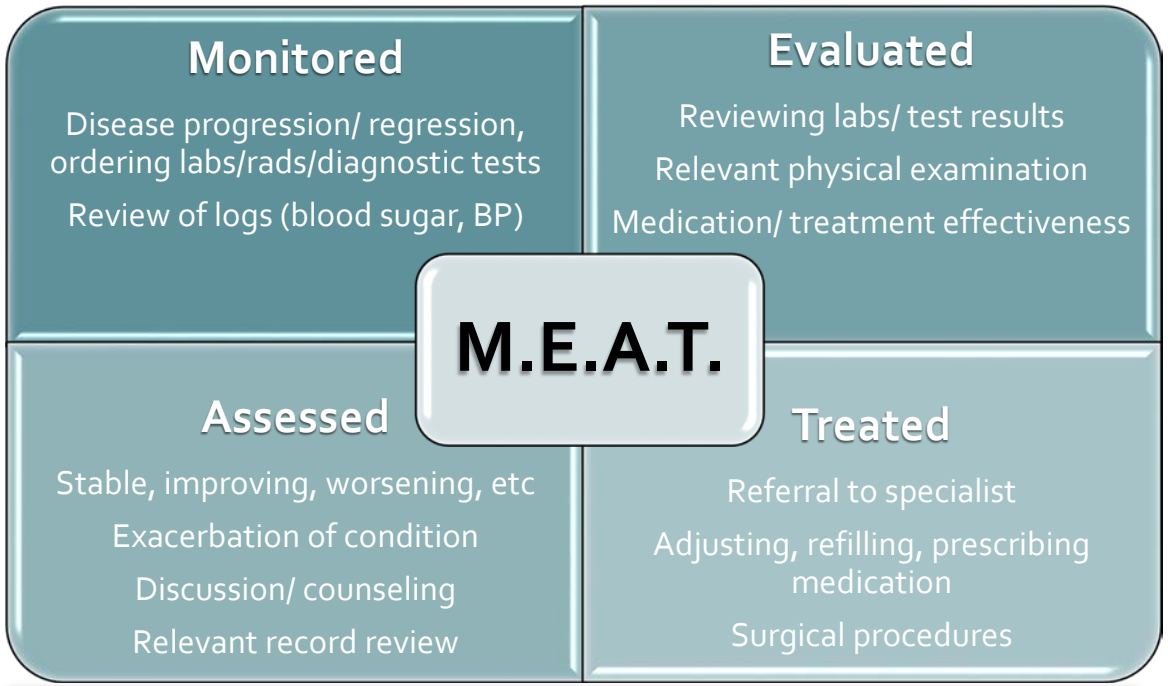
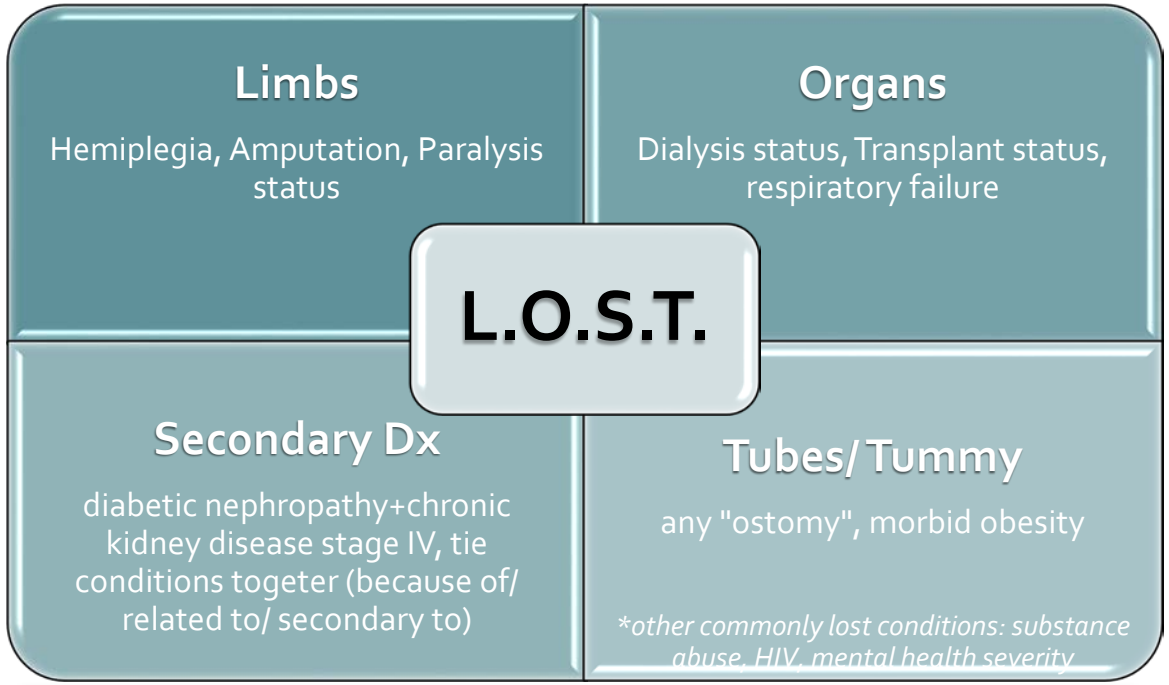
Pediatric Codes			
DIAGNOSES	ICD-10 Code Root	Sub Codes	Screenings
BMI (out of normal range)	Z68.X	Z68.51,Z68.53-Z68.54	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (eg. Let's Go! 5210)
Failure to Thrive	R6x.51	-	
Eating Disorder(s)	F50.X	F50.0-F50.2, F50.8-F50.9	
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-Being Young Children (SWYC) , Emotional/Behavioral Assessment(s)
Developmental Delay	F8X	F80.X-F82.X, F84.X, F88.X-F89.X	
Attention Deficit/Hyperactivity Disorder	F90.X	F90.1-F90.2, F90.8-F90.9	
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	Other Chronic Conditions
Chronic Otitis Media	H65.X	H65.20-H65.23 H65.3-H65.499	
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	Acute Conditions
Streptococcal Pharyngitis	J02.X	J02.0	
Urinary Tract Infection	N39.0	-	
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: http://mainehealthaco.org/cdi





- 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

- **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