

## 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**

### 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**

<b>9. Dermatitis</b>					
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				
<b>10. Attention-deficit/hyperactivity disorder</b>					
predominantly inattentive	F90.0				
predominantly hyperactive	F90.1				
combined type	F90.2				
other type	F90.8				
<b>11. Cough</b>	R05				
<b>12. Viral infection</b>					
unspecified		B34.9			
<b>13. Streptococcal sore throat</b>	J02.0				
<b>14. Bronchitis</b>					
acute					
due to respiratory syncytial virus		J20.5			
due to rhinovirus		J20.6			
unspecified		J20.9			
<b>15. Conjunctivitis</b>					
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			
<b>16. Esophageal Reflux</b>					
with esophagitis		K21.0			
without esophagitis		K21.9			
newborn		P78.83			
<b>17. Influenza with respiratory manifestations</b>					
unidentified virus					
respiratory manifestations					
other than pneumonia	J11.1				
<b>18. Gastroenteritis/colitis</b>					
unspecified noninfectious	K52.9				
<b>19. Fever</b>					
postvaccination	R50.83				
unspecified	R50.9				
<b>20. Constipation, unspecified</b>	K59.00				
<b>21. Prophylactic vaccination</b>	Z23				
<b>22. Abdominal pain</b>					
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				
<b>23. Viral diseases</b>					
other specified	B33.8				
infection, unspecified	B34.9				
<b>24. Pneumonia</b>					
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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