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ICD-10 for
Primary Care



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Diagnosis coding for preventive services, well visits

While ICD-10 is more complex than ICD-9, there's one area where coding may get a little easier for primary care: preventive services.

Many of the new codes are more specific for patient well visits and other services, so there'll be no question about which ones you'll need to use.

And some codes are actually simpler than they were in ICD-9.

Here's what you need to know about these coding changes:

General exams

In ICD-9, V codes were used as the diagnoses for general medical exams.

ICD-10 replaces these codes with Z codes.

So while you may be used to coding V70.0 for a general medical exam, you have the following two options to choose from in ICD-10:

- Z00.00 (encounter for general adult medical exam without abnormal findings), and
- Z00.01 (encounter for general adult medical exam with abnormal findings).

Gynecological visits

Annual gynecological exams have their own separate diagnosis codes in ICD-10:

- Z01.411 (encounter for gynecological exam [general, routine] with abnormal findings), and
- Z01.419 (encounter for gynecological exam [general, routine] with normal findings).

Along with the Z code for the exam,

you can also report code Z12.72 if your provider performs a screening Pap smear as part of the exam.

Routine child visits

ICD-10 also has more options than ICD-9 for a routine child exam.

With newborns, you're able to choose from two codes that are more specific to the baby's age:

- Z00.110 (health exam for newborn under 8 days old), and
- Z00.111 (health exam for newborn 8 to 28 days old).

For children 29 days and older, you can choose

from the following two codes:

- Z00.121 (encounter for routine child health exam with abnormal findings), or
- Z00.129 (encounter for routine child health exam without abnormal findings).

Immunizations

Choosing a diagnosis code for any vaccines administered during an encounter is much simpler in ICD-10.

In ICD-9, each immunization had its own separate diagnosis code (e.g., V03.7 for administering the tetanus vaccine).

But in ICD-10, all immunizations are covered under one diagnosis code: Z23 (encounter for immunization).

The rationale behind this change is that the procedure code for the vaccine should indicate what immunization was administered. So extra info about the vaccine isn't needed from the ICD-9 code.



SCREENING CODES

Besides physicals and Pap smears, there are several other screening services you'll be reporting in ICD-10.

Some of the codes you'll use for these services are:

- Z11.3 (encounter for screening for infections with a predominantly sexual mode of transmission)
- Z11.4 (encounter for screening for human immunodeficiency virus [HIV])
- Z13.1 (encounter for screening for diabetes mellitus)
- Z13.220 (encounter for screening for lipoid disorders)
- Z13.6 (encounter for screening for cardiovascular disorders), and
- Z13.820 (encounter for screening for osteoporosis).

If you're screening your patients for depression, report code Z13.89 (encounter for screening for other disorder).

And, just as in ICD-9, when reporting obesity screenings, the diagnosis code used should indicate the patient's body mass index (BMI). In ICD-10, these codes are part of the Z68 code series.

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