



## ICD-10: Acute Pharyngitis

Acute Pharyngitis (ICD-9 code 462.0) is commonly seen in the outpatient setting and often results in testing for Strep and EBV, as well as CBC and blood chemistries. In ICD-10, J codes (J00-J99) describe diseases of the respiratory system. Below are J codes related to acute pharyngitis. Note: When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site.

### J02 Acute Pharyngitis

Includes: acute sore throat

Excludes: *acute laryngopharyngitis (J06.0)*  
*peritonsillar abscess (J36)*  
*pharyngeal abscess (J39.1)*  
*retropharyngeal abscess (J39.0)*  
*chronic pharyngitis (J31.2)*

### J02.0 Streptococcal pharyngitis

Septic pharyngitis

Streptococcal sore throat

Excludes: *scarlet fever (A38.-)*

### J02.8 Acute pharyngitis due to other specified organisms

Use additional code (B95-B97) to identify infectious agent

Excludes: *acute pharyngitis due to coxsackie virus (B08.5)*  
*acute pharyngitis due to gonococcus (A54.5)*  
*acute pharyngitis due to herpes [simplex] virus (B00.2)*  
*acute pharyngitis due to infectious mononucleosis (B27.-)*  
*enteroviral vesicular pharyngitis (B08.5)*

### J02.9 Acute pharyngitis, unspecified

Gangrenous pharyngitis (acute)

Infective pharyngitis (acute) NOS

Pharyngitis (acute) NOS

Sore throat (acute) NOS

Supportive pharyngitis (acute)

Ulcerative pharyngitis (acute)

Continuing information is available from the Department of Radiology and the Clinical Laboratories at Cincinnati Children's. Please contact Peter Russell (803-8010), Shaun Litchholt (803-8011) or visit:

[www.cincinnatichildrens.org/labs](http://www.cincinnatichildrens.org/labs)

[www.cincinnatichildrens.org/radiology](http://www.cincinnatichildrens.org/radiology)

for more information

## Hepatitis A IgG IgM

On February 3, 2014, the Clinical Laboratories began testing for antibodies to Hepatitis A in-house. These state of the art tests for Hepatitis A IgG and IgM are chemiluminescent micro particle immunoassays measuring both classes directly, eliminating the need to interpret the total versus IgM.

- The tests are orderable as “Hep A IgM” and “Hep A IgG”.
- Results are reported as “positive” or “negative”

The previous assays were total antibody to Hepatitis A (IgG and IgM) and IgM specific.

## Food Allergy Panels

The Allergy Division at Cincinnati Children's has encountered occasional false identification of food allergies from the use of generalized food allergy profiles for allergen-specific IgE. Sometimes a child's diet is altered to exclude a possible allergen on the basis of results from a food allergen-IgE screening panel, only to discover much later following a food challenge, that the child is not truly allergic to that food.

As a general rule, allergy specialists advise that a food history be obtained, and that individual foods be tested on the basis of that food history.

The Clinical Laboratories continue to offer the Food Allergy Panel in order to align with industry standards but encourages the ordering of individual allergens based on a detailed food history. The Food Allergy Panel does not create a cost savings over individual allergens.

## Lead Level Sources

To comply with state reporting requirements and eliminate the need for the laboratory to contact provider offices, the clinical laboratories request a specified source for all lead testing.

Please specify if the specimen was collected by venous or capillary collection.

## Laboratory Contacts

### Laboratory Support Services

Available  
24 hours a day - 7 days a week

513-636-7355

[www.cincinnatichildrens.org/labs](http://www.cincinnatichildrens.org/labs)

## Clinical Director Contacts

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## Laboratory Outreach

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## Drug of Abuse Screen

The Clinical Mass Spectrometry Laboratory at Cincinnati Children's announces a significant improvement for drugs of abuse testing.

A new test, the "Drug of Abuse Panel Mass Spec" offers a highly sensitive and specific simultaneous determination of 46 different drugs of abuse and pain medications in urine.

- This test requires less than one mL of urine
- This test can be used to **screen and confirm** the presence or absence of drugs of abuse in a single analysis.
- Results are reported Monday through Saturday
- The general classes of drugs measured in this assay includes: amphetamines, opiates, benzodiazepines, buprenorphine and metabolites, cocaine and metabolites, methadone and metabolites, phencyclidine, cannabinoids, and barbiturates and cotinine (the metabolite of nicotine)

The assay uses HPLC-MS/MS (tandem mass spectrometry); the sensitivity of this assay far exceeds that of conventional antibody-based tests while offering a much higher level of specificity.

If you have questions about this assay, please contact the Clinical Mass Spectrometry Laboratory at 513-636-4344.

Drugs screened and the cut-offs used to assess positivity are below:

Analyte	Cutoff (ng/mL)	Analyte	Cutoff (ng/mL)
<b>Amphetamines:</b>		<b>Cannabinoids:</b>	
Amphetamine	100	THC-OH	20
MDA	100	THC-COOH	20
MDEA	100	<b>Muscle Relaxants:</b>	
MDMA	100	Carisoprodol	100
Methamphetamine	50	Meprobamate	50
<b>Barbiturates:</b>		<b>Cocaine/metabolite:</b>	
Butalbital	75	Benzoylcegonine	50
Secobarbital	75	<b>Methadone /metabolite:</b>	
Phenobarbital	75	Methadone	50
Pentobarbital	75	EDDP	100
<b>Benzodiazepines:</b>		<b>Nicotine/Cotinine:</b>	
α-hydroxyalprazolam	20	Cotinine	100
Alprazolam	40	<b>Opiates:</b>	
Clonazepam	25	6- MAM	10
Diazepam	50	Codeine	25
Flunitrazepam	25	Hydrocodone	20
Flurazepam	25	Hydromorphone	20
Lorazepam	25	Fentanyl	2
Midazolam	25	Meperidine	50
Nordiazepam	25	Morphine	25
Oxazepam	25	Naloxone	100
Temazepam	25	Naltrexone	100
<b>Buprenorphine/metabolite:</b>		Norfentanyl	3
Buprenorphine	5	Nomeperidine	25
Norbuprenorphine	10	Oxycodone	25
<b>Phencyclidine</b>		Oxymorphone	25
	25	Sufentanil	3
		Tramadol	50