

Pediatric Coding Alert

ICD-10: Latest ICD-10 Updates Offer Several New Pediatric Diagnoses

List of suspected—but ruled out—pediatric conditions has grown.

The CDC has posted a preliminary list of ICD-10-CM changes that will take effect October 1 (also known as ICD-10-CM 2017), and just in case you don't want to sort through about 2,000 new codes, we've narrowed down the list to main areas that will impact pediatric coders.

Be warned: The list is not yet final. The CDC will post the final addendum in June.

1. Find New Codes for Suspected—but Ruled Out—Newborn Conditions

In some situations, the pediatrician will encounter a patient without a confirmed diagnosis, but he'll suspect that the patient has an abnormal condition requiring further evaluation (or sometimes even testing). However, in some cases, the doctor may subsequently rule out the suspected condition after further investigation. If you're flummoxed about how to code these situations, the new batch of ICD-10 codes have answers. You'll find the following new codes, among others, effective Oct. 1, 2016:

- Z05.0-- Observation and evaluation of newborn for suspected cardiac condition ruled out
- Z05.1-- Observation and evaluation of newborn for suspected infectious condition ruled out
- Z05.2-- Observation and evaluation of newborn for suspected neurological condition ruled out
- Z05.3-- Observation and evaluation of newborn for suspected respiratory condition ruled out
- Z05.41-- Observation and evaluation of newborn for suspected genetic condition ruled out
- Z05.42-- Observation and evaluation of newborn for suspected metabolic condition ruled out

This partial list represents several codes—but not all—from the new Z05 category. You'll also find codes for suspected immunologic conditions (Z05.43), gastrointestinal conditions (Z05.5), genitourinary conditions (Z05.6), musculoskeletal condition (Z05.72) and more among the new ICD-10 codes for newborns. These codes are perfect to use when seeing a neonate at their three to four day-old post-hospital visit when a condition is suspected but ruled out. The first visit within three to five days of life often includes checking to see if the neonate is jaundiced (Z05.42), has a heart problem (Z05.0) or any of those listed above.

Keep in mind that the ICD-10-CM Official Guidelines for Coding and Reporting offer very specific guidelines for the use of codes in this category. "There are two observation Z code categories. They are for use in very limited circumstances when a person is being observed for a suspected condition that is ruled out," the Guidelines advise. "The observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present. In such cases the diagnosis/symptom code is used with the corresponding external cause code."

2. Look for New 'Light for Gestational Age' Dx

In your existing ICD-10 manual, you've got several options available when the pediatrician sees a newborn who is of low weight based on their gestational age, ranging from "less than 500 grams" (P05.01x) through "2000-2499 grams" (P05.08x). Starting this October, however, you'll also get additional options in this category, as follows:

- P05.09—Newborn light for gestational age, 2500 grams and over
- P05.19—Newborn small for gestational age, other

3. Find New CALME Code

Your ICD-10 manual currently includes a code that refers to hypertrophy of the vulva (N90.6), but some pediatricians

require more specificity when treating pediatric patients with vulvar diagnoses. That led the CDC to debut the following two codes, which will go into effect on Oct. 1:

- N90.61 Childhood asymmetric labium majus enlargement (CALME)
- N90.69 Other specified hypertrophy of vulva

You'll also find a new code for pre-pubertal vaginal bleeding (N93.1) that could be useful when treating pediatric patients who have this condition.

Resource: To review the complete list, head to

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2017/NewICD10CMCodes_FY2017.txt.