

Internal Medicine Coding Alert

ICD-10 Update: Code Child Health Exams With Z00.121 and Z00.129

Splitting V20.2 in two allows with and without abnormal findings.

When ICD-9 is replaced by ICD-10, you are going to be using two routine child health visit codes instead of one. Knowing the definition of "abnormal findings" is the key to choosing the right code.

Get a jump on familiarizing yourself with the new codes with our expert advice.

Toss One V Diagnosis and Catch Two Z's

With the release of ICD-10, you will replace ICD-9 V20.2 (Routine infant or child health check) with two ICD-10 codes: Z00.129 (Encounter for routine child health examination without abnormal findings) and Z00.121 (Encounter for routine child health examination with abnormal findings).

The primary difference between the two child health exam codes is that one is used when the exam includes an abnormal finding and the other is an exam without an abnormal finding. Stedman's Medical Dictionary defines "abnormal" as differing in any way from the usual state, structure, condition, or rule. "This could be anything from size (too large or small), vision, hearing, etc.," says **Pamela Biffle, CPC, CPC-P, CPC-I, CCS-P, CPCO**, owner of PB Healthcare Consulting and Education Inc. in Austin, Tex.

You will attach the Z00.129 to the E/M service when there is no abnormal finding. If there is an abnormal finding, you will attach the Z00.121. You will need another code with Z00.121 to identify the abnormal findings.

Try Out This Example

Let's work through an example, provided by Biffle, to compare the current coding under ICD-9 and the new coding you'll use once ICD-10 is in place.

Example: A three-year-old new patient presents for an annual wellness exam, and during the exam the provider notices what he believes to be occasional slight wheezing. The mother reports that her daughter has had some occasional breathing problems, but that it doesn't seem to slow the child down. She also reports that there is a family history of asthma and other respiratory diseases. The provider and mother agree that a consultation with a provider who specializes in allergies and asthma is in order to follow up on this issue.

You would code 99382 (Initial comprehensive preventive medicine evaluation and management of an individual ...) for the annual wellness exam since the patient is three and 99382 is used for one to four year olds who are new patients.

ICD-9: Currently, you would attach the V20.2 diagnosis code.

ICD-10: Once you have to use ICD-10, you'll attach Z00.121 since this was an encounter with abnormal findings. You will also need to report R06.2 (Wheezing).

"ICD-10-CM codes R00-R69 describe symptoms and signs. If any of these codes are used, then one would use Z00.121, not Z00.129," Biffle explains.

Tip: CMS explains in an August 20, 2013, ICD-10 training, that "Should a general medical examination result in an abnormal finding, the code for general medical examination with abnormal finding should be assigned as the first-listed diagnosis. A secondary code for the abnormal finding should also be coded." To learn more, take a look at www.cms.org/icd-10/training.

Rely on Documentation

When an exam uncovers an abnormal finding, it must be thoroughly documented and defined with more than just writing "something was abnormal." A close look at the internal medicine physician's examination and findings in her documentation will be necessary. If a finding is written as only "abnormal," that isn't sufficient. A thorough explanation is required.

Good example: Your physician examines her patient, codes Z00.121, and notes that the "patient appears severely speech delayed." A decision is made to conduct tests based on the supporting documentation.

Bad example: Your physician examines her patient, codes Z00.121, and notes that "something was abnormal."

Caution: "Abnormal findings" does not refer to blood tests, biopsies, or tests that go to pathology. Frequently, these significant abnormal findings will support a separate, problem-oriented E/M visit billed with a modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified healthcare professional on the same day of the procedure or other service) at the time of a preventive medicine visit, rather than the use of the Z00.121 diagnosis code.