CODEX
CODING DECODED

Chapter 21 & 22: HEALTH STATUS & SPECIAL PURPOSE

Factors Influencing Health Status & Contact with Health Services — Codes for Special Purposes

ICD-10-CM Official Guidelines (Z00–Z99, U00–U85) — Quick Student Reference

CODING DECODED

1. Using Z Codes

- Z codes can be used in ANY healthcare setting — as a first-listed/principal code or as a secondary code, depending on the encounter. Certain Z codes may ONLY be first-listed/principal.
- Z codes are not procedure codes — a corresponding procedure code must accompany a Z code to describe any procedure performed.

2. Contact/Exposure & Inoculations

Contact / Exposure

- Z20 — contact with/suspected exposure to a communicable disease (close contact with an infected person, or in an epidemic area).
- Z77 — other contact with/suspected exposure hazardous to health.
- Used as first-listed to explain testing, or (more commonly) as a secondary code to flag a potential risk.

Inoculations & Vaccinations

- Z23 — encounter for a prophylactic vaccination. Requires a procedure code for the actual injection/immunization given.
- May be used as a secondary code when given as routine preventive care (e.g., a well-baby visit).

3. Status Codes

A status code shows a patient is a carrier of a disease, or has a residual/sequela of a past condition (including presence of a prosthetic/mechanical device). It is informative because status can affect treatment and outcome.

Status vs. History: A status code means the condition/device is still present; a history code means the condition no longer exists.

- Don’t use a status code alongside a body-system diagnosis code that already conveys the same information (e.g., don’t pair Z94.1 Heart transplant status with a T86.2 heart-transplant complication code — the complication code already shows transplant status).
- Ventilator weaning: assign the J96.1 (chronic respiratory failure) code, followed by Z99.11 (ventilator dependence status).

Notable Status Code Rules

- Genetic susceptibility (Z15): don’t use as principal/first-listed if the patient has the condition — code the condition first. If in follow-up after treatment, sequence the follow-up code first. For genetic counseling, sequence Z31.5 first, then the Z15 code.
- BMI codes: only assign with an associated reportable diagnosis (e.g., obesity) documented by the provider; never during pregnancy; use the most severe value if BMI fluctuates during the encounter.
- Do Not Resuscitate: usable whenever documented by the provider at any point during the stay.
- Physical restraint status (Z78.1): only when documented as restrained during the stay — not for temporary restraint during a procedure.
- Long-term drug therapy (Z79): for ongoing prophylactic or chronic-condition medication (e.g., aspirin therapy, DVT prevention, cancer treatment). NOT for drug addiction, detox, or maintenance programs (code the substance use/abuse/dependence instead), and NOT for short courses treating an acute illness.
- Allergy status (Z88) — except Z88.9 (unspecified), which is a non-specific code.
- Z92.82 (tPA given at an outside facility ≤ 24 hrs before admission): secondary code, receiving facility only; also code the condition tPA was given for (e.g., stroke, MI) first.
- Z98.85 (transplanted organ removal status): shows a transplant was previously removed — do NOT use for the encounter where the removal itself happens (code the complication necessitating removal instead).

Categories Z89–Z90 and Z93–Z99 apply only when there is no complication/malfunction of the replaced organ, amputation site, or equipment.

4. History, Screening & Observation

History Codes

- Personal history — a past condition that no longer exists/isn't being treated, but could recur (needs monitoring).
- Family history — a family member had a disease that raises the patient's own risk.
- May pair with follow-up or screening codes; sequence the reason for the encounter first, history code(s) as additional diagnoses.

Screening

- Testing an asymptomatic person for early detection (e.g., a screening mammogram) — NOT screening if testing is due to a sign/symptom (that's diagnostic; code the sign/symptom instead).
- Can be first-listed (visit is specifically for the screening) or secondary (screening during a visit for other issues); not needed if inherent to a routine exam (e.g., a Pap smear during a routine pelvic exam).
- If a condition is found, add it as an additional code. A procedure code is required to confirm the screening was performed.

Observation

- For very limited use when a suspected condition is ruled out — not for cases with actual signs/symptoms/injury present (use the diagnosis/symptom code with an external cause code instead).
- Primarily principal/first-listed; may be secondary only when unrelated to the principal diagnosis, or when principal is Z38 (liveborn infant) — then Z05 follows the Z38 code.
- Z03.7 (suspected maternal/fetal condition ruled out): first-listed or additional depending on the case; not used if the condition is confirmed, or for antenatal screening.

5. Aftercare & Follow-up

Aftercare

- For continued healing/recovery care or long-term disease consequences after initial treatment — NOT for a current acute disease (use the diagnosis code) and NOT for injury aftercare (use the acute injury code with the subsequent-encounter 7th character).
- Usually first-listed; can be a secondary code when a specific aftercare service is given alongside the main reason for the visit (e.g., colostomy closure during another treatment).
- Can combine with other aftercare or diagnosis codes for detail — sequencing depends on the circumstances of the encounter.
- Status codes may accompany an aftercare code to specify what the aftercare is for (e.g., Z95.1 + Z48.812) — but skip the status code when the aftercare code itself already names the status (e.g., Z43.0 alone, not with Z93.0).

Follow-up

- Used for surveillance after fully completed treatment — implies the condition no longer exists. Different from aftercare or a subsequent-encounter injury code, which describe ongoing healing.
- May pair with a history code (follow-up code sequenced first, history code follows) and can cover multiple visits.
- If the condition recurs at a follow-up visit, code the condition itself instead of the follow-up code.

6. Donor, Counseling & Obstetric Services

Donor (Z52)

For living individuals donating blood/tissue — for others or for self-donation. Not used for cadaveric donations.

Counseling

Used when a patient or family member gets help coping after illness/injury, or with family/social problems.

- Z71.84 — health/safety counseling for future travel.
- Z71.85 — vaccine safety counseling; not for routine general vaccine-risk information given during administration.

- Z71.87 — pediatric-to-adult transition counseling; may be assigned alone or with a treated condition's code(s), sequencing depends on the encounter.

Obstetric & Reproductive Services

- Used only when no complication from the Obstetrics chapter is present (e.g., a routine prenatal/postpartum visit).
- Z34 (normal pregnancy supervision) is ALWAYS first-listed and never combined with another OB-chapter code.
- Z3A (weeks of gestation) adds detail, but is not used for abortive outcomes, elective termination (Z33.2), or postpartum conditions.
- Z37 (outcome of delivery) is always a secondary code on the maternal record only — never on the newborn record.

7. Routine Exams & Miscellaneous Codes

Routine & Administrative Examinations

- For general check-ups or administrative exams (e.g., pre-employment physical) — not for diagnosing a suspected condition or treatment (use the diagnosis code instead).
- A condition discovered during a routine exam is added as an additional code; pre-existing/chronic conditions and history codes may also be added if the exam stays administrative in focus.
- "With/without abnormal findings" codes depend on what's known at the time of coding; add specific code(s) for any abnormal finding.
- Pre-operative/pre-procedural clearance codes are for clearance only — no treatment given at that visit.

Miscellaneous — Prophylactic Organ Removal

- Z40.0 (risk factor related to malignant neoplasm) or Z40.8 (other) is principal/first-listed, plus a code for the risk factor (e.g., genetic susceptibility, family history).
- If the patient has a malignancy at one site and prophylactic removal at another site, code the malignancy too, in addition to Z40.0.
- Don't use Z40.0 when the organ removal IS treatment for an existing malignancy (e.g., removing testes to treat prostate cancer).

8. Nonspecific & Principal-Only Z Codes

Nonspecific Z Codes

Too non-specific or redundant for routine inpatient use; in outpatient settings, use only when no further documentation permits a more precise code. Examples:

- Z04.9, Z41.9, Z02.9, Z13.9, Z52.9, Z86.59, Z88.9, Z92.0

Z Codes That May ONLY Be Principal/First-Listed

These may only be reported first-listed, except when multiple same-day encounters are combined into one record:

- Z00, Z01, Z02 (routine/administrative exams); Z04 (exam/observation, other reasons)
- Z33.2, Z31.81, Z31.83, Z31.84 (elective termination, fertility-related encounters)
- Z34, Z38, Z39, Z40 (normal pregnancy, liveborn infant, postpartum care, prophylactic surgery)
- Z42, Z51.0, Z51.1- (reconstructive surgery, radiation/chemo-immunotherapy)
- Z52 (organ/tissue donor, except Z52.9); Z76.1, Z76.2 (foundling/healthy infant supervision); Z99.12 (ventilator dependence during power failure)

9. Newborns & Social Determinants of Health

Newborns & Infants

See Section I.C.16 for full newborn coding instructions. Key newborn Z codes: Z76.1 (health supervision of a foundling), Z00.1- (routine child health exam), Z38 (liveborn infant by place of birth/delivery type).

Social Determinants of Health (SDOH)

- Assign SDOH codes whenever documented — use as many as needed to fully describe the social problems/risk factors during the current episode of care.
- Example: living alone plus a documented risk/unmet need for help → Z60.2. Merely living alone, with no documented risk, does NOT support Z60.2.
- Food insecurity (Z59.41) and homelessness (Z59.0-) require documentation that supports the specific concern.

Who can document it: For Z55–Z65 codes, documentation from non-provider clinicians (social workers, case managers, nurses) in the official medical record is acceptable — as is patient self-reported information, as long as it's signed off and incorporated into the record by a clinician or provider.

Category	Covers
Z55	Education & literacy problems
Z56	Employment & unemployment problems
Z57	Occupational exposure to risk factors
Z58	Problems related to physical environment
Z59	Housing & economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Primary support group / family circumstances
Z64	Certain psychosocial circumstances
Z65	Other psychosocial circumstances

10. Chapter 22 — Codes for Special Purposes (U00–U85)

A small chapter reserved for provisional/special-purpose codes, including emerging disease codes.

Code	Description
U07.0	Vaping-related disorder (see Section I.C.10.e.)
U07.1	COVID-19 (see Section I.C.1.g.1.)
U09.9	Post COVID-19 condition, unspecified (see Section I.C.1.g.1.m.)