

Risk Adjustment Coding Guide for Pediatrics

ICD-10	Diagnosis/Condition
DIABETES MELLITUS	
E10.9/ E11.9	DM Type 1 / Type 2
E10.21/ E11.21	... w diabetic nephropathy
E10.22/ E11.22	... w. diabetic CKD (<i>Add code for CKD stage</i>)
E10.311/ E11.311	... w. unspec. diabetic retinopathy w. macular edema
E10.319/ E11.319	... w. unspec. diabetic retinopathy w/o macular edema
E10.36/ E11.36	... w. diabetic cataract
E10.40/ E11.40	... w. diabetic neuropathy unspec.
E10.42/ E11.42	... w. diabetic polyneuropathy/peripheral neuropathy
E10.51/ E11.51	... w. diabetic PVD w/o gangrene
E10.611/ E11.611	... w. foot ulcer (<i>Add code for ulcer</i>)
E10.622/ E11.622	... w. other skin ulcer (<i>Add code for ulcer</i>)
E10.649/ E11.649	... w. hypoglycemia
E10.65/ E11.65	... w. hyperglycemia
MALNUTRITION	
E43	Severe malnutrition
E44.0	Moderate malnutrition
E44.1	Mild malnutrition
E46	Unspecified malnutrition
DEVELOPMENTAL DISORDERS	
R56.00	Simple febrile convulsions
R56.01	Complex febrile convulsions
R56.1	Post traumatic seizures
R56.9	Convulsions, unspec.
R62.0	Delayed childhood milestone
R62.50	Lack of normal physiological development in childhood, unspec.
R62.51	Failure to thrive (child)
R62.52	Short stature (child)
F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.5	Asperger's syndrome
F81.9	Developmental disorders of scholastic skills, unspec.
F80.9	Developmental disorder of speech and language, unspec.
F89	Disorder of psychological development, unspec.
HEMATOLOGY	
D57.1	Sickle-cell dz. w/o crisis
D57.3	Sickle-cell trait
D57.819	Other sickle-cell disorders with crisis, unspec.

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BEHAVIORAL DISORDERS	
F90.0	ADHD, predominantly inattentive type
F90.1	ADHD, predominantly hyperactive type
F90.2	ADHD, combined type
F90.9	ADHD, unspecified
F98.29	Feeding d/o of infancy & childhood
F98.3	Pica of infancy & childhood
F50.00	Anorexia nervosa
F50.2	Bulimia nervosa
F50.9	Eating disorder, unspec.
PSYCHIATRIC	
F20.9	Schizophrenia
F25.9	Schizoaffective disorder
F30.9	Manic episode, unspec.
F31.9	Bipolar disorder unspec. (Bipolar I)
F31.81	Bipolar II disorder
F32.9	Depression (Major) (Single episode)
F33.9	Major depression, recurrent
F43.10	PTSD
F51.4	Sleep terrors (night terrors)
F51.5	Nightmare disorder
F93.9	Childhood emotional disorder, unspec.
PULMONARY	
J45.20	Mild intermittent asthma
J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other asthma
J69.8	Detergent asthma
J82	Eosinophilic asthma

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PULMONARY	
J67.8	Wood asthma
J44.9	Asthma with chronic bronchitis
J44.9	Chronic obstructive asthma
Z77.22	Exposure to environmental tobacco smoke
J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	Bronchiectasis with (acute) exacerbation
J47.9.	Bronchiectasis, uncomplic.
J41.0	Simple chronic bronchitis
J41.1	Mucopurulent chronic bronchitis
J41.8	Mixed simple and mucopurulent chronic bronchitis
J42	Unspec. chronic bronchitis
MUSCULOSKELETAL	
M08.00	Juvenile RA, unspec. site
M08.1	Juvenile ankylosing spondylitis
M08.20	Juvenile RA with systemic onset, unspec. site
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.40	Pauciarticular juvenile RA, unspecified site
M08.80	Other juvenile arthritis, unspecified site
M08.90	Juvenile arthritis, unspec. type, unspec. site
CONGENITAL CONDITIONS	
G80.9	Cerebral palsy
Q05.9	Spina bifida
Q20.9	Congenital malformation of cardiac chambers & connections
Q21.9	Congenital malformation of cardiac septum
Q22.9	Cong. malformation of pulmonary/tricuspid valves
Q23.9	Cong. Malformation of aortic/mitral valves
Q24.9	Congenital malformation of heart, unspecified
Q25.0	Patent ductus arteriosus
Q25.40	Cong. malformation of aorta
Q25.9	Congen. malformation of great arteries, unspec.
Q28.9	Cong. Malformation of circulatory system, unspec.



Documentation Reminders

Face-to-face Visit

- Code and bill for all diagnoses that you have treated and documented on today's Date of Service (DOS). Document and bill all diagnoses that:
 - Currently affect patient care
 - Necessitate treatment
 - Reviewed from the patient's Problem List
- Diagnoses billed on a claim must match what was documented in the EMR.

Use Appropriate Verbiage

- Be sure there is documentation that each condition has been **M**onitored, **E**valuated, **A**ssessed, or **T**reated (MEAT) in the medical record. This demonstrates the effect on patient care and/or treatment noted above.
- Below are examples of how to use appropriate verbiage in the HPI and the Assessment and Plan (A&P)
 - Example in the HPI:
 - Patient presents with a chief complaint of AAA, and for evaluation of and assessment for potential complications of chronic/existing/congenital condition(s) including XXX, YYY, ZZZ
 - Example in the A&P:
 - Chronic/existing/congenital condition XXX is stable and will continue current management
 - Chronic/existing/congenital condition YYY's management requires the following interventions/changes.
 - Chronic/existing/congenital condition ZZZ is stable and is currently being managed by a specialist

Monitor and Report

- For diagnoses that do not go away, monitor and report as least once per year, e.g.:
 - Permanent Ostomies
 - Congenital Conditions, including lifelong medical, behavioral and developmental conditions

Definitive Diagnoses

- Diagnoses must be definitive before billing/coding. Avoid using language like "consistent with," "probable," or "history of" (unless the condition is resolved and is now "history").
- If the condition is still active, use more descriptive language, such as:
 - "Controlled Type I DM," rather than "History of Type I DM"
- Diagnoses should also be as specific as possible, avoiding 'unspecified' when possible, e.g. Asthma mild/moderate/severe persistent
- If no definitive diagnosis has yet been made, document and code the patient's symptoms.

Causal Relationships and Combinations of Conditions

- Document causal relationships (etiology and manifestation of a condition) whenever known:
 - *Nephropathy due to Type 1 diabetes*
 - *Asthma exacerbation secondary to tobacco smoke exposure in the home*
- Document (acute) exacerbation and/or special status wherever appropriate:
 - *Asthma with status asthmaticus*
 - *Epilepsy, intractable and with status epilepticus*
- Document combinations of conditions which exist together and compound to complicate the patient's medical status, particularly respiratory conditions:
 - *Patient with existing chronic bronchitis and mild intermittent asthma now with exacerbation due to acute bronchitis, likely viral, with new diagnosis of bronchiectasis, currently also exacerbated by the respiratory infection.*

