



# 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

# Pediatric Coding-Personal & Family History



## Asthma History

Personal hx Asthma	Z87.09
Food Allergy	Z91.01x
Insect Allergy	Z91.03x
Latex Allergy	Z91.040
Medication Allergy	Z88.x
Physical Abuse	Z62.810
Neglect	Z62.812
Psychological Abuse	Z62.811
Sexual	Z62.810
Brain Injury (Traumatic)	Z87.820
Fracture (healed)	Z87.3xxx OR Z87.81 (traumatic)
Meningitis	Z86.61

## Psych

Behavioral Disorders	Z86.59
Self Harm or Suicide Attempt	Z91.51
Self Mutilation (non-suicidal)	Z91.52
Cleft lip/palate	Z87.730
Congenital Malformation (corrected)	Z87.7xx

## Family History of

Asthma	Z82.5
Carrier of genetic disease	Z84.81
Chromosomal anomaly	Z82.79
Congenital malformations and deformations	Z82.79
SIDS (Sudden Infant Death Syndrome)	Z84.82
Mental and behavioral disorders	Z81.x

# Pediatric Coding-Asthma

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



- All active conditions should be coded and have the onset date included.
- If a condition resolves, it should be moved to PMH & include a resolution date.



Type	Severity	Current Status	Additional Dx of
Extrinsic-J45.xx	Mild Intermittent-J45. <u>2</u> x	Uncomplicated-J45.x <u>0</u>	Exposure to environmental tobacco smoke-Z77.22
Intrinsic-J45.xx	Mild Persistent-J45. <u>3</u> x	Acute Exacerbation-J45.x <u>1</u>	Newborn affected by in utero exposure to tobacco-P04.2
Nonallergic-J45.xx	Moderate Persistent -J45. <u>4</u> x	Status Asthmaticus-J45.x <u>2</u>	
Allergic Bronchitis-J45.xx	Severe Persistent-J45. <u>5</u> x	Personal hx Asthma - <b>Z87.09</b>	

# Pediatric Coding-Developmental Disorders



## 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



\*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.

If a congenital malformation or deformity has been corrected, a personal history code should be used to identify the history of the malformation or deformity

Condition	Code	Personal h/o	Family h/o	Code also
Ventricular septal defect	Q21.0	Z87.74	Z82.79	Resolution date (if applicable)
Atrial septal defect	Q21.1x	Z87.74	Z82.79	Resolution date (if applicable)
Atrioventricular septal defect	Q21.2x	Z87.74	Z82.79	Resolution date (if applicable)

# Pediatric Coding-Seizure Disorders and Convulsions



<b>Seizures / Epilepsy</b>
G40-G40.919
Type of Seizure +
Intractable or Non-Intractable +
Associate with or without Status Epilepticus +
Code any causal conditions (ex-T36-T50, drugs) +
Code any long-term treatments (Z79.899-seizure meds)

- Providers should be thorough in their documentation for seizure disorders.
- All diagnoses should be documented accurately and completely in the medical record to allow for coding to the highest specificity.

# Pediatric Coding-Seizure d/o's & Convulsions



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"> <li>Benign childhood epilepsy with centrotemporal EEG spikes</li> <li>Childhood epilepsy with occipital EEG paroxysms</li> </ul>
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"> <li>Attacks without alteration of consciousness</li> </ul>
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"> <li>Attacks with alteration of consciousness, often with automatisms</li> <li>Complex partial seizures developing into secondarily generalized seizures</li> </ul>
Generalized idiopathic epilepsy and epileptic syndromes	G40.3xx	G40.301	G40.309	G40.311	G40.319	G40.309	<ul style="list-style-type: none"> <li>Code also MERRF syndrome, if applicable (E88.42)</li> </ul>
Absence epileptic syndrome	G40.Axx	G40.A01	G40.A09	G40.A11	G40.A19	G40.A19	<ul style="list-style-type: none"> <li>Childhood absence epilepsy [pyknolepsy]</li> <li>Juvenile absence epilepsy</li> </ul>
Juvenile myoclonic epilepsy [impulsive petit mal]	G40.Bxx	G40.B01	G40.B09	G40.B11	G40.B19	none	<ul style="list-style-type: none"> <li>Epilepsy and recurrent seizures</li> </ul>

# Pediatric Coding-Seizure d/o's & Convulsions



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
<b>Lafora progressive myoclonus epilepsy</b>	G40.Cxx	G40.C01	G40.C09	G40.C11	G40.C19	none	<ul style="list-style-type: none"> <li>Lafora body disease</li> <li>Code also, if applicable, associated conditions such as:                             <ul style="list-style-type: none"> <li>dementia (F02.8-)</li> </ul> </li> </ul>
<b>Other generalized epilepsy and epileptic syndromes</b>	G40.4xx	G40.401	G40.409	G40.411	G40.419		<ul style="list-style-type: none"> <li>Other generalized epilepsy and epileptic syndromes</li> <li>Epilepsy with myoclonic absences</li> <li>Symptomatic early myoclonic encephalopathy</li> </ul>
<b>Cyclin-Dependent Kinase-Like 5 Deficiency Disorder</b>	G40.42	-	-	-	-	-	<ul style="list-style-type: none"> <li>Use additional code, if known, to identify associated manifestations, such as:                             <ul style="list-style-type: none"> <li>cortical blindness (H47.61-)</li> <li>global development delay (F88)</li> </ul> </li> </ul>
<b>Epileptic seizures related to external causes</b>	G40.5xx	G40.501	G40.509	-	-	G40.509	<ul style="list-style-type: none"> <li>Epileptic seizures related to alcohol, drugs, hormonal changes, sleep deprivation, stress</li> <li>Code also, if applicable, associated epilepsy and recurrent seizures (G40.-)</li> <li>Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)</li> </ul>
<b>Other epilepsy and recurrent seizures</b>	G40.8xx	G40.801	G40.802	G40.803	G40.804	G40.802	<ul style="list-style-type: none"> <li>Landau-Kleffner syndrome</li> </ul>
<b>Lennox-Gastaut syndrome</b>	G40.81x	G40.811	G40.812	G40.813	G40.814	none	<ul style="list-style-type: none"> <li>Severe form of epilepsy with usual onset in early childhood. Seizures are frequent and difficult to treat, causing falls and intellectual impairment.</li> </ul>



# Pediatric Coding- Seizure d/o's & Convulsions



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
<b>Epileptic spasms</b>	G40.82x	G40.821	G40.822	G40.823	G40.824	None	<ul style="list-style-type: none"> <li>• Infantile Spasms</li> <li>• West's Syndrome</li> </ul>
<b>Dravet syndrome</b>	G40.83x	-	-	G40.833	G40.834	G40.834	<ul style="list-style-type: none"> <li>• Polymorphic epilepsy in infancy (PMEI)</li> <li>• Severe myoclonic epilepsy in infancy (SMEI)</li> </ul>
<b>Other seizures</b>	G40.89	-	-	-	-	-	<ul style="list-style-type: none"> <li>• Other seizures</li> </ul>
<b>Epilepsy, unspecified</b>	G40.9xx	G40.901	G40.909	G40.911	G40.919	G40.909   G40.919	<ul style="list-style-type: none"> <li>• Epilepsy NOS , Seizure disorder NOS  </li> <li>• Intractable seizure disorder NOS</li> </ul>