

## Eli's Rehab Report

### Reader Question: Know When to Use Z Codes

**Question:** We were wondering if Z codes can be used as Primary/Admitting Dx in a Nursing Home setting with short term rehab care. We have been using Z47.1 aftercare following joint replacement.

**Answer: Judy Adams, RN, BSN, HCS-D, AHIMA approved ICD-10-CM Trainer, with Adams Home Care Consulting** in Asheville, N.C. says: Z codes are allowed as primary codes when they are the best description for the main reason a patient is being seen. Most Z codes that are used primary are aftercare codes, such as Z47.1 when the primary focus of care is normal, routine care following a joint replacement to return the patient's functional abilities to previous levels.

Z codes should not be used if there is an active or complicated medical diagnosis or a more specific reason for admission.

**Elisa Bovee**, Senior Vice President of Operations, **Harmony Healthcare International** (HHI) in Topsfield, MA says, "If an individual is receiving aftercare following a hospitalization, a Z code may be assigned. Z codes cover situations where a patient requires continued care for healing, recovery, or long-term consequences of a disease when initial treatment for that disease has already been performed. When Z codes are used, another diagnosis for the related primary medical condition must also be assigned. For example, Z96.641 Presence of right artificial hip joint may also include S72.111D Displaced fracture of greater trochanter of right femur.

The October 1st 2015 Resident Assessment Instrument (RAI) Manual update dictating Minimum Data Set (MDS) Rules also states, "When Z codes are used, another diagnosis for the related primary medical condition must also be assigned and should be checked in items I0100□I7900 or entered in I8000," Bovee points out.

"From a billing point of view, Z codes may be used as either a first-listed (principal diagnosis code in the inpatient setting) or secondary code, depending on the circumstances for the services being provided. The ICD-9 CM diagnosis codes from the V57 series to identify encounters for rehabilitation (V57.89) no longer exist in ICD-10. The ICD-10-CM Official Guidelines for Coding and Reporting FY 2016 states, 'for an admission/encounter for rehabilitation for right-sided dominant hemiplegia following a cerebrovascular infarction, report code I69.351, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, as the first-listed or principal diagnosis.'"

"Note that the aftercare Z codes should not be used for aftercare for conditions such as injuries where 7th characters are provided to identify subsequent care. For example, for aftercare of an injury, assign the acute injury code with the 7th character "D" (subsequent encounter)."

**Don't do this:** You should not also code Z47.89 (Encounter for other orthopedic aftercare) with S72.111D (Displaced fracture of greater trochanter of right femur) as it conveys no additional information.