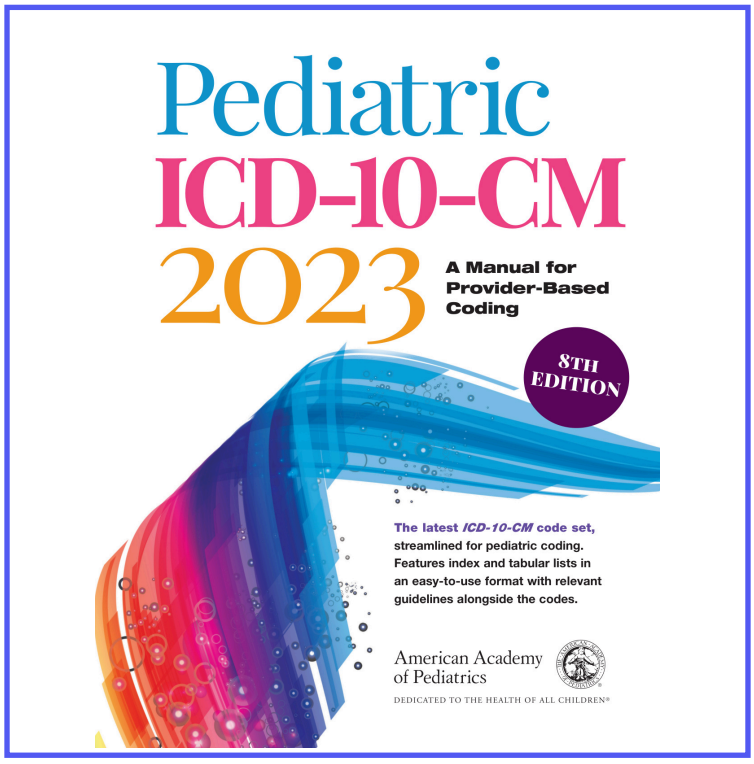


ebookbig.com

or scan the QR code to access the digital study portal.

Disclaimer

Every effort has been made to include all pediatric-relevant *International Classification of Diseases, 10th Revision, Clinical Modification* (*ICD-10-CM*) codes and their respective guidelines. It is the responsibility of the reader to use this manual as a companion to the official *ICD-10-CM* publication. Do not report new or revised *ICD-10-CM* codes until their published implementation date, at time of publication set for October 1, 2022. Further, it is the reader's responsibility to access the American Academy of Pediatrics (AAP) Coding at the AAP website (www.aap.org/coding) routinely to find any corrections due to errata in the published version.

Equity, Diversity, and Inclusion Statement

The American Academy of Pediatrics is committed to principles of equity, diversity, and inclusion in its publishing program. Editorial boards, author selections, and author transitions (publication succession plans) are designed to include diverse voices that reflect society as a whole. Editor and author teams are encouraged to actively seek out diverse authors and reviewers at all stages of the editorial process. Publishing staff are committed to promoting equity, diversity, and inclusion in all aspects of publication writing, review, and production. Likewise, it is the intent of the authors and publishing team to use visual representations of the diverse range of patients seen in medical settings where children are evaluated and treated.

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Foreword

The American Academy of Pediatrics (AAP) is pleased to publish this eighth edition of *Pediatric ICD-10-CM: A Manual for Provider-Based Coding,* a pediatric version of the *International Classification of Diseases, 10th Revision, Clinical Modification* (*ICD-10-CM*) manual. The AAP believes it is vital to publish an *ICD-10-CM* manual that is more manageable for pediatric providers. The expansive nature of the code set from *International Classification of Diseases, Ninth Revision, Clinical Modification* to *ICD-10-CM* overwhelmed many physicians, providers, and coders, so we condensed the code set by only providing pediatric-relevant diagnoses and their corresponding codes. However, as we move forward, we want members to have access to more codes and those that are less common in pediatrics but still need to be included. We reduced the guidelines so that only those applicable to the physician or provider are included, while those only relevant to facilities are removed. When needed, those codes can be located in the larger *ICD-10-CM* manual. Lastly, guidelines that exist for topic-specific chapters or specific codes can now be found in their respective tabular chapter or right where the specific code is listed. This will aid the user in identifying any chapter- or code-specific guidelines where they are needed most. This should assist in reducing any coding errors caused by reporting services that go against the guidelines that were once solely kept in the front of the manual, away from applicable codes. In addition, tips are included throughout to aid in your coding. These are unique to this manual.

The AAP is committed to the clinical modification of the *ICD* code set and, for the past several years, has sent an AAP liaison to the *ICD* Coordination and Maintenance Committee Meeting. We are especially grateful to Edward A. Liechty, MD, FAAP, and Jeffrey F. Linzer Sr, MD, FAAP, our appointed liaisons. The *ICD* Coordination and Maintenance Meeting is the semiannual meeting where all new *ICD* codes are presented, as well as revisions to the tabular list, index, and guidelines. Having dedicated expert liaisons aids in presenting pediatric and perinatal issues at the meeting. The AAP is also very pleased to continue its work with the *ICD* Editorial Advisory Board for *Coding Clinic for ICD-10-CM and ICD-10-PCS. Coding Clinic* is responsible for publishing *ICD* coding guidance and clarifications to supplement the *ICD-10-CM* manual. Dr Linzer sits on the Editorial Advisory Board, and Dr Liechty is our alternate. They sit on the board to represent pediatric issues, and both are experts on all *ICD-10-CM* matters.

The AAP will continue to support its members on issues regarding coding, and the AAP Health Care Financing Strategy staff at the AAP headquarters stands ready to assist with problem areas not adequately covered in this manual. The AAP Coding Hotline can be accessed at https://form.jotform.com/Subspecialty/aapcodinghotline.

Acknowledgments

Pediatric ICD-10-CM: A Manual for Provider-Based Coding is the product of the efforts of many dedicated individuals. First and foremost, we must thank Cindy Hughes, CPC, CFPC, consulting editor, for her professional input and particularly for her ongoing work to make this manual more user friendly.

We would also like to thank members of the American Academy of Pediatrics (AAP) Committee on Coding and Nomenclature, past and present, and the AAP Coding Publications Editorial Advisory Board. They support all coding efforts here at the AAP. These members contribute extensive time, reviewing and editing various coding content for the AAP.

We would also like to extend a very special thank-you to members of various subspecialty sections of the AAP who contributed their expertise and knowledge to the development of the original manual.

Lastly, we would like to acknowledge the tireless work of Jeffrey F. Linzer Sr, MD, FAAP, and Edward A. Liechty, MD, FAAP. Both Dr Liechty and Dr Linzer are advocates for pediatrics and neonatology and ensure that our issues are heard. They advocate for all pediatric patients in helping get codes established for conditions that need to be tracked for purposes of research and quality. They both keep the AAP and pediatric issues at the forefront of diagnostic coding, and we are very grateful for their time and expertise!

How to Use This Manual

Step 1. Locate the condition in the Alphabetic Index of diagnostic terms (ie, the front section). For example, for a *left ankle fracture of the medial malleolus,*

go to **Fracture**

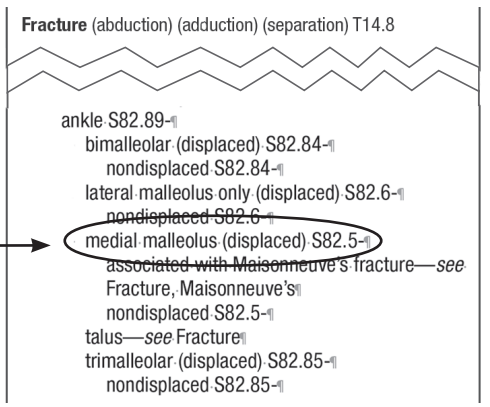
↓

ankle

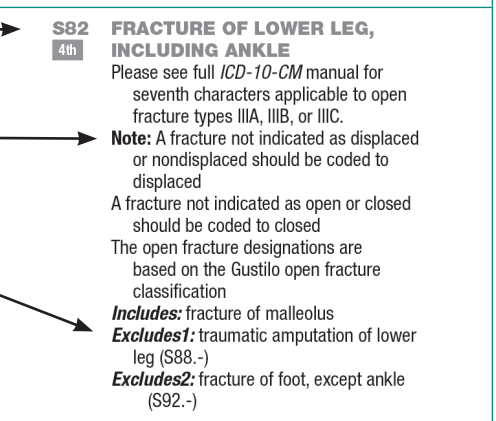
↓

medial malleolus

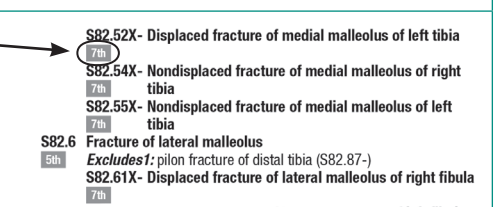
The dash at **S82.5-** indicates further characters are needed.



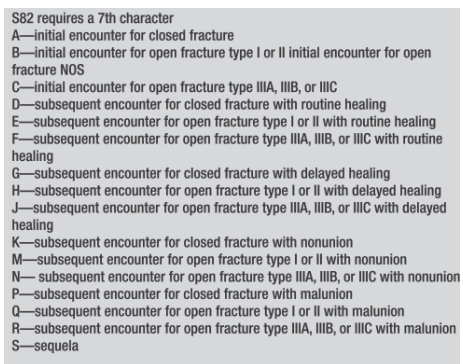
Step 2. Next, find the code in the Tabular List (**never code from the index**). Check the Tabular List at the block, chapter, category, and code levels to see if the code has any special considerations. Read any code instructions, if applicable.



Step 3. The 7th indicates that additional code characters are required for this diagnosis. Always code to the highest degree of specificity, including laterality.



Step 4. If the condition warrants further specificity, an additional character note will be added. For example, an injury code may require a seventh character. Refer to a box on that page or nearby to provide you with that additional information. For codes less than 6 characters that require a 7th character, a placeholder X should be assigned for all characters less than 6. The 7th character must always be the 7th character of a code.



Step 5. If more than one condition needs to be coded, check all notes, including *Excludes, Code also,* and *Code first.*

While attempting to stay true to the complete *International Classification of Diseases, 10th Revision, Clinical Modification* (*ICD-10-CM*) manual, *Pediatric ICD-10-CM: A Manual for Provider-Based Coding* is meant specifically for pediatrics and only includes those conditions more commonly seen in pediatrics. We have attempted to remove all adult-only conditions, as well as those conditions not typically found in the United States. Because *ICD* classification is used worldwide, many conditions listed in the official manual are not found in this part of the world.

Some codes are included under *Excludes* notes in the Tabular List for reference purposes only and to be consistent with the coding guidance. However, not every code included under *Excludes* will be found in the Tabular List if the condition is not specific to US pediatric health care. In addition, some codes that can be found in the Alphabetic Index might not also appear in the Tabular List. Again, these conditions are not commonly found in US pediatric health care, and the codes are included in the Alphabetic Index for reference purposes only. These conditions can be found in the larger Tabular List on the National Center for Health Statistics website (https://www.cdc.gov/nchs/icd/icd10cm.htm).

Guidelines

Guidelines relevant to all pediatric codes are still included. Note that some chapter-specific guidelines will appear at the beginning of the related chapter when they are overarching to most of that chapter. However, chapter-specific guidelines that are relevant only at specific category or code levels will be found at those category or code levels. The beginning of each chapter will reference the category(ies) or code(s) where the guidelines can be found. Guidelines that are **bold** have been revised or added for 2023. Guideline updates for the current year in the front matter and chapter-specific guidelines are printed in **bold.**

Abbreviations

We use our own abbreviations throughout that may not appear in *ICD-10-CM;* however, all abbreviations are defined on the inside front cover for easy access as you navigate through the manual.

Unspecified Laterality

While unspecified codes can still be found throughout and in certain instances will be the most appropriate code, we have removed nearly every code that uses unspecified laterality. We feel it is important that laterality is documented in nearly all conditions. You will see a footnote in those chapters where we have specifically left out laterality in nearly all conditions. If you need to report unspecified laterality for a condition and it is not listed in the chapter, refer to the full *ICD-10-CM* manual. Those codes will typically have a final character of 0 (zero) or 9.

Three-Character Codes

Three-character codes still exist in *ICD-10-CM.* Those will be noted specifically throughout the chapters as well.

E15 NONDIABETIC HYPOGLYCEMIC COMA

✔

Includes: drug-induced insulin coma in nondiabetic
hyperinsulinism with hypoglycemic coma
hypoglycemic coma NOS

Abbreviated Code Descriptors

To help keep the size of the manual manageable, some codes are only written out fully at the category or subcategory level. The category or subcategory will be notated with a semicolon (;) and the code will begin with a lowercase letter. For example,

A37.0 Whooping cough due to Bordetella pertussis;
A37.00 without pneumonia
A37.01 with pneumonia

At the subcategory level (**A37.0**) you see the semicolon (;), and at the code levels (**A37.00** and **A37.01**), the codes begin with a lowercase letter. Therefore, code **A37.00** reads, "Whooping cough due to Bordetella pertussis without pneumonia."

Symbols

The following symbols are used throughout the text:

- • Identifies new codes
- ▲ Identifies revised codes
- ▫ Identifies codes linked to social determinants of health

ICD-10-CM Official Guidelines for Coding and Reporting FY 2023

Reminder: New guidelines have been bolded.

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. federal government's Department of Health and Human Services (DHHS), provide the following guidelines for coding and reporting by using the International Classification of Diseases, 10th Revision, Clinical Modification (*ICD-10-CM*). These guidelines should be used as a companion document to the official version of the *ICD-10-CM* as published on the NCHS website. The *ICD-10-CM* is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The *ICD-10-CM* is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO).

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the *ICD-10-CM*: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.

These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the *ICD-10-CM* itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of *ICD-10-CM*, but they provide additional instruction. Adherence to these guidelines when assigning *ICD-10-CM* diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Tabular List and Alphabetic Index) have been adopted under HIPAA for all healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation, accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

The term encounter is used for all settings, including hospital admissions. In the context of these guidelines, the term provider is used throughout the guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient's diagnosis. Only this set of guidelines, approved by the Cooperating Parties, is official.

The guidelines are organized into sections. Section I includes the structure and conventions of the classification and general guidelines that apply to the entire classification and chapter-specific guidelines that correspond to the chapters as they are arranged in the classification. Section II includes guidelines for selection of principal diagnosis for non-outpatient settings. Section III includes guidelines for reporting additional diagnoses in non-outpatient settings. Section IV is for outpatient coding and reporting. It is necessary to review all sections of the guidelines to fully understand all the rules and instructions needed to code properly.

Note: Updates have been bolded.

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Section I. Conventions, general coding guidelines, and chapter-specific guidelines

The conventions, general guidelines, and chapter-specific guidelines are applicable to all health care settings unless otherwise indicated. The conventions and instructions of the classification take precedence over guidelines.

A. Conventions for the *ICD-10-CM*

The conventions for the *ICD-10-CM* are the general rules for use of the classification independent of the guidelines. These conventions are incorporated within the Alphabetic Index and Tabular List of the *ICD-10-CM* as instructional notes.

1. The Alphabetic Index and Tabular List

The *ICD-10-CM* is divided into the Alphabetic Index, an alphabetical list of terms and their corresponding code, and the Tabular List, a structured list of codes divided into chapters based on body system or condition. The Alphabetic Index consists of the following parts: the Index of Diseases and Injury, the Index of External Causes of Injury, the Table of Neoplasms, and the Table of Drugs and Chemicals.

See Section I.C2. General guidelines

See Section I.C.19. Adverse effects, poisoning, underdosing and toxic effects

2. Format and Structure

The *ICD-10-CM* Tabular List contains categories, subcategories, and codes. Characters for categories, subcategories, and codes may be either a letter or a number. All categories are 3 characters. A three-character category that has no further subdivision is equivalent to a code. Subcategories are either 4 or 5 characters. Codes may be 3, 4, 5, 6, or 7 characters. That is, each level of subdivision after a category is a subcategory. The final level of subdivision is a code. Codes that have applicable 7th characters are still referred to as codes, not subcategories. A code that has an applicable 7th character is considered invalid without the 7th character.

The *ICD-10-CM* uses an indented format for ease in reference.

3. Use of codes for reporting purposes

For reporting purposes, only codes are permissible, not categories or subcategories, and any applicable 7th character is required.

4. Placeholder character

The *ICD-10-CM* utilizes a placeholder character "X." The "X" is used as a placeholder at certain codes to allow for future expansion. An example of this is at the poisoning, adverse effect, and underdosing codes, categories T36-T50. Where a placeholder exists, the X must be used in order for the code to be considered a valid code.