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
     - 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

4. **Acute pharyngitis**
   - 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
     - aticoantral
       - right: H66.21
       - left: H66.22
       - bilateral: H66.23

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 cough variant: J45.990

6. **Encounter follow-up examination after other treatment**
   - Z09

7. **Allergic rhinitis**
   - due to pollen (hay fever)
     - other (perennial): J30.1
     - 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
   plants, nonfood (poison ivy,
   oak, sumac) L23.6
   animal dander L23.7
   other agents L23.8
   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
   plants, except food L24.6
   metals L24.7
   other agents L24.8
   L24.9

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
    newborn K21.9
    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
    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 under-
payment 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.