEN WELL *Asthma under control (almost no symptoms)* **ALWAYS CARRY YOUR RELIEVER WITH YOU**

Your preventer is: _____ (NAME & STRENGTH) Peak flow* (if used) above: _____
Take _____ puffs/tablets _____ times every day **OTHER INSTRUCTIONS** _____
 Use a spacer with your inhaler (e.g. other medicines, trigger avoidance, what to do before exercise)
Your reliever is: _____
Take _____ puffs _____
When: You have symptoms like wheezing, coughing or shortness of breath
 Use a spacer with your inhaler

WHEN NOT WELL *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*

Keep taking preventer: _____ (NAME & STRENGTH) Peak flow* (if used) between _____ and _____
Take _____ puffs/tablets _____ times every day **OTHER INSTRUCTIONS** _____ Contact your doctor
 Use a spacer with your inhaler (e.g. other medicines, when to stop taking extra medicines)
Your reliever is: _____
Take _____ puffs _____
 Use a spacer with your inhaler

IF SYMPTOMS GET WORSE *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

Keep taking preventer: _____ (NAME & STRENGTH) Peak flow* (if used) between _____ and _____
Take _____ puffs/tablets _____ times every day **OTHER INSTRUCTIONS** _____ Contact your doctor today
 Use a spacer with your inhaler (e.g. other medicines, when to stop taking extra medicines)
Prednisolone/prednisone: _____
Take _____ each morning for _____ days
Your reliever is: _____
Take _____ puffs _____
 Use a spacer with your inhaler

Maintenance Management



• Identify and avoid **triggers**.
Triggers are things that can bother airways and lead to an asthma flare-up.



Triggers

Infectious Triggers

Respiratory syncytial virus
Rhinovirus
Parainfluenza virus
Pneumonia

Inhaled Irritants

Air pollution
cigarette smoke
Perfumes
Cleaning products

Environmental Triggers

- Pets
- Feather pillows
- Carpets and rugs
- Drapes
- Upholstered furniture
- Stuffed toys
- Other potential sources of dust mites and allergens

Strategies for Allergen Reduction

- Using synthetic fiber pillows and impermeable mattress covers
- Washing bed sheets, pillowcases, and blankets in hot water
- Using dehumidifiers in basements and in other poorly aerated, damp rooms to reduce mold
- Using steam to clean the home to reduce dust mite allergens
- Cleaning the house and pest extermination to eliminate cockroach exposure
- Eliminating smoking in the home

Prevention



- Make sure children get a [COVID-19 vaccine](#) and get a yearly [flu vaccine](#). The COVID-19 and flu vaccines are recommended for all kids ages 6 months and up, especially those with asthma. If kids with asthma get viral infections like these, they're at risk for flare-ups and developing a more serious illness.

Maintenance Management

• **Take medicines** as prescribed. Most kids with asthma need to take medicines. Some are daily medicines (called **long-term control medicines**) to help keep airways from getting irritated and swollen. Others are used only during a flare-up to help open the airways (**quick-relief medicines**). Some can do both things at the same time. Most medicines call for the use of a nebulizer or inhaler with a spacer to help get medicine into the lungs.

Maintenance/Controller Medicines

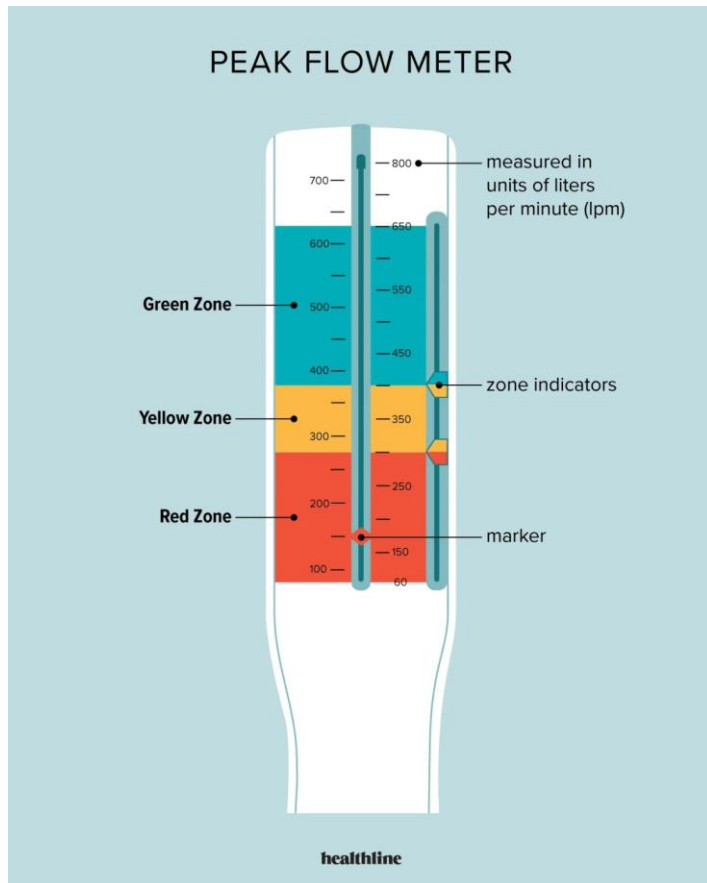


Spacers for Inhalers

Short-Acting Beta2 -Agonists (SABA)

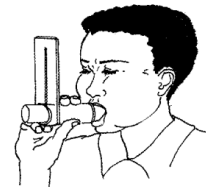


Maintenance Management



• Know the signs of a flare up and what to do.

Always have quick-relief medicine handy and follow the asthma action plan. The plan and medicines should be available to everyone who cares for children (teachers, coaches). Use a peak flow meter to track normal and abnormal expiratory effort.



's Action Plan

Personal Best Peak Flow Meter Number: _____

GO	SLOW	STOP
<p>You are breathing your best.</p> <p>You:</p> <ul style="list-style-type: none"> • have peak flow meter scores greater than _____ (80% of your personal best peak flow number) • sleep through the night without coughing or wheezing • have no early warning signs of an asthma flare-up • can do usual activities 	<p>You are not breathing your best.</p> <p>You may:</p> <ul style="list-style-type: none"> • have a peak flow meter score between _____ (50–80% of your personal best peak flow number) • be coughing or wheezing at night • have early warning signs of a flare-up • have trouble doing your usual activities (work, school, exercise) 	<p>You need help now.</p> <p>You may:</p> <ul style="list-style-type: none"> • have a peak flow meter score less than _____ (50% of your personal best peak flow number) • be coughing short of breath, wheezing • suck in skin between ribs, above your breastbone and collarbone when breathing • have trouble walking or talking
<p>Take preventive medicines:</p> <p>• _____</p> <p>• _____</p> <p>• _____</p>	<p>Take quick-relief medicines:</p> <p>• _____</p>	<p>Emergency Medicine Plan:</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p>
<p>Continue to avoid triggers.</p>	<p>Continue or increase your preventive medicines.</p> <p>• _____</p> <p>• _____</p>	<p>Call your doctor or emergency room and ask what to do.</p>
<p>Take quick-relief medicines 15 minutes before exercise.</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p>	<p>Call your doctor if:</p> <ul style="list-style-type: none"> • you stay in the yellow zone more than _____ hours • your symptoms are getting worse • you use your quick-relief medicine more often than every 4 hours or _____ times a day 	<p>Call 911 if:</p> <ul style="list-style-type: none"> • your nails or lips are blue • you have trouble walking or talking • you cannot stop coughing

Pediatric Coding: Pulmonary

Asthma Action Plan

Pulmonary: Asthma



Green Zone: No coughing, wheezing, chest tightness, or shortness of breath. Can do usual activities.

Doing Well

Every day: Take these medicines, even if you're not having any symptoms. Avoid triggers that you know make your asthma worse.

Medicine	How much to take	When to take

Before you exercise: Take [] 2 or [] 4 Puffs of _____ 5 minutes before you start, as needed.

Yellow Zone: One or more of these symptoms: coughing, wheezing, chest tightness, breathing trouble, waking up at night due to asthma. Or, if you can only do some, but not all, usual activities.

Some Symptoms

Keep taking your Green Zone medicine and avoiding triggers as usual **AND** take this medicine:

Medicine	How much to take and how often
(Quick-relief)	_____ Puffs Can repeat every _____ minutes, Up to _____ times
	OR [] Nebulizer: Use it once

If you return to the Green Zone after 1 hour, keep monitoring to be sure you stay in the Green Zone.

If you do **not** return to the Green Zone after 1 hour take this medicine:

Medicine	How much to take and how often
(Quick-relief)	_____ Puffs
	OR [] Nebulizer: Use it once
AND: (Oral Steroid)	Take _____ mg each day for _____ (3 to 10) days

Call your doctor (or have someone call) just before you take the oral steroid **OR** _____ minutes/hours after taking the oral steroid, based on the instructions your doctor gave when the medicine was prescribed.



Red Zone: EMERGENCY! Very short of breath, or quick-relief medicines have not helped, or symptoms are the same or worse after 24 hours in the Yellow Zone. Or, if you cannot do any of your usual activities.

Severe Symptoms
Emergency

Take this medicine	How much to take
(Quick-relief)	_____ Puffs Can repeat every _____ minutes, up to _____ times
	OR [] Nebulizer: Can repeat every _____ minutes, up to _____ times
(Oral steroid)	Take _____ mg.

After you take your medicine, call your doctor right away!
If you're still in the Red Zone after 15 minutes and have not reached your doctor, go to the hospital or call 911!

If you have these **DANGER SIGNS:** trouble walking or talking due to shortness of breath or your lips or fingernails are blue, pale, or gray, take _____ puffs of your quick-relief medicine and **GO to the hospital or call 911 NOW!**

These **DANGER SIGNS** mean you need help right away. Don't wait to hear back from your doctor. **GO to the hospital or call 911 NOW!**



Asthma Summary J45 Codes

J45.2-	Mild Intermittent Asthma	Be sure to check for 6th digit of: 0 = uncomplicated 1 = acute exacerbation 2 = status asthmaticus	
J45.3-	Mild Persistent Asthma		
J45.4-	Moderate Persistent Asthma		
J45.5-	Severe Persistent Asthma		
J45.901	Unspecified asthma with acute exacerbation	J45.990	Exercise induced bronchospasm
J45.902	Unspecified asthma with status asthmaticus	J45.991	Cough variant asthma
J45.909	Unspecified asthma, uncomplicated	J45.998	Other asthma

J45 Asthma codes also include:

allergic (predominantly) asthma

allergic bronchitis NOS

allergic rhinitis with asthma

atopic asthma

extrinsic allergic asthma

hay fever with asthma

idiosyncratic asthma

intrinsic nonallergic asthma

nonallergic asthma

Use additional codes to identify

eosinophilic asthma (J82.83) ([J82.83](#))

exposure to environmental tobacco smoke (Z77.22) ([Z77.22](#))

exposure to tobacco smoke in the perinatal period (P96.81) ([P96.81](#))

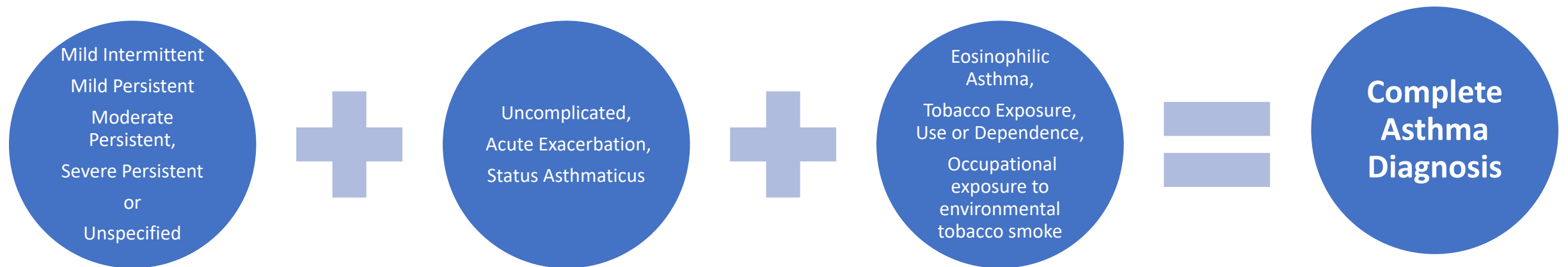
history of tobacco dependence (Z87.891) ([Z87.891](#))

occupational exposure to environmental tobacco smoke (Z57.31) ([Z57.31](#))

tobacco dependence (F17.-) ([F17-F17.299](#))

tobacco use (Z72.0) ([Z72.0](#))

Coding Equation



These classifications must be documented by the provider, and cannot be “put together” by a chart review

Childhood Asthma Coding

How would you code :

HPI: 5 year old male with history of asthma brought in for cough and sore throat. Sore throat started yesterday and gradually worsening. Currently taking Advair. No wheezing present. Dad smokes in the car/outside of the house.

Assessment and Plan:

Sore throat– Ordered POCT rapid strep A, Acute URI– rapid strep negative, adequate hydration, warm saltwater gargles, saline nasal spray, Tylenol for pain/fever.

Mild Persistent Asthma without complications– Continue current treatment for asthma, Asthma Action Plan reviewed, continue Advair daily use, if wheezing occurs or congestion continues, should call the office. Encourage dad to quit smoking.



Pediatric Coding: Asthma



Pulmonary: Asthma



- J45.30-Mild persistent asthma, uncomplicated
- Z77.22-Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)



Coding Scenario



Billy, a 4th grader at was on the playground when he began to wheeze and struggle breathing. He uses his inhaler to help him breath better.

He also felt wheezing earlier that day, using his inhaler in the morning before school and again before lunchtime.

Assessment: Severe Persistent Asthma with acute exacerbation. Add breathing treatment with Albuterol twice daily for 2 weeks.

How would you code Billy's condition?

Coding Scenario



Billy, a 4th grader at was on the playground when he began to wheeze and struggle breathing. He uses his inhaler to help him breath better.

He also felt wheezing earlier that day, using his inhaler in the morning before school and again before lunchtime.

Assessment: Severe Persistent Asthma with acute exacerbation. Add breathing treatment with Albuterol twice daily for 2 weeks.

How would you code Billy's condition?

J45.51 (Severe Persistent Asthma with acute exacerbation)

Childhood Asthma Coding

- **Chief complaint:** Asthma exacerbation
- **History:** A 18-year-old female presents with wheezing and cough. She states she is having problems with her asthma. Her past history included daily symptoms prior to being started on a low-dose inhaled corticosteroid with the need for short-acting beta agonist daily. With the use of the medications, her asthma had been well controlled prior to developing upper respiratory infection symptoms three days earlier. She smokes cigarettes approx. 5 Daily.
- **Assessment and Plan:**
Moderate persistent asthma with acute exacerbation. Continue Advair, albuterol prn for wheezing, prednisolone taper PO for 5 days. Return to office in 1 week for f/u.

Pediatric Coding: Asthma



Pulmonary: Asthma



- J45.41 Moderate Persistent Asthma, with (acute) exacerbation.
- Z72.0- Tobacco Use



Pediatric Coding: Asthma



Pulmonary: Asthma



Clinical scenario: 18 year old female returns to office 1 week after presenting with asthma exacerbation. F/U spirometry readings indicate FEV1 is 75% (baseline). No coughing or wheezing present. Pt. reports finishing oral steroid taper and endorses continued cigarette smoking.

Assessment and Plan: Moderate Persistent Asthma, uncomplicated due to allergies. Continue Advair 2 puffs daily, albuterol prn for wheezing. Added singulair for positive skin test to trees, weeds, grass, and dust. Immunotherapy to start in 2 weeks. Asthma action plan updated.

Pediatric Coding: Asthma



Pulmonary: Asthma



Coding:

First code J45.40 for moderate persistent asthma, uncomplicated.

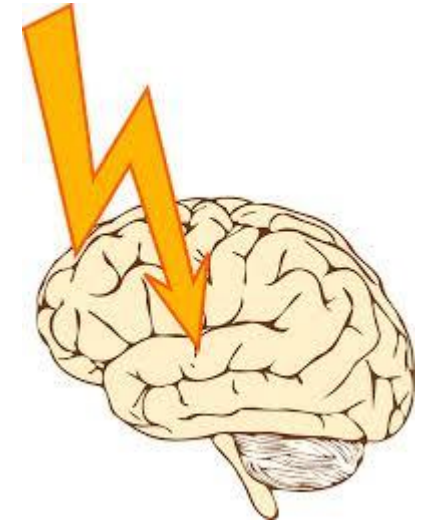
Z72.0- Tobacco Use

Note: J45 codes include allergic asthma

Neurological: Epilepsy, Seizures

HSS-HCC 120

Seizures are a periodic disturbance of the brain's electrical activity, resulting in some degree of temporary brain dysfunction.



- There are many types of seizures. Each can cause different kinds of symptoms. These range from slight body movements to loss of consciousness and convulsions.



Pediatric Neurological Disorders

Neurology:
Epilepsy, Seizures



ICD-10 codes for seizures, epilepsy and convulsions.

G40001 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
 G40009 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
 G40011 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
 G40019 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
 G40101 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
 G40109 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
 G40111 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
 G40119 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
 G40201 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
 G40209 Localization-related (focal) (partial) symptomatic epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
 G40211 Localization-related (focal) (partial) symptomatic epileptic syndromes with complex partial seizures, intractable, with status epilepticus
 G40219 Localization-related (focal) (partial) symptomatic epileptic syndromes with complex partial seizures, intractable, without status epilepticus
 G40301 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
 G40309 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
 G40311 Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
 G40319 Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
 G40401 Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus

G40409 Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
 G40411 Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
 G40419 Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
 G4042 Cyclin-Dependent Kinase-Like 5 Defect Disorder
 G40501 Epileptic seizures, not intractable, with status epilepticus
 G40509 Epileptic seizures, not intractable, without status epilepticus
 G40801 Lennox-Gastaut syndrome, not intractable, with status epilepticus
 G40802 Lennox-Gastaut syndrome, not intractable, without status epilepticus
 G40803 Lennox-Gastaut syndrome, intractable, with status epilepticus
 G40804 Lennox-Gastaut syndrome, intractable, without status epilepticus
 G40811 Lennox-Gastaut syndrome, not intractable, with status epilepticus
 G40812 Lennox-Gastaut syndrome, not intractable, without status epilepticus
 G40813 Lennox-Gastaut syndrome, intractable, with status epilepticus
 G40814 Lennox-Gastaut syndrome, intractable, without status epilepticus
 G40821 Epileptic spasms, not intractable, with status epilepticus
 G40822 Epileptic spasms, not intractable, without status epilepticus
 G40823 Epileptic spasms, intractable, with status epilepticus

G40901 Epileptic spasms, intractable, without status epilepticus
 G40902 Dravet syndrome, intractable, with status epilepticus
 G40903 Dravet syndrome, intractable, without status epilepticus
 G40904 Other seizures
 G40905 Epilepsy, unspecified, not intractable, with status epilepticus
 G40906 Epilepsy, unspecified, not intractable, without status epilepticus
 G40907 Epilepsy, unspecified, intractable, with status epilepticus
 G40908 Epilepsy, unspecified, intractable, without status epilepticus
 G40A01 Absence epileptic syndrome, not intractable, with status epilepticus
 G40A02 Absence epileptic syndrome, not intractable, without status epilepticus
 G40A09 Absence epileptic syndrome, not intractable, without status epilepticus
 G40A11 Absence epileptic syndrome, intractable, with status epilepticus
 G40A19 Absence epileptic syndrome, intractable, without status epilepticus
 G40B01 Juvenile myoclonic epilepsy, not intractable, with status epilepticus
 G40B02 Juvenile myoclonic epilepsy, not intractable, without status epilepticus
 G40B09 Juvenile myoclonic epilepsy, not intractable, without status epilepticus
 G40B11 Juvenile myoclonic epilepsy, intractable, with status epilepticus
 G40B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus
 R5600 Simple febrile convulsions
 R5601 Complex febrile convulsions
 R561 Post traumatic seizures
 R569 Unspecified convulsions

- Epileptic Seizures
- Recurrent Seizures
- Seizure Disorder



G40 Codes

- Febrile Seizures
- Post Traumatic Seizures
- Convulsions NOS
- Seizures NOS



R56 Codes

ICD-10 codes for seizures, epilepsy and convulsions.

Seizures vs. Convulsions vs Epilepsy:

Provider Documentation is Key

The words a provider documents are important.

These words determine whether you use R56 codes or G40 codes.

G40 codes specifically refer to documentation that includes the words:

- Epilepsy
- Seizure Disorder
- Status Epilepticus

Most of the codes in this category are classified based on the type of epilepsy/seizure, whether it is intractable or not intractable, and whether it is associated with status epilepticus. Intractable epilepsy should only be coded if it is documented. Documentation of recurrence does not substantiate intractable epilepsy because all seizures in an epileptic patient are recurrent. Status epilepticus is a series of seizures at intervals too brief to allow consciousness between attacks and can result in death.

R56 codes:

R56 codes refer to documentation that includes the words:

- Convulsions
- Febrile Seizures or Convulsions
- Post Traumatic Seizures
- Unspecified Convulsions
- Convulsion Disorder
- Recurrent Convulsions
- Seizures
- Seizures NOS

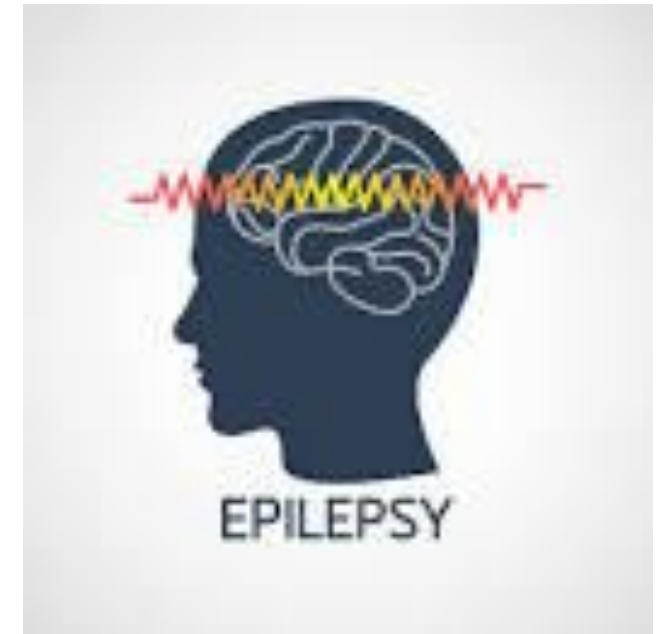
What is Epilepsy?

Epilepsy is when you have 2 or more seizures with no known cause.

- Seizures in children are often similar to seizures in adults. However, some types of seizures, such as febrile seizures and infantile spasms, occur only in children.
- Certain conditions in children, such as breath-holding spells and night terrors, may resemble seizures but do not involve abnormal electrical activity in the brain and thus are not seizures.

Status epilepticus

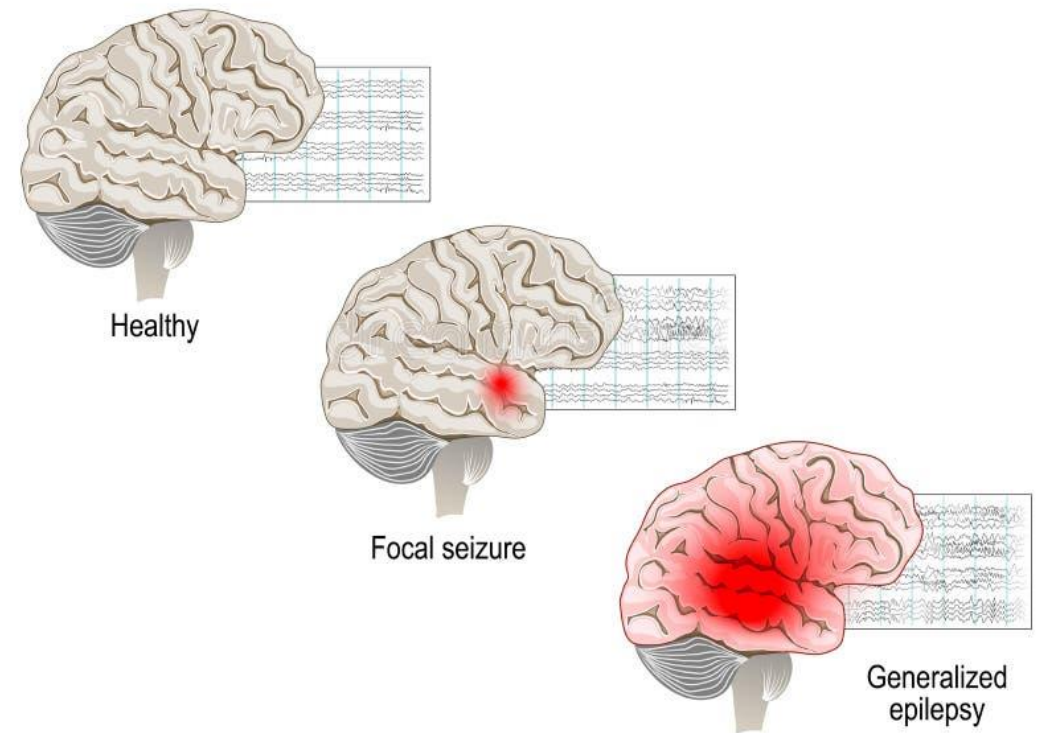
- Status epilepticus refers to a single long-lasting seizure or several shorter seizures that occur without the child regaining consciousness between seizures.
- Children with status epilepticus are at risk of brain damage, so prompt treatment of any seizures lasting more than 5 minutes is necessary.



Types of Seizures

- There are two major classes or groups of seizures: focal onset and generalized onset.
- Focal onset seizures start in one area and can spread across the brain and cause mild or severe symptoms, depending on how the electrical discharges spread.
- Generalized seizures can start as focal seizures that spread to both sides of the brain. They also can occur as “generalized onset” seizures in which seizure activity starts simultaneously over both sides of the brain.

EPILEPSY



Epileptic Focal Seizures – G40.00 HHS HCC 120

Simple Focal Seizures (Auras) G40.10

- Simple focal seizures, also known as auras, occur in one area on one side of the brain, but may spread from there.
- **The person does not lose consciousness during a simple focal seizure.**

Complex Focal Seizures G40.20

- Complex focal seizures are often preceded by a simple focal seizure (aura).
- **Patients experiencing a complex focal seizure may stare blankly into space, or experience non-purposeful, repetitive movements such as lip smacking, blinking, grunting, gulping or shouting.**

Epileptic Generalized Seizures – G40.3 HHS HCC 120

- Generalized seizures include absence, atonic, tonic, clonic, tonic-clonic, myoclonic, and febrile seizures.
- Loss of consciousness may be accompanied by spasms, stiffening, shaking, muscle contractions or loss of muscle tone.

Absence Seizures - G40.A0 – G40A19

Once known as “petit mal” seizures, these are staring spells that start suddenly and may be mistaken for simple daydreaming. The person having an absence seizure will typically stop moving and stare in one direction for 15 seconds or less.

The episode resolves on its own, and though the person may not remember what happened during the seizure, their normal state of alertness returns immediately afterward.

Myoclonic Seizures – G40B-G40B9

Myoclonic seizures are characterized by a sudden body “jolts” or increases in muscle tone as if the person had been jolted with electricity. A myoclonic seizure is similar to the single or multiple sudden jerks people sometimes experience as they are falling asleep. “Sleep myoclonic” jerks are benign whereas myoclonic seizures can be harmful, since the “jolts” occur in bouts.

Epileptic Generalized Tonic and Clonic Seizures – G40.4- G40.419 HHS HCC 120

In a **tonic seizure**, the person's muscles stiffen, and they lose consciousness. The eyes roll back in their head, and muscles of the chest, arms and legs stiffen, causing the back to arch. The contracting muscles in the chest make it hard to breathe, and the person's lips and face may turn gray or blue.

Clonic seizures cause a person's muscles to spasm and jerk. Muscles in the elbows, legs and neck flex and then relax in rapid succession. The jerking motion slows down as the seizure subsides, and finally stops altogether.

Tonic-clonic seizures, once known as “grand mal” or “convulsive” seizures, occur when tonic and clonic movements happen at the same time.

ICD-10 codes for seizures, epilepsy and convulsions.

Epilepsy and recurrent seizures G40-

Excludes

- conversion disorder with seizures F44.5
- convulsions NOS R56.9
- post traumatic seizures R56.1
- seizure (convulsive) NOS R56.9
- seizure of newborn P90



- Febrile Seizures
- Post Traumatic Seizures
- Convulsions NOS
- Seizures NOS



R56 Codes

Causes of Seizures in Newborns, Infants, and Children

Type	Disorder
General disorders	High fevers Infection in the blood (sepsis) Perinatal asphyxia (not getting enough oxygen), as may occur during labor or delivery
Brain disorders	Bleeding (hemorrhage) within the brain Brain malformations Head injury Infections, such as encephalitis or meningitis Stroke Gene disorders that affect nerve functions in the brain Tumors (rarely)
Metabolic disorders	Hereditary disorders that affect the processing (metabolism) of amino acids , fats , or carbohydrates Temporary abnormalities in blood levels of sugar (glucose), calcium, magnesium, vitamin B6, or sodium
Drugs or medications	Use of drugs or medications (such as cocaine , heroin, or the sedative diazepam) by the mother during pregnancy, resulting in withdrawal in the infant Accidental ingestion of a drug, medication, or poison by an infant or young child

Febrile Convulsions – R56.0 HSS –HCC 120

- Febrile convulsions or seizures are fairly common in young children.
- Febrile seizures are seizures triggered by a fever of at least 100.4° F (about 38° C).
- Most febrile seizures are harmless and caused by fever resulting from a minor infection.
- Less often, a febrile seizure is the first sign of a previously unrecognized neurologic disorder.
- Most children do not need to take medications to prevent febrile seizures.
- There are two types of febrile seizures: Simple and Complex



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Simple Febrile Convulsions – R56.00 HHS –HCC 120

- Simple febrile convulsions typically last for 15 minutes or less and are generalized clonic or tonic-clonic type. Simple febrile seizures are also NOT associated with an illness affecting the brain, such as meningitis or encephalitis. The individual may be drowsy, confused, or agitated for a period of time following the tonic-clonic seizure.
- **Any time a child has a seizure for the first time, this must be evaluated by a physician in a timely manner.**



Complex Febrile Convulsions – R56.01 HHS –HCC 120

- Complex (also atypical or complicated) febrile convulsions can be defined as focal or prolonged seizures that are associated with fever. Focal seizures are also called partial seizures because the abnormal electrical brain activity is limited to a single region of the brain. Prolonged seizures are those lasting more than 15 minutes or seizures that recur within 24 hours of initial onset. Although not limited exclusively to the pediatric population, complex febrile seizures most commonly occur in children between 6 months and 5 years of age.



Diagnosis	Description	Code
Febrile convulsions	Fevers higher than 103 degrees Fahrenheit pose the greatest risk for seizure. These seizures often occur within the first 24 hours of an illness or infection, such as an upper respiratory infection or otitis media.	R56.0
Simple febrile convulsions	Simple febrile convulsions typically last for 15 minutes or less and are generalized clonic or tonic-clonic type.	R56.00
Complex febrile convulsions	Complex (also atypical or complicated) febrile convulsions can be defined as focal or prolonged seizures that are associated with fever. Focal seizures are also called partial seizures because the abnormal electrical brain activity is limited to a single region of the brain. Prolonged seizures are those lasting more than 15 minutes or seizures that recur within 24 hours of initial onset.	R56.01

Excludes: status epilepticus (G40)

Coding Scenario

- A mom brings her 4 year old in to see Dr. Heart for evaluation. Her child has been treated for an ear infection over the last week. Mom witnessed what appeared to be a seizure on Wednesday and another one on Thursday which prompted her visit. Mom reports that child has had seizures in the past when sick.
- Assessment:
- Otitis Media
- Complicated Febrile Seizure
- How would you code?

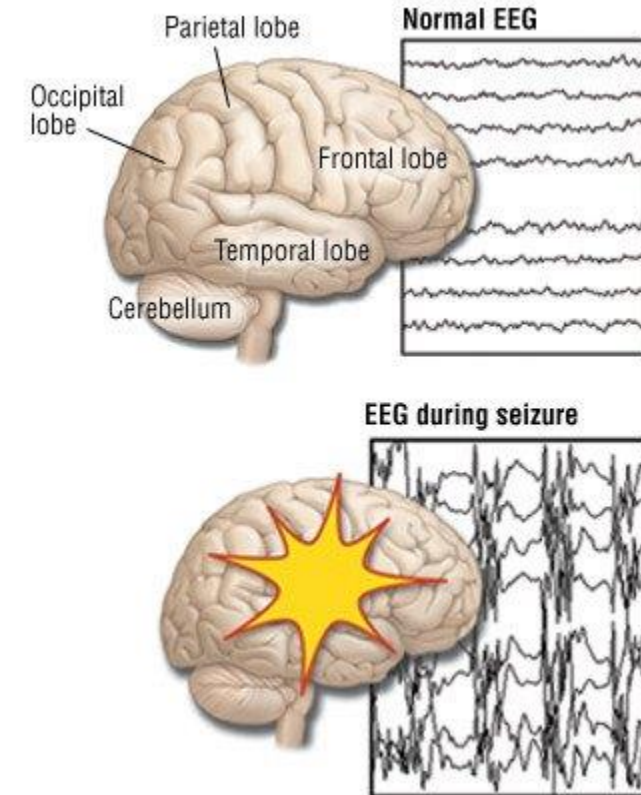


**H66.93 (Otitis Media, unspecified, bilateral
R56.01 (Complex Febrile seizure)**

Coding Scenario

Assessment:

- A 9 year old presents today to the office. Her mother described an interruption of activity and staring “into space” from her child.
- PET Scan shows localized Complex Focal Seizure
- Assessment by MD: Localization related symptomatic epilepsy with complex partial seizures, not intractable, without status epilepticus



G40.209

Monthly Risk Education



Date	2023 Monthly Risk Education Topics
January 25	Intro to Risk, Chart Retrieval, Annual Wellness Visits
February 25	Persistency versus recapture rates
March 22	Medical Coding for Dementia
April 26	Vascular
May 24	Medical Coding for Diabetes
June 28	Cancer @9am
July 26	Cardiology, heart failure, hypertension
August 23	Kidney disease
September 27	Annual wellness visits (beginning of 4th quarter push)
October 25	Behavioral health
November 29	Pediatric Diseases
December 6	Cancer Coding

Next webinar December 6,
2023
at 10AM**

Click [here](#) to review past webinar PowerPoint slides.

Click [here](#) to register for future webinars.

Attend our monthly Risk Coding Education Webinars and earn 1 CEU credit for each! *To be eligible for a CEU credit you must attend at least 45 minutes.*



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Appendix

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Pediatric Coding: Pulmonary

Pulmonary: Asthma



Asthma: Mild
Intermittent

**All codes map
to HCC 161**

Diagnosis	Description	Code
Mild intermittent asthma (J45.2-) Uncomplicated	Symptom frequency twice a week or less Waking at night due to symptoms twice a month or less Necessary use of immediate relief inhaler twice a week Little or no interference with daily activities Normal peak flow readings between symptoms Not requiring the use of oral steroids to control or requiring them only once per year	J45.20
Mild intermittent asthma With (acute) exacerbation	An exacerbation of a patient's condition is simply an increase in the seriousness of his or her disease, typically marked by a greater intensity of signs and symptoms.	J45.21
Mild intermittent asthma With status asthmaticus	Status asthmaticus refers to a prolonged, severe asthmatic attack or airway obstruction (mucous plug) not relieved by bronchodilators.	J43.22

Pediatric Coding: Pulmonary

Pulmonary: Asthma



Asthma: Mild
Persistent

Diagnosis	Description	Code
mild persistent asthma (J45.3-) uncomplicated	Symptom frequency more than two days a week, but not every day Waking at night due to symptoms three to four times a month Necessary use of immediate relief inhaler more than two times a week Minor interference with daily activities Peak flow readings equal to 80 percent of personal norm Requiring the use of oral steroids twice a year	J45.30
mild persistent asthma with (acute) exacerbation	An exacerbation of a patient's condition is simply an increase in the seriousness of his or her disease, typically marked by a greater intensity of signs and symptoms.	J45.31
mild persistent asthma with status asthmaticus	Status asthmaticus refers to a prolonged, severe asthmatic attack or airway obstruction (mucous plug) not relieved by bronchodilators.	J43.32

All codes map
to HCC 161

Pediatric Coding: Pulmonary

Pulmonary: Asthma



Asthma: Moderate
Persistent

All codes map
to HCC 161

Diagnosis	Description	Code
Moderate persistent asthma (J45.4-)	Daily symptoms Waking at night due to symptoms more than one time a week Necessary use of immediate relief inhaler daily Some interference with daily activities Peak flow reading from <u>60</u> to <u>80</u> percent of personal norm Requiring the use of oral steroids twice a year	J45.40
Moderate persistent asthma With acute exacerbation	An exacerbation of a patient's condition is simply an increase in the seriousness of his or her disease, typically marked by a greater intensity of signs and symptoms.	J45.41
Moderate persistent asthma With status asthmaticus	Status asthmaticus refers to a prolonged, severe asthmatic attack or airway obstruction (mucous plug) not relieved by bronchodilators.	J45.42

Pediatric Coding: Pulmonary

Pulmonary: Asthma



Asthma: Severe
Persistent

All codes map
to HCC 161

Diagnosis	Description	Code
Severe persistent asthma (J45.5-) Uncomplicated	Frequent symptoms throughout the day Waking at night due to symptoms often every night Necessary use of immediate relief inhaler several times daily Symptoms that severely limit daily activities Peak flow readings less than <u>60</u> percent of personal norm Requiring the use of oral steroids two or more times a year.	J45.50
Severe persistent asthma With acute exacerbation	An exacerbation of a patient's condition is simply an increase in the seriousness of his or her disease, typically marked by a greater intensity of signs and symptoms.	J45.51
Severe persistent asthma With status asthmaticus	Status asthmaticus refers to a prolonged, severe asthmatic attack or airway obstruction (mucous plug) not relieved by bronchodilators.	J45.52

Pediatric Coding Pulmonary

Pulmonary: Asthma

Diagnosis	Description	Code
Other and unspecified asthma	If there is no severity documented. Includes: Asthmatic bronchitis NOS, Childhood asthma NOSm Late onset asthma	J45.90
Unspecified asthma with (acute) exacerbation	An exacerbation of a patient's condition is simply an increase in the seriousness of his or her disease, typically marked by a greater intensity of signs and symptoms.	J45.901
Unspecified asthma with status asthmaticus	Severe, intractable episode of asthma that is unresponsive to normal therapeutic measures.	J45.902
Unspecified asthma, uncomplicated	Notice uncomplicated unspecified asthma is 45.909 not 45.91	J45.909
Exercise induced bronchospasm	Exercise induced bronchospasm (EIB), formerly known as exercise induced asthma, is caused by constriction of the tubes that control the airflow into and out of the lungs and occurs during vigorous exercise or exertion.	J45.990
Cough variant asthma	In this form of asthma, the only symptom is typically a chronic cough. Over-the-counter cough medicine usually does not provide relief; rather, prescription asthma medication such as inhaled corticosteroids is often required	J45.991