V codes:
A Supplementary Classification
No More
FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

**ICD-9-CM**

Differences
*V Codes
*Supplemental Classification

**ICD-10-CM**

Differences
*Z Codes
*Chapter 21
*Greater Specificity

SIMILARITIES: General intent is to report issues, other than diagnoses, regarding health status or contact with health services
Note: The chapter specific guidelines provide additional information about the use of Z codes for specified encounters.

Guideline I.C.21.a. 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.

Examples: Z51.0 Encounter for antineoplastic radiation therapy
Z51.11 Encounter for antineoplastic chemotherapy
Z51.12 Encounter for antineoplastic immunotherapy
Chapter 21 Note: ICD10 Tabular

Chapter: 21. Factors influencing health status and contact with health services (Z00-Z99)

Note: Z codes represent reasons for encounters. 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 illness or injury.

For example: Z94.1 Heart Transplant Status
Z codes are indexed in the Alphabetic Index to Disease along with codes for diseases, conditions and symptoms. It is necessary to become familiar with the main terms in the Alpha index that are related to Z codes. (The terms documented in the health record will often not lead to the appropriate Main Term).
MAIN TERMS

Admission (encounter)  Follow-up - see Examination, follow-up
Aftercare  Healthy-infant, person
Attention to  History of
Boarder  Maintenance
Care (of)  Maladjustment
Carrier  Noncompliance
Checking (Pacemaker)  Newborn
Chemotherapy  Observation
Contact  Outcome of Delivery
Contraception  Pregnancy
Dependence  Problem
Dialysis  Prophylactic
Donor  Replacement
Encounter for  Resistance, resistant
Examination  Screening
Exposure  Status
Fitting  Supervision (of)

Therapy  Transplant
Unavailability of  medical facility
Vaccination
The codes to report various types of examinations have been expanded to allow for capturing an exam with abnormal findings:

Z00.00 Encounter for general adult medical examination
   without abnormal findings
Z00.01 Encounter for general adult medical examination
   with abnormal findings
   (Use additional code to identify abnormal findings)

Other examples of examinations that include with/without abnormal findings are **routine child health** exams and **gynecological** exams.
New Codes:

Z01.30  Encounter for examination of blood pressure without abnormal findings.
Z01.31  Encounter for examination of blood pressure with abnormal findings.

(Use additional code to identify abnormal findings)

ICD-9  V72.85 other specified examination
1st Quiz!

The first regular annual updates to ICD-10-CM and ICD-10-PCS will occur on:

A. October 1, 2013
B. October 1, 2014
C. October 1, 2015
D. October 1, 2016

C. October 1, 2015
Encounters for Administrative examinations (Z00-Z13)

Z02.0 Encounter for examination for admission to **educational institution**
Z02.1 Encounter for **pre-employment** examination
Z02.3 Encounter for **recruitment to armed services**
Z02.81 Encounter for **paternity testing**
Z02.82 Encounter for **adoption services**

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In ICD9:
V70.3 Other medical exam for administrative purpose
V70.4 Examination for medicolegal reasons
V70.5 Health examination of defined populations
Examinations: Codes for exam following alleged rape and alleged abuse have options for adult and child

Z04.41 Encounter for exam and observation following alleged adult rape
Z04.42 Encounter for exam and observation following alleged child rape
Z04.71 Encounter for exam and observation following alleged adult physical abuse
Z04.72 Encounter for exam and observation following alleged child physical abuse

In ICD9:
V71.5 Observation following alleged rape or seduction,
V71.81 Observation and evaluation of abuse and neglect
Examination, Screenings

Change: Only one ICD10 code for screening mammograms

Encounter for screening mammogram for malignant neoplasm of breast, Z12.31

ICD9:
V76.10 Breast screening, unspecified
V76.11 Screening mammogram for high-risk patient
V76.12 Other screening mammogram
V76.19 Other screening breast examination
Persons with Potential Health Hazards Related to Communicable Diseases, Immunizations

In **ICD-9-CM** there are several V codes for encounters for immunizations; Categories V03-V06

In **ICD-10-CM** there is only ONE code to report for an immunization diagnosis

Z23  Encounter for immunization

  Code first any routine childhood examination

**NOTE:** Procedure codes are required to identify the types of immunizations given
ICD-10-CM/PCS coding questions began being published in which edition of the AHA Coding Clinic?
A. Third Quarter 2012
B. Fourth Quarter 2012
C. First Quarter 2013
D. Second Quarter 2013

B. Fourth Quarter 2012
Persons encountering health services in circumstances related to Reproduction (Z30-39)

- **Contraception:** more specific codes based on type
  - **Z30.013** Encounter for initial prescription of injectable contraceptive

- More specificity in **Procreative** management codes

- Codes for **elective termination** of pregnancy has moved from pregnancy chapter to Z code chapter
Reproduction, NEWBORN

Z38 Liveborn infants according to place of birth and type of delivery

- Z38.00 Single liveborn infant, delivered vaginally
- Z38.01 Single liveborn infant, delivered cesarean

- Unique codes to specify: triplets, quadruplets, and quintuplets
  - Z38.63 Quadruplet liveborn infant, delivered vaginally
  - Z38.64 Quadruplet liveborn infant, delivered by cesarean
Reproduction Z30-Z39, Outcome of Delivery (Mother’s Record)

This category is intended for use as an additional code to identify the outcome of delivery. Always a secondary code

Z37.0 Single live birth

Z37.5- Other multiple births, all liveborn
  Z37.51 Triplets, all liveborn

Z37.6- Other multiple births, some liveborn
  Z37.61 Triplets, some liveborn

(Up to and including sextuplets)
Supervision of Pregnancy Z codes:

Codes for **supervision** of pregnancy are expanded to capture trimester. (V22.x Prenatal Care)

- **Z34.01** Encounter for supervision of normal first pregnancy, first trimester

New category added to represent weeks of **gestation** of pregnancy

- **Z3A.11** 11 weeks gestation of pregnancy
  Used as an additional code with codes from the Obstetrics chapter
Guideline: Final character for trimester

The majority of codes in Chapter 15 have a **final** character indicating the trimester of pregnancy.

When an OB patient is admitted to a hospital for complications of pregnancy during one trimester and remains in the hospital into a subsequent trimester, the final character selected for the antepartum conditions should be:

**For the trimester in which the complication first occurred**
3rd Quiz!

Z codes from Chapter 21 of ICD-10-CM can be used in all settings?
True or False?
TRUE
Admission/Encounters for Rehabilitation
ICD-9-CM

V57.x  Care involving use of rehabilitation procedures

(use additional code to identify underlying condition)

Example: Admission for physical therapy for hemiplegia due to CVA that occurred 2 weeks ago

V57.1,  Care involving other physical therapy
438.20, Late effect of cerebrovascular disease, hemiplegia

(A procedure code should be reported to identify rehab therapy actually performed)
Admission/Encounter for Rehabilitation in ICD-10
“Codes for the underlying condition for which the therapy is provided should be reported”

**Scenario:** Patient is discharged from acute care hospital and admitted to LTC with left-sided hemiparesis.
I69.354, Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side.

Sequela of stroke code is sequenced first rather than a code for admission for rehabilitation, as would be done in ICD-10-CM
(Source: 4th Quarter 2012 Coding Clinic)
Follow-up (Z08-Z09)
Per ICD-10-CM Guidelines

- Are used to explain continuing surveillance following **completed treatment** of a disease, condition or injury
- Imply the condition has been fully treated and no longer exists
- Should not be confused with aftercare codes or injury codes with a 7\(^{th}\) character for subsequent encounter
- Follow-up code is sequenced first and can be used with history codes
Follow-up Examinations
(Codes have been completely restructured)

**Z08** Encounter for follow-up examination after completed treatment for **malignant neoplasm**.
Use additional code to identify any acquired absence of organs
Use additional code to identify the personal hx of malignant neoplasm

**Z09** Encounter for follow-up exam after completed treatment for conditions **other than malignant neoplasm**.
Use additional code to identify any applicable history of disease

See Example
Follow-up

Office visit note: Follow-up for recent pneumonia, course of antibiotics completed last week. Patient without complaint. Repeat chest x-ray is negative.

Answer:
Assign Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z87.01 Personal history of pneumonia (recurrent)
There are no new or revised ICD-9-CM diagnosis codes, or ICD-9-CM changes to the Official Guidelines for Coding and Reporting for Fiscal Year 2013.

True or False?

True

(Source: 4th Quarter 2012 Coding Clinic)
OBSERVATION

You must clearly explain your problem.
Observation in ICD-10-CM (Principal Diagnosis only, Z03 and Z04)

Z03 Encounter for medical observation for suspected diseases and conditions ruled out
This category is used when a person without a diagnosis is suspected of having an abnormal condition without signs/symptoms which requires study but after examination and observation, is ruled out.

*Signs or symptoms under study, code to signs and symptoms.
Included in Z03 category is:

Z03.7 Encounter for suspected maternal and fetal conditions ruled out

Example: Five-day-old newborn is admitted to the hospital with suspected sepsis; following blood cultures, the sepsis is ruled out.
Z04 Encounter for examination and observation for other reasons, ruled out:

Z04.1 Encounter for examination and observation following a transport accident

Z04.2 Encounter for examination and observation following work accident
Aftercare

**Definition:** 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.

See Example
Aftercare

Scenario: Home healthcare was ordered for an elderly gentleman who underwent a cholecystectomy. He had a drain placed at surgery to drain intra-abdominal fluid. Nurses are to monitor the drain output, watch for signs of infection, and provide dressing changes and remove drain per order.

ICD-10-CM codes:

Z48.815 Aftercare following surgery on digestive system
Z48.01 Attention to surgical dressings
Z48.03 Attention to drains
For aftercare of an **injury**, assign the acute injury code with the appropriate 7\(^{th}\) Character

**Scenario:** Patient was admitted for occupational therapy following hospitalization for Type I open traumatic fractures of the left radius and ulna.

S52.92XE  Fracture of radius

S52.202E  Fracture of ulna

7\(^{th}\) character meaning: **E**-subsequent encounter for open fracture type I or II with routine healing

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(ICS-9-CM:  V54.12  Aftercare for healing traumatic fracture of lower arm)
Noncompliance in ICD-9-CM

V15.8x  Other specified personal history presenting hazards to health
   V15.81 Noncompliance with medical treatment

V45.1x  Other postprocedural status
   V45.12 Noncompliance with renal dialysis
Noncompliance in ICD-10-CM

Z91.1x Patient’s noncompliance with medical treatment and regimen

Z91.11 Patient’s noncompliance with dietary regimen

Z91.12x Patient’s intentional underdosing of medication regimen (financial hardship)

Z91.13x Patient’s unintentional underdosing of medication regimen (age related debility)

Z91.14 Patient’s other noncompliance with medication regimen

Z91.15 Patient’s noncompliance with renal dialysis
Thank You!