Z Code (Z00 – Z99) Coding and Guidelines

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Problem and Goal

Problem:
- Z codes being reported without a first-listed diagnosis (Dx). First-listed is also described as primary or principal diagnosis.

Goal:
- Recognize which Z codes can be reported as first-listed diagnosis.
- Recognize which Z codes are reported as a secondary diagnosis.
What Are Z Codes

- Z codes represent reasons for specific encounters and are found in Chapter 21 of ICD-10.

- Certain Z codes may only be reported as the first-listed Dx and should never be reported in any position other the primary position.

- Some Z codes cannot be first-listed.

- Other Z codes may be used as either a first-listed or secondary Dx, depending on the circumstances of the encounter.
Use of Z Codes

- Z codes (other reasons for healthcare encounters) may be assigned as appropriate to further explain the reason for presenting for healthcare services, including transfers between healthcare facilities. The ICD-10 Official Guidelines for Coding and Reporting identify which codes may be assigned as first-listed or secondary (depending on the circumstances).

- Assign as many codes as necessary to fully explain the healthcare encounter.
Commonly Reported Categories of Z Codes

- Contact/Exposures
- Status
- History (of)
- Screening
- Observation
- Encounters for obstetrical and reproductive services
- Newborns and infants
- Routine and administrative examinations
- Miscellaneous Z codes
- Nonspecific Z codes
- Z codes that may only be first-listed diagnosis
Examples Of Z Codes That Are First-Listed

Except when there are multiple encounters on the same day and the medical records for the encounter are combined

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z00</td>
<td>Encounter for general examination without complaint, suspected or reported diagnosis</td>
</tr>
<tr>
<td></td>
<td>Except: Z00.6  Encounter for examination for normal comparison and control in clinical research program</td>
</tr>
<tr>
<td>Z01</td>
<td>Encounter for other special examination without complaint, suspected or reported diagnosis</td>
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<tr>
<td>Z02</td>
<td>Encounter for administrative examination</td>
</tr>
<tr>
<td>Z03</td>
<td>Encounter for medical observation for suspected diseases and conditions ruled out</td>
</tr>
<tr>
<td>Z04</td>
<td>Encounter for examination and observation for other reasons</td>
</tr>
<tr>
<td>Z33.2</td>
<td>Encounter for elective termination of pregnancy</td>
</tr>
<tr>
<td>Z31.81</td>
<td>Encounter for male factor infertility in female patient</td>
</tr>
<tr>
<td>Z31.82</td>
<td>Encounter for Rh incompatibility status</td>
</tr>
<tr>
<td>Z31.83</td>
<td>Encounter for assisted reproductive fertility procedure cycle</td>
</tr>
<tr>
<td>Z31.84</td>
<td>Encounter for fertility preservation procedure</td>
</tr>
<tr>
<td>Z34</td>
<td>Encounter for supervision of normal pregnancy</td>
</tr>
<tr>
<td>Z39</td>
<td>Encounter for maternal postpartum care and examination</td>
</tr>
<tr>
<td>Z76.1</td>
<td>Encounter for health supervision and care of foundling</td>
</tr>
<tr>
<td>Z76.2</td>
<td>Encounter for health supervision and care of other healthy infant and child</td>
</tr>
</tbody>
</table>

This is not an all-inclusive list of first-listed Z codes.

These are examples only and TriCore does not encourage use of these codes unless they describe the patient’s condition and are documented in the patient’s chart.
Examples Of Z Codes That Cannot Be First-Listed

- Pregnant state, incidental (Z33.1) cannot be first-listed as per the description of the code it is incidental to the reason why the patient was seen. A diagnosis for the circumstances of the encounter should be listed first.

- Weeks of gestation (Z3A.00 – Z3A.49) requires a diagnosis from Chapter 15 Pregnancy, Childbirth and the Puerperium.

- BMI (Z68.20 – Z68.54) should only be assigned when the associated diagnosis (such as overweight or obesity) meets the definition of reportable diagnosis.

This is not an all-inclusive list of all Z codes that cannot be first-listed.

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Medicare

- Will not pay a laboratory claim if non-covered Dx’s are reported according to Medicare’s National Coverage Determinations (NCD) policy and Local Coverage Determinations (LCD).

- Commonly reported non-covered Z codes
  
  - Z00.00
  - Z02.79
  - Z02.89
  - Z02.9
  - Z11.3
  - Z11.4
  - Z11.59
  - Z13.220
  - Z13.89
  - Z13.9

This is not an all-inclusive list of non-covered Z codes. Please check the NCD’s/LCD’s for a full list of codes.

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Resources

- ICD-10-CM Coding Guidelines FY 2019 (October 1, 2018 - September 30, 2019)

- ICD-10-CM Coding Book

- CMS NDC
  http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10.htm