Pediatric Codes Pediatric Codes			
DIAGNOSES	ICD-10 Code Root	Sub Codes	Screenings
BMI (out of normal range)	Z68.X	Z68.51,Z68.53-Z68.54	Weight Assessment and
Failure to Thrive	R6x.51	-	Counseling for Nutrition and
Eating Disorder(s)	F50.X	F50.0-F50.2 <b>,</b> F50.8-F50.9	Physical Activity for Children/ Adolescents (eg. Let's Go! 5210)
Anxiety	F41.X	F41.0-F41.3, F41.8-F41.9	PHQ-A
Depression	F32.X	F32.0-F32.9	
Autism Spectrum	F84.X	F84.0, F84.2-F84.3, F84.5, F84.8-F84.9	Developmental Screening (eg.Survey of Well-
Developmental Delay	F8X	F80.X-F82.X, F84.X, F88.X-F89.X	Being Young Children (SWYC),
Attention Deficit/Hyperactivity Disorder	F90.X	F90.1-F90.2, F90.8-F90.9	Emotional/Behavioral Assessment(s)
Risk for Dental Caries	Z91.X K02.X	Z91.841-Z91.843 K02.3, K02.5-K02.7, K02.9	Oral Health Assessment
Abnormal Hearing Exam	Z01.118	-	Hearing Screening(s)
Abnormal Eye Exam	Z01.01	-	Vision Screening(s)
Mild Intermittent Asthma	J45.X	J45.20-J45.22	Current Symptom Control Asthma Severity Classification
Mild Persistent Asthma		J45.30-J45.42	
Moderate Persistent Asthma		J45.40-J45.42	
Sever Persistent Asthma		J45.50-J45.52	
Allergic Rhinitis	J30.X	J.30.81-J30.9	
Chronic Otitis Media	H65.X	H65.20-H65.23 H65.3-H65.499	Other Chronic Conditions
Chronis Sinusitis	J32.X	J32.0-J32.9	
Acute Pharyngitis	J02.X & J03.X	J02.8-J02.9, J03.00-J03.01, J03.8-J03.91	
Streptococcal Pharyngitis	J02.X	Jo2.0	
Urinary Tract Infection	N39.0	-	Acute Conditions
Gastroenteritis	K52.X	K52.0-K52.3, K52.8-K52.9	
Bronchiolitis	J21.X	J21.0-J21.1, J21.8-J21.9	

Please remember, the diagnoses chosen must meet MEAT criteria, one of the following has to be supported: M-Monitored, E-Evaluated, A-Assessed, T-Treated

Documentation must be complete and accurate before selecting the specific diagnosis code, and always choose the most specific/or combination ICD-10 CM code(s) to fully describe the patient condition(s).

MaineHealth

Accountable Care Organization

Special thanks to Pediatric Associates of Lewiston for their participation in this project. For more information visit: <a href="http://mainehealthaco.org/cdi">http://mainehealthaco.org/cdi</a>

### Monitored

Disease progression/ regression, ordering labs/rads/diagnostic tests

Review of logs (blood sugar, BP)

# Evaluated

Reviewing labs/ test results
Relevant physical examination
Medication/ treatment effectiveness

M.E.A.T.

#### Assessed

Stable, improving, worsening, etc
Exacerbation of condition
Discussion/ counseling
Relevant record review

#### Treated

Referral to specialist
Adjusting, refilling, prescribing
medication

- •1 element required per DX code; more is better
- •These factors help providers to establish the presence of a diagnosis during an encounter ("if it wasn't documented, it doesn't exist")
- •Review problem list, document as 'current' or 'active'
- •Do not use 'history of' for chronic conditions unless is fully resolved. Instead use 'stable

### Limbs

Hemiplegia, Amputation, Paralysis status

### Organs

Dialysis status, Transplant status, respiratory failure

L.O.S.T.

## Secondary Dx

diabetic nephropathy+chronic kidney disease stage IV, tie conditions togeter (because of/ related to/ secondary to)

## Tubes/Tummy

any "ostomy", morbid obesity

\*other commonly lost conditions: substance abuse. HIV. mental health severity

- Document anything that impacts your medical decision making to reflect the complexity and level of care provided.
- Documentation improves care, coverage, costs and compliance.
- •other commonly lost conditions: substance/alcohol abuse, AIDS or HIV, mental health severity and status

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