

# Gastroenterology Coding Alert

## ICD-10: Expand Your 'Z' Code Knowledge Beyond Z12.11

**These codes can come in handy in myriad situations.**

Most gastroenterology coders are very familiar with ICD-10 code Z12.11 (Encounter for screening for malignant neoplasm of colon), since it's typically the first code you assign to a colonoscopy screening. However, your options in the "Z" code category, which describe "Factors influencing health status and contact with health services," go far beyond Z12.11.

If you think the remaining Z codes don't apply to your practice, you're probably incorrect - read on to determine how these codes can help you collect.

### **If a Z Code is the Best Option, Use it**

Contrary to what some coders believe, you may - and on occasion must - report Z codes as primary diagnoses. "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," the ICD-10 manual says. "Certain Z codes may only be used as a first-listed or principal diagnosis."

One common instance when practices select a Z code as a primary diagnosis is for screening exams. These include several codes that describe screenings for neoplasms, and not just those in the colon (for instance, Z12.0, Encounter for screening for malignant neoplasm, stomach).

**Be aware:** A "screening" means that the surgeon performs an exam to determine the presence of a condition in the absence of any relevant signs or symptoms and should be reserved for occasions when the doctor is screening a patient preventively.

### **ICD-10 Offers Additional Z Code Opportunities**

You might also use Z codes as primary diagnoses when the gastroenterologist provides care for a patient with current or past injuries and/or treatment, as well as other screening services.

**Example:** A patient presents for aftercare to address the functionality of an implanted infusion pump. You'll report Z45.1 (Encounter for adjustment and management of infusion pump) to describe the reason for the visit.

**Example 2:** A patient presents for a screening for an upper GI disorder. In this case, you'll report Z13.810 (Encounter for screening for upper gastrointestinal disorder).

**Example 3:** Coders and physicians often make the mistake of overlooking Z codes for patients whose disease processes are no longer active, but this is another area where these codes are helpful. For instance, a female patient who has successfully undergone a liver transplant visits the office for a follow-up.

In this case, rather than report an acute diagnosis of liver failure - which is inaccurate - you should select Z48.23 (Encounter for aftercare following liver transplant) to reflect that the checkup is for a condition that is no longer acute. "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," according to ICD-10 guidelines.

