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FEBRUARY 2025

The A, B, C's of Coding for Common Pediatric Conditions

VDMP-JANUARY-2025

Veradigm's Provider Engagement Team

Amanda Banister, CPC

SENIOR MANAGER

Previous Experience: Amanda has over 25 years of healthcare experience, including 15 years of practice administration for both private practice and regional healthcare systems. Amanda has extensive experience coaching teams in the implementation of process and quality improvement activities. She has worked directly with Providers and their teams to improve their care coordination, population health management and risk stratification efforts as well as improvements in documentation and accurate coding related to HCC's and HEDIS quality scores including 5 Star and Part D measures. .

Education: Amanda is a Lean Six Sigma in HealthCare Black Belt, a Certified Clinical Microsystems Coach and a Certified Professional Coder.

Aimee Fritz, CPC, CRC, CCS

PROVIDER ENGAGEMENT SPECIALIST

Previous Experience: Aimee has over 20 years of experience in the healthcare field on the provider/clinic side as well as the insurance/payer side. She has been involved with the education and training of Providers, their staff and other medical coders on Risk Adjustment models, associated incentive programs, HCC coding guidelines and documentation requirements. Aimee has also assisted with process flows in office, as well as RAF score improvement.

Education: Aimee is a Lean Six Sigma in HealthCare Green Belt, a Certified Professional Coder, a Certified Risk Adjustment Coder and a Certified Coding Specialist.

Ryan Stull

PROVIDER ENGAGEMENT SPECIALIST

Previous Experience: Ryan has over 20 years of experience in the healthcare field working in the business office of a large-scale health system, on the provider clinic side as well as the insurance/payor side. He has been involved with educating providers and their office staff on Quality and Risk, how to close gaps in care and process flow.

Education: Ryan has a bachelors degree in Management and Organizational Leadership and a Black Belt in Six Sigma

Cindy Guarino, CRC, LPN

PROVIDER ENGAGEMENT SPECIALIST

Previous Experience: Cindy has over 12 years of diversified healthcare experience, including HCC coding, HEDIS abstracting, and risk adjustment coding. As a nurse, she has experience in pediatrics, community health, Covid response, ambulatory care, and health coaching. She is a skilled preceptor and educator.

Education: Cindy earned an associate degree in nursing, is a Licensed Practical Nurse, and a Risk Adjustment Coder.

AGENDA

FEBRUARY 2025

- Explore the specific coding guidelines and documentation highlights for various Pediatric Conditions
  - Respiratory System
  - Endocrine System
  - Behavioral Health
  - Congenital Conditions
  - Cancer
  - Coding Scenarios
  - Summary and Tips

Disclaimer

Educational Webinars

All documentation provided is researched and collected by today's presenter for the education of our customers. Any questions concerning the meaning or interpretation of coding requirements or application should be directed to your coding advisor or legal counsel.

The information included in the following slides is accurate as of 1/31/25.

ALL CODING GUIDANCE OBTAINED FROM THE AAPC ICD-10CM EXPERT
https://www.aapc.com/icd-10/

Speakers

Kim Felix, RHIA, CCS

Currently the Director of Education at e4health. Has over 30 years of HIM coding experience including coder, auditor, educator and manager at various University and Community Hospitals. For the past 8 years, has been the project manager for the CMS HHS-RADV audit.

Has been an adjunct faculty member at Temple University, Gwynedd-Mercy College, Pierce College, Thomas Jefferson University, Anne Arundel Community College, and Study Mentor at Western Governors University.

Over many years, she has presented at various state-wide and local Coding and CDI conferences.

Jeanie Heck, BBA, CCS, CPC, CRC

Jeanie has over 30 years of experience as an expert physician and coder educator for CPT, ICD-10-CM and an accomplished Evaluation and Management auditor.
The majority of Jeanie's career has been in the outpatient physician office arena

She has been the lead senior auditor for the CMS HHS-RADV (Risk Adjustment Data Validation) audit from 2016 to present

She is currently an adjunct faculty member at Camden County College, Santa Barbara City College & Temple University teaching various coding courses. Her management positions include Director of Education, Coding and Billing Director, Practice Manager, and Business Manager

Common Diseases in Pediatrics

Common Diseases in the Pediatrics

- Respiratory System
- Endocrine System
- Behavioral Health
- Congenital Conditions
- Cancer

Pediatric Coding in Risk Adjustment

Although pediatric conditions have minimal effects on Medicare Advantage risk adjustment (RA), they often play a critical role under the HHS/Affordable Care Act and/or Medicaid risk adjustment

Reminder: You often & may have a mix of various payers! There are many conditions that map to an HCC on the Affordable Care Act side, but they do not map on the Medicare Advantage side (and vice versa)

Examples:

- Obesity/BMI: may map to an HCC on the MA side, but not the ACA side
- Asthma: very few codes map to an HCC on the MA side, ALL asthma codes map to an HCC on the ACA side

Respiratory System

Asthma

[1]https://my.clevelandclinic.org/health/diseases

Asthma

Asthma

- Asthma is classified into category J45, with a fourth character indicating the severity (mild intermittent, mild persistent, moderate persistent, severe persistent, other, and unspecified) and a final character indicating whether the condition is uncomplicated or whether status asthmaticus or exacerbation is present
- Manifestations of asthma are wheezing, dyspnea out of proportion to exertion, and cough
- A diagnosis of wheezing alone is not classified as asthma; code R06.2 is assigned in such a case [2]

The J45 category (Asthma) includes:

- allergic (predominantly) asthma
- allergic bronchitis NOS
- allergic rhinitis with asthma
- atopic asthma
- extrinsic allergic asthma
- hay fever with asthma
- idiosyncratic asthma
- intrinsic nonallergic asthma
- nonallergic asthma

Sample codes:

- J45.20 Mild intermittent asthma, uncomplicated
- J45.31 Mild persistent asthma with (acute) exacerbation
- J45.42 Moderate persistent asthma with status asthmaticus
- J45.50 Severe persistent asthma, uncomplicated
- J45.909 Unspecified asthma, uncomplicated
- J45.990 Exercise induced bronchospasm

Specificity COUNTS!

More specific documentation could lead towards improved risk scores

[2]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 18

Exacerbation vs. Status Asthmaticus

Exacerbation of Asthma

- Acute or subacute episodes of progressively worsening shortness of breath, cough, wheezing, and chest tightness—or some combination of these symptoms
- The final character 1 is used for asthma referred to as "exacerbated" or in "acute exacerbation"
- An asthma code with a final character 1, with acute exacerbation, may *not* be assigned with an asthma code with a final character 2, with status asthmaticus
- When there is documentation of both acute exacerbation and status asthmaticus, only the code with the final character 2 should be assigned[2]

Status Asthmaticus

- Represents a patient who continues to have extreme symptoms despite conventional therapy or who has suffered from an acute asthmatic attack in which the degree of obstruction is not relieved by the usual therapeutic measures
- The final character 2 is assigned for “status asthmaticus”
- Use of this final character usually indicates a medical emergency for treatment of acute, severe asthma
- Other terms used to describe status asthmaticus include the following:

  - Intractable asthma attack
  - Refractory asthma
  - Severe, intractable wheezing
  - Airway obstruction not relieved by bronchodilators
  - Severe, prolonged asthmatic attack [2]

[2]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 18

Asthma Code Examples

Acute Exacerbation Codes	Status Asthmaticus Codes
J45.21- Mild intermittent asthma with (acute) exacerbation	J45.22- Mild intermittent asthma with status asthmaticus
J45.31- Mild persistent asthma with (acute) exacerbation	J45.32- Mild persistent asthma with status asthmaticus
J45.41- Moderate persistent asthma with (acute) exacerbation	J45.42- Moderate persistent asthma with status asthmaticus
J45.51- Severe persistent asthma with (acute) exacerbation	J45.52- Severe persistent asthma with status asthmaticus
J45.901- Unspecified asthma with (acute) exacerbation	J45.902- Unspecified asthma with status asthmaticus

Asthma - Common Medications

Fluticasone
(Flonase, Advair, Flovent)

Budesonide
(Pulmicort, Symbicort)

Mometasone
(Nasonex)

Beclomethasone
(Qvar Redihaler)

Ciclesonide
(Alvesco)

Albuterol
(Proventil, Proair, Airsupra)

Levalbuterol
(Xopenex)

Metaproterenol
(Alupent)

Terbutaline

Antileukotrienes
(montelukast sodium, zafirlukast, zileuton – Singulair, Accolate, Zyflo)

Long-acting inhaled beta2-agonists, such as salmeterol, formoterol, and vilanterol

Methylxanthines
(Theophylline, Elixophyllin)

Immunotherapy/allergy shots

Asthma Coding Tip

AHA Coding Clinic, 1Q 2016, page 35:

Question: A four-year-old female presents for a well-child exam. The patient was previously diagnosed with asthma, is taking inhaled steroids, and has symptoms of coughing, wheezing, and dyspnea. The provider diagnosed acute exacerbation of mild persistent asthma.

Is the acute exacerbation of the asthma considered an '*abnormal finding*' for the purposes of selection of code Z00.121, Encounter for routine child health examination with abnormal findings?

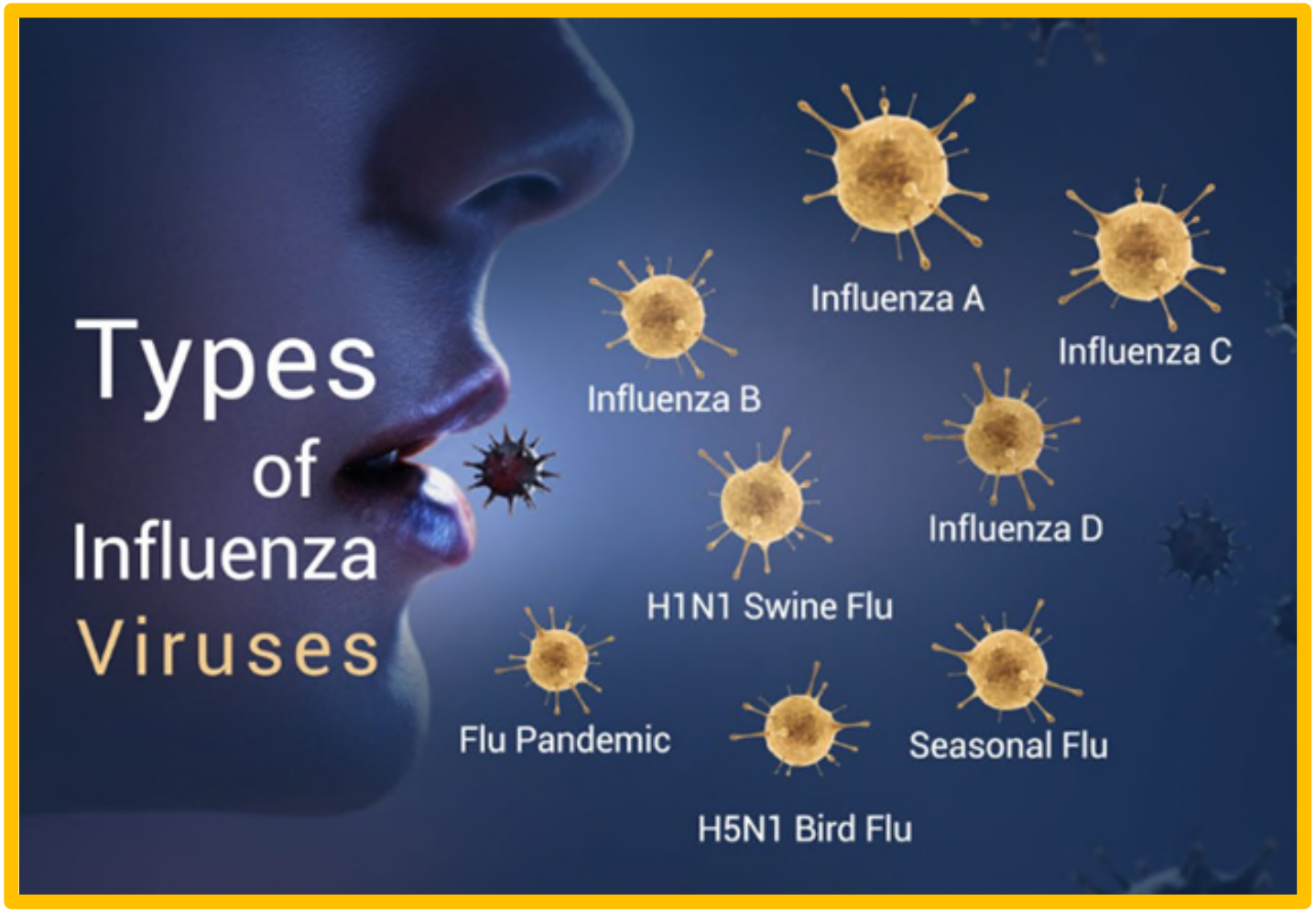
Answer: Yes, the acute exacerbation of asthma IS considered an abnormal finding. Therefore, assign code Z00.121, Encounter for routine child health examination with abnormal findings, as the first-listed diagnosis.

While the asthma is a previously diagnosed condition, it is considered an "abnormal finding," because the acute exacerbation of a chronic problem is new during this encounter. Code J45.31, Mild persistent asthma with (acute) exacerbation, should be assigned as an additional diagnosis.[3]

AHA Coding Clinic® Advisor

[3]AHA Coding Clinic, 1Q 2016, page 35

Influenza



[4]Types of Influenza Viruses - OpalBioPharma

Influenza

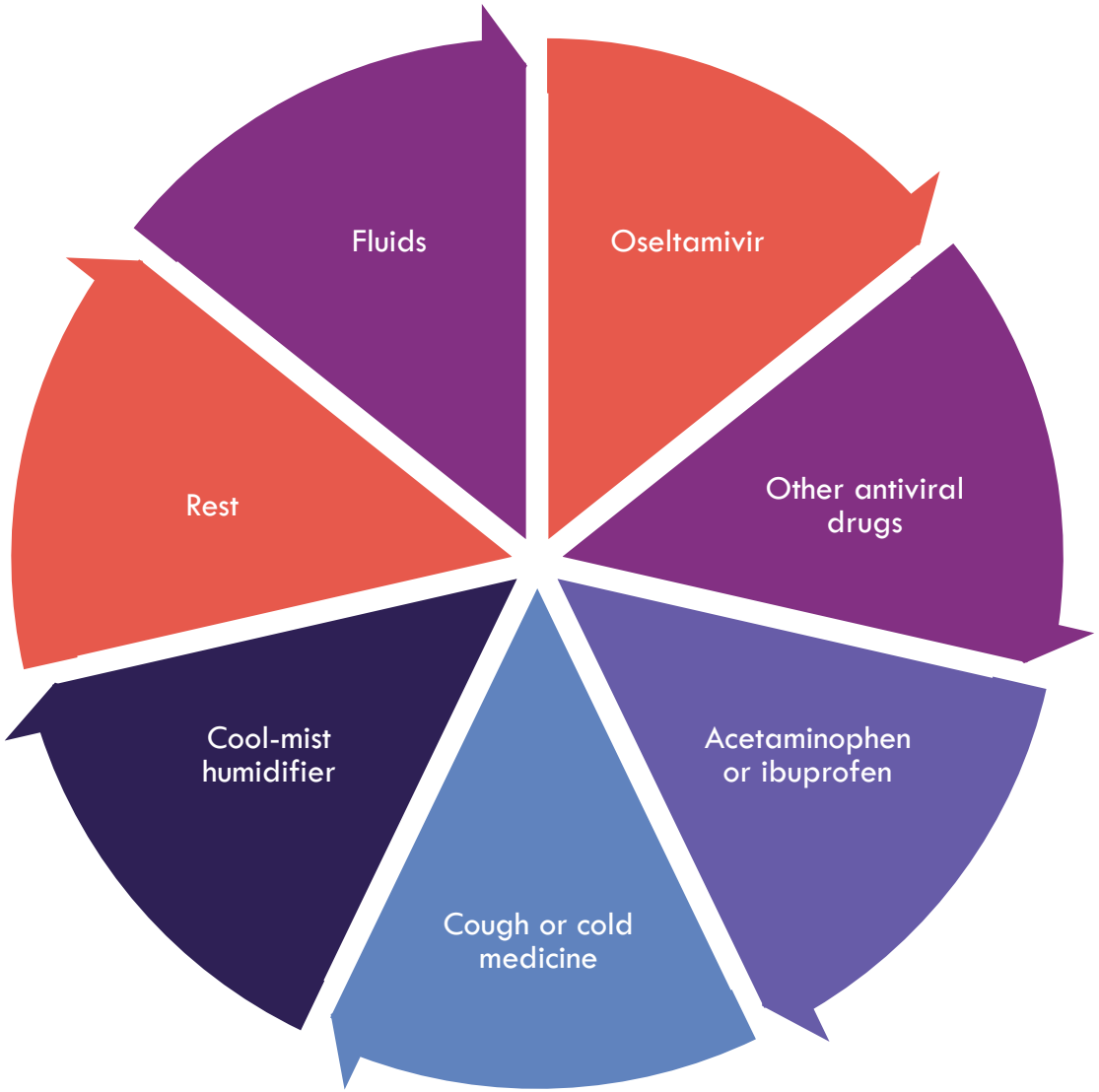
- **Influenza A and B are the most common types of influenza to affect children**
  - *ICD-10-CM Category J10 includes Influenza A, Influenza B and Influenza C*
- ICD-10-CM classifies influenza due to certain identified influenza viruses to category J09
- Influenza in combination with any form of pneumonia or bronchopneumonia is assigned to influenza with pneumonia (J09.X1, J10.00-J10.08, and J11.00-J11.08)
- For codes J09.X1, J10.08, and J11.08, code also the other specified type of pneumonia
- Influenza with other types of respiratory manifestations such as upper respiratory infection, laryngitis, pharyngitis, and pleural effusion are classifiable to J09.X2, J10.1, and J11.1
- Influenza may also involve body systems other than the respiratory system, such as the gastrointestinal tract (J09.X3, J10.2, and J11.2), and other manifestations such as encephalopathy, myocarditis, and otitis media (J09.X9, J10.81-J10.89, and J11.81-J11.89)[2]

[2]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 18

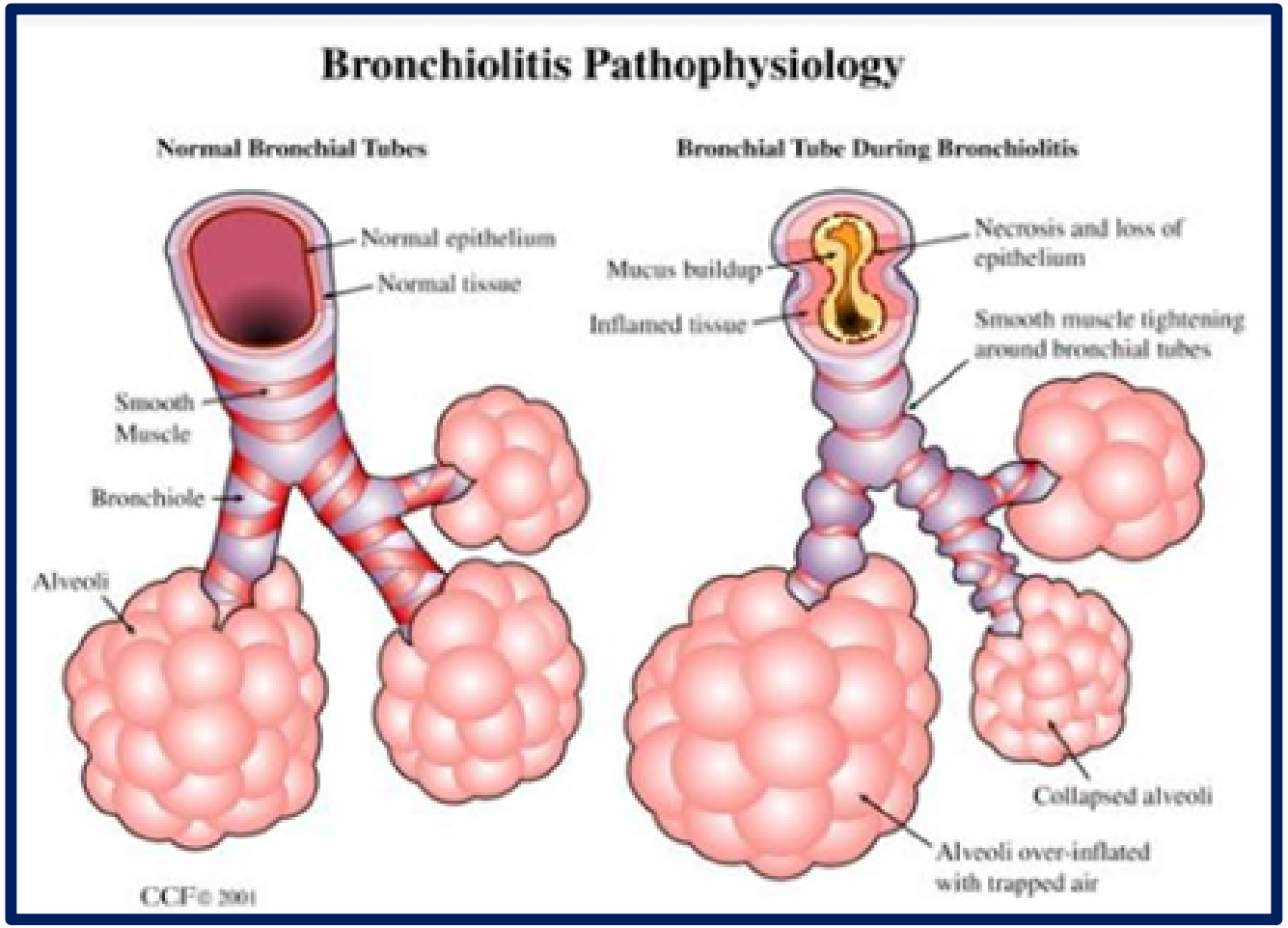
Influenza Code Examples

ICD-10-CM Code	Code Description
J10.1	Influenza due to other identified influenza virus with other respiratory manifestation
J10.2	Influenza due to other identified influenza virus with gastrointestinal manifestations
J10.81	Influenza due to other identified influenza virus with encephalopathy
J10.82	Influenza due to other identified influenza virus with myocarditis
J10.83	Influenza due to other identified influenza virus with otitis media
J10.89	Influenza due to other identified influenza virus with other manifestations
J11.1	Influenza due to unidentified influenza virus with other respiratory manifestations

Influenza Treatments



Bronchiolitis



[1]https://my.clevelandclinic.org/health/diseases

Bronchiolitis

Bronchiolitis is a viral infection that causes inflammation in the small airways of the lungs in children under two years old

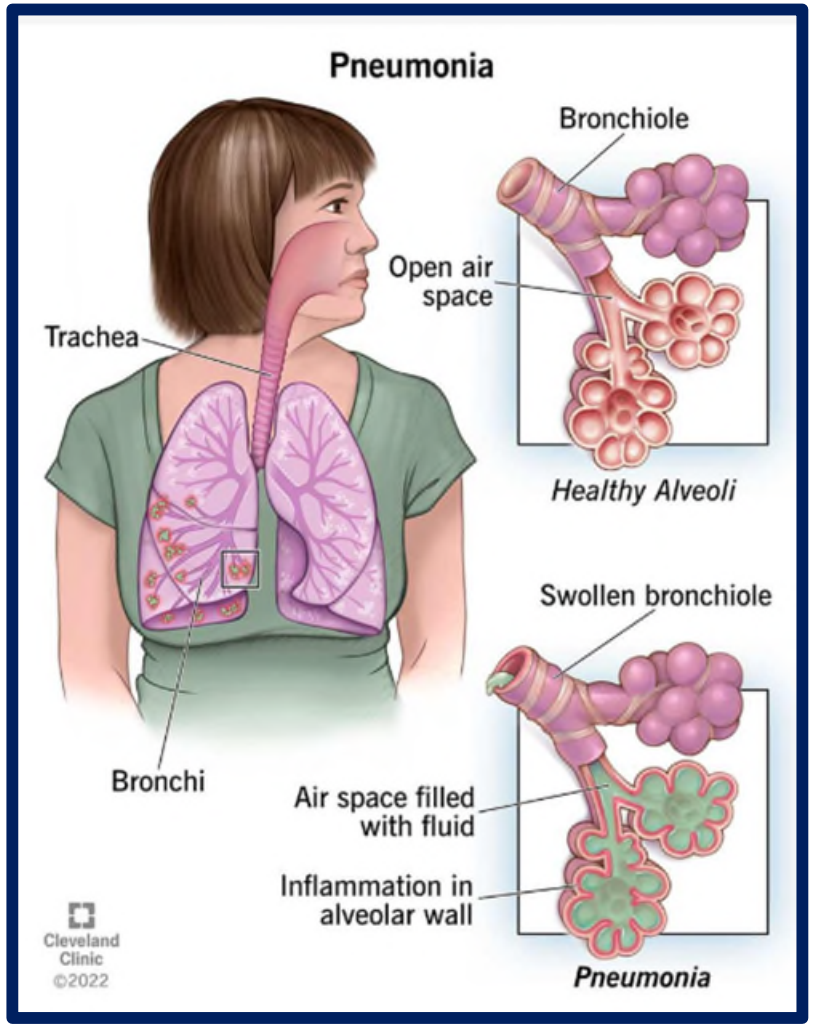
Usually caused by respiratory syncytial virus (RSV)

Treated with rest, fluids, saline nose drops, humidifier and pain relievers

Bronchiolitis Code Examples

ICD-10-CM Code	Code Description
J21.0	Acute bronchiolitis due to RSV (respiratory syncytial virus)
J21.1	Acute bronchiolitis due to human metapneumovirus
J21.8	Acute bronchiolitis due to other specified organism
J21.9	Acute bronchiolitis, unspecified
J11.1	Influenza due to unidentified influenza virus with other respiratory manifestations (*bronchiolitis with influenza*)

Pneumonia



[1] https://my.clevelandclinic.org/health/diseases

Pneumonia

Pneumonia is a common respiratory infection that is coded several ways in ICD-10-CM

- Combination codes that account for both pneumonia and the responsible organism are included in chapters 1 and 10 of ICD-10-CM
- When the diagnostic statement is pneumonia without any further specification, review laboratory reports for mention of the causative organism and check with the physician to determine whether there is support for a more definitive diagnosis
- When the organism is not identified, code J18.9, Pneumonia, unspecified, is assigned[2]

[2]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 18

Pneumonia Code Examples

Common pneumonia types found in pediatrics:

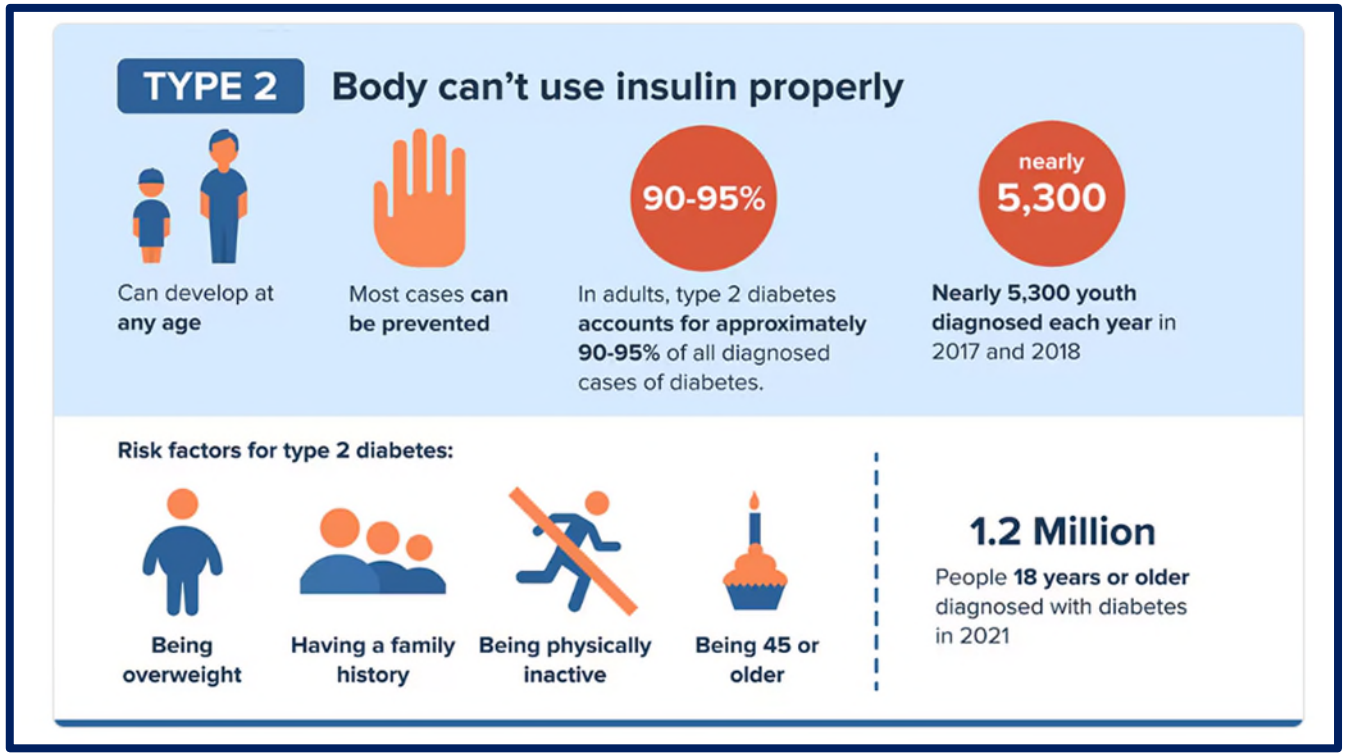
ICD-10-CM Code	Code Description
J13	Streptococcus pneumoniae
J14	Haemophilus influenzae type b (Hib)
J12.1	Respiratory syncytial virus (RSV)
J15.7	Mycoplasma pneumonia
J12.2	Parainfluenza virus
J12.0	Adenovirus

Pneumonia Treatments

- Amoxicillin
- Ampicillin
- Cefuroxime
- Fluids
- Pain medication
- Rest

Endocrine System

Diabetes



[1] https://my.clevelandclinic.org/health/diseases

Diabetes

Type 1 Diabetes is the most common type of diabetes found in the pediatric population

- Type 1 Diabetes requires insulin
- DKA (diabetic ketoacidosis) is most commonly found in Type 1 diabetics
  - An acute, life-threatening complication of diabetes
  - Ketones build up in the bloodstream because there is not enough insulin in the body for muscles and fat cells to absorb glucose to use for energy[5]
- Other common diabetic complications include:
  - Metabolic
  - Neurologic
  - Vascular
  - Renal
  - Ophthalmic

[5]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 14

Conditions That Presume a Link with Diabetes (Type 1 or 2)

CODING CLINIC - 2Q, 2016 - Diabetes & Associated Conditions clarification:

- The subterm "with" in the index should be interpreted as a link between diabetes and any of those conditions indented under the word "with"
- The physician documentation does **NOT** need to provide a link between the diagnoses[5]

❑ amyotrophy	❑ hyperosmolarity	❑ neuropathy
❑ arthropathy NEC	❑ hyperosmolarity, with coma	❑ ophthalmic complication NEC
❑ autonomic (poly)neuropathy	❑ hypoglycemia	❑ oral complication NEC
❑ cataract	❑ hypoglycemia, with coma	❑ osteomyelitis
❑ Charcot's joints	❑ ketoacidosis	❑ periodontal disease
❑ chronic kidney disease (CKD)	❑ ketoacidosis with coma	❑ peripheral angiopathy
❑ circulatory complication NEC	❑ kidney complications NEC	❑ peripheral angiopathy, with gangrene
❑ coma due to hyperosmolarity	❑ Kimmelsteil-Wilson disease	❑ polyneuropathy
❑ coma due to hypoglycemia	❑ loss of protective sensation (LOPS) (see DM, by type, with neuropathy)	❑ renal complication NEC
❑ coma due to ketoacidosis	❑ mononeuropathy	❑ renal tubular degeneration
❑ complication	❑ myasthenia	❑ retinopathy (includes ALL retinopathy)
❑ complication, specified NEC	❑ necrobiosis lipoidica	❑ skin complication NEC
❑ dermatitis	❑ nephropathy	❑ skin ulcer NEC
❑ foot ulcer	❑ neuralgia	
❑ gangrene	❑ neurologic complication NEC	
❑ gastroparalysis	❑ neuropathic arthropathy	
❑ gastroparesis		
❑ glomerulonephrosis, intracapillary		
❑ glomerulonephrosis, intercapillary		
❑ hyperglycemia		

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[5]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 14

Diabetes- Uncontrolled

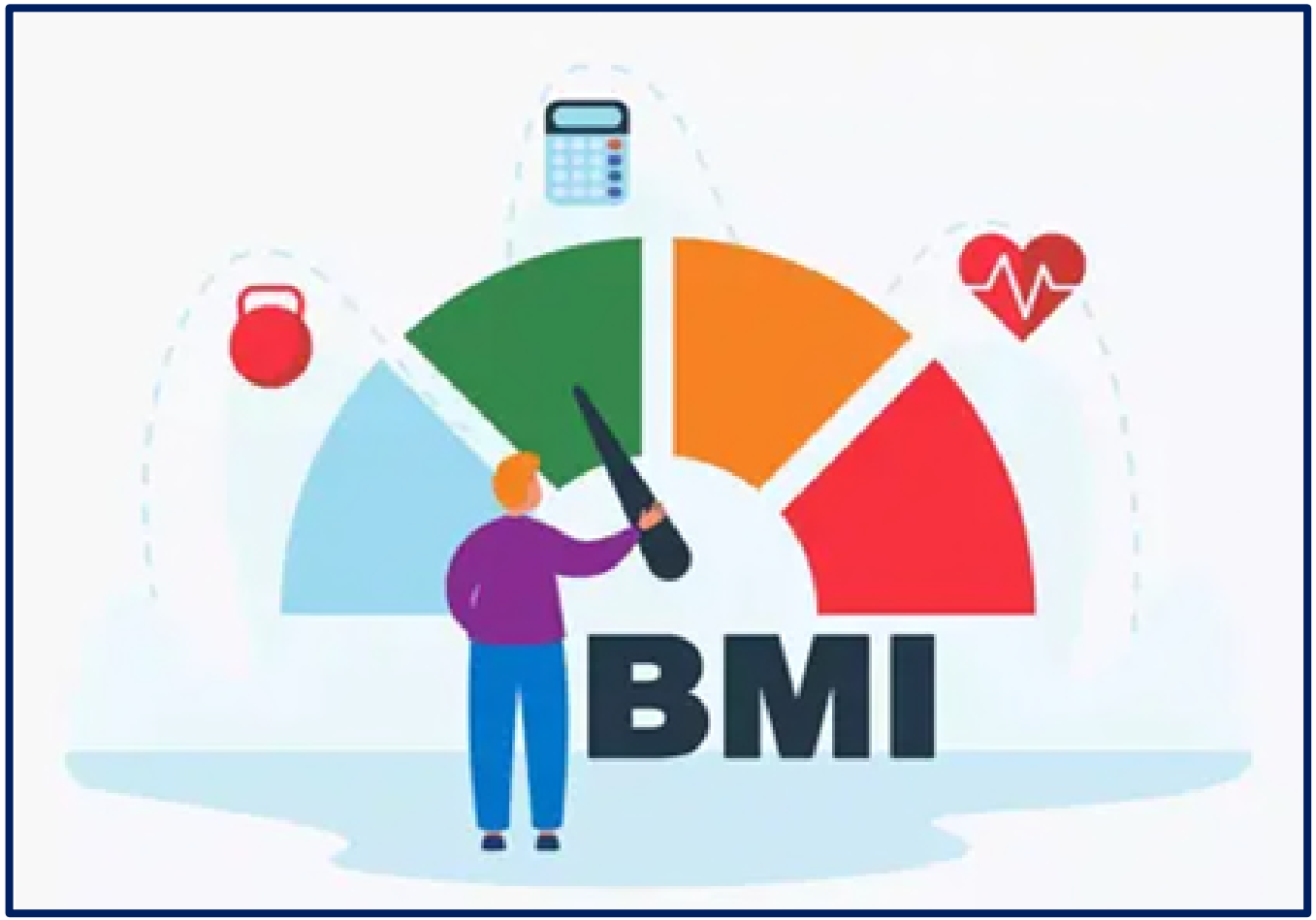
CODING CLINIC - 1Q, 2017 – Diabetes Uncontrolled

Uncontrolled diabetes is classified by type:

- Hyperglycemia
- Hypoglycemia

Documentation states	Coding guidance	Code example
Diabetes, out of control	Code Diabetes (by type) with hyperglycemia	E11.65 Type 2 diabetes mellitus with hyperglycemia
Diabetes, poorly controlled	Code Diabetes (by type) with hyperglycemia	E10.65 Type 1 diabetes mellitus with hyperglycemia
Diabetes, uncontrolled *(no description as to 'hyper' or 'hypo' glycemia*	Assign code for unspecified Diabetes (by type)	E11.9 Type 2 diabetes without complications E10.9 Type 1diabetes without complications

Obesity and BMI



[6]https://health.clevelandclinic.org/overweight-vs-obesity

Obesity Code Examples

Obesity and Overweight Codes:	
E66.01 Morbid (severe) obesity due to excess calories	
E66.09 Other obesity due to excess calories	
E66.1 Drug-induced obesity	
E66.2 Morbid (severe) obesity with alveolar hypoventilation	
E66.3 Overweight	
E66.811 Obesity, class 1	•BMI>95th percentile (for children and adolescents)
E66.812 Obesity, class 2	•BMI>120% of the 95th percentile (for children and adolescents)
E66.813 Obesity, class 3	•BMI>140% of the 95th percentile (for children and adolescents)
E66.89 Other obesity not elsewhere classified	
E66.9 Obesity, unspecified	

Obesity and BMI

Coding Guidelines state (ICD-10-CM Official Guideline I.B.14):

- BMI may be coded based on the medical record documentation from clinicians who are NOT the patient's provider (physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis).
  - In this context, "clinicians" other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record.
- BMI is one of those exceptions. BMI is typically, or may be, documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents the BMI).
- The associated diagnosis (such as overweight, obesity) must be documented by the patient's provider[7]
- BMI cannot be coded on its own, it must have an accompanying diagnosis, documented by the provider, in order to code
  - Obesity, overweight, underweight, cachexia, malnourished, etc.

[7]Official Guidelines for Coding and Reporting FY 2025 I.B.14

Obesity Coding Tip

CODING CLINIC - 4Q, 2018 – Obesity/Overweight Documentation:

Question: If the provider documents obesity or morbid obesity in the history and physical and/or discharge summary only, without any additional documentation to support the clinical significance of this condition, can it be coded? There is no other documentation to support clinical significance for this condition such as evaluation, treatment, increased monitoring, or increased nursing care, etc.

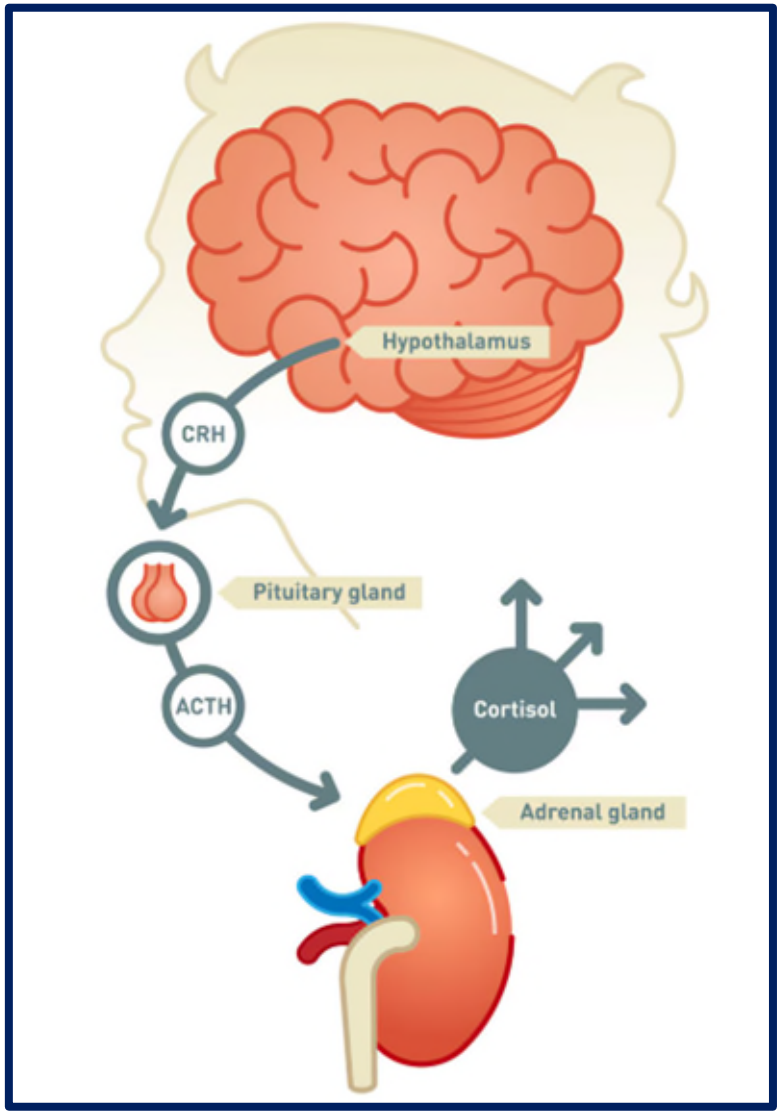
Answer: Obesity and morbid obesity are always clinically significant and reportable when documented by the provider.

- When documented, the body mass index (BMI) code may be reported in addition to the obesity or morbid obesity code.[8]

AHA Coding Clinic® Advisor

[8]Coding Clinic, 4Q 2018, page 77

Adrenal and Pituitary Disorders



[9]Adrenal Glands | Johns Hopkins Medicine

Adrenal and Pituitary Disorders

Many adrenal and pituitary disorders found in Pediatrics map to an HCC in Affordable Care Act (ACA) Risk Adjustment

Examples include:

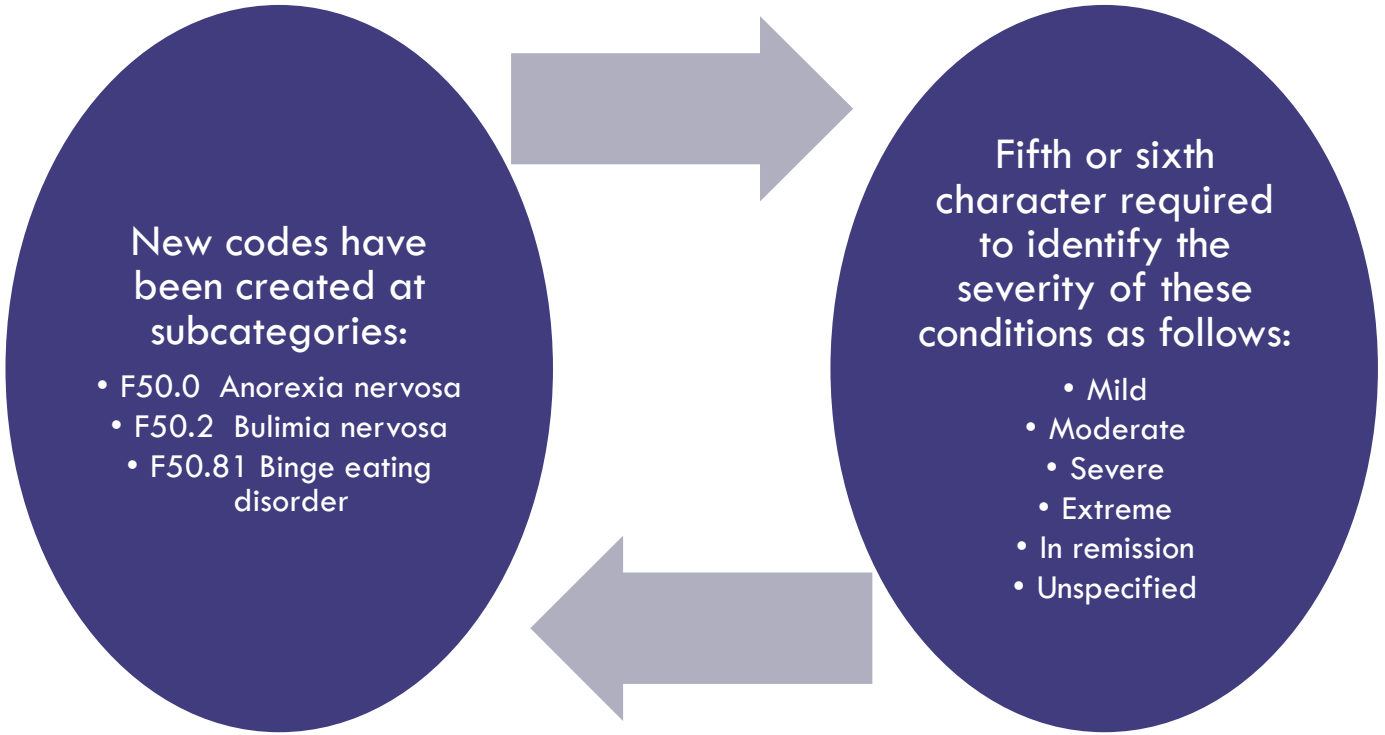
- Cushing Syndrome
- Adrenogenital Disorder
- Hypoparathyroidism
- Hyperaldosteronism
- Adrenocortical Insufficiency
- Disorder of Adrenal Gland, Unspecified
- Disease of Thymus, Unspecified
- SIADH (Syndrome of Inappropriate Secretion of Antidiuretic Hormone)
- Diabetes Insipidus
- Disorder of Parathyroid Gland, Unspecified

Behavioral Health

Eating Disorders

[10]Nimh.nih.gov/eatingdisorders

Eating Disorders - New Codes for 2025



- In addition, at subcategory F50.0, Anorexia nervosa, the new codes identify the type of anorexia nervosa:
  - Restricting type
  - Binge eating/purging type

- These codes also classify the severity of the anorexia nervosa based on the patient's BMI as follows:
  - Mild anorexia nervosa is a body mass index greater than or equal to 17 kg/m2
  - Moderate anorexia nervosa is a body mass index of 16.0-16.99 kg/m2
  - Severe anorexia nervosa is a body mass index of 15.0-15.99 kg/m2
  - Extreme anorexia nervosa is a body mass index of less than 15.0 kg/m2[11]

[11]Coding Clinic- 4Q, 2024, pages 12-14

Anorexia Code Examples

ICD-10-CM Code	Description	Inclusion Terms
F50.010	Anorexia nervosa, restricting type, mild	Anorexia nervosa, restricting type, with a BMI greater than or equal to 17 kg/m2
F50.011	Anorexia nervosa, restricting type, moderate	Anorexia nervosa, restricting type, with a BMI of 16.0-16.99 kg/m2
F50.012	Anorexia nervosa, restricting type, severe	Anorexia nervosa, restricting type, with a BMI of 15.0-15.99 kg/m2
F50.013	Anorexia nervosa, restricting type, extreme	Anorexia nervosa, restricting type, with a BMI of less than 15.0 kg/m2
F50.014	Anorexia nervosa, restricting type, in remission	Anorexia nervosa, restricting type, in full remission Anorexia nervosa, restricting type, in partial remission
F50.019	Anorexia nervosa, restricting type, unspecified	N/A
F50.020	Anorexia nervosa, binge eating/purging type, mild	Anorexia nervosa, binge eating/purging type, with a BMI greater than or equal to 17 kg/m2
F50.021	Anorexia nervosa, binge eating/purging type, moderate	Anorexia nervosa, binge eating/purging type, with a BMI of 16.0-16.99 kg/m2
F50.022	Anorexia nervosa, binge eating/purging type, severe	Anorexia nervosa, binge eating/purging type, with a BMI of 15.0-15.99 kg/m2
F50.023	Anorexia nervosa, binge eating/purging type, extreme	Anorexia nervosa, binge eating/purging type, with a BMI of less than 15.0 kg/m2
F50.024	Anorexia nervosa, binge eating/purging type, in remission	Anorexia nervosa, binge eating/purging type, in full remission Anorexia nervosa, binge eating/purging type, in partial remission
F50.029	Anorexia nervosa, binge eating/purging type, unspecified	N/A

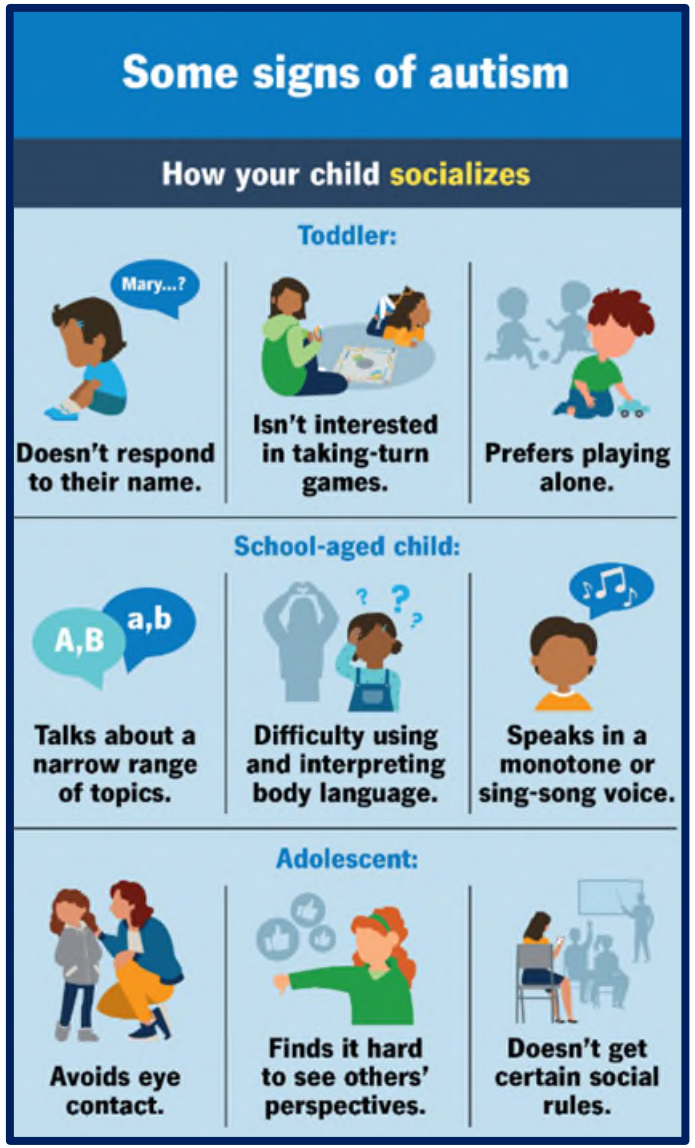
Bulimia Code Examples

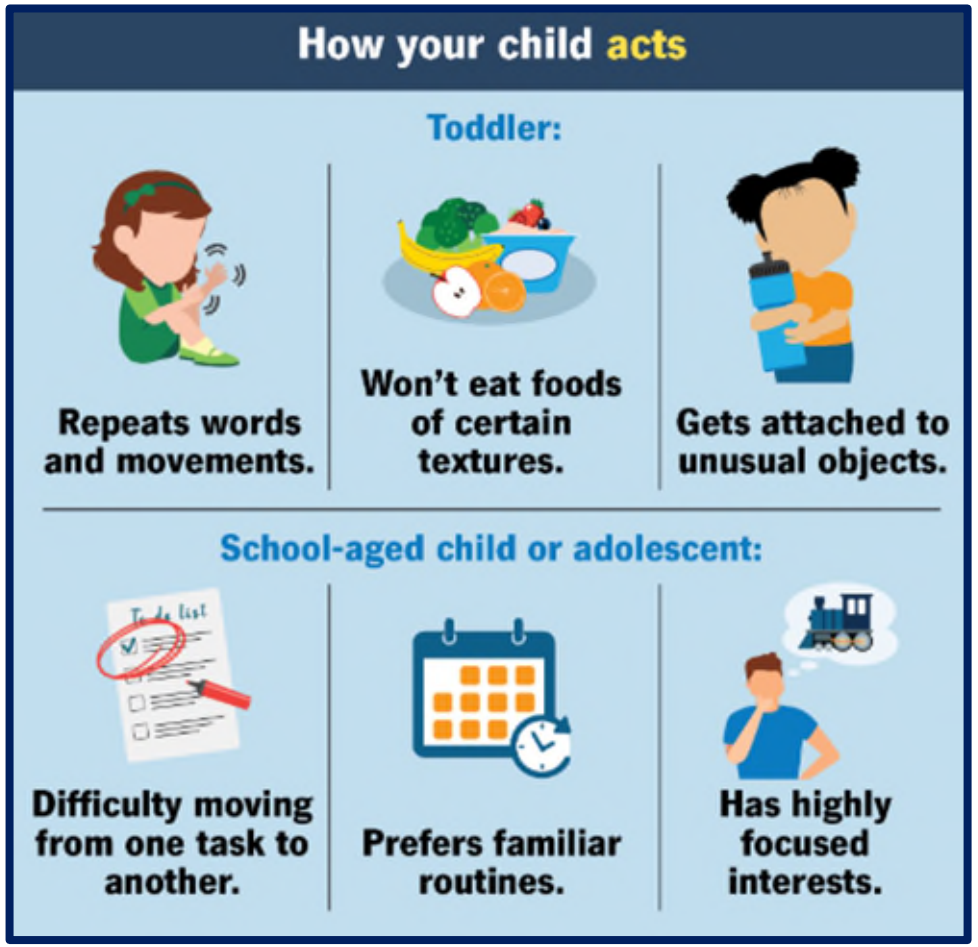
ICD-10-CM Code	Description	Inclusion Terms
F50.20	Bulimia nervosa, unspecified	N/A
F50.21	Bulimia nervosa, mild	Bulimia nervosa with 1-3 episodes of inappropriate compensatory behavior per week
F50.22	Bulimia nervosa, moderate	Bulimia nervosa with 4-7 episodes of inappropriate compensatory behavior per week
F50.23	Bulimia nervosa, severe	Bulimia nervosa with 8-13 episodes of inappropriate compensatory behavior per week
F50.24	Bulimia nervosa, extreme	Bulimia nervosa with 14 or more episodes of inappropriate compensatory behavior per week
F50.25	Bulimia nervosa, in remission Bulimia nervosa, in full remission	Bulimia nervosa, in partial remission

Other Eating Disorder Code Examples

ICD-10-CM Code	Description	Inclusion Terms/Comments
F50.810	Binge eating disorder, mild	Binge eating disorder with 1-3 binge eating episodes per week
F50.811	Binge eating disorder, moderate	Binge eating disorder with 4-7 binge eating episodes per week
F50.812	Binge eating disorder, severe	Binge eating disorder with 8-13 binge eating episodes per week
F50.813	Binge eating disorder, extreme	Binge eating disorder with 14 or more eating episodes per week
F50.814	Binge eating disorder, in remission	Binge eating disorder, in full remission Binge eating disorder, in partial remission
F50.819	Binge eating disorder, unspecified	N/A
F50.82	Avoidant/restrictive food intake disorder *(no change in 2025)*	Avoidant/restrictive food intake disorder, in remission
F50.83	Pica in adults Pica in adults, in remission	Excludes1: pica in infancy and childhood (F98.3)
F50.84	Rumination disorder in adults Rumination disorder in adults, in remission	Excludes1: rumination disorder in infancy and childhood (F98.21)

Autism





[1] https://my.clevelandclinic.org/health/diseases

Autism

Autism is a spectrum disorder, referring to a group of developmental disorders, and includes a wide range, "a spectrum," of manifestations, skills, and levels of disability.

- Some patients with autism are high functioning, whereas others can be severely autistic without communication
- The associated conditions are not considered signs or symptoms, but rather manifestations of the condition
- The guideline about signs and symptoms integral to an underlying diagnosis does not apply to autism, because of the range of issues which may occur, including some cases of high functioning autism have relatively fewer issues.[12]
- Therefore, it is appropriate to use the specific codes describing the issues that are present in an individual case per the Code Also instructional note under Category F84- Pervasive Developmental Disorders in the ICD-10-CM Manual:

[12]Coding Clinic- 1Q, 2017, pages 27-28

Autism

F84.0 Autistic Disorder includes:

- Autism Spectrum Disorder
- Infantile Autism
- Infantile Psychosis
- Kanner's Syndrome

- Other Pervasive Developmental Disorders:
- Rett's Syndrome (F84.2)
- Asperger's Syndrome (F84.5)
  - Asperger's disorder
  - Autistic psychopathy
  - Schizoid disorder of childhood
- Other Pervasive Developmental Disorders (F84.8)
- Pervasive Developmental Disorder, unspecified (F84.9)
  - Atypical autism

Treatment for Autism

Combination of therapies and medications:

- Speech/Language Therapy
- Occupational Therapy
- Physical Therapy
- Applied Behavioral Analysis
- Pivotal Response Training
- Cognitive Behavioral Therapy
- Antidepressants
- Antipsychotics
- Stimulants

Congenital and Chromosomal Disorders

Congenital and Chromosomal Disorders

[13] https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-named-tier-1-center-of-excellence-for-telomere-biology-disorders/

Congenital Anomalies

Examples of common congenital disorders seen in Pediatrics

These are typically "Q" codes

- Atresia of Pulmonary Artery
- Stenosis of Pulmonary Artery
- Coarctation of Pulmonary Artery
- Congenital Pulmonary Arteriovenous (AV) Malformation
- Congenital Malformation of Great Arteries
- Congenital Stenosis of Vena Cava
- Ventricular Septal Defect (VSD)
- Atrial Septal Defect (ASD)
- AV Septal Defect
- Tetralogy of Fallot
- Congenital Pulmonary Valve Stenosis or Insufficiency
- Other Congenital Malformations of Pulmonary Valve
- Congenital Malformation of Heart, **unspecified**
- Patent Ductus Arteriosus (PDA)
- Congenital Renal Artery Stenosis
- Other Congenital Malformations of Renal Artery
- AV Malformation, site unspecified OR site specified
- Other Specified Congenital Malformations of Peripheral Vascular System and/or Pre-Cerebral Vessels

Congenital Anomalies

- Be careful when you see the term 'History of' in these situations
- Has the congenital anomaly been completely repaired or is it still present?
  - Most congenital anomalies are repaired completely early in life
- If it has **not** been completely repaired, it is appropriate to code as a current congenital anomaly[14]
- Example: Use Z87.74 = Personal history of corrected congenital malformations of heart & circulatory system for congenital anomalies that have been repaired and no longer exist

[14]Coding Clinic- 4Q, 2010, page 136

Cystic Fibrosis

A disorder of the exocrine glands that causes the accumulation of thick, tenacious mucus [5]

Although cystic fibrosis affects the body in a number of ways, progressive respiratory insufficiency is the major cause of illness

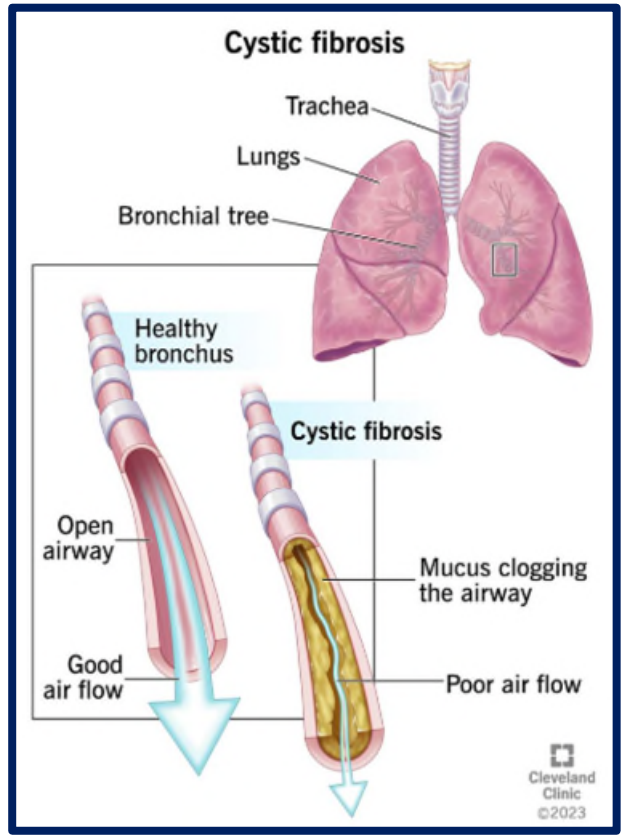
The pulmonary manifestation results in mucus secretions that clog the airways and allow bacteria to multiply

This can lead to complications such as:

Acute and chronic bronchitis	Bronchiectasis	Pneumonia	Atelectasis	Pneumothorax	Hemoptysis

In some glands involved in digestion, like the pancreas, the thick mucus may become an obstruction, preventing digestive enzymes from reaching the intestines

Intra-abdominal complications such as meconium ileus, rectal prolapse, inguinal hernia, gallstones, ileocolic intussusception, and gastroesophageal reflux also occur



[1]

[5]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 14

[1]https://my.clevelandclinic.org/health/diseases

Cystic Fibrosis

- **Specific ICD-10-CM codes identify the site of manifestation involvement:**
  - Pulmonary involvement (E84.0)
  - Meconium ileus (E84.11)
  - Other intestinal manifestations (E84.19)
  - Other site involvement (E84.8)
    - ❖ These manifestation codes may be used together if different sites are involved
- **Code E84.9, Cystic fibrosis, unspecified, should be used if the manifestation is not specified**
- Because there is no known cure for cystic fibrosis, therapy is directed toward the complications of the disease, with the major focus on the maintenance of adequate nutritional and respiratory status.
- Admissions due to the cystic fibrosis itself most often occur when the patient is brought in for workup to confirm the diagnosis.[5]

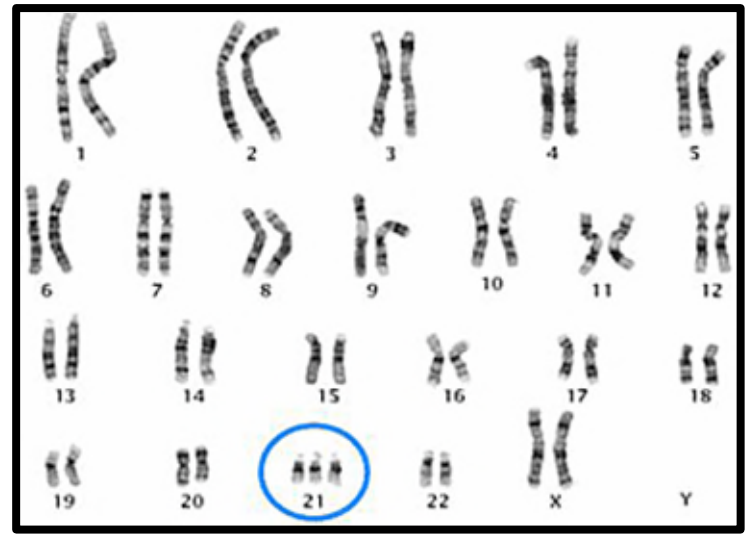
[5]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 14

Down Syndrome

Otherwise known as Trisomy 21

- Genetic condition that occurs when a patient has an extra copy of chromosome 21
- Specific codes for Down Syndrome include:

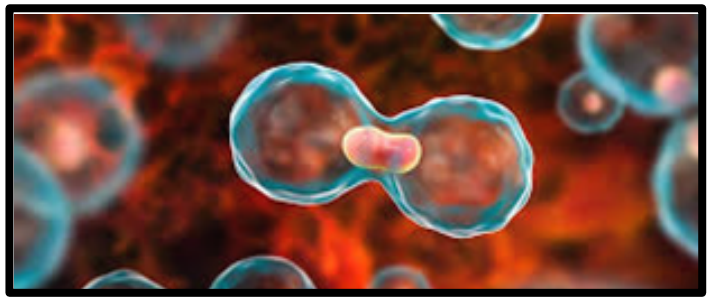
ICD-10-CM Code	ICD-10-CM Code Description
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified



[22] https://www.ndsccenter.org/programs-resources/what-is-down-syndrome/

Cancer

Cancer



[16] Cell Metabolism and Cancer | Center for Cancer Research

Various Pediatric Cancers include:

- Leukemia
- Lymphoma
- Neuroblastoma
- Wilms Tumor
- Retinoblastoma
- Osteosarcoma/Ewing Sarcoma

Different cancers map to different HCCs so documentation is critical

Cancer

Current Malignancy Versus Personal "History of" Malignancy:

- When a primary malignancy has been excised but further treatment, such as an additional surgery for the malignancy, radiation therapy or chemotherapy is directed to that site, the primary malignancy code should be used until treatment is completed

Example:

- Patient has a history of retinoblastoma, excised 2 weeks ago. Continuing with chemo and radiation currently. This is coded as 'current' cancer[15]

[15]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 28

Cancer

Current Malignancy Versus Personal "History of" Malignancy:

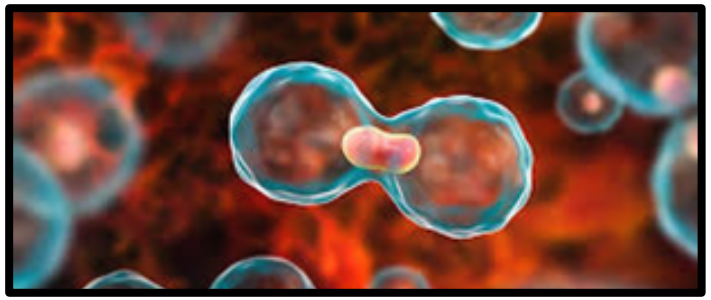
- When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy, a code from category Z85, personal "history of" malignant neoplasm, should be used to indicate the former site of the malignancy

Example:

- Patient has a history of retinoblastoma, excised 2 years ago. Chemo and radiation completed in 2021. This is coded as 'history of' cancer (Z code)[15]

[15]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 28

Cancer



[16]

Different cancers map to different HCCs so documentation is critical

There are two types of Malignant Neoplasms:

1. Solid:
   - Localized point of origin
   - Considered primary neoplasm of site
   - Often metastasize to secondary sites

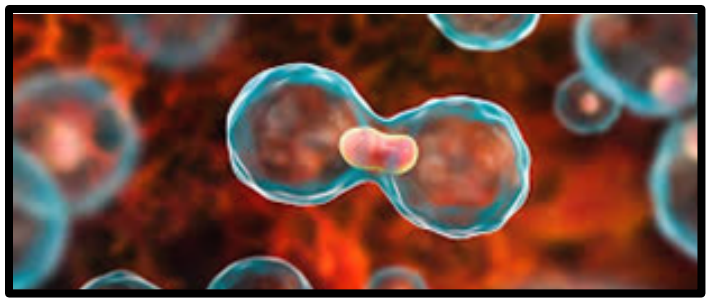
- Metastatic **To:** Indicates that the site mentioned is secondary
- Metastatic **From:** Indicates that the site mentioned is the primary site

EXAMPLES:

- Metastatic cancer **to** the lung is coded as secondary malignant neoplasm of the lung
- Metastatic cancer **from** the breast indicates the breast is primary[15]

[16] Cell Metabolism and Cancer | Center for Cancer Research
[15] ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 28

Cancer



[16]

2. Lymphatic/Hematopoietic Tumors:

- Unlike solid tumors, neoplasms that arise in lymphatic and hematopoietic tissues are not considered to spread to secondary sites.
- All sites to which they spread are considered primary
- Do NOT code these as 'metastatic cancer'
  - Includes: Hodgkin lymphoma neoplasm of the lung
- Lymphoma patients who are '*in remission*' are still considered to have lymphoma and should be coded as current (assigned the appropriate code from the Lymphoma category)
- Do not confuse '*in remission*' vs. '*personal history of*'
- Categories C90-C95 (Multiple Myeloma and Leukemia) all have the '*in remission*' option[15]

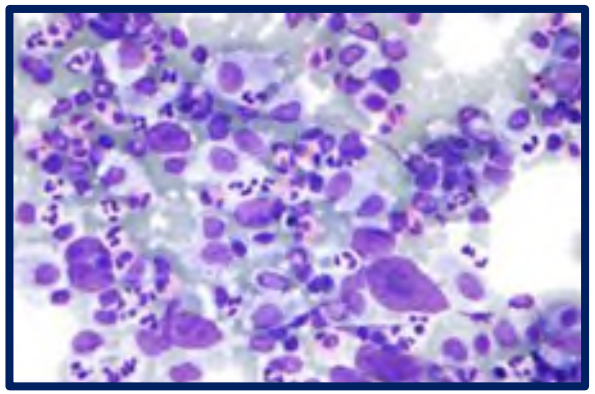
[16] Cell Metabolism and Cancer | Center for Cancer Research

[15] ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 28

Hodgkin Lymphomas

Hodgkin lymphoma (ICD-10-CM category C81) is a type of cancer originating from lymphocytes

- It is characterized by the orderly spread of disease from one lymph node group to another and by the development of systemic symptoms with advanced disease.
- Hodgkin lymphoma may be treated with radiation therapy, chemotherapy, or hematopoietic stem cell transplantation. The choice of treatment depends on the age and sex of the patient and the stage, bulk, and histological subtype of the disease.[15]



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Category C81 provides a fourth-character subclassification to identify the pathological subtype of Hodgkin lymphoma and fifth characters to identify the lymph nodes affected:

- Head, face, and neck
- Intrathoracic
- Intra-abdominal
- Axilla and upper limb
- Inguinal region and lower limb
- Intrapelvic
- Spleen
- Multiple sites
- Extranodal and solid organ sites
- As well as whether the lymphoma is in remission

[15]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 28
[17]Hodgkin's Lymphoma Classification

Hodgkin Lymphoma Code Examples

The pathological subtype is identified in the following subcategories:

ICD-10-CM Code Subcategories	Subcategory Description
C81.0	Nodular lymphocyte predominant Hodgkin lymphoma (a rare subtype)
C81.1	Nodular sclerosis Hodgkin lymphoma (the most common subtype)
C81.2	Mixed cellularity Hodgkin lymphoma (a common subtype, most often associated with Epstein-Barr virus infection)
C81.3	Lymphocytic depletion Hodgkin lymphoma (a rare subtype)
C81.4	Lymphocyte-rich Hodgkin lymphoma
C81.7	Other Hodgkin lymphoma
C81.9	Hodgkin lymphoma, unspecified

Non-Hodgkin Lymphoma

Non-Hodgkin lymphomas are a heterogeneous group of malignant lymphomas that present a clinical picture that is broadly similar to Hodgkin disease but with the absence of the giant Reed-Sternberg cells that are characteristic of Hodgkin lymphoma.

Lymphomas develop from the lymphoid components of the immune system.

The main cell found in lymphoid tissue is the lymphocyte, an infection-fighting white blood cell, of which there are two main types:

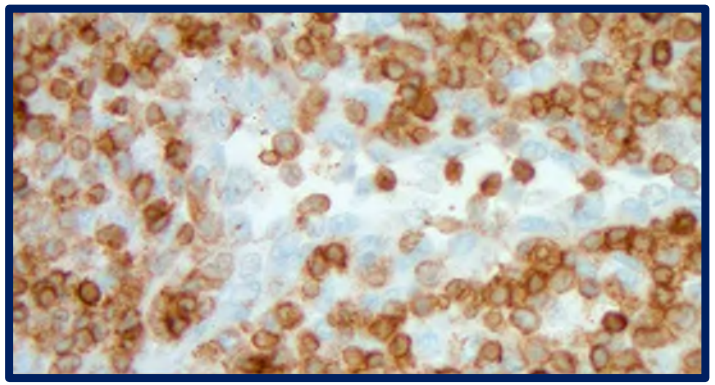
B lymphocytes (B-cells) and T lymphocytes (T-cells)

Non-Hodgkin lymphomas can occur at any age and are often marked by lymph nodes that are larger than normal and by fever and weight loss. There are many different types of non-Hodgkin lymphoma

These types can be divided into aggressive (fast-growing) and indolent (slow-growing) types, and they can be formed from either B-cells or T-cells.

Throughout the years, the classification of lymphoma has changed considerably based on new insights provided by technological advances, as well as advances in the understanding of the clinical behavior of lymphoma[15]

- Follicular lymphoma (category C82) is the most common of the indolent non-Hodgkin lymphomas, and the second most common form of non-Hodgkin lymphoma overall
- Category C82 utilizes a dual-axis classification to allow the classification to accommodate the differences in terminology often encountered in medical records
- Category C82 allows the classification of follicular lymphoma according to morphological grades (e.g., grade I) or the description of the follicle (e.g., diffuse follicle center)



18

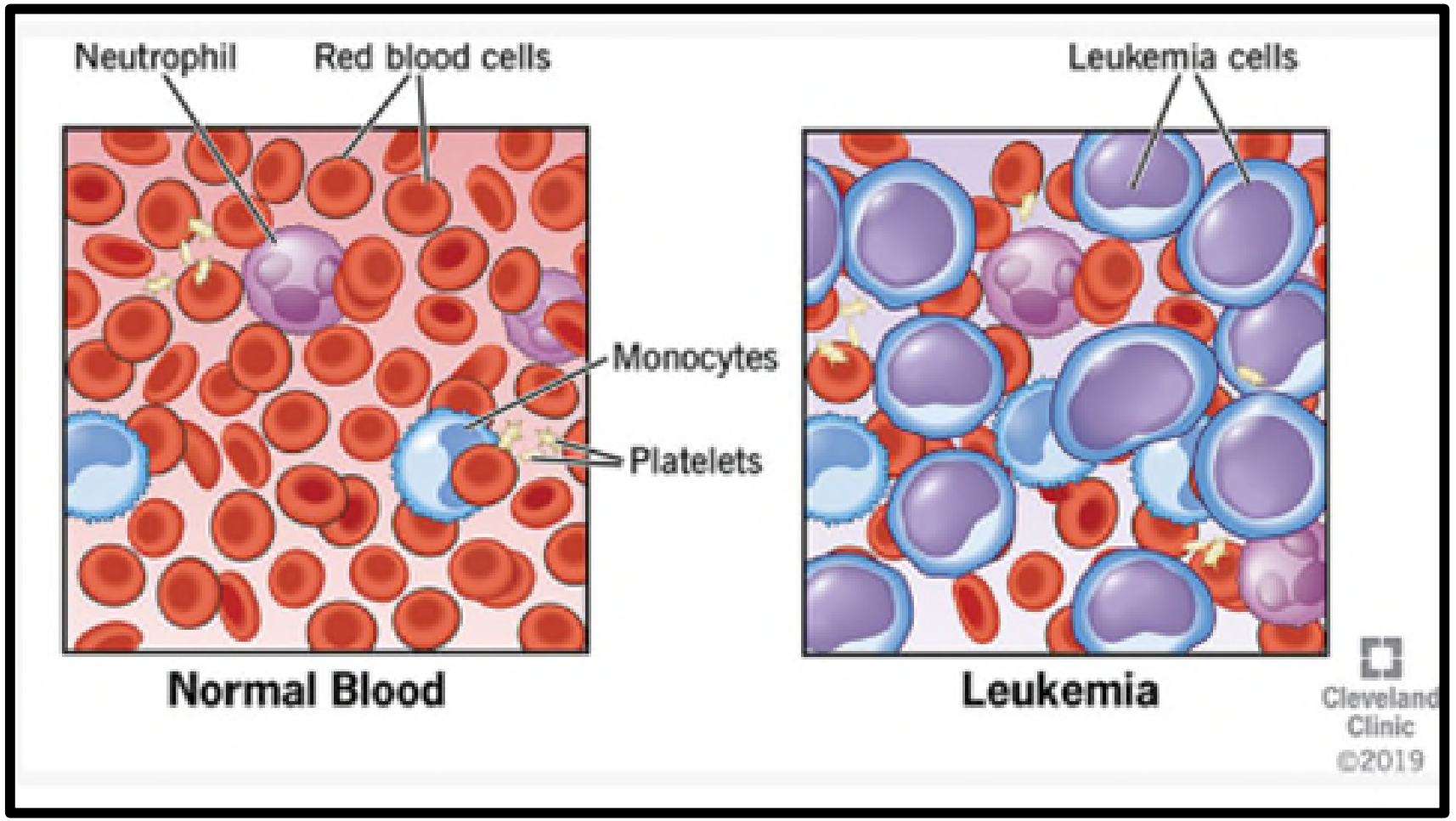
[15]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 28
[18]non-Hodgkin lymphoma - Cleveland Clinic

Non-Hodgkin Lymphoma Code Examples

The pathological subtype is identified in the following subcategories:

ICD-10-CM Code Subcategories	Subcategory Description	Comments
C82	Follicular lymphoma	
C83	Non-follicular lymphoma	Includes small cell B-cell, Mantle cell, Diffuse large B-cell, Lymphoblastic, Burkitt lymphomas
C84	Mature T/NK-cell lymphoma	Includes Mycosis fungoides, Sezary disease, Peripheral T-cell, Anaplastic large cell, Cutaneous T-cell, Mature T/NK-cell lymphomas
C85	Other specified and unspecified types of non-Hodgkin lymphoma	
C86	Other specified types of T/NK-cell lymphoma	Includes Hepatosplenic T-cell, Enteropathy-type, Subcutaneous panniculitis-like T-cell, Blastic NK-cell, Angioimmunoblastic T-cell lymphomas and Primary cutaneous CD30-positive T-cell proliferations
C88	Malignant immunoproliferative diseases and certain other B-cell lymphomas	Includes Waldenstrom macroglobulinemia, Heavy chain disease, Immunoproliferative small intestinal disease, Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)

Leukemia



[1] https://my.clevelandclinic.org/health/diseases

Leukemia

Leukemias are classified in categories C91 through C95, with the fourth character indicating either the stage of the disease (acute or chronic) or the type of leukemia (e.g., adult T-cell, prolymphocytic leukemia of T-cell type)

For all codes in categories C90 through C95, a fifth character is used to indicate the status of the patient, as follows:

- 0- not having achieved remission (failed remission)
  - Assigned if the documentation does not indicate that the patient has achieved remission
- 1- in remission
  - This character is only assigned when the physician specifically describes the neoplasm as being "*in remission*"
  - It is important not to confuse "in remission" with personal history (*see below*)
- 2- in relapse
  - Documentation states "relapse", "in relapse" or "recurrence". A relapse or recurrence can occur at any time during therapy or after completion of treatment, even months or years after remission[15]

Personal history codes Z85.6, Personal history of leukemia, and Z85.79, Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues, are available to identify a patient's past medical condition that no longer exists and is not receiving treatment but has the potential for recurrence, and therefore may require continued monitoring

[15]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 28

Leukemia Code Examples

ICD-10-CM Code Subcategories	Subcategory Description	Comments
C91.02	Acute lymphoblastic leukemia, in relapse	
C92.01	Acute myeloblastic leukemia, in remission	Category C92 includes granulocytic and myelogenous leukemia
C93.10	Chronic myelomonocytic leukemia, not having achieved remission	Category C93 includes monocytoid leukemia
C95.10	Chronic leukemia of unspecified cell type, not having achieved remission	
Z85.6	Personal history of leukemia	

Coding Scenarios

Code the Following Scenario

A 12-year-old patient presents to the pediatric oncologist office to review recent PET scan results from December. He was diagnosed with Hodgkin lymphoma of the inguinal region in May of 2024.

He has had mild abdominal pain recently with concern for recurrence of his lymphoma. His recent PET scan revealed the lymphoma has spread to intra-abdominal nodes. A biopsy was done to assess pathology. Biopsy showed lymphocyte-rich Hodgkin lymphoma. Oncologist has confirmed the pathology finding of lymphocyte-rich Hodgkin lymphoma in the abdominal lymph nodes.

Will discuss treatment options with his family based on cell type and move forward with their decision.

Answer: C81.43 Lymphocytic-rich Hodgkin lymphoma, intra-abdominal lymph nodes

-Lymphoma
  -Hodgkin
    -Lymphocyte-rich
      -current site
        -intra-abdominal

NOTE: Do not code 'spread' of lymphoma as secondary metastatic site

Code the Following Scenario

A 15-year-old patient presents to the pediatrician with left OM. Current BMI >120% of the 95th percentile.

PE: Obesity

Mother also asks for a renewal of meds for his Autism. Antibiotic prescribed for OM.

A/P:

Otitis media- antibiotics script sent to pharmacy

Autism – continue with speech and occupational therapy, tricyclic renewed, sent to pharmacy

Obesity, class 2 – monitor food intake, encourage outdoor activity. Recommend follow up with nutritionist

Answer: H66.92 Otitis media, unspecified, left ear
F84.0 Autistic disorder
E66.812 Obesity, class 2

NOTE: Since Autism and Obesity were addressed and treated during the visit, can code as additional diagnoses.

Summary and Tips

- ✓ Documentation is key
- ✓ Do not overthink it
- ✓ Code diagnoses based on what is documented

Coding Guideline I.A.19 – Code Assignment & Clinical Criteria

- "The assignment of a diagnosis code is based on the provider's diagnostic statement that the condition exists. The provider's statement that the patient has a particular condition is sufficient. Code assignment is not based on clinical criteria used by the provider to establish the diagnosis. If there is conflicting medical record documentation, query the provider"
- Also reference Coding Clinic 4Q, 2016 p 147-149 – Clinical criteria and code assignment

- CMS does not recognize "MEAT" or "TAMPER" – these acronyms were developed to assist providers with documentation

- When citing references, use authoritative guidance such as the Official Coding Guidelines for ICD-10-CM, Coding Clinic, CMS/MACs etc

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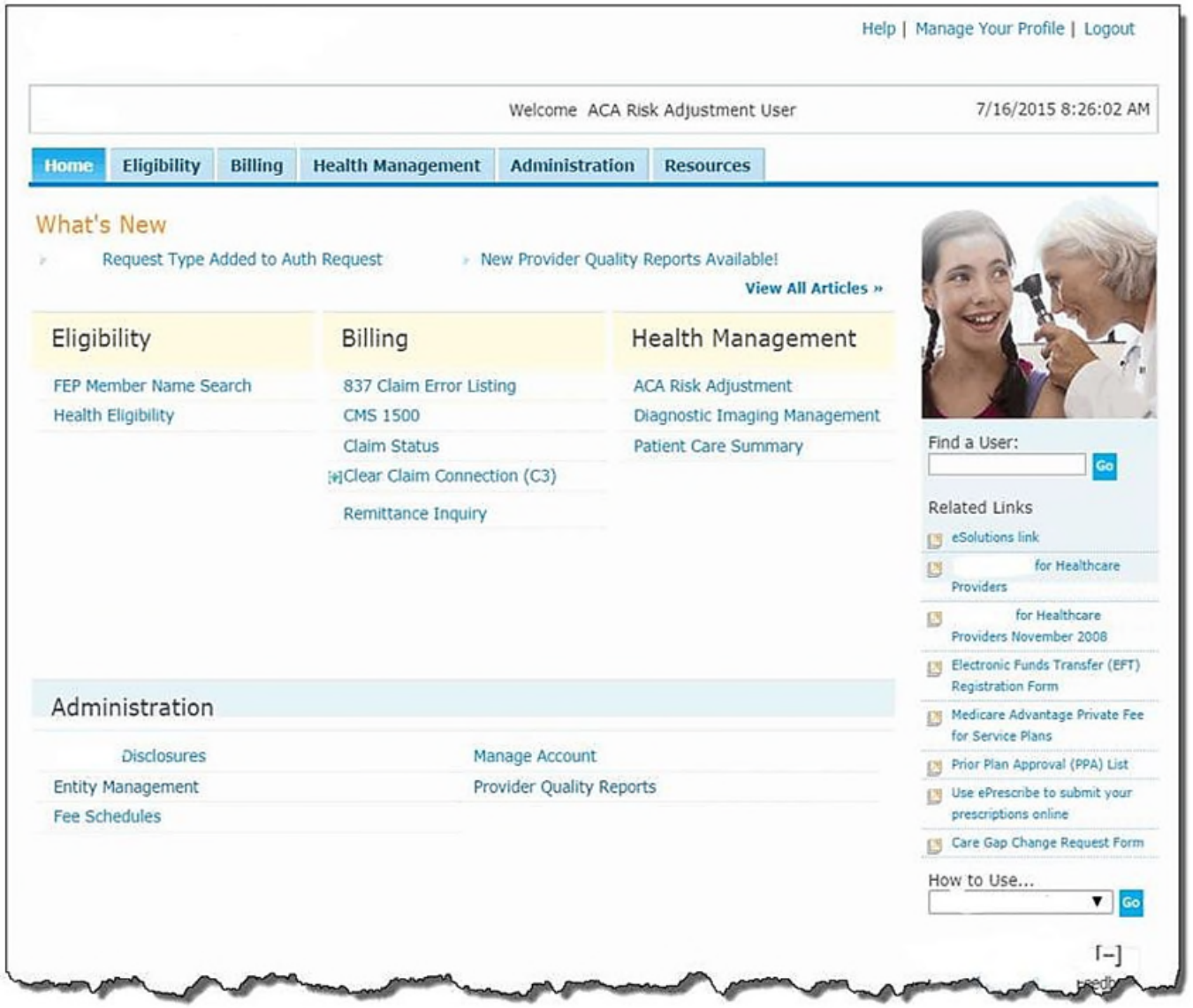
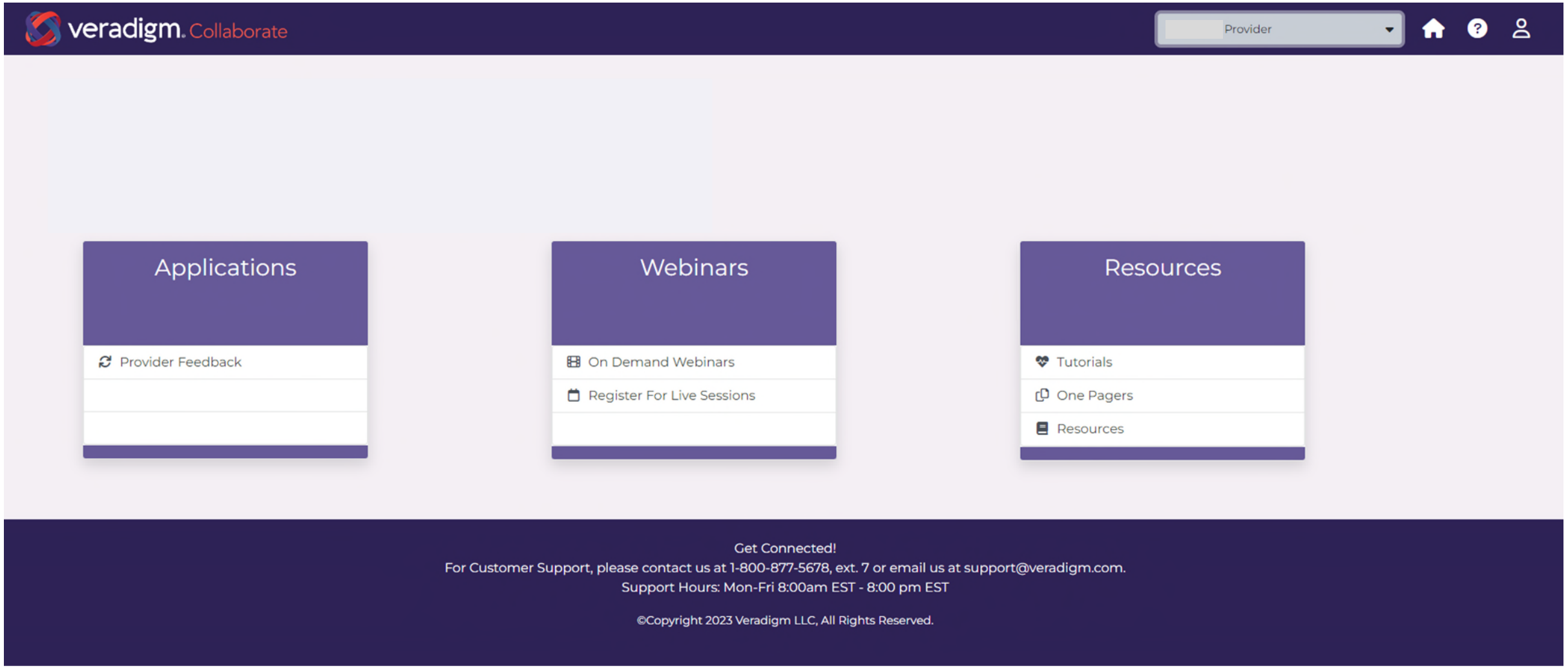
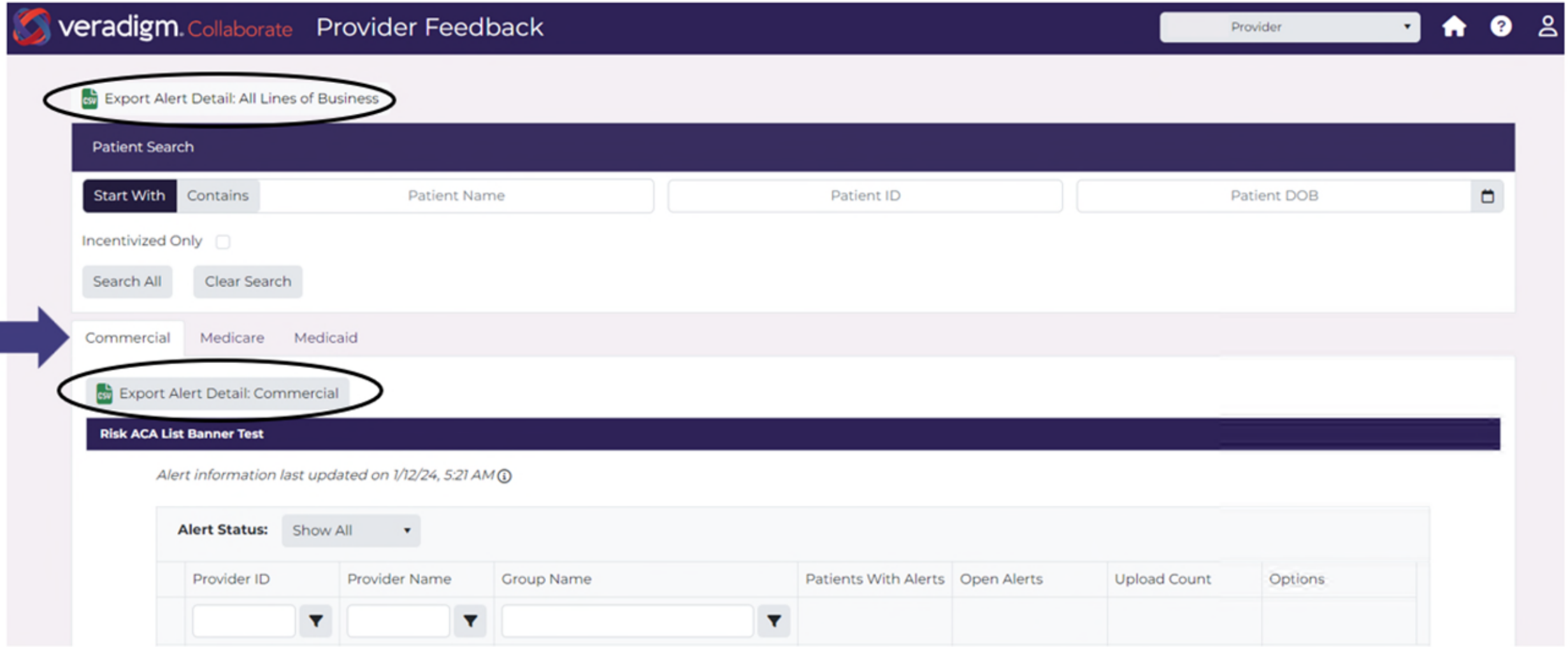


Veradigm Collaborate Portal

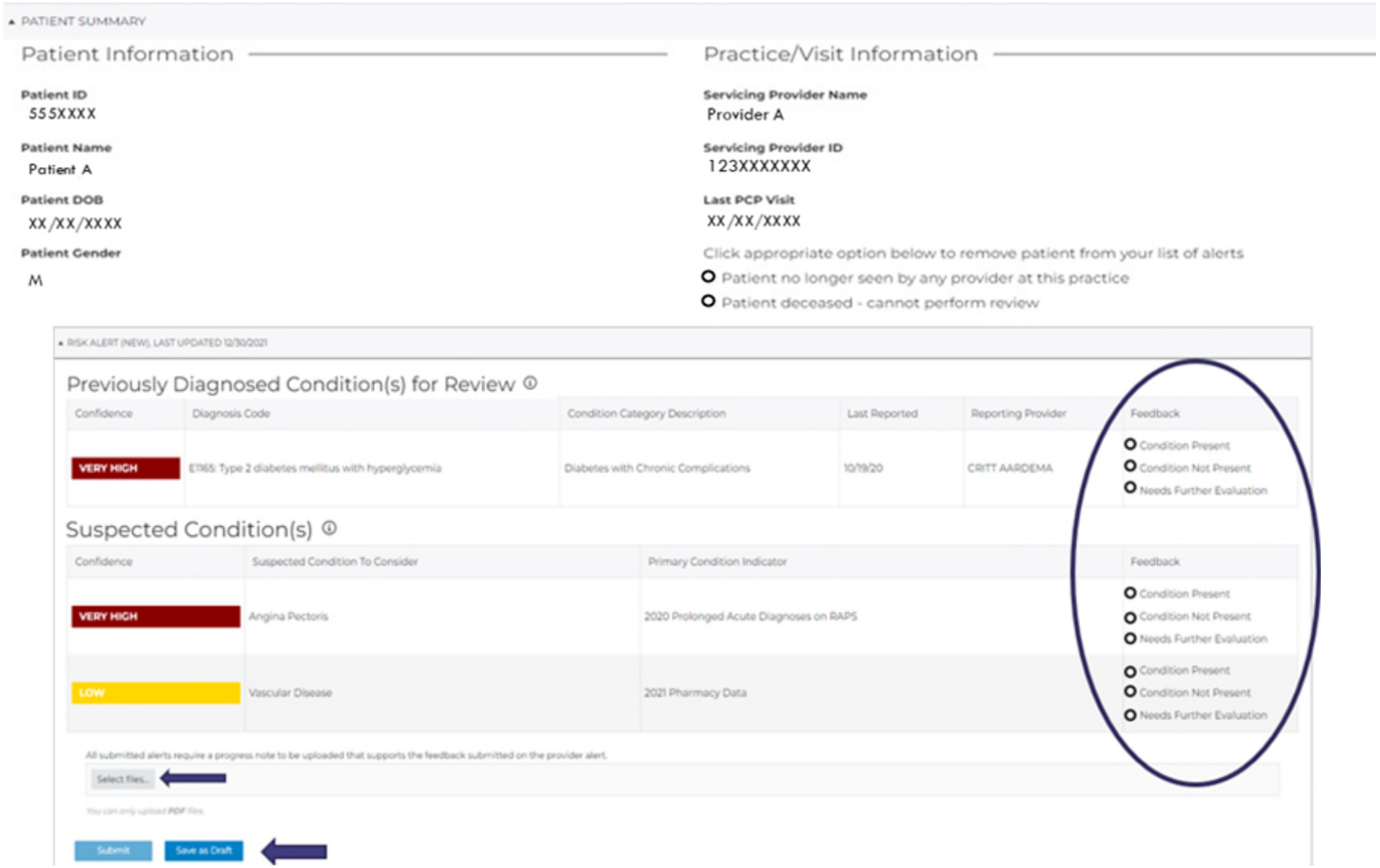
Collaborate has resources available to you and your support personnel 24/7



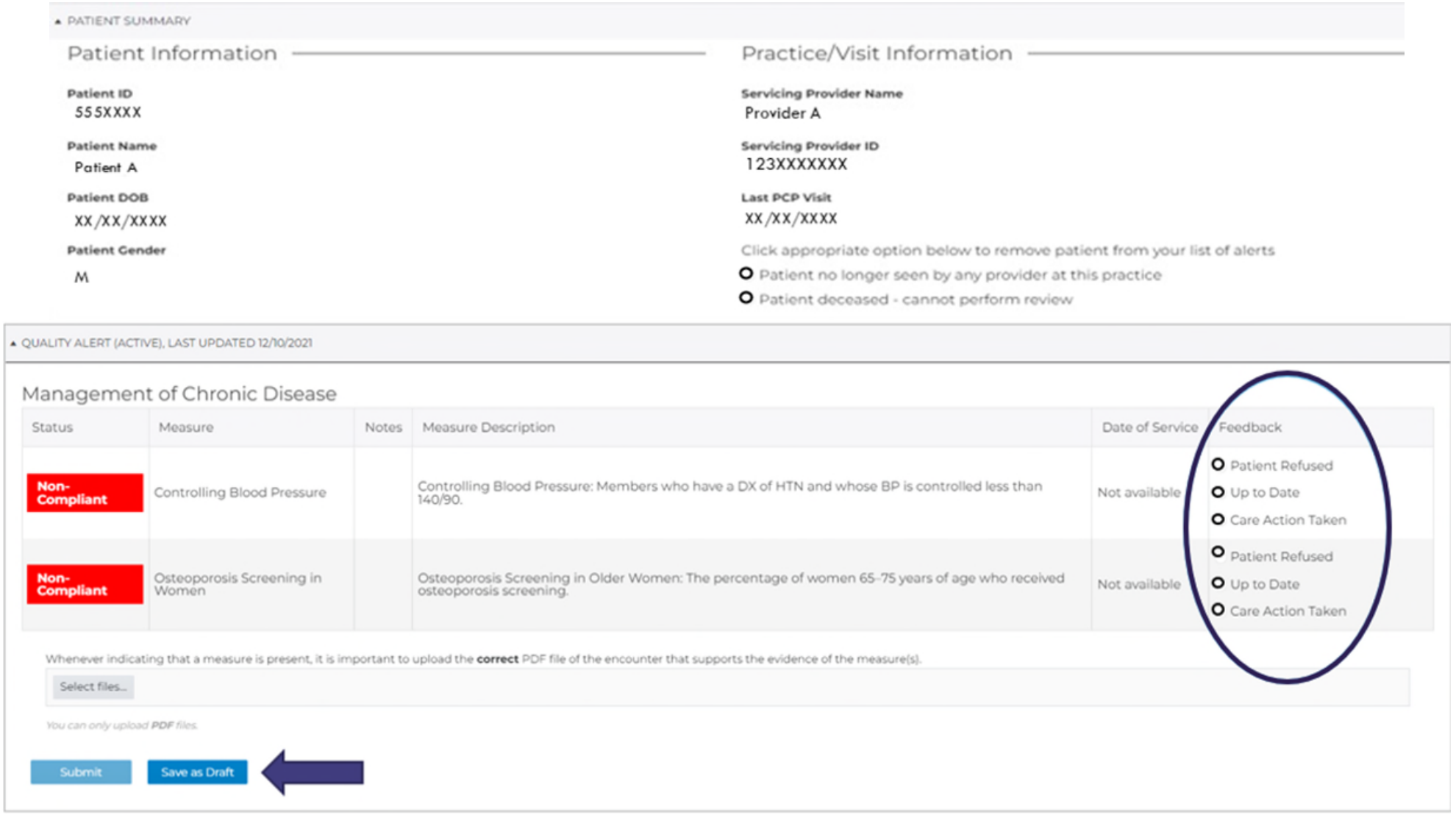
Provider Feedback Application



Provider Alerts

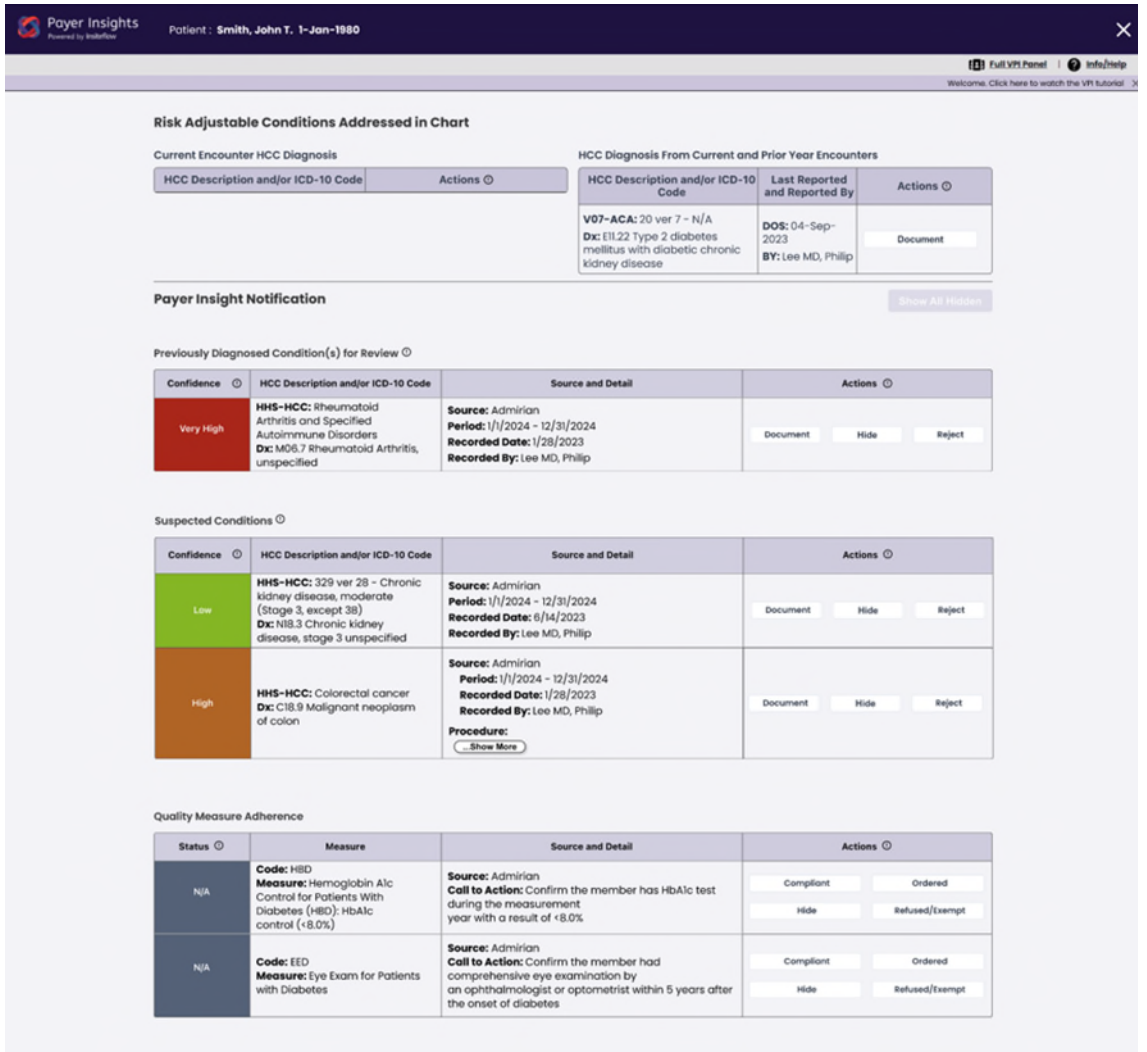


Provider Alerts



Veradigm Payer Insights Overview

- Point-of-care module to review care gaps from Veradigm's Payer partners
- Engages clinical staff within the EHR in real time
- Facilitates pre-visit planning
- Captures suspecting and persisting diagnoses
- Collects supporting "MEAT" documentation



UPCOMING WEBINARS

January:	2025 Coding Updates: New Year, New Codes!
February:	The A, B, C's of Coding for Common Pediatric Conditions
March:	Health Equity: Ensuring You Are Properly Coding and Documenting for SDOH Disparities
April:	Setting the Stage for Coding and Documentation for Chronic Kidney Disease
May:	Inhale the Facts of Coding and Documentation for Common Pulmonary Conditions
June:	Pulse Check: Accurate Coding and Documentation for Cardiovascular Conditions
July:	The Sweet Spot: Coding for Diabetes and Complications
August:	Don't Let Coding Get Under Your Skin….Coding and Documentation for Dermatology Disorders
September:	Making Connections: Proper Coding and Documentation for Neurological Conditions
October:	Arm Yourself: Battling Through Coding and Documentation for Cancer
November:	Fill Your Plate with Knowledge: Coding and Documentation for Gastroenterology
December:	Ease Your Mind: Coding and Documentation for Behavioral Health and Substance Use Disorders

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Q&A

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