

## **Pain Management Coding Alert**

## Reader Question: Use Z Codes as Primary Dx ... Sparingly

**Question:** OK, settle a debate we've been having in the coding office. Some coders say Z codes can never be used as primary diagnosis codes; others say you can use Z codes as the primary diagnosis in certain situations. Who's right?

Washington Subscriber

**Answer:** Contrary to what some coders believe, you may  $\square$  and on occasion should  $\square$  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."

Perhaps the most common instance when you should select a Z code as a primary diagnosis is for screening exams, such as Z13.850 (Encounter for screening for traumatic brain injury).

**Be aware:** A "screening" means that the provider performs an exam to determine the presence of a condition in the absence of any relevant signs or symptoms.

So let's say a patient presents with symptoms such as dizziness (R42), headaches (R51), and nausea (R11.0), and the physician wants to examine the patient for a neoplasm of the brain. In this case, you should use the signs and symptoms to justify the exam rather than a screening code such as Z12.81 (Encounter for screening for malignant neoplasm of oral cavity). You'll reserve the screening code for preventive situations.