

ICD-10 Simplifies Preventive Care Coding, Sort Of

FPM's ICD-10 coding series continues with a look at how to code immunizations, routine health exams, and common preventive screenings.

Cindy Hughes, CPC, CFPC

You have no doubt heard about the eight-fold increase in diagnosis codes included in the transition from ICD-9 to ICD-10, but that is not the whole story. You'll be relieved to know that, for some encounters and services, ICD-10 offers fewer or the same number of codes. Codes related to preventive services are examples of this.

This article will focus on how to select ICD-10 codes for immunizations, routine health exams, and common preventive screenings. These are Z codes found in Chapter 21 of the ICD-10 code book.

Although the ICD-10 preventive codes are fairly straightforward, preventive coding can still be complicated, of course, in part because of the Affordable Care Act (ACA). To obtain insurance payments for preventive services covered under the ACA, you must properly code the combination of CPT/HCPCS and ICD-10 codes. For help with that, see "Modifier 33 and more" on page oa2.

Immunizations

ICD-10 recognizes that the type of vaccine you report with a CPT or HCPCS code gives sufficient detail about the type of immunization the patient needed. So rather than having you provide individual diagnosis codes for

each vaccine, ICD-10 allows you to report code **Z23** for an encounter involving immunization regardless of the type or number of vaccines. This is especially advantageous when reporting multiple childhood immunizations. Even influenza immunization coding is simplified. Under ICD-9, you have to report V04.81 for the influenza vaccine alone or V06.6 if you provide both the influenza vaccine and the pneumonia vaccine on the same date. Under ICD-10, you simply report code **Z23** regardless of how many or what types of vaccines are administered.

The **Z23** code includes the following note: "Code first any routine childhood examination." Therefore, when you provide immunizations in conjunction with a well-child visit, a code for routine child health examination should be reported first, followed by **Z23** for any immunizations. This is similar to ICD-9 rules.

Well-child examinations

Well-child exam codes in ICD-10 are similar to those in ICD-9. Codes for newborn health examinations are reported with code **Z00.110** for a newborn under 8 days old or code **Z00.111** for a newborn 8 to 28 days old. For children 29 days old and older, use one of two codes: **Z00.121**, Encounter for routine child health examina-

About the Author

Cindy Hughes is an independent consulting editor in Tonganoxie, Kan., and a contributing editor to *Family Practice Management*. Author disclosure: no relevant financial affiliations disclosed.

Under ICD-10, you simply report code Z23 regardless of how many or what types of vaccines are administered.

tion with abnormal findings, or **Z00.129**, Encounter for routine child health examination without abnormal findings. Codes for any abnormalities should be reported too. Diagnosis codes for abnormal findings may be reported regardless of whether the finding requires an additionally reported service.

Adult annual exams

Routine annual exams for adults are reported similarly to well-child exams, including the requirement to report additional codes to identify abnormal findings. The adult annual exam codes are as follows:

- **Z00.00**, Encounter for general adult medical examination without abnormal findings,
- **Z00.01**, Encounter for general adult medical examination with abnormal findings,
- **Z01.411**, Encounter for gynecological

examination (general) (routine) with abnormal findings,

- **Z01.419**, Encounter for gynecological examination (general) (routine) without abnormal findings.

When reporting a gynecological exam, you may report additional codes for screening for human papillomavirus (**Z11.51**), a screening vaginal Pap smear (**Z12.72**), or acquired absence of uterus (**Z90.71**), if applicable. If you provide a screening Pap smear for malignant neoplasm of the cervix outside of a gynecological exam, you would report that with code **Z12.4**. It is not necessary to report code Z12.4 when the screening takes place as part of a gynecological exam (Z01.411 or Z01.419).

Vision or hearing exams

Your code selection for a routine examination of the eyes and vision will also depend on whether you have identified any abnormal findings. The codes are as follows:

- **Z01.00**, Encounter for examination of eyes and vision without abnormal findings,
- **Z01.01**, Encounter for examination of eyes and vision with abnormal findings.

When reporting a routine examination of the ears and hearing, your code selection will depend on whether you have identified any abnormal findings or whether the patient has already failed a hearing screening. Code options are as follows:

MODIFIER 33 AND MORE

Properly coding the combination of CPT/HCPCS and ICD-10 codes is critical to getting paid for preventive services, particularly those covered under the Affordable Care Act (ACA). Proper use of CPT modifier 33 can help.

Modifier 33 allows providers to indicate that a service was initiated as a preventive service (even if it turned out to be therapeutic) and that patient cost-sharing does not apply. It can be used with any preventive service covered under the ACA (see <https://www.healthcare.gov/what-are-my-preventive-care-benefits>), such as services rated "A" or "B" by the U.S. Preventive Services Task Force and immunizations recommended by the Advisory Committee on Immunization Practices.

For instruction regarding selecting the appropriate CPT or HCPCS codes for these preventive services, refer to the following articles:

Beckman KD. CPT and Affordable Care Act create payer conundrum. *AAPC News*. March 1, 2014. <http://news.aapc.com/index.php/2014/03/cpt-and-affordable-care-act-create-payer-conundrum>.

Hughes C. What you need to know about the Medicare preventive services expansion. *Fam Pract Manag*. 2011;18(1):22-25. <http://www.aafp.org/fpm/2011/0100/p22.html>.

PREVENTIVE SCREENING CODE CROSSWALK

Preventive screening	ICD-9 codes	ICD-10 equivalents
Cardiovascular screening	V81.0 Screening ischemic heart disease V81.1 Screening hypertension V81.2 Screening other and unspecified cardiovascular conditions	Z13.6 Encounter for screening for cardiovascular disorders
Colorectal cancer screening	V76.51 Screening malignant neoplasm colon	Z12.11 Encounter for screening for malignant neoplasm of colon
Depression screening	V79.0 Screening for depression	Z13.89 Encounter for screening for other disorder
Diabetes screening	V77.1 Screening for diabetes mellitus	Z13.1 Encounter for screening for diabetes mellitus
Human immunodeficiency virus screening	V73.89 Screening for other specified viral diseases	Z11.4 Encounter for screening for human immunodeficiency virus (HIV)
Lead poisoning screening	V82.5 Screening for chemical poisoning and other contamination	Z13.88 Encounter for screening for disorder due to exposure to contaminants
Lipoid disorder screening	V77.91 Screening for lipoid disorders	Z13.220 Encounter for screening for lipoid disorders
Obesity intensive behavioral therapy (IBT)	V85.30 Body mass index (BMI) 30.0-30.9, adult V85.31 BMI 31.0-31.9, adult V85.32 BMI 32.0-32.9, adult V85.33 BMI 33.0-33.9, adult V85.34 BMI 34.0-34.9, adult V85.35 BMI 35.0-35.9, adult V85.36 BMI 36.0-36.9, adult V85.37 BMI 37.0-37.9, adult V85.38 BMI 38.0-38.9, adult V85.39 BMI 39.0-39.9, adult V85.41 BMI 40.0-44.9, adult V85.42 BMI 45.0-49.9, adult V85.43 BMI 50.0-59.9, adult V85.44 BMI 60.0-69.9, adult V85.45 BMI 70 and over, adult	Z68.30 Body mass index (BMI) 30.0-30.9, adult Z68.31 BMI 31.0-31.9, adult Z68.32 BMI 32.0-32.9, adult Z68.33 BMI 33.0-33.9, adult Z68.34 BMI 34.0-34.9, adult Z68.35 BMI 35.0-35.9, adult Z68.36 BMI 36.0-36.9, adult Z68.37 BMI 37.0-37.9, adult Z68.38 BMI 38.0-38.9, adult Z68.39 BMI 39.0-39.9, adult Z68.41 BMI 40.0-44.9, adult Z68.42 BMI 45.0-49.9, adult Z68.43 BMI 50.0-59.9, adult Z68.44 BMI 60.0-69.9, adult Z68.45 BMI 70 or greater, adult
Osteoporosis screening	V82.81 Screening for osteoporosis	Z13.820 Encounter for screening for osteoporosis
Prostate cancer screening	V76.44 Screening for malignancy prostate	Z12.5 Encounter for screening for malignant neoplasm of prostate
Pulmonary tuberculosis	V74.1 Screening for pulmonary tuberculosis	Z11.1 Encounter for screening for respiratory tuberculosis
Sexually transmitted infection (STI) screening and high intensity behavioral counseling to prevent STIs	V74.5 Screening for venereal disease V69.8 Other problems related to lifestyle V73.89 Screening for other specified viral disease V73.88 Screening for other specified chlamydial disease	Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission Z72.89 Other problems related to lifestyle Z11.59 Encounter for screening for other viral diseases Z11.8 Encounter for screening for other infectious and parasitic diseases (e.g., chlamydia)

ICD-10 codes for preventive screenings are a relatively easy crosswalk from ICD-9.

- **Z01.10**, Encounter for examination of ears and hearing without abnormal findings,
- **Z01.110**, Encounter for hearing examination following failed hearing screening,
- **Z01.118**, Encounter for examination of ears and hearing with other abnormal findings.

Note that code Z01.110, although it refers to a failed hearing screening, still involves services provided in a preventive context. For example, a child who has been screened at school and suspected of having hearing problems might be brought in for a hearing examination that does not result in a hearing problem being diagnosed. If after testing a diagnosis is made, the appropriate diagnosis code would then be required.

Preventive screenings

ICD-10 codes for preventive screenings are a relatively easy crosswalk from ICD-9 as well. For example, ICD-9 codes V81.0, Screening ischemic heart disease; V81.1, Screening hypertension; and V81.2, Screening other and unspecified cardiovascular conditions, all crosswalk to ICD-10 code **Z13.6**, Encounters for screening for cardiovascular disorders. The table “Preventive screening code crosswalk” (page oa3) compares some common ICD-9 screening codes to their generally equivalent ICD-10 codes.

Preparing your practice

Patients dread certain preventive services that require unpleasant preparation, involve substantial expense, or include some level of uncertainty and discomfort. For similar reasons, you may be dreading the transition to ICD-10.

The good news is that you now have more time to prepare for ICD-10 because the implementation date has moved to Oct. 1, 2015. Learning more about the code set, and seeing how certain categories of codes are easier to use than others, should ease some concerns as you prepare for this transition. Like the patient who chooses to undergo screening, a prepared practice may catch problems early and more easily resolve them. After all, an ounce of prevention is worth a pound of cure – even when it comes to ICD-10. **FPM**

COUNTDOWN TO ICD-10

ARTICLES IN *FPM*'s ICD-10 SERIES

You can access the following articles in *FPM*'s ICD-10 topic collection (<http://www.aafp.org/fpm/icd10>):

- “ICD-10 Coding for the Undiagnosed Problem,” *FPM*, May/June 2014.
- “How to Document and Code for Hypertensive Diseases in ICD-10,” *FPM*, March/April 2014.
- “10 Steps to Preparing Your Office for ICD-10 – Now,” *FPM*, January/February 2014.
- “Getting Ready for ICD-10: How It Will Affect Your Documentation,” *FPM*, November/December 2013. *Includes a special section on how to code diabetes mellitus under ICD-10.*
- “The Anatomy of an ICD-10 Code,” *FPM*, July/August 2012.
- “ICD-10: What You Need to Know Now,” *FPM*, March/April 2012.

Upcoming articles will include the following topics:

- Upper respiratory system coding in ICD-10,
- Lower respiratory system coding in ICD-10,
- Sprains, strains, and automobile (accidents).

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