

A New Top 25?

The following list of *International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)* codes is based on the list in the article “Top 25 Pediatric Diagnoses Revisited” on pages 2 and 3. However, in the spirit of the tips for better diagnosis provided in that article, the following list is expanded to show more specific coding options in code categories where applicable. *ICD-10-CM* codes

are displayed as 24 code categories that include the 25 diagnoses from the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* list (2 otitis media codes were included in *ICD-9-CM*). This list may serve as a starting point for planning and development of *ICD-10-CM* coding resources.

1. Encounter routine child health examination

with abnormal findings **Z00.121**
 abnormal finding _____
 without abnormal findings **Z00.129**

2. Acute upper respiratory infection

J06.9

3. Otitis media

nonsuppurative
 serous
 acute (secretory)
 right **H65.01**
 left **H65.02**
 bilateral **H65.03**
 recurrent acute
 right **H65.04**
 left **H65.05**
 bilateral **H65.06**
 chronic
 right **H65.21**
 left **H65.22**
 bilateral **H65.23**
 allergic
 acute and subacute
 right **H65.111**
 left **H65.112**
 bilateral **H65.113**
 recurrent acute
 right **H65.114**
 left **H65.115**
 bilateral **H65.116**
 chronic
 right **H65.411**
 left **H65.412**
 bilateral **H65.413**

suppurative
 acute
 w/o spontaneous rupture of
 eardrum
 right **H66.001**
 left **H66.002**
 bilateral **H66.003**
 with spontaneous rupture of
 eardrum
 right **H66.011**
 left **H66.012**
 bilateral **H66.013**
 recurrent w/o spontaneous
 rupture of eardrum
 right **H66.004**
 left **H66.005**
 bilateral **H66.006**
 recurrent with spontaneous
 rupture of eardrum
 right **H66.014**
 left **H66.015**
 bilateral **H66.016**
 chronic
 tubotympanic
 right **H66.11**
 left **H66.12**
 bilateral **H66.13**
 atticofacial
 right **H66.21**
 left **H66.22**
 bilateral **H66.23**

4. Acute pharyngitis

J02.9

5. Asthma

mild intermittent
 uncomplicated **J45.20**
 acute exacerbation **J45.21**
 status asthmaticus **J45.22**
 mild persistent
 uncomplicated **J45.30**
 acute exacerbation **J45.31**
 status asthmaticus **J45.32**
 moderate persistent
 uncomplicated **J45.40**
 acute exacerbation **J45.41**
 status asthmaticus **J45.42**
 severe persistent
 uncomplicated **J45.50**
 acute exacerbation **J45.51**
 status asthmaticus **J45.52**
 exercise-induced **J45.990**
 cough variant **J45.998**

6. Encounter follow-up examination after other treatment

Z09

7. Allergic rhinitis

due to pollen (hay fever) **J30.1**
 other (perennial) **J30.89**
 unspecified **J30.9**

8. Sinusitis

chronic
 maxillary **J32.0**
 frontal **J32.1**
 ethmoid **J32.2**
 sphenoid **J32.3**
 pansinusitis **J32.4**
 other (multiple sites
 not pansinusitis) **J32.8**
 unspecified **J32.9**

9. Dermatitis					
allergic contact, due to					
metals	L23.0				
adhesives	L23.1				
cosmetics	L23.2				
dyes	L23.4				
other chemical products (insecticide)	L23.5				
food in contact with skin	L23.6				
plants, nonfood (poison ivy, oak, sumac)	L23.7				
animal dander	L23.81				
other agents	L23.89				
unspecified cause	L23.9				
irritant contact, due to					
detergents	L24.0				
oils and greases	L24.1				
solvents	L24.2				
cosmetics	L24.3				
other chemical products (insecticides)	L24.5				
food in contact with skin	L24.6				
plants, except food	L24.7				
metals	L24.81				
other agents	L24.89				
10. Attention-deficit/hyperactivity disorder					
predominantly inattentive	F90.0				
predominantly hyperactive	F90.1				
combined type	F90.2				
other type	F90.8				
11. Cough	R05				
12. Viral infection					
unspecified	B34.9				
13. Streptococcal sore throat	J02.0				
14. Bronchitis					
acute					
due to respiratory syncytial virus	J20.5				
due to rhinovirus	J20.6				
unspecified	J20.9				
15. Conjunctivitis					
acute					
atopic					
right eye	H10.11				
left eye	H10.12				
bilateral	H10.13				
follicular					
right eye	H10.011				
left eye	H10.012				
bilateral	H10.013				
viral					
due to adenovirus	B30.1				
unspecified	B30.9				
16. Esophageal Reflux					
with esophagitis	K21.0				
without esophagitis	K21.9				
newborn	P78.83				
17. Influenza with respiratory manifestations					
unidentified virus					
respiratory manifestations					
other than pneumonia	J11.1				
18. Gastroenteritis/colitis					
unspecified noninfectious	K52.9				
19. Fever					
postvaccination	R50.83				
unspecified	R50.9				
20. Constipation, unspecified	K59.00				
21. Prophylactic vaccination	Z23				
22. Abdominal pain					
epigastric	R10.13				
colic	R10.83				
generalized	R10.84				
with acute abdomen	R10.0				
lower					
right quadrant	R10.31				
left quadrant	R10.32				
periumbilical	R10.33				
upper					
right quadrant	R10.11				
left quadrant	R10.12				
23. Viral diseases					
other specified	B33.8				
infection, unspecified	B34.9				
24. Pneumonia					
viral, unspecified	J12.9				
unspecified organism					
bronchopneumonia	J18.0				
lobar	J18.1				
other	J18.8				
Unspecified site	J18.9				

CPT 2013 Errata

(continued from page 3)

Technical Corrections to Code Descriptors

A descriptor correction for code **72040** indicates that this code represents x-ray of the cervical spine with “2 or 3 views” rather than “3 views or less.”

Medium and short descriptors for codes **90700** and **90702** were incorrectly published with a greater than (>) symbol, but these codes are used to report vaccines administered to individuals younger than 7 years. The medium and short code descriptors are used by many organizations in quick coding references.

These errata may not seem substantial. However, services may be paid incorrectly if physicians and coders are using erroneous information. This could result not only in underpayment but could waste valuable time as physicians and coders try to reconcile errors such as those in the Evaluation and Management Table with CPT instructions for reporting intensive care services.

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- How Does Your Coding Compare? (July 2013)
- Coding Quick Reference for Bright Futures Services (June 2013)
- Compliance: Beyond Coding (May 2013)

AAP Pediatric Coding Newsletter™ is available online at <http://coding.aap.org>.