

CHAPTER 21

FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (Z00-Z99)

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CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- Z00-Z13 Persons encountering health services for examination and investigation
- Z14-Z15 Genetic carrier and genetic susceptibility to disease
- Z16 Infection with drug resistant microorganisms
- Z17 Estrogen receptor status
- Z20-Z28 Persons with potential health hazards related to communicable diseases
- Z30-Z39 Persons encountering health services in circumstances related to reproduction
- Z40-Z53 Persons encountering health services for specific procedures and health care
- Z55-Z65 Persons with potential health hazards related to socioeconomic and psychosocial circumstances

CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- Z66 Do not resuscitate [DNR] status
- Z67 Blood type
- Z68 Body mass index (BMI)
- Z69-Z76 Persons encountering health services in other circumstances
- Z77-Z99 Persons with potential health hazards related to family and personal history and certain conditions influencing health status

CHAPTER NOTES

- Z Codes represent reasons for encounters.
- Codes have been added for concepts that currently do not exist in ICD-9-CM; for example, category Z67 identifies the patients blood type.
- A corresponding procedure code must accompany a Z code if a procedure is performed.
- Categories Z00-Z99 are provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as 'diagnoses' or 'problems'.
- This can arise in two main ways:
 - a. When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem which is in itself not a disease or injury.
 - b. When some circumstance or problem is present which influences the person's health status but is not in itself a current injury or illness.

USE OF Z CODES IN ANY HEALTHCARE SETTING

- Z codes are for use in any healthcare setting.
- Z codes may be used as either a first-listed (principal diagnosis code in the inpatient setting) or secondary code, depending on the circumstances of the encounter.
- Certain Z codes may only be used as first-listed or principal diagnosis.
- Z codes are not procedure codes.
- A corresponding procedure code must accompany a Z code to describe any procedure performed.



CATEGORY OF Z
CODES

CONTACT/EXPOSURE

- Category Z20 indicates contact with and suspected exposure to communicable diseases.
- These codes are for patients who do not show any sign or symptom of a disease but are suspected to have been exposed to it by close personal contact with an infected individual or are in an area where a disease is epidemic.

INOCULATIONS AND VACCINATIONS

- Code Z23 is for encounters for inoculations and vaccinations.
- It indicates that a patient is being seen to receive a prophylactic inoculation against a disease.
- Procedure codes are required to identify the actual administration of the injection and the type(s) of immunizations given.
- Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventative health care, such as a well-baby visit.

STATUS

- Status codes indicate that a patient is either a carrier of a disease or has the sequelae or residual of a past disease or condition.
- This includes such things as the presence of prosthetic or mechanical devices resulting from past treatment.
- A status code is informative, because the status may affect the course of treatment and its outcome.
- A status code is distinct from a history code.
- The history code indicates the patient no longer has the condition.
- A status code should not be used with a diagnosis code from one of the body system chapters, if the diagnosis code includes the information provided by the status code.

STATUS (cont.)

- For example, code Z94.1, Heart transplant status, should not be used with a code from subcategory T86.2, Complications of heart transplant.
- The status code does not provide additional information.
- The complication code indicates that the patient is a heart transplant patient.
- For encounter for weaning from a mechanical ventilator, assign a code from subcategory J96.1, Chronic respiratory failure, followed by code Z99.11, Dependence on respirator [ventilator] status.

STATUS Z CODE/CATEGORIES

- Z14 Genetic carrier- Genetic carrier status indicates that a person carries a gene, associated with a particular disease, which may be passed to offspring who may develop that disease. The person does not have the disease and is not at risk of developing the disease.
- Z15 Genetic susceptibility to disease- Genetic susceptibility indicates that a person has a gene that increases the risk of that person developing the disease. Codes from category Z15 should not be used as principal or first-listed codes. If the patient has the condition to which he/she is susceptible, and that condition is the reason for the encounter, the code for the current condition should be sequenced first. If the patient is being seen for follow-up after completed treatment for this condition, and the condition no longer exists, a follow-up code should be sequenced first, followed by the appropriate personal history and genetic susceptibility codes. If the purpose of the encounter is genetic counseling associated with procreative management, code Z31.5, Encounter for genetic counseling, should be assigned as the first-listed code followed by a code from category Z15. Additional codes should be assigned for any applicable family or personal history.
- Z16 Resistance to antimicrobial drugs- This code indicates that a patient has a condition that is resistant to antimicrobial drug treatment. Sequence the infection code first.

STATUS Z CODE/CATEGORIES (cont.)

- Z17 Estrogen receptor status
- Z18 Retained foreign body fragments
- Z21 Asymptomatic HIV infection status- This code indicates that a patient has tested positive for HIV but has manifested no signs or symptoms of the disease.
- Z22 Carrier of infectious disease- Carrier status indicates that a person harbors the specific organisms of a disease without manifest symptoms and is capable of transmitting the infection.
- Z28.3 Underimmunization status
- Z33.1 Pregnant state, incidental- This code is a secondary code only for use when the pregnancy is in no way complicating the reason for the visit. Otherwise, a code from the obstetrics chapter is required.

STATUS Z CODES/CATEGORIES (cont.)

- Z66 Do not resuscitate (DNR)- This code may be used when it is documented by the provider that a patient is on do not resuscitate status at any time during the stay.
- Z67 Blood type
- Z68 Body mass index (BMI)
- Z74.01 Bed confinement status
- Z76.82 Awaiting organ transplant status
- Z78 Other specified health status- Code Z78.1, Physical restraint status, may be used when it is documented by the provider that a patient has been put in restraints during the current encounter. Please note that this code should not be reported when it is documented by the provider that a patient is temporarily restrained during a procedure.

STATUS Z CODES/CATEGORIES (cont.)

- Z79 Long-term(current) drug therapy- Codes from this category indicate a patients continuous use of a prescribed drug (including such things as aspirin therapy) for the long-term treatment of a condition or for prophylactic use. It is not for patients who have addictions to drugs. This subcategory is not for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with drug dependence (e.g., methadone maintenance for opiate dependence). Assign the appropriate code for the drug dependence instead. Assign a code from Z79 if the patient is receiving a medication for an extended period as a prophylactic measure (such as for the prevention of deep vein thrombosis) or as treatment of a chronic condition (such as arthritis) or a disease requiring a lengthy course of treatment (such as cancer). Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis).
- Z88 Allergy status to drugs, medicaments and biological substances- Except: Z88.9, Allergy status to unspecified drugs, medicaments and biological substances status.
- Z89 Acquired absence of limb
- Z90 Acquired absence of organ, not elsewhere classified

STATUS Z CODES/CATEGORIES (cont.)

- Z91.0 Allergy status, other than to drugs and biological substances
- Z92.82 Status post administration of TPA (RTPA) in a different facility within the last 24 hours prior to admission to a current facility- Assign code Z92.82, Status post administration of TPA (RTPA) in a different facility within the last twenty four hours prior to admission to current facility, as a secondary diagnosis when a patient is received by transfer into a facility and documentation indicates they were administered tissue plasminogen activator (TPA) within the last twenty four hours prior to admission to the current facility. This guideline applies even if the patient is still receiving the TPA at the time they are received into the current facility. The appropriate code for the condition for which the TPA was administered (such as cerebrovascular disease or myocardial infarction) should be assigned first. Code Z92.82 is only applicable to the receiving facility record and not to the transferring facility record.
- Z93 Artificial opening status
- Z94 Transplanted organ and tissue status
- Z95 Presence of cardiac and vascular implants and grafts

STATUS Z CODES/CATEGORIES (cont.)

- Z96 Presence of other functional implants
- Z97 Presence of other devices
- Z98 Other postprocedural states- Assign code Z98.85, Transplanted organ removal status, to indicate that a transplanted organ has been previously removed. This code should not be assigned for the encounter in which the transplanted organ is removed. The complication necessitating removal of the transplanted organ should be assigned for that encounter. See section I.C19. for information on the coding of organ transplant complications
- Z99 Dependence on enabling machines and devices, not elsewhere classified
 - ❖ Categories Z89-Z90 and Z93-Z99 are for use only if there are no complications or malfunctions of the organ or tissue replaced, the amputation site or the equipment on which the patient is dependent.

HISTORY (OF)

- There are two types of history Z codes, personal and family.
- Personal history codes explain a patient's past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring.
- Family history codes are for use when a patient has a family member(s) who has had a particular disease that causes the patient to be at higher risk of also contracting the disease.
- Personal history codes may be used in conjunction with follow-up codes and family history codes to explain the need for a test or procedure.
- History codes are also acceptable on any medical record regardless of the reason for visit.
- A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered.

HISTORY Z CODE CATEGORIES

- Z80 Family history of primary malignant neoplasm
- Z81 Family history of mental and behavioral disorders
- Z82 Family history of certain disabilities and chronic diseases (leading to disablement)
- Z83 Family history of other specific disorders
- Z84 Family history of other conditions
- Z85 Personal history of malignant neoplasm
- Z86 Personal history of certain other diseases
- Z87 Personal history of other diseases and conditions

HISTORY Z CODE CATEGORIES (cont.)

- Z91.4- Personal history of psychological trauma, not elsewhere classified
- Z91.5 Personal history of self-harm
- Z91.8- Other specified personal risk factors, not elsewhere classified-Exception: Z91.83, Wandering in diseases classified elsewhere
- Z92 Personal history of medical treatment-Except: Z92.0, Personal history of contraception
Except: Z92.82, Status post administration of TPA (RTPA) in a different facility within the last twenty four hours prior to admission to a current facility.

SCREENING

- Screening is the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease (e.g., screening mammogram).
- The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening.
- In these cases the sign or symptom is used to explain the reason for the test.
- A screening code may be a first-listed code if the reason for the visit is specifically the screening exam.
- It may also be used for an additional code if the screening code if the screening is done during an office visit for other health problems.
- A screening code is not necessary if the screening is inherent to a routine examination, such as a pap smear done during a routine pelvic examination.

SCREENING (cont.)

- Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis.
- The Z code indicates that a screening exam is planned.
- A procedure code is required to confirm that the screening was performed.

SCREENING Z CODE CATEGORIES

- Z11 Encounter for screening for infectious and parasitic diseases
- Z12 Encounter for screening for malignant neoplasms
- Z13 Encounter for screening for other diseases and disorders-Except: Z13.9, Encounter for screening unspecified
- Z36 Encounter for antenatal screening for mother

OBSERVATION

- 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 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.
- The observation codes are to be used as a principal diagnosis only.
- Additional codes may be used in addition to the observation code but only if they are unrelated to the suspected condition being observed.
- Codes from subcategory Z03.7, Encounter for suspected maternal and fetal conditions ruled out, may either be used as a first-listed or as an additional code assignment depending on the case.

OBSERVATION (cont.)

- They are for use in very limited circumstances on a maternal record when an encounter is for a suspected maternal or fetal condition that is ruled out during that encounter (for example, a maternal or fetal condition may be suspected due to an abnormal test result).
- These codes should not be used when the condition is confirmed.
- In those cases, the confirmed condition should be coded.
- In addition, these codes are not for use if an illness or any signs or symptoms related to the suspected condition or problem are present.
- In such cases the diagnosis/symptom code is used.
- Additional codes may be used in addition to the code from subcategory Z03.7, but only if they are unrelated to the suspected condition being evaluated .

OBSERVATION (cont.)

- Codes from subcategory Z03.7 may not be used for encounters for antenatal screening of mother (see section I.C.21. screening).
- For encounters for suspected fetal condition that are inconclusive following testing and evaluation, assign the appropriate code from category O35, O36, O40 or O41.

OBSERVATION Z CODE CATEGORIES

- Z03 Encounter for medical observation for suspected diseases and conditions ruled out
- Z04 Encounter for examination and observation for other reasons-Except: Z04.9, Encounter for examination and observation for unspecified reason

AFTERCARE

- Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the patient requires continued care during the healing or recovery phase, or for the long term consequences of the disease.
- The aftercare Z code should not be used if treatment is directed at a current, acute disease.
- The diagnosis code is to be used in these cases.
- Exceptions to this rule are codes Z51.0, Encounter for neoplastic radiation therapy, and codes from subcategory Z51.1, Encounter for antineoplastic chemotherapy and immunotherapy.
- These codes are to be first-listed, followed by the diagnosis code when a patient's encounter is solely to receive radiation therapy, chemotherapy or immunotherapy for the treatment of a neoplasm.
- If the reason for the type of encounter is more than one type of antineoplastic therapy, code Z51.0 and a code from subcategory Z51.1 may be assigned together, in which case one of these codes would be reported as a secondary diagnosis.

AFTERCARE (cont.)

- The aftercare Z codes should also not be used for aftercare for injuries.
- For aftercare of an injury, assign the acute injury code with the appropriate 7th character (for subsequent encounter).
- The aftercare codes are generally first-listed to explain the specific reason for the encounter.
- An aftercare code may be used as an additional code when some type of aftercare is provided in addition to the reason for admission and no diagnosis code is applicable.
- An example of this would be the closure of a colostomy during an encounter for treatment of another condition.
- Aftercare codes should be used in conjunction with other aftercare codes or diagnosis codes to provide better detail on the specifics of an aftercare encounter visit, unless otherwise directed by the classification.

AFTERCARE (cont.)

- Should a patient receive multiple types of antineoplastic therapy during the same encounter, code Z51.0, Encounter for antineoplastic radiation therapy and codes from category Z51.1, Encounter for antineoplastic chemotherapy and immunotherapy, may be used together on a record.
- The sequencing of multiple aftercare codes depends on the circumstances of the encounter.
- Certain aftercare Z code categories need a secondary diagnosis code to describe the resolving condition or sequelae.
- For others, the condition is included in the code title.
- Additional Z code category terms include fitting and adjustment and attention to artificial openings.

AFTERCARE (cont.)

- Status Z codes may be used with aftercare Z codes to indicate the nature of the aftercare.
- For example code Z95.1, Presence of aortocoronary bypass graft may be used with code Z48.812, Encounter for surgical aftercare following surgery on the circulatory system, to indicate the surgery for which the aftercare is being performed.
- A status code should not be used when the aftercare code indicates the type of status, such as using Z43.0, Encounter for attention to tracheostomy, with Z93.0, Tracheostomy status.

AFTERCARE Z CODE CATEGORIES

- Z42 Encounter for plastic and reconstructive surgery following medical procedure or healed injury
- Z43 Encounter for Attention to artificial opening
- Z44 Encounter for fitting and adjustment of external prosthetic device
- Z45 Encounter for adjustment and management of implanted device
- Z46 Encounter for fitting and adjustment of other devices
- Z47 Orthopedic aftercare
- Z48 Encounter for other postprocedural aftercare
- Z49 Encounter for care involving renal dialysis
- Z51 Encounter for other aftercare

FOLLOW-UP

- The follow-up codes are used to explain continuing surveillance following completed treatment of a disease, condition or injury.
- They imply that the condition has been fully treated and no longer exists.
- They should not be confused with aftercare codes or injury codes with a 7th character for subsequent encounter, that explain ongoing care of a healing condition or its sequelae.
- Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment.
- The follow-up code is sequenced first, followed by the history code.
- A follow-up code may be used to explain multiple visits.
- Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code.

FOLLOW-UP Z CODE CATEGORIES

- Z08 Encounter for follow-up examination after completed treatment for malignant neoplasm
- Z09 Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
- Z39 Encounter for maternal postpartum care and examination

DONOR

- Codes in category Z52, Donors of organs and tissues, are used for living individuals who are donating blood or other body tissue.
- These codes are only for individuals donating for others, not for self-donations.
- They are not used to identify cadaveric donations.



COUNSELING

- Counseling Z codes are used when a patient or family member receives assistance in the aftermath of an illness or injury, or when support is required in coping with family or social problems.



- They are not used in conjunction with a diagnosis code when the counseling component of care is considered integral to standard treatment .

COUNSELING Z CODE CATEGORIES

- Z30.0- Encounter for general counseling and advice on contraception
- Z31.5 Encounter for genetic counseling
- Z31.6- Encounter for general counseling and advice on procreation
- Z32.2 Encounter for childbirth instruction
- Z32.3 Encounter for childcare instruction
- Z69 Encounter for mental health services for victim and perpetrator of abuse
- Z70 Counseling related to sexual attitude, behavior and orientation
- Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
- Z76.81 Expectant mother prebirth pediatrician visit

ENCOUNTERS FOR OBSTETRICAL AND REPRODUCTIVE SERVICES

- **See section I.C.15. Pregnancy, Childbirth, and the Puerperium, for further instruction on the use of these codes.**
- Z codes for pregnancy are for use in those circumstances when none of the problems or complications included in the codes from the Obstetrics chapter exist (a routine prenatal visit or postpartum care).
- Codes in category Z34 , Encounter for supervision of normal pregnancy, are always first-listed and are not to be used with any other code from the OB chapter.
- Codes in category Z3A, Weeks of gestation, may be assigned to provide additional information about the pregnancy.
- The date of the admission should be used to determine weeks of gestation for inpatient admissions that encompass more than one gestational week.
- The outcome of delivery, category Z37, should be included on all maternal delivery records.

ENCOUNTERS FOR OBSTETRICAL AND REPRODUCTIVE SERVICES (cont.)

- It is always a secondary code.
- Codes in category Z37 should not be used on the newborn record.
- Z codes for family planning (contraceptive) or procreative management and counseling should be included on an obstetric record either during the pregnancy or the postpartum stage is applicable.

Z CODE CATEGORIES FOR OBSTETRICAL AND REPRODUCTIVE SERVICES

- Z30.0- Encounter for general counseling and advice on contraception
- Z31 Encounter for procreative management
- Z32.2 Encounter for childbirth instruction
- Z32.3 Encounter for childcare instruction

Z CODE CATEGORIES FOR OBSTETRICAL AND REPRODUCTIVE SERVICES (cont.)

- Z33 Pregnant State
- Z34 Encounter for supervision of normal pregnancy
- Z36 Encounter for antenatal screening of mother
- Z3A Weeks of gestation
- Z37 Outcome of delivery
- Z39 Encounter for maternal postpartum care and examination
- Z76.81 Expectant mother prebirth pediatrician visit

NEWBORNS AND INFANTS

- See section I.C.16. Newborn (Perinatal) Guidelines, for further instruction on the use of these codes.

NEWBORNS AND INFANTS Z CODE CATEGORIES

- Z76.1 Encounter for health supervision and care of foundling
- Z00.1- Encounter for routine child health examination
- Z38 Liveborn infants according to place of birth and type of delivery

ROUTINE AND ADMINISTRATIVE EXAMINATIONS

- The Z codes allow for the description of encounters for routine examinations, such as, a general check-up, or, examinations for administrative purposes, such as, pre-employment physical.
- The codes are not to be used if the examination is for diagnosis of a suspected condition or for treatment purposes.
- In such cases the diagnosis code is used.
- During a routine exam, should a diagnosis or condition be discovered , it should coded as an additional code.
- Pre-existing and chronic conditions and history codes may also be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition.
- Some of the codes for routine health examinations distinguish between “with” and “without” abnormal findings.

ROUTINE AND ADMINISTRATIVE EXAMINATIONS (cont.)

- Code assignment depends on the information that is known at the time the encounter is being coded.
- For example, if no abnormal findings were found during the examination, but the encounter is being coded before test results are back, it is acceptable to assign the code for “with abnormal findings.”
- When assigning a code for “with abnormal findings,” additional code(s) should be assigned to identify the specific abnormal finding(s).
- Pre-operative examination and pre-procedural laboratory examination Z codes are for use only in those situations when a patient is being cleared for a procedure or surgery and no treatment is given.

ROUTINE AND ADMINISTRATIVE EXAMINATIONS Z CODE CATEGORIES

- Z00 Encounter for general examination without complaint, suspected or reported diagnosis
- Z01 Encounter for other special examination without complain, suspected or reported diagnosis
- Z02 Encounter for administrative examination, Except: Z02.9, Encounter for administrative examinations, unspecified
- Z32.0- Encounter for pregnancy test

MISCELLANEOUS Z CODES

- The miscellaneous Z codes capture a number of other health care encounters that do not fall into one of the other categories.
- Certain of these codes identify the reason for the encounter; others are for use as additional codes that provide useful information on circumstances that may affect a patient's care and treatment.

PROPHYLACTIC ORGAN REMOVAL

- For encounters specifically for prophylactic removal of an organ (such as prophylactic removal of breasts due to a genetic susceptibility to cancer or a family history of cancer) the principal or first-listed code should be a code from category Z40, Encounter for prophylactic surgery, followed by the appropriate codes to identify the associated risk factor (such as genetic susceptibility or family history).
- If the patient has a malignancy of one site and is having a prophylactic removal at another site to prevent either a new primary malignancy or metastatic disease, a code for the malignancy should also be assigned in addition to a code from subcategory Z40.0, Encounter for prophylactic surgery for risk factors related to malignant neoplasms.
- A Z40.0 code should not be assigned if the patient is having organ removal for treatment of a malignancy, such as the removal of the testes for the treatment of prostate cancer.

MISCELLANEOUS Z CODE CATEGORIES

- Z28 Immunizations not carried out –Except: Z28.3, Underimmunization status
- Z40 Encounter for prophylactic surgery
- Z41 Encounter for procedures for purposes other than remedying health state-Except: Z41.9, Encounter for procedures for purposes other than remedying health state, unspecified
- Z53 Persons encounter health services for specific procedures and treatment, not carried out
- Z55 Problems related to education and literacy
- Z56 Problems related to employment and unemployment
- Z57 Occupational exposure to risk factors
- Z58 Problems related to physical environment

MISCELLANEOUS Z CODE CATEGORIES

- Z59 Problems related to housing and economics circumstances
- Z60 Problems related to social environment
- Z62 Problems related to upbringing
- Z63 Other problems related to primary support group, including family circumstances
- Z64 Problems related to certain psychosocial circumstances
- Z65 Problems related to other psychosocial circumstances
- Z72 Problems related to lifestyle
- Z73 Problems related to life management difficulty
- Z74 Problems related to care provider dependency-Except Z74.01, Bed confinement status

MISCELLANEOUS Z CODE CATEGORIES

- Z75 Problems related to medical facilities and other health care
- Z76.0 Encounter for issue of repeat prescription
- Z76.3 Healthy person accompanying sick person
- Z76.4 Other boarder to healthcare facility
- Z76.5 Malingerer [conscious simulation]
- Z91.1- Patients noncompliance with medical treatment and regimen
- Z91.83 Wandering in diseases classified elsewhere
- Z91.89 Other specified personal risk factors, not elsewhere classified

NONSPECIFIC Z CODES

- Certain Z codes are so non-specific, or potentially redundant with other codes in the classification, that there can little justification for their use in the inpatient setting.
- Their use in the outpatient should be limited to those instances when there is no further documentation to permit more precise coding.
- Otherwise, any sign or symptom or any other reason for visit that is captured in another code should be used.

NONSPECIFIC Z CODE CATEGORIES

- Z02.9 Encounter for administrative examinations, unspecified
- Z04.9 Encounter for examination and observation for unspecified reason
- Z13.9 Encounter for screening, unspecified
- Z41.9 Encounter for procedure for purposes other than remedying health state, unspecified
- Z52.9 Donor of unspecified organ or tissue
- Z86.59 Personal history of other mental and behavior disorders
- Z88.9 Allergy status to unspecified drugs, medicaments and biological substances status
- Z92.0 Personal history of contraception

Z CODES THAT MAY ONLY BE PRINCIPAL/FIRST-LISTED DIAGNOSIS

- The following Z code categories may only be reported as the principal/first-listed diagnosis, except when there are multiple encounters on the same day and the medical records for the encounters are combined.
- Z00 Encounter for general examination without complaint, suspected or reported diagnosis
- Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
- Z02 Encounter for administrative examination
- Z03 Encounter for medical observation for suspected diseases and conditions ruled out
- Z04 Encounter for examination and observation for other reasons
- Z31.81 Encounter for male factor infertility in female patient

Z CODES THAT MAY ONLY BE PRINCIPAL/FIRST-LISTED DIAGNOSIS (cont.)

- Z31.82 Encounter for RH incompatibility status
- Z31.83 Encounter for assisted reproductive fertility procedure cycle
- Z31.84 Encounter for fertility preservation procedure
- Z33.2 Encounter for elective termination of pregnancy
- Z34 Encounter for supervision of normal pregnancy
- Z38 Liveborn infants according to place of birth and type of delivery
- Z39 Encounter for maternal postpartum care and examination
- Z42 Encounter for plastic an reconstructive surgery following medical procedure or healed injury

Z CODES THAT MAY ONLY BE PRINCIPAL/FIRST-LISTED DIAGNOSIS (cont.)

- Z51.0 Encounter for antineoplastic radiation therapy
- Z51.1- Encounter for antineoplastic chemotherapy and immunotherapy
- Z52 Donors of organs and tissues-Except: Z52.9, Donor of unspecified organ or tissue
- Z76.1 Encounter for health supervision and care of foundling
- Z76.2 Encounter for health supervision and care of other healthy infant and child
- Z99.12 Encounter for respirator [ventilator] dependence during power failure

A close-up photograph of a person's hands holding a black smartphone. The background is a blurred green pattern, possibly a sweater. The image is overlaid with a semi-transparent blue horizontal band.

CODING EXAMPLES

CODING EXAMPLE 1

1. This 42-year-old male had a lateral wall STEMI and was brought by ambulance to the emergency room. He received TPA and was transferred to a tertiary care center for continued care. The patient was received with the TPA infusion continuing, and immediately taken to the cardiac cath lab. What diagnosis codes are assigned?

Answer: I21.29 Infarct, infarction, myocardium, myocardial (acute) (with stated duration of 4 weeks or less), ST elevation (STEMI), lateral (apical-lateral) (basal-lateral) (high)
Z92.82 Status (post), administration of TPA (RTPA) in a different facility within the last 24 hours prior to admission to current facility

Rationale: Category I21 has a note: Use additional code, if applicable, to identify: status post administration of TPA (RTPA) in a different facility within the last 24 hours prior to admission to current facility (Z92.82). The coding guidelines specify that this status code is assigned at the receiving facility, not at the transferring facility. And the code may be assigned if the TPA was administered within the last 24 hours, even if the patient is still receiving the TPA at the time they are received into the current facility. A note accompanies code Z92.82: Code first condition requiring TPA administration, such as acute cerebral infarction (I63.-); acute myocardial infarction (I21.-, I22.-).

CODING EXAMPLE 2

2. This single newborn was born vaginally in the hospital. The baby is being treated for Rh incompatibility. The baby has type A+ blood and the mother is A-. What is the correct diagnosis code(s)?

Answer: Z38.00 Newborn (infant) (liveborn) (singleton) born in hospital
P55.0 Incompatibility, Rh (blood group) (factor), newborn
Z67.10 Blood, type, A (Rh positive)

Rationale: The newborn code would be listed first, followed by the Rh incompatibility. The blood type of the baby is A+. The mother's blood type is not coded on the newborn's record.

CODING EXAMPLE 3

3. Assign the code(s) for the following diagnosis: Medical examination of four-year-old child prior to admission to preschool.

Answer: Z02.0 Examination (for) (following) (general) (of) (routine), medical (adult) (for) (of) preschool children, for admission to school

Rationale: ICD-10-CM provides much more specificity for administrative examinations.

CODING EXAMPLE 4

4. Assign the code(s) for the following diagnosis: Postmenopausal osteoporosis in a 63-year old female with a history of healed osteoporotic fracture of the ankle.

Answer: M81.0 Osteoporosis (female) (male), postmenopausal
Z87.310 History, personal (of), fracture (healed) osteoporosis

Rationale: The personal history codes include expanded codes to identify past conditions. The note at category M81 states: Use additional code to identify personal history of (healed) osteoporosis fracture, if applicable (Z87.310). The documentation for the fracture states that it is healed, and not causing any complications

CODING EXAMPLE 5

5. The patient who has had his bladder removed due to carcinoma without recurrence is scheduled for a radiology procedure to evaluate the patency of his ileal conduit, including ureteropyelography using contrast media. The entire procedure is performed in the radiology suite with the radiologists' impression of "normal functioning ileal conduit." What is the correct diagnosis code(s)?

Answer: Z43.6 Attention (to), artificial opening (of), urinary tract NEC
Z90.6 Absence (of) (organ or part) (complete or partial), bladder (acquired)
Z85.51 History, personal (of), malignant neoplasm (of), bladder

Rationale: The reason for the encounter was to check on the patency of the ileal conduit. An ileal conduit is an artificial opening for the urinary tract, not the digestive tract, although the urine is diverted into an isolated segment of the ileum following cystectomy. To create the ileal conduit, the ureters are resected from the bladder, and the ureteroenteric anastomosis is made to drain the urine into a detached section of ileum. The end of the ileum is brought out through a stoma in the abdominal wall.

CODING EXAMPLE 6

6. The patient was seen in his primary care physicians office for fracture aftercare concerning the traumatic fracture of the anterior wall of the acetabulum of the right pelvis. The patient was hit by a car, knocked down and the care ran over his pelvis. The pelvic fracture is healing appropriately. What diagnosis codes are assigned?

Answer: S32.411D Fracture, traumatic (abduction) (adduction) (separation), acetabulum, wall, anterior
V03.90XD Index to External Causes, accident (to), pedestrian (on foot), with, transport vehicle – see Accident, transport, pedestrian, on foot, collision (with), car

Rationale: Aftercare encounters in ICD-10-CM are coded to the appropriate fracture code with a 7th character D. In the Alphabetic Index, main term Aftercare, subterm Fractures directs the coder to “code to fracture with 7th character D.” The sixth character of the fracture code (S32.411D) specifies the laterality of the fracture, right side and the 7th character indicates that this is a subsequent encounter for fracture with routine healing. The accident external cause code can be assigned, once again with 7th character D. No place of occurrence or activity code should be assigned because they are used only on the initial encounter. Code S32.41 (displaced) is the default when not specified, not nondisplaced.

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