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ICD-10-CM: MENTAL HEALTH PART II



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AGENDA





Goal: Participants will be able to understand the principles of ICD-10-CM coding related to mental health

- Chapter 5: Mental and Behavioral Disorders
- Chapter 12: Diseases of the Skin and Subcutaneous Tissue
- Chapter 18: Signs and Symptoms
- Chapter 19: Injury and Poisonings
- Chapter 20: External Causes
- Chapter 21: Factors Influencing Health Status and Contact with Health Services

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CHAPTER 5



MENTAL AND BEHAVIORAL DISORDERS

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Chapter 5
Mental and Behavioral Disorders

- Includes psychological disorders, but excludes signs and symptoms
- Many excludes1 and excludes2 notes
- Important to distinguish between disorder and behavior
 - Example: Hallucinations (R44) and hallucinations in a psychotic disorder (F20-F29)

4

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ICD-10 AND MENTAL HEALTH CODING

- Changes were made to code titles to replaced anachronistic terminology
- Terminology and concepts harmonized with DSM-IV-TR
 - Because of timing, some new disorders in DSM-5 may not be specifically indexed or have unique codes in ICD-10-CM
 - ICD-10 and DSM-5 "should be thought of as companion publications." –American Psychiatric Association
- 5th digit sub-classification for schizophrenia has been eliminated

5

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CODING FOR SUBSTANCE ABUSE

- Substance abuse no longer classified as continuous or episodic
- Unique codes for alcohol and drug use, abuse, and dependence
- Combination codes for alcohol/substance abuse and associated conditions
- "Other disorders" with substance abuse/dependence refer only to psychological disorders, *not* physical ones

6


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SUBSTANCE ABUSE/USE/DEPENDENCE

When the provider documentation refers to use, abuse, and dependence of the same substance, only one code should be assigned:

- Use + abuse = assign code for abuse
- Abuse + dependence = assign code for dependence
- Use + dependence = assign code for dependence
- Use + abuse + dependence = assign code for dependence

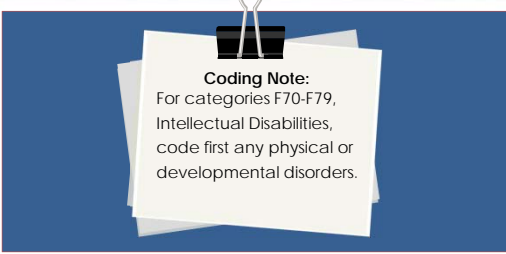


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ICD-10-CM

Coding Note:
For categories F70-F79,
Intellectual Disabilities,
code first any physical or
developmental disorders.



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ORGANIZATION OF CHAPTER 5

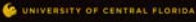

- F01-F09: Mental disorders due to physiological conditions
- F10-F19: Disorders due to substance use
- F20-F29: Schizophrenia, schizotypal, delusional, other non-mood psychotic disorders
- F30-F39: Mood [affective] disorders
- F40-48: Anxiety, dissociative, stress-related, somatoform, other nonpsychotic disorders
- F50-F59: Behavioral syndromes with physical factors
- F60-F69: Adult personality disorders
- F70-79: Intellectual disabilities
- F80-89: Specific developmental disorders
- F90-F98: Disorders with onset in childhood & adolescence

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F01-F03: DEMENTIA 

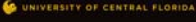

- Vascular, classified elsewhere, or unspecified
- With or without behavioral disturbance
- Code first underlying condition
- Excludes1: dementia with Parkinsonism (G31.83)
- Excludes2: dementia in alcohol and psychoactive substance disorders
- F03: Senile dementia NOS

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F30-F39: MOOD DISORDERS 

- Bipolar and depression subdivided into mild, moderate, severe, or unspecified
- Severe with or without psychotic features
- Bipolar classified by current episode
 - Manic
 - Depressed
 - Mixed
 - In remission
- Depression classified by single episode, recurrent, or in remission

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SCENARIO 11 


Code for counseling for nicotine dependence (cigarettes).

Z71.6 Counseling, for, tobacco use

F17.210 Dependence, nicotine—see dependence, drug, nicotine, cigarettes.

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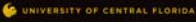

SCENARIO 12 

Multiple vitamin deficiencies due to anorexia nervosa


F50.0 Anorexia

E56.9 Deficiency, vitamin (multiple)

13

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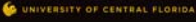

SCENARIO 13 

Patient is a recovering alcoholic with generalized anxiety disorder


F10.21 Dependence, alcohol, with, remission

F41.1 Disorder, anxiety, generalized

14

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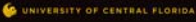

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SCENARIO 14 


Patient has anxiety disorder due to alcohol abuse.

F10.180 Abuse, alcohol, with, anxiety disorder

15

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SCENARIO 15 


Attempted suicide, Cymbalta. Patient was treated for acute symptoms in ER. This is a follow-up appointment. On Cymbalta for severe MDD (recurrent)

T43.212D Table of Drugs and Chemicals, antidepressant, selective serotonin and norepinephrine reuptake inhibitor, poisoning, intentional self-harm, subsequent encounter

F33.2 Disorder, depressive, recurrent, severe

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SCENARIO 16 


Weekly counseling appointment for rape victim with PTSD.

Z69.81 Counseling (for), rape victim

F43.10 Disorder, post-traumatic stress

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SCENARIO 17 

Patient brought in by his sister. He was hearing voices and says he figured out it was people wearing clothing that made them invisible. His e-mail is now being monitored by the CIA, and people in the stores are really agents spying on him. He refused to go to his PCP, because she wants to steal his DNA. Based on patient's history (significant contributions from sister), dx is paranoid schizophrenia.

F20.0 Schizophrenia, paranoid (type)

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SCENARIO 18 


Mother brings in her nine-year-old son for monitoring of Ritalin dose. Has ADHD (inattentive) and oppositional defiance disorder

Z51.81 Monitoring, therapeutic drug level


F90.0 Disorder, attention-deficit hyperactivity, inattentive type

F91.3 Disorder, oppositional defiance

19

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SCENARIO 19 


43-year-old male is being treated for alcohol dependence. He is receiving treatment from his PCP for chronic alcohol-related gastritis. Also has a history of cocaine dependence, but hasn't used in 3 years.

F10.20 Dependence, (on) (syndrome), alcohol (ethyl)(methyl) (without remission)


K29.20 Gastritis (simple), alcoholic

F14.21 Dependence, (on) (syndrome), drug, cocaine, in remission

20

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SCENARIO 20 


This 14-year-old male patient is brought in by his mother. She reports he has been abnormally withdrawn and depressed for a period of 8 weeks. About that time, the mother lost her job and the family had to relocate from New England to Florida for work. He is not fitting in at school. Diagnosis: depression due to adjustment disorder

F43.21 Disorder, adjustment, with, depressed mood.

21

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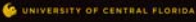

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SCENARIO 21 


The 35-year-old patient comes in about her episodes of intense fear. She will be out in public when she suddenly feels closed in. She experiences palpitations, feeling like she can't breathe, sweating, shakiness and the strong urge to flee. Dx: panic disorder with agoraphobia

F40.01 Disorder, panic, with agoraphobia

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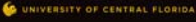

SCENARIO 22 

Persistent anxiety depression in a patient with systemic lupus. She has made improvements in breaking things up into small, manageable tasks on those days she is having flares. We are continuing to work on avoiding negative self-talk.


F34.1 Depression, anxiety, persistent

M32.9 Lupus, systemic—see Lupus, systemic

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SCENARIO 23 

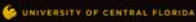

Patient has dementia due to Parkinson's disease. He will sometimes wander from home.

G20 Dementia, with, Parkinson's disease

[F02.81 Dementia in other diseases classified elsewhere, with behavioral disturbance]

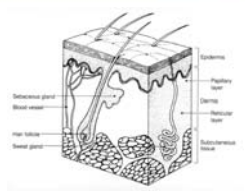
Z91.83 Wandering, in diseases classified elsewhere

24

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CHAPTER 12



DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

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Chapter 12

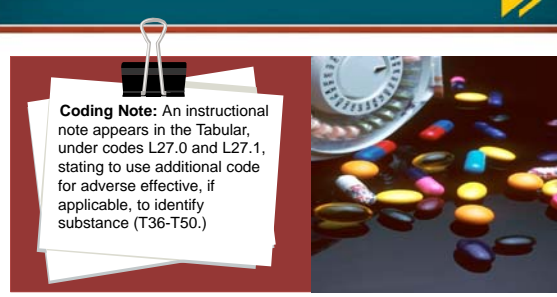
Diseases of the Skin & Subcutaneous Tissue

- **Contact dermatitis specific to:** allergic versus irritant/substance
- Use additional code to identify drug for adverse effects
- Does not include injuries to the skin and burns (except sunburn)
- Dermatitis and eczema are used interchangeably

26

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Coding Note: An instructional note appears in the Tabular, under codes L27.0 and L27.1, stating to use additional code for adverse effective, if applicable, to identify substance (T36-T50.)

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SCENARIO 24 


The patient is being treated for excessive scabbing on her hands and arms. She admits to picking her skin when she's stressed or anxious, and can't seem to stop. Diagnosis: skin damage due to excoriation.

R23.4 Scabs

L98.1 Excoriation, neurotic

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SCENARIO 25 

Patient just started on a tricyclic for depression. She has been taking it as prescribed. She states she was outside for about 15 minutes when her skin started to blister and burn. Diagnosis: drug-induced phototoxicity.


L56.0 Drug, photoxic

T43.015A Table of Drugs and Chemicals, tricyclic antidepressant, adverse effect, initial encounter

F39.0 Depression

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SCENARIO 26 

Patient is being seen to help with her kleptomania. When she arrives, her face is blotchy and red. She confesses that she stole make-up, and it's what's made her face break out. Irritant contact dermatitis and kleptomania.

L24.3 Dermatitis, contact, irritant, due to, cosmetics


T49.8x5A Table of Drugs and Chemicals, cosmetics, adverse effect

F63.2 Kleptomania

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CHAPTER 18



SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS

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SYMPTOMS, SIGNS, AND ABNORMAL CLINICAL AND LABORATORY FINDINGS

Includes symptoms, signs, or abnormal results of clinical or other investigative procedures, and ill-defined conditions that do not have their own codes in other chapters

- ▶ Unable to establish final diagnosis
- ▶ Points equally to two or more diseases or two or more systems of the body
- ▶ Could be designated: Not Otherwise Specified, Unknown Etiology, or Transient

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CHAPTER 18: SYMPTOMS, SIGNS, AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED

I.C.18.a

- Codes that describe signs and symptoms are acceptable when a definitive diagnosis has not been established by the provider.

I.C.18.b

- If the patient has a symptom not routinely found with the final diagnosis, code first the definitive diagnosis, followed by the code for the symptom
- Signs or symptoms that are routinely found with a disease process should not be assigned as additional codes

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SYMPTOMS, SIGNS, AND ABNORMAL LABORATORY FINDINGS, NEC (R00-R99)

- 1 • no more specific diagnosis can be made even after all facts have been investigated
- 2 • signs or symptoms existing at time of initial encounter - transient and causes not determined
- 3 • provisional diagnosis in patient failing to return
- 4 • referred elsewhere before diagnosis made
- 5 • more precise diagnosis not available
- 6 • certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

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**R46.1
Bizarre
personal
appearance**



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SCENARIO 27

Patient says she feels a crawling, tingling sensation on her skin. It causes her to itch extensively, to the point of skin damage. Infectious agents and allergens were ruled out. Diagnosis: paresthesia of unknown origin, itching

R20.2 Paresthesia—*see also* Disturbance(s), sensation, skin, paresthesia

L29.9 Pruritus, unspecified

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SCENARIO 28 >>

Patient presents with shortness of breath, headache, heart palpitations, and excessive sweating. Suspected panic attack.

R06.02 Shortness of breath
R00.2 Palpitations
R51 Headache
R61 Sweating, excessive

37

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SCENARIO 29 >>

Patient comes in with complaints of heartburn. He also has an elevated blood pressure reading. He says he has been under a lot of stress at work because they're talking about laying people off. Possible hypertension. AMI and GERD are ruled out.


R12 Heartburn
R03.0 Elevated, blood pressure, reading, no diagnosis of hypertension
Z56.2 Problem (with) (related to) employment, threat of job loss

38

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CHAPTER 19 >>



INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES AHIMA

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INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (S00- T88)

Encompasses 2 alpha characters
S: Injuries related to body region
T: Injuries to unspecified region, burns, poisonings

- Use secondary code(s) from Chapter 20 to indicate cause of injury
- Codes within T section that *include* the external cause do not require an additional external cause code

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CHAPTER 19: INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

I.C.19.f: Adult and child abuse, neglect, and other maltreatment

- Sequence first the appropriate code from categories T74.- or T76.-, followed by any accompanying mental health or injury code(s).
- For cases of confirmed abuse or neglect, an external cause code from the assault section (X92-Y08) should be added to identify the cause of any physical injuries. A perpetrator code (Y07) should be added when the perpetrator is known. For suspected cases of abuse and neglect, do not report external cause or perpetrator code.

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CHAPTER 19: INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES


I.C.19.f, continued

- If a suspected case of abuse, neglect, or mistreatment is ruled out during an encounter, use a code from Z04.7-, not a code from T76.-
- If a suspected case of rape or sexual abuse is ruled out during an encounter, use a code from Z04.4-, not a code from T76.-

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INITIAL ENCOUNTER



The patient is receiving **active** treatment for the condition


- Surgical treatment
- Emergency department encounter
- Evaluation and treatment by a new physician**

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SUBSEQUENT ENCOUNTER



Patient receiving **routine care** during healing or recovery phase

- Cast change or removal
- Removal of external or internal fixation device
- Medication adjustment
- X-ray to check healing status
- Other aftercare and follow-up visits following injury treatment

Note: Aftercare Z codes should not be used for injuries - assign the acute injury code with the appropriate seventh character for "subsequent encounter."

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SEQUELA




- Complications or conditions that arise as a direct result of an injury
- "S" added only to **injury code**, *not* the code that describes the sequela
- "S" identifies injury responsible for sequela.
- Specific type of sequela (like scar) should be sequenced first, followed by injury code


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POISONING, ADVERSE EFFECT, UNDERDOSE

- Combination codes for substance and intent
- All poisoning columns (accidental, self-harm, assault, undetermined), followed by adverse effects, underdosing
- Undetermined intent is only for use when there is specific documentation in record that intent cannot be determined
- When intent is not documented, code to accidental poisoning




46

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POISONING, ADVERSE EFFECTS, AND UNDERDOSING

Poisoning	Overdose, wrong substance, ingesting non-medicine/non-food, or interactions
Adverse effect	Sensitivity or reaction to correct substance properly administered
Underdosing	Taking less of medication than is prescribed or instructed by manufacturer



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SCENARIO 30

Mental health evaluation for 14-y.o male pt., admitted for observation after suicide attempt. Tramadol and Ambien

T40.4x1A Table of Drugs and Chemicals, Tramadol, poisoning, intentional self-harm, initial encounter

T42.6x2A Table of Drugs and Chemicals, Zolpidem poisoning, intentional self-harm, initial encounter

48

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SCENARIO 31 >>


16-year-old girl, brought in by her mother. The daughter has been wearing long sleeves everywhere, even though temperatures have been in the 90s. She caught pt cutting up her arms with an X-acto. Pt has multiple shallow lacerations on both arms, some healed over and some fresh. Treatment options were discussed. Pt scheduled for initial counseling appt. in 72 hours.

S51.811A Laceration, forearm, right
S51.812A Laceration, forearm, left

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CHAPTER 20 >>



EXTERNAL CAUSES OF MORBIDITY AHIMA

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EXTERNAL CAUSES OF MORBIDITY (V00-Y99) >>

- Environmental events and circumstances as the cause of injury
- Can **NEVER** be primary diagnosis
- May be used with any code in range A00.0-T88.9, Z00-Z99 that is a health condition due to external cause
- Assign external cause code with appropriate seventh character for each encounter for which injury or condition is being treated
 - ▶ initial encounter
 - ▶ subsequent encounter
 - ▶ sequela

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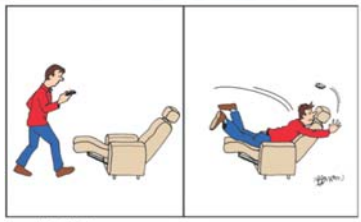
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INDEX TO EXTERNAL CAUSES

- Broken**
 - glass, contact with —see Contact, with, glass
 - power line (causing electric shock) W55
- Bumping against, into (accidentally)**
 - object NEC W22.8
 - with fall —see Fall, due to, bumping against, object
 - caused by crowd or human stampede (with fall) W52
 - sports equipment W21.9
 - person (s) W51
 - with fall W03
 - due to ice or snow W00.0
 - assault Y04.2
 - caused by, a crowd or human stampede (with fall) W52
 - homicide (attempts) Y04.2
 - sports equipment W21.9
- Burn, burned, burning (accidental) (by) (from) (on)**
 - acid NEC —see Table of Drugs and Chemicals
 - bed linen —see Exposure, fire, uncontrolled, in building, bed
 - blowtorch Y08.8

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**W01.190A,
Fall on same level from tripping, with subsequent striking against furniture**

James Lloyd - Digital James is the co-founder of 100wealth and is a wizard with CRM integration, he worked at IBM for 16 years in various roles including technical services, EDI, and software development. Needless to say, he's a productivity maven/mind. In fact, he outscored me on for this book.

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**V95.42xA
Forced landing of spacecraft injuring occupant, initial encounter.**

Sara Albrecht-Chubrio link on Probase 8/24/12 Sara works at Prodic, the largest Epic-only consulting firm in the country. She has a love for doodling, laughter, and the Philippines. ucf101illustrated.com

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Y92-PLACE OF OCCURRENCE



- Use with activity code
- Only on initial encounter
- Only one Y92 code on record
- Do not use Y92.9 if place not stated

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Y92.146
Place of occurrence, swimming pool of a prison

Bob Bertram - Artists: Giuseppe Collier on Canvas 18"x14"
2007. Numbered, titled, signed, and each done in the Brooklyn area.

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Y93- ACTIVITY


- Must use with a code from Y92
- Only on initial encounter
- Only one Y93 code on record
- Do not use Y93.9 if activity not stated
- Not applicable to poisonings, adverse effects, misadventures, or late effects

AHIMA

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Y99 - EXTERNAL CAUSE STATUS >>

Indicates work status	Only on initial encounter	
Must be used with a Y92 and a Y93 code	Do not assign code Y99.9 if status is not stated	

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SCENARIO 32 >>

Soldier presents for first counseling appointment for PTSD. Injured on deployment by an IED, which was on the road he was patrolling.

WHAT HAPPENED? Y36.230A War operations, explosion, improvised explosive device

WHERE? Y92.410 Place of occurrence, road

ACTIVITY? Y93.89 Activity, specified NEC

WHY? Y99.1 Military activity

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SCENARIO 33 >>

13-year-old male jumped from the roof of his middle school. He landed head first on the concrete surface of the open courtyard. Note found in his pocket confirms suicide attempt.


X80.xxxA Suicide, jumping, from high place

Y92.212 Place of occurrence, middle school

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CHAPTER 21



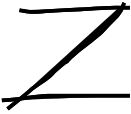
FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

AHIMA

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CHAPTER 21



- Factors Influencing Health Status and Contact with Health Services (Z00-Z99)
- Z Codes represent reasons for encounters

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CHAPTER 21

- When person who may or may not be sick encounters health services for some specific purpose i.e. to receive limited care or service for current condition, receive prophylactic vaccination, discuss problem
- When some circumstance or problem is present which influences person's health status but is not a current illness or injury
- If the Z code is an encounter for a procedure, remember to use corresponding procedure code—CPT, HCPCS, ICD-10-PCS, E/M

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Z CODES RELATED TO MENTAL HEALTH ENCOUNTERS

Z04.6 Encounter for general psychiatric exam, requested by authority
Z13.4 Encounter for screening for certain developmental disorders
Z51.81 Encounter for therapeutic drug level monitoring
Z69- Counseling for victims or perpetrators of abuse
Z70- Counseling related to sexual attitude, behavior, orientation
Z71- Encounters for other counseling and medical advice NEC
Z72- Problems related to lifestyle
Z79.- Long term (current) use of drug therapy

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Z55-Z65: SOCIOECONOMIC AND PSYCHOSOCIAL CIRCUMSTANCES

- Death in the family
- Family member with addiction
- Estrangement
- Stress due to family member on deployment
- Unwanted pregnancy
- History of abuse
- Problems related to employment

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Z62.891, Sibling rivalry

Sarah Kottjen
 Acrylic and collage on canvas 11" x 14"
 Sarah is currently an ER project manager in the emergency department. Her 12 nephews and 10 nieces are all part of her life. Her biggest work is she observed on ER's campus where it was said her sons are like a French, Chinese and Arabic language family, with a potential interest in emergency medicine in the future.

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SCENARIO 34 >>

50-year-old woman comes in seeking advice. She is the caregiver for her elderly mother, who is becoming too much for her to handle. She thinks her mother has dementia, and wonders what she should do.

Z71.0 Counseling, non-attendant third party

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SCENARIO 35 >>


Patient presents today for counseling for his Vicodin addiction. He has chronic pain in right leg, which is a complication of surgery on same leg.

Z71.51 Counseling, substance abuse, drug
F11.20 Addiction—see dependence, drug, opioid
M79.661 Pain, leg—see pain, limb, lower, lower leg
G89.28 Pain, chronic, postprocedural NEC
M96.830 Complication, postprocedural, musculoskeletal structure, following musculoskeletal surgery

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THANK YOU FOR ATTENDING! >>



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