Chapter 11

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

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Learning Objectives

- Understand coding guidelines in using Z codes.
- Review categories of Z codes and their use.
- Apply correct coding conventions when assigning Z codes.
- Assign ICD-10-CM codes to the highest level of specificity.
- Successfully complete checkpoint exercises and “test your knowledge” exercises.

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Introduction

- Chapter 21 in the Tabular List includes the following sections:
  - Persons encountering health services for examination and investigation (Z00-Z13).
  - Genetic carrier and genetic susceptibility to disease (Z14-Z15).
  - Resistance to antimicrobial drugs(Z16).
  - Estrogen receptor status (Z17).
  - Retained foreign body fragments (Z18).

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Introduction

- Persons with potential health hazards related to communicable diseases (Z20-Z28).
- Persons encountering health services in circumstances related to reproduction (Z30-Z39).
- Persons encountering health services for other specific procedures and health care (Z40-Z53).
- Persons with potential health hazards related to socioeconomic and psychosocial circumstances (Z55-Z65).

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Introduction

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

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Introduction

- Section C21 of the Official ICD-10-CM Guidelines, “Classification of Factors Influencing Health Status and Contact with Health Service,” provides coding guidelines for reporting Z codes.
  - Z codes, described in the ICD-10-CM Chapter 21, “Factors Influencing Health Status and Contact with Health Services,” are often misunderstood in reporting health care services.

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Introduction

- These codes are designed for occasions when circumstances other than a disease or injury result in an encounter or are recorded by providers as problems or factors that influence care.
- If there are signs/symptoms related to a suspected condition or abnormal finding during the examination, codes are reported in categories R70-R94.

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Introduction

- There are 4 primary circumstances for the use of Z codes:
  - When a person who is not currently sick has a health care encounter for some specific reason.
  - When a person with a resolving disease/injury or chronic, long-term condition requiring continuous care has a health care encounter for specific aftercare of that disease or injury.
  - When circumstances or problems influence a person's health status but are not in themselves a current illness or injury.
  - For newborns, to indicate birth status.

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Coding Tip

- A diagnosis/symptom code, not a Z code, should be used whenever a current, acute condition is being treated or a sign or symptom is being studied. Z codes are for use in both the inpatient and outpatient setting but are generally used more often in the outpatient setting.

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Problem-Oriented Z Codes

- This group provides codes for conditions or circumstances that could affect the patient in the future but are not a current illness or injury.
- These codes describe an existing circumstance or problem that may influence future medical care (eg, family history of diabetes).

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Service-Oriented Z Codes

- This group identifies or defines examinations, aftercare, ancillary services, or therapy.
- Use these Z codes to describe the patient who is not currently ill but seeks medical services or some specific purpose, such as a follow-up visit.
- These codes can also be used when the patient has no symptoms that can be coded and screening services are provided (eg, screening mammogram for high-risk patient).

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Fact-Oriented Z Codes

- These are V codes that do not describe a problem or a service; they simply state a fact (eg, outcome of delivery or categorizing liveborn infants according to type of birth).

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Persons Encountering Health Services for Examinations

- General and administration examinations are reported for encounters for routine examinations.
- The codes from these categories are first-listed codes.
- They are not for use if the examination is for diagnosis of a suspected condition or for treatment purposes.
- In such cases, a confirmed diagnosis, sign, or symptom code should be used.

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Persons Encountering Health Services for Examinations

- Codes in the category range from Z00-Z1:
  - For example, an encounter for well child check for a six-year-old is reported in ICD-10-CM with two potential code options for this classification. Z00.121 and Z00.129.
- The instructional notes in Z00.11- indicate if abnormal findings are discovered during the routine examination the abnormal findings are reported as secondary codes.

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Persons Encountering Health Services for Examinations

- There is an instructional note:
  - Excludes1: health check for child 29 days old Z00.11-
  - Code Z76.1 is for health supervision and care of a foundling, and Z76.2 is reported for other health supervision of a healthy infant and child.

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Persons Encountering Health Services for Examinations

- This category is used for:
  - Encounter for medical or nursing care or supervision of healthy infant under circumstances such as adverse socioeconomic conditions at home.
  - Encounter for medical or nursing care or supervision of healthy infant under circumstances such as awaiting foster or adoptive placement.

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Persons Encountering Health Services for Examinations

- Encounter for medical or nursing care or supervision of healthy infant under circumstances such as maternal illness.
- Encounter for medical or nursing care or supervision of healthy infant under circumstances such as number of children at home preventing or interfering with normal care.

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Persons Encountering Health Services for Examinations

- Category Z00, Encounter for general examination without complaint, suspected or reported diagnosis, and category Z01, Encounter for other special examination without complaint or suspected or reported diagnosis, include subcategories for general medical examinations, including eye, ear, and dental examinations, general laboratory and radiology examinations, and routine child health examinations, as well as encounters for examinations for potential organ donors and controls for participants in clinical trials.

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Persons Encountering Health Services for Examinations

- Category Z02, Encounter for administrative examinations, includes codes for such things as pre-employment physicals.
  - The final character of the general health examination codes distinguishes between “without abnormal findings” and “with abnormal findings.”
  - For these encounters, if an abnormal condition is discovered, the code for “with abnormal findings” should be used. A secondary code for the specific abnormal finding should be used.

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Persons Encountering Health Services for Examinations

- The pre-operative examination codes are reported with Z01.81-Z01.818 and are used for surgical clearance and not when other treatment is provided.
- Pre-existing and chronic conditions, as long as the examination does not focus on them, may also be assigned with codes from Z00-Z02.

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Observation Codes

- An observation encounter is one when a person without a diagnosis is suspected of having an abnormal condition following an accident or incident that might result in a health problem, but without signs or symptoms, which, after examination and observation, is ruled out.
  - They are for use in very limited circumstances when a person is being observed for a suspected condition that is found not to exist.
  - The fact that the patient may be scheduled for a return encounter following the initial observation encounter does not limit the use of an observation code.

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Observation Codes

- There are two observation categories in ICD-10-CM:
  - Z03- Encounter for medical observation for suspected diseases and conditions:
    - Preexisting and chronic conditions may also be assigned with codes from category Z03.-
  - Z04- Encounter for observation for other reasons:
    - You may use category Z04.- as long as the observation is not associated with a suspected condition being observed.

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Follow-up Codes

- The follow-up codes are used to describe encounters for continuing patient encounter following completed treatment of a disease, condition, or injury.
- Follow-up care should not be confused with aftercare that explains current treatment for a healing or long-term condition.

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Screening Codes

- Screening is the testing for disease or disease precursors in seemingly healthy individuals so that early detection and treatment can be provided for those who test positive for the disease.
  - The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic test, not a screening.
  - For these cases, the code for the sign or symptom, not the screening code, is used to explain the test.

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Screening Codes

- A screening code may be a first listed code if the reason for the encounter is specifically the screening.
- A screening code may also be used as an additional code(s) if the screening is done during an encounter for other health reasons.
- Should a condition be discovered during a screening, the screening code should still be used, followed by the code for the condition that is discovered. ICD-10-CM category codes Z11 through Z13 are used to report encounters for specific screening examinations.

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Screening Codes

- The screening categories are:
  - Z11 Encounter for special screening examination for infectious and parasitic diseases.
  - Z12 Encounter for special screening for malignant neoplasm.
  - Z13 Encounter for special screening for other diseases and disorders.

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Status Codes

- 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 the use of a prosthetic or mechanical device.
- A status code is informative because the status may affect any current treatment and its outcome.
- A status code is distinct from a history code.

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Status Codes

- Codes from this category should be added to a patient's record at every encounter to caution that a patient suffers from a drug allergy since this condition is chronic and is typically a lifelong condition.
- This subcategory includes allergies to foods, insects, and other nonmedicinal substances, such as latex.

- The status Z categories/subcategories/codes are:
  - Z14 Genetic carrier.
  - Z15 Genetic susceptibility to disease.

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Status Codes

- Z16 Resistance to antimicrobial drugs.
- Z21 Asymptomatic human immunodeficiency virus [HIV] infection status [HIV] disease.

- Carrier of infectious disease Category Z14 is used to report a person who carries a gene associated with a disease that can be passed to children, but who does not currently have the disease. Codes in this category include:
  - Genetic carrier hemophilia.
  - Cystic fibrosis.

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Status Codes

- Category Z15 is used to report a confirmed abnormal gene for genetic susceptibility to disease, including malignant neoplasms.
- Codes in this category are not reported as the first listed diagnosis, but are secondary when the condition is the reason for the patient encounter is the disease itself.
- The disease is sequenced first followed by a code from category Z15.-
- For genetic counseling, code Z31.5 should be reported as the first listed diagnosis followed by a code from category Z15.

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Persons with Potential Health Hazards Related to Communicable Disease (Z20-Z28)

- ICD-10-CM category codes Z20 through Z28 are assigned to the records of persons who have been diagnosed as having communicable diseases that pose potential public health hazards.
- Category Z20.- indicates contact with or exposure to communicable diseases.
- Code Z23, Encounter for immunization, is for use to indicate that a patient is being seen to receive a prophylactic inoculation against a disease.

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Encountering Health Services in Circumstances Related to Reproduction (Z30-Z39)

- These codes are used for encounters related to reproduction and development and include status codes, counseling codes, screenings, and pregnancy codes.
- Z codes for pregnancy are for use in circumstances where a problem or complication included in the obstetrics chapter exists.
- These codes are not to be used with any code in the obstetrics chapter in ICD-10-CM.

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Encountering Health Services in Circumstances Related to Reproduction (Z30-Z39)

- Z30 Encounter for general counseling and advice on contraception.
- Z31 Encounter for procreative management.
- Z32 Encounter for pregnancy test and childbirth and childcare instruction.
- Code Z33.1, Pregnancy state, incidental, is a status code.
- Z33.2 Encounter for elective termination of pregnancy.
- Z34 Encounter for supervision of normal pregnancy.

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Encountering Health Services in Circumstances Related to Reproduction (Z30-Z39)

- Z36 Encounter for antenatal screening.
- Z3a Weeks of Gestation.
- Z37 Outcome of delivery.
- Z38 Liveborn infant according to place of birth and type of delivery.
- Z39 Encounter for maternal postpartum care and examination.
- The following encounter codes identify the reason for visit.

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Encountering Health Services in Circumstances Related to Reproduction (Z30-Z39)

- Any procedures performed must be identified with a procedure code from the appropriate procedure classification.
  - Z33.1 Pregnant state, incidental.
  - Z79 Long-term (current) drug therapy.
  - Z88 Allergy status to drugs, medicaments, and biological substances.

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Outcome of Delivery

- This category is intended for reporting the outcome of delivery for those who are using health care services.
- This category is to be used on the mother's record and not that of the newborn.
- Codes in this category are generally the first listed diagnosis, but may be used as an additional diagnosis if the patient has more than one encounter on one day.
- The categories are based on how many births occur:

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Outcome of Delivery

- Z37.0 Single live birth.
- Z37.1 Single stillbirth.
- Z37.2 Twins, both liveborn.
- Z37.3 Twins, one liveborn and one stillborn.
- Z37.4 Twins, both stillborn.
- Z37.5- Other multiple births, all liveborn.
- Z37.6- Other multiple births, some liveborn.
- Z37.7 Other multiple births, all stillborn.
- Z37.9 Outcome of delivery, unspecified.

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Aftercare

- Aftercare visit codes, with such category titles as fitting and adjustment, and attention to artificial openings, cover situations when the initial treatment of a disease or injury has been performed and the patient requires continuing care during the healing or recovery phase, or for the long-term consequences of an illness.
- The aftercare Z codes should not be used if treatment is directed at a current disease or injury.

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Aftercare

- The disease or injury code should be used in such cases.
- An aftercare code may also be used as a secondary code, when some type of aftercare is provided in addition to another reason for an encounter and no diagnosis code is applicable.
- The aftercare categories are:
  - Z43 Encounter for attention to artificial openings.

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Aftercare

- Z44 Encounter for fitting and adjustment of external prosthetic device.
- Z45 Encounter for adjustment and management of implanted device.
- Z46 Encounter for fitting/adjustment of other devices.
- Z47 Orthopedic aftercare.
- Z48 Encounter for other surgical aftercare.
- Z49 Encounter for care involving renal dialysis.
- Z51 Encounter for other aftercare.

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Encounter for Radiation Therapy and Chemotherapy (Z51.-)

- For patients whose encounter is specifically to receive radiation therapy and chemotherapy, codes Z51.0, Encounter for radiotherapy session, and Z51.1, When sequencing, the encounter for chemotherapy or radiation therapy is sequenced first, followed by the condition treated (neoplasm).

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History Codes

- There are two types of history (of) codes:
  - Personal history.
  - Family history.
- Personal history codes indicate a patient's past medical condition that no longer exists but that has the potential for recurrence, and therefore may require continued monitoring.

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History Codes

- 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.
- The history (of) categories/codes are:
  - Z80 Family history of primary malignant neoplasm.
  - Z81 Family history of mental and behavioral disorders.

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History Codes

- 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 primary and secondary malignant neoplasm.
- Z86 Personal history of certain other diseases.
- Z87 Personal history of other diseases and conditions.

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History Codes

- Z91.41 Personal history of adult physical and sexual abuse.
- Z91.49 Other personal history of psychological trauma, not elsewhere classified.
- Z91.5 Personal history of self-harm.
- Z91.83 Wandering in diseases classified elsewhere.
- Z92 Personal history of medical treatment.

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History Codes

- Categories Z89-Z99 are for use only if there is no complication or malfunction of the organ or tissue replaced, of the amputation site, or the equipment on which the patient is dependent.
- These are always secondary codes.
- These code categories include:
  - Z89 Acquired absence of limb.
  - Z90 Acquired absence of organs, not elsewhere classified.

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History Codes

- Z91.0 Allergy status, other than to drugs and biological substances.
- Z91.7 Low birth weight and immaturity status.
- Z91.2 Personal history of drug therapy.
- Z93 Artificial opening status.
- Z94 Transplanted organ and tissue status.
- Z95 Presence of cardiac and vascular implants and grafts.

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History Codes

- Z96 Presence of other functional implants.
- Z97 Presence of other devices.
- Z98 Other postsurgical states.
- Z99 Dependence on enabling machines and devices, not elsewhere classified.

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