

Agenda

- Pediatric Coding-Newborn
- DSM-5 & Diagnoses for Children
- Pediatric Asthma
- Developmental Disorders
- Congenital Heart Defects
- Seizure Disorders and Convulsions
- Personal and Family History
- PCP documentation when a specialist manages the condition

Pediatric Coding- Newborn

Newborn Size & Gestation

Newborn light for gestational age	Newborn small for gestational age	Exceptionally large newborn baby	Other heavy for gestational age newborn	Preterm newborn	Preterm newborn	Post-term newborn	Prolonged gestation
Weight below but length above 10th percentile for gestational age	Weight and length below 10th percentile for gestational age	40 weeks or more + birth weight > 4,500 grams	Any gestation + birth weight 4000 grams-4499 grams	Gestational age 31 completed weeks	Gestational age 32 completed weeks	Newborn with gestation period over 40 completed weeks to 42 completed weeks	Newborn with gestation period over 42 completed weeks (294 days or more), not heavy- or large-for-dates.
P05.0x	P05.1x	P08.0	P08.1	P07.34	P07.35	P08.21	P08.22

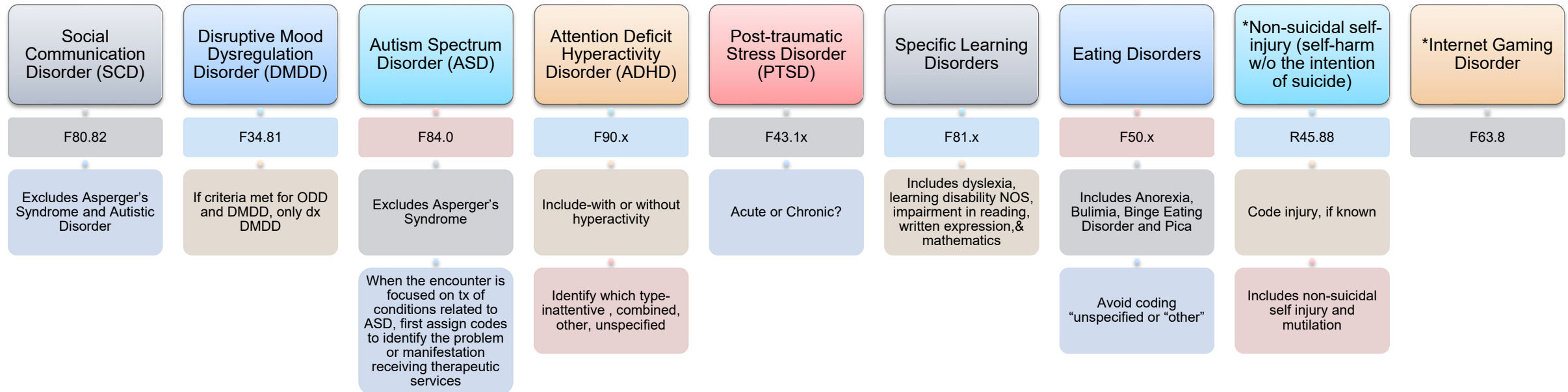
Pediatric Coding-DSM-5 and Diagnoses for Children

DSM-5 and ICD-10 for Children

DSM-5 & ICD-10 coding

Disorders previously addressed in a single “infancy, childhood and adolescence” chapter are now integrated throughout the DSM-5 book.

No child should ever be diagnosed without a careful, comprehensive evaluation, and no medication should be prescribed without equal vigilance.

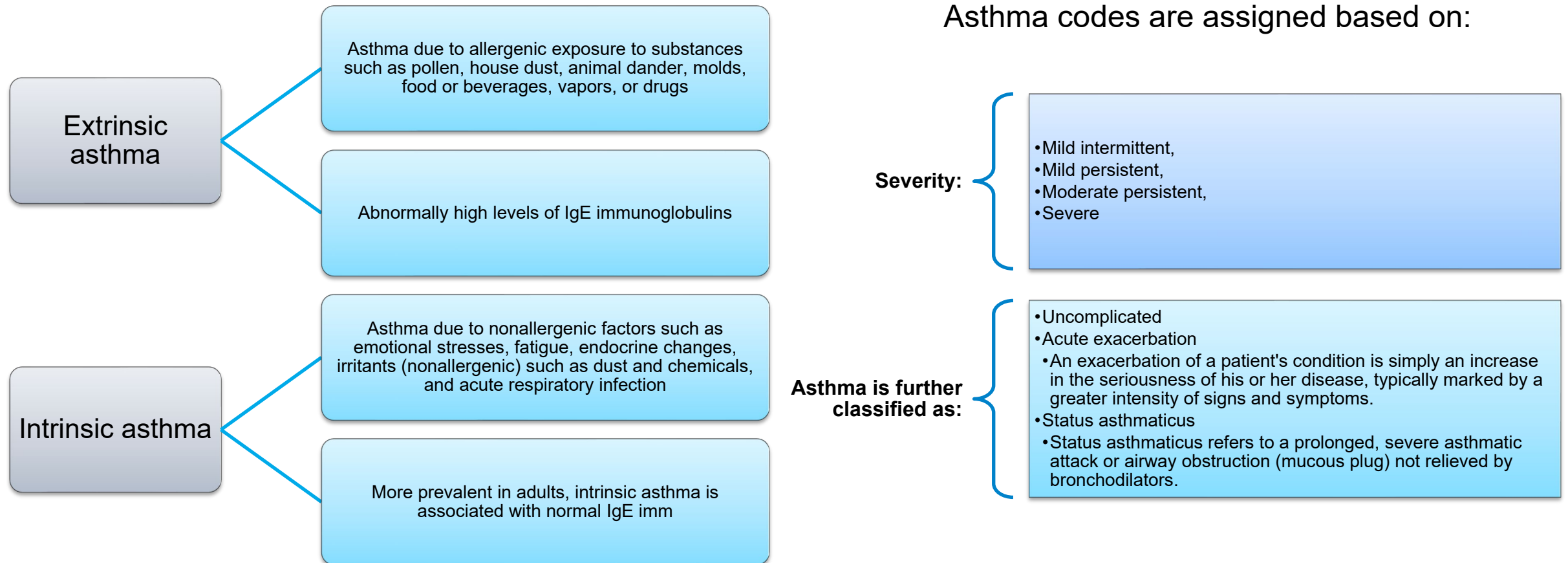


Pediatric Coding- Asthma

Pediatric Coding-Asthma

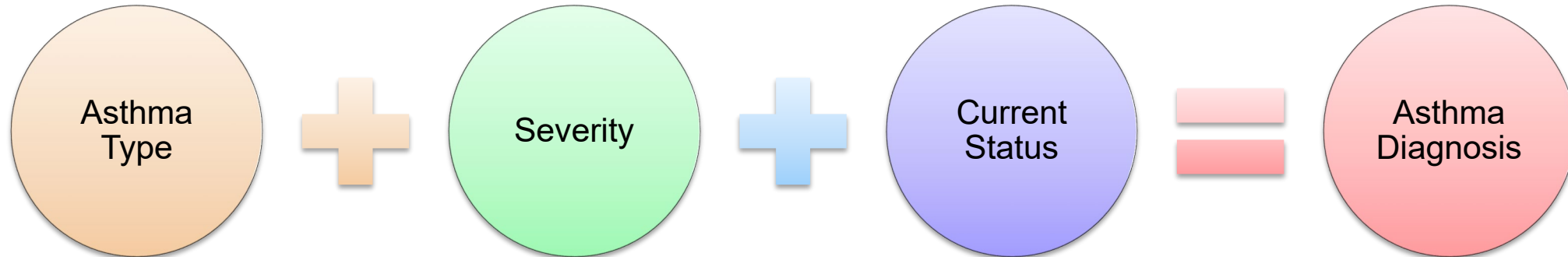
**Frequently missed dx that is not submitted on claims but found by BCNC on data integrity audits.*

Definition- the narrowing of the airways due to increased responsiveness of the trachea and bronchi to various stimuli.



Pediatric Coding-Asthma

**Frequently missed dx that is not submitted on claims but found by BCNC on data integrity audits.*



Type	Severity	Current Status	Additional Dx of
Extrinsic- J45.xx	Mild Intermittent- J45.2x	Uncomplicated- J45.x0	Exposure to environmental tobacco smoke- Z77.22
Intrinsic- J45.xx	Mild Persistent- J45.3x	Acute Exacerbation- J45.x1	Newborn affected by in utero exposure to tobacco- P04.2
Nonallergic- J45.xx	Moderate Persistent - J45.4x	Status Asthmaticus- J45.x2	
Allergic Bronchitis- J45.xx	Severe Persistent- J45.5x	Personal hx Asthma - Z87.09	
First 3 digits	Fourth Digit	Fifth Digit	

Pediatric Coding- Developmental Disorders

Pediatric Coding- Developmental Disorders



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Pervasive Developmental Disorders (PDD)

Autism is the most familiar of the disorders, so PDDs are also known as autism spectrum disorders..

Developmental conditions involving children that include delays in normal development as well as:

Impaired communication skills

Social skills

Cognitive skills

Behavior

Children diagnosed with spectrum disorders can have relatively few symptoms or be developmentally devastated.

Thus, it is possible for one individual to be intelligent and verbal while another individual suffers from intellectual deficits and is unable to communicate

Pediatric Coding- Developmental Disorders



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Screening

- Z13.40-Encounter for screening for unspecified developmental delays
- Z13.41-Encounter for autism screening
- Z13.42-Encounter for screening for global developmental delays (milestones)
- Z13.49-Encounter for screening for other developmental delays

To be used when the developmental screening is the main (or only) reason for the encounter.

Can also be assigned in conjunction with code Z00.12- Encounter for routine child health exam, when the screening is performed during the same encounter

Developmental disorders may involve intellectual or developmental delays or disabilities, including autism.

Intellectual disabilities are defined as:

General intellectual functioning at least two standard deviations below the norm as measured in a standardized intelligence test.

Must be accompanied by significant limitation in:

Communication, self-care, home living, interpersonal skills, self-direction, work, leisure, health, or safety.

This onset must occur before adulthood.

Screening of children may be performed at 9, 18, and 24 or 30 months, or whenever there is cause for concern

Screening for these disorders may be performed by a healthcare provider or other specially trained provider

A formal, research-based and validated screening tool must be used

Pediatric Coding- Developmental Disorders



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Step One

Pervasive Developmental Disorder

- F84.0-Autistic Disorder
- F84.2-Rett's Syndrome
- F84.3-Other childhood disintegrative disorder
- Dementia infantilis, Disintegrative psychosis,
 - Use additional code to identify any associated neurological condition
- F84.5-Asperger's syndrome
- F84.8-Other pervasive developmental disorders
- Overactive disorder associated with intellectual disabilities and stereotyped movements
- F84.9-Pervasive developmental disorder, unspecified
- Atypical autism



Step Two

Associated Medical Condition

- F80.x-Specific DD* of speech and language
- F81.x-Specific DD* of scholastic skills
- F41.x-Other anxiety disorders
- F32.x-Depressive episode
- F42.x-Obsessive-compulsive disorder
- F51.x-Sleep disorders not due to a substance or known physiological condition
- R48.x-Dyslexia and other symbolic dysfunctions, not elsewhere classified
- F63.9-Impulse disorder, unspecified
- F80.82-Social pragmatic communication disorder
- F90.x-Attention-deficit hyperactivity disorders

*DD-Developmental Delay

Choose as many associated medical conditions as needed to accurately reflect the patient

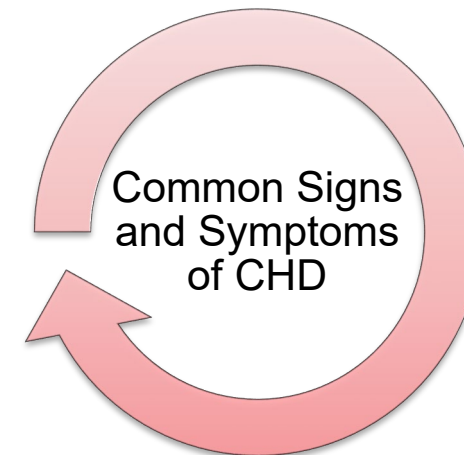
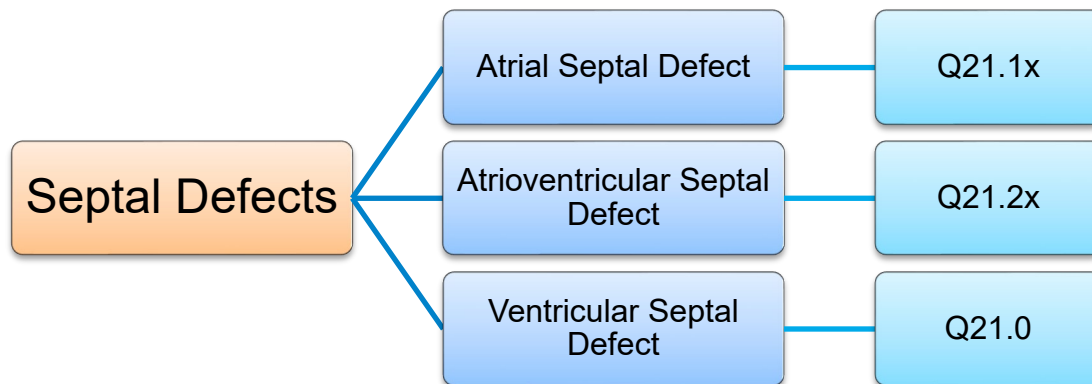
Physician Tip: When the encounter is focused on treatment of conditions related to autism spectrum disorder, **first** assign codes to identify the problem or manifestation receiving therapeutic services.

Pediatric Coding- Congenital Heart Defects

Pediatric Coding-Congenital Heart Defects

Congenital Heart Defects

Conditions that are present at birth and can affect the structure of a baby's heart and the way it works.

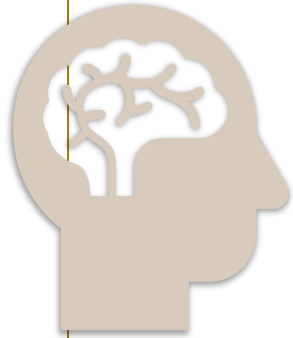


- Blue-tinted nails or lips
- Fast or trouble breathing
- Tiredness when feeding
- Sleepiness

Although present at birth, a malformation, deformation, or chromosomal abnormality may not be identified until later in life. Whenever a provider diagnosed the condition, it is appropriate to assign a code from codes Q00-Q99.

Pediatric Coding-Congenital Heart Defects

Codes from Chapter 17 may be used throughout the life of the patient. If a congenital malformation or deformity has been corrected, use a personal history code to identify the history of the malformation or deformity.



Additional codes should be assigned for manifestations that are not an inherent component.

Example-

7-month-old infant with Down syndrome and common AV canal

Q90.9-Down Syndrome, unspecified

Q21.23-Complete AV septal defect

Explanation: While a common atrioventricular canal is often associated with patients with Down syndrome, this manifestation is not an inherent component and may be reported separately. When the code assignment specifically identifies the anomaly, manifestations that are inherent components of the condition should not be coded separately.

Forty-year-old man with headaches diagnosed with congenital arteriovenous malformation of cerebral vessels by brain scan

Q28.2
Arteriovenous
malformation of
cerebral vessels

Explanation:

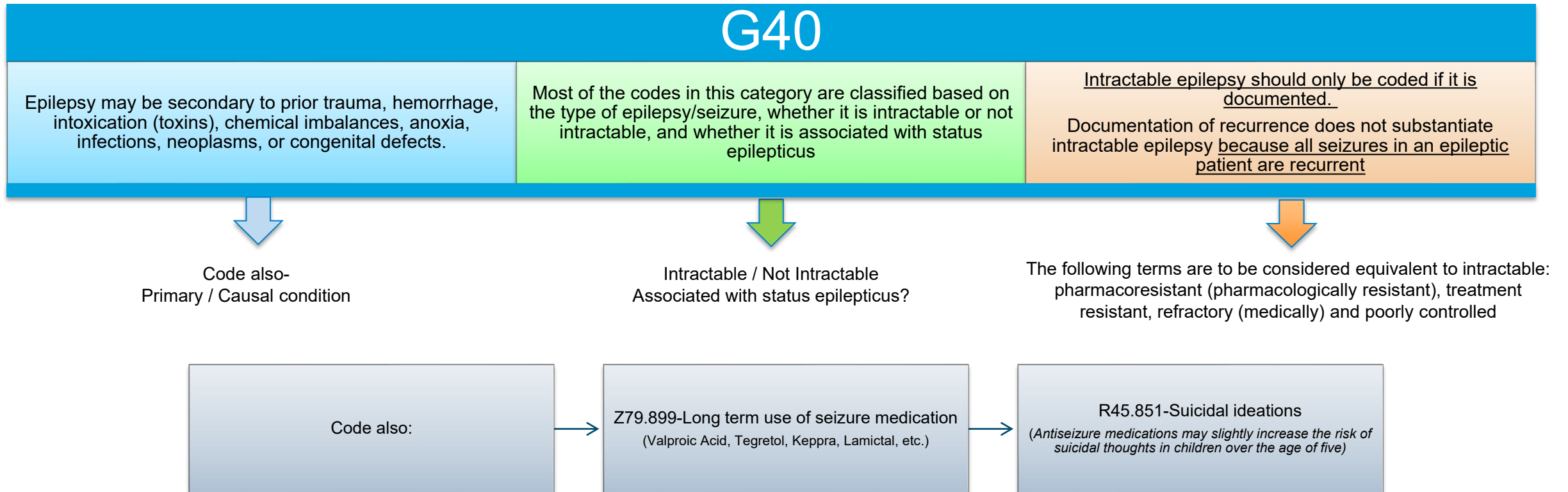
Although present at birth, malformations may not be identified until later in life. Whenever a congenital condition is diagnosed by the physician, it is appropriate to assign a code from the range Q00–Q99.

Pediatric Coding- Seizure Disorders and Convulsions

Pediatric Coding-Seizure d/o's & Convulsions

Epilepsy and recurrent seizures- G40-G40.919

Providers should clearly document if seizure activity is a long-term disorder or a one-time event.



Pediatric Coding-Seizure d/o's & Convulsions



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Description	Code	Not Intractable w/ Status Epilepticus	Not Intractable w/o Status Epilepticus	Intractable w/ Status Epilepticus	Intractable w/o Status Epilepticus	NOS	Examples / Included / Code Also
Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with seizures of localized onset	G40.0xx	G40.001	G40.009	G40.011	G40.019	G40.009	<ul style="list-style-type: none"> Benign childhood epilepsy with centrotemporal EEG spikes Childhood epilepsy with occipital EEG paroxysms
Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures	G40.1xx	G40.101	G40.109	G40.111	G40.119	none	<ul style="list-style-type: none"> Attacks without alteration of consciousness
Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures	G40.2xx	G40.201	G40.209	G40.211	G40.219	None	<ul style="list-style-type: none"> Attacks with alteration of consciousness, often with automatisms Complex partial seizures developing into secondarily generalized seizures
Generalized idiopathic epilepsy and epileptic syndromes	G40.3xx	G40.301	G40.309	G40.311	G40.319	G40.309	<ul style="list-style-type: none"> Code also MERRF syndrome, if applicable (E88.42)
Absence epileptic syndrome	G40.Axx	G40.A01	G40.A09	G40.A11	G40.A19	G40.A19	<ul style="list-style-type: none"> Childhood absence epilepsy [pyknolepsy] Juvenile absence epilepsy
Juvenile myoclonic epilepsy [impulsive petit mal]	G40.Bxx	G40.B01	G40.B09	G40.B11	G40.B19	none	<ul style="list-style-type: none"> Epilepsy and recurrent seizures

Pediatric Coding-Seizure d/o's & Convulsions



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Description	Code	Not Intractable w/ Status Epilepticus	Not Intractable w/o Status Epilepticus	Intractable w/ Status Epilepticus	Intractable w/o Status Epilepticus	NOS	Examples / Included / Code Also
Lafora progressive myoclonus epilepsy	G40.Cxx	G40.C01	G40.C09	G40.C11	G40.C19	none	<ul style="list-style-type: none"> Lafora body disease Code also, if applicable, associated conditions such as: <ul style="list-style-type: none"> dementia (F02.8-)
Other generalized epilepsy and epileptic syndromes	G40.4xx	G40.401	G40.409	G40.411	G40.419		<ul style="list-style-type: none"> Other generalized epilepsy and epileptic syndromes Epilepsy with myoclonic absences Symptomatic early myoclonic encephalopathy
Cyclin-Dependent Kinase-Like 5 Deficiency Disorder	G40.42	-	-	-	-	-	<ul style="list-style-type: none"> Use additional code, if known, to identify associated manifestations, such as: <ul style="list-style-type: none"> cortical blindness (H47.61-) global development delay (F88)
Epileptic seizures related to external causes	G40.5xx	G40.501	G40.509	-	-	G40.509	<ul style="list-style-type: none"> Epileptic seizures related to alcohol, drugs, hormonal changes, sleep deprivation, stress Code also, if applicable, associated epilepsy and recurrent seizures (G40.-) Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
Other epilepsy and recurrent seizures	G40.8xx	G40.801	G40.802	G40.803	G40.804	G40.802	<ul style="list-style-type: none"> Landau-Kleffner syndrome
Lennox-Gastaut syndrome	G40.81x	G40.811	G40.812	G40.813	G40.814	none	<ul style="list-style-type: none"> Severe form of epilepsy with usual onset in early childhood. Seizures are frequent and difficult to treat, causing falls and intellectual impairment.

Pediatric Coding- Seizure d/o's & Convulsions



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Description	Code	Not Intractable w/ Status Epilepticus	Not Intractable w/o Status Epilepticus	Intractable w/ Status Epilepticus	Intractable w/o Status Epilepticus	NOS	Examples / Included / Code Also
Epileptic spasms	G40.82x	G40.821	G40.822	G40.823	G40.824	None	<ul style="list-style-type: none"> • Infantile Spasms • West's Syndrome
Dravet syndrome	G40.83x	-	-	G40.833	G40.834	G40.834	<ul style="list-style-type: none"> • Polymorphic epilepsy in infancy (PMEI) • Severe myoclonic epilepsy in infancy (SMEI)
Other seizures	G40.89	-	-	-	-	-	<ul style="list-style-type: none"> • Other seizures
Epilepsy, unspecified	G40.9xx	G40.901	G40.909	G40.911	G40.919	G40.909 G40.919	<ul style="list-style-type: none"> • Epilepsy NOS , Seizure disorder NOS • Intractable seizure disorder NOS

Pediatric Coding- Seizure d/o's & Convulsions

Convulsions, not elsewhere classified-R56-R56.9

R56.0x-Febrile convulsions-Often occur within 24 hours of an illness or infection

R56.0x
Febrile Convulsions

Includes:
Convulsions, not elsewhere classified

R56.00
Simple Febrile Convulsions

Includes:
Febrile convulsion NOS | Febrile seizure NOS

R56.01
Complex Febrile Convulsions


Includes:
Atypical febrile seizure | Complex febrile seizure | Complicated febrile seizure

R56.1
Post traumatic seizures
A.K.A "Reactive Seizures"

Document and code the associated injury

R56.9
Unspecified convulsions

Includes:
Convulsion disorder | Fit NOS | Recurrent convulsions | Seizure(s) (convulsive) NOS



Include in your documentation and coding:

Infection + Organism (if known)

- Bacterial Meningitis-G00.x
- Chicken Pox-B01.x
- Otitis Media-H65.xx
- Flu-J09.xx-J11.x

Accompanying neurological disorders

- Brain Injury (including TBI)-S06.9

Pediatric Coding- Personal and Family History

Pediatric Coding-Personal & Family History



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Asthma History

Personal hx Asthma	Z87.09
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Allergy

Food Allergy	Z91.01x
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Insect Allergy	Z91.03x
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Latex Allergy	Z91.040
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Medication Allergy	Z88.x
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Abuse / Neglect

Physical Abuse	Z62.810
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Neglect	Z62.812
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Psychological Abuse	Z62.811
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Sexual	Z62.810
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Brain Injury

Brain Injury (Traumatic)	Z87.820
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Fracture

Fracture (healed)	Z87.3xxx OR Z87.81 (traumatic)
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Meningitis

Meningitis	Z86.61
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Psych

Behavioral Disorders	Z86.59
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Self Harm or Suicide Attempt	Z91.51
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Self Mutilation (non-suicidal)	Z91.52
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Surgical

Cleft lip/palate	Z87.730
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Congenital Malformation (corrected)	Z87.7xx
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Family History of

Asthma	Z82.5
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Carrier of genetic disease	Z84.81
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Chromosomal anomaly	Z82.79
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Congenital malformations and deformations	Z82.79
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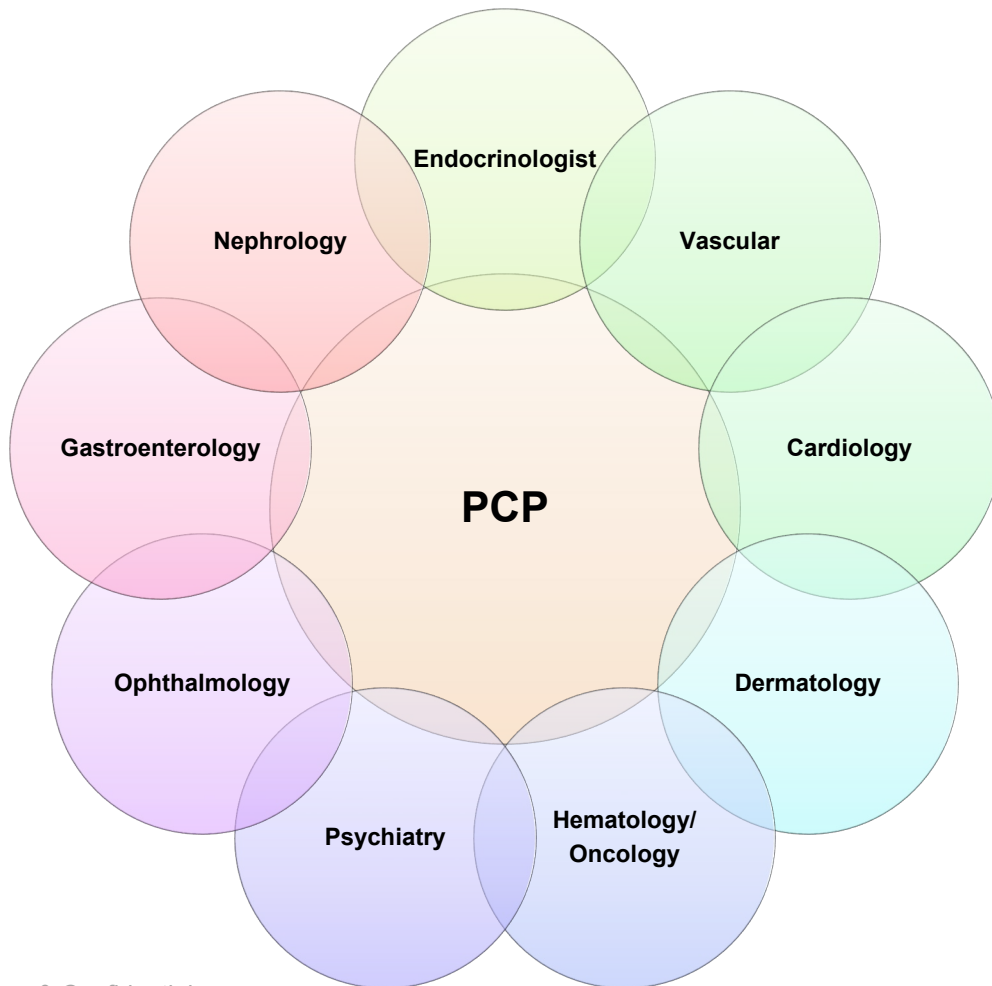
SIDS (Sudden Infant Death Syndrome)	Z84.82
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Mental and behavioral disorders	Z81.x
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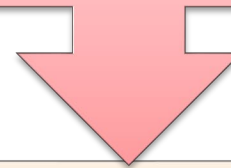
Pediatric Coding- “That’s not my condition”

Pediatric Coding-“That’s not my condition”

How does a PCP capture diagnoses that are managed by a specialist?



As the PCP, you have the responsibility of reviewing all active conditions for the patient and indicating what is being done to manage each. (including those managed by a specialist)



Include MEAT for each condition:

M-Monitoring

E- Evaluate

A-Assessed

T-Treated

Pediatric Coding-“That’s not my condition”

Examples of MEAT a PCP can use to capture the condition followed per specialty:

Specialist	Condition Managed	Example of PCP note (A&P)	MEAT Category Used
Endocrinologist	Diabetes	Type 1 diabetes unstable with average readings of 240-375. Followed by endocrinology, continue insulin pump settings, last A1C per endocrinology 10.2. Education provided on diet and exercise for Type 1 diabetes management. Per patient-will be seen next week by endocrinology.	Monitoring / Evaluating
Vascular	Infantile hemangiomas	Hemangioma noted to right cheek. Followed by vascular. Continue topical propranolol treatment. No adverse effect noted or reported to treatment. Education provided to the parents on reporting changes to site.	Monitoring / Evaluating
Cardiology	Ventricular Septal Defect	VSD-4 mm, decreased from 5. Continues to be followed by Cardiology. Education shared on signs and symptoms of heart failure and when to report these. No swelling, or SOB noted, denies sweating or fatigue when eating and SOB at home.	Monitoring / Evaluating
Dermatology	Eczema	Patient continues to receive phototherapy for eczema to bilateral hands, scalp, trunk, and back. No adverse reaction, no signs of infection to areas. Education provided on importance of maintaining moisture to skin. Patient and father report failed topical treatments including Elidel, Eucrisa, and Opzelura.	Monitoring / Evaluating / Assessed
Hematology/ Oncology	Leukemia	Patient with history of leukemia (Z85.6). Continues to see oncology every 3 months. Patient denies bone and joint pain, last CBC without evidence of anemia, no bruising or petechiae reported or noted.	Monitoring / Evaluating / Assessed
Psychiatry	Anorexia	Patient reports continued visits with psychiatrist are helping with her anorexia. Weight has increased by 2 pounds each month the last 3 months. Continue psychiatry visits.	Monitoring / Evaluating
Ophthalmology	Retinopathy of premature infants	Stage II ROP – followed by ophthalmology. Next visit in 3 months. Education provided on symptoms of retinal detachment and mother instructed on what to do if suspected.	Monitoring
Gastroenterology	Inflammatory Bowel Disease	Continues to follow GI for IBD. Denies weight loss, abdominal pain, rectal bleeding, and diarrhea x 3 months. Education provided on avoiding popcorn, raw vegetables, nuts, processed deli meat, nuts and seeds to avoid an exacerbation.	Monitoring / Evaluating
Nephrology	Pediatric Nephrotic Syndrome	Nephrology continues to follow this patient, CBC and CMP are monitored at that office. Remains on 10mg of po Prednisone without adverse effect.	Monitoring
Allergist/ Immunologist	Asthma	Mild persistent asthma managed by allergist. Patient's mother reports PRN Albuterol inhaler used 1-2 times a month with effective relief. Education shared about communicating increased usage need to allergist or myself and that may indicate a maintenance inhaler is needed. Lungs clear without wheezing, no SOB noted or reported, denies cough/SOB.	Monitoring / Evaluating / Assessed

References

References

<https://www.encoderprofp.com/eepro4payers/rcpDocHandler.do? a=view& dk=ICD10 CM Chapter Guidelines Examples Hospital>

ICD-10-CM Guidelines Section I.C.17

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https://www.psychiatry.org/patients-families/autism/what-is-autism-spectrum-disorder#section_4

<https://www.psychiatry.org/patients-families/specific-learning-disorder/what-is-specific-learning-disorder>

<https://www.psychiatry.org/patients-families/intellectual-disability/what-is-intellectual-disability>

<https://www.cdc.gov/ncbddd/heartdefects/index.html>

<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

<https://www.uptodate.com/contents/treatment-of-seizures-in-children-beyond-the-basics>