



ICD-10-CM Specialized Coding Training

<http://publichealth.nc.gov/lhd/icd10/training.htm>

Family Planning Course

For Local Health Departments and Rural Health

Unit 1





Family Planning Training Objectives

- Develop a general understanding of the coding guidelines for those chapters in ICD-10-CM that will be utilized by health department staff for coding encounters in Family Planning
- Demonstrate how to accurately assign ICD-10-CM codes using Family Planning scenarios

NOTE: Basic ICD-10-CM Coding training is a prerequisite for this course



Chapter 21

Factors influencing health status and contact with health services Instructional Notes

- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as ‘diagnoses’ or ‘problems’
 - This can arise in two main ways:
 - When a person who may or may not be sick encounters health services for some specific purpose
 - Examples: Encounter for initial prescription of contraceptive pills
 - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
 - Example: Pregnant client seen for Family Planning counseling

Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Screening**

- Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease
 - Z11.4 Encounter for screening for HIV
 - Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
 - Z11.8 Encounter for screening for chlamydia
 - Z12.4 Encounter for screening for malignant neoplasm of cervix
- Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
- Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
- Screening code is not necessary if the screening is inherent to a routine examination unless instructional notes state otherwise



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Counseling**
 - Client/family member receives assistance in aftermath of illness/injury, or support is required in coping with family/social problems
 - Not used with a diagnosis code when counseling component is considered integral to standard treatment
- **Counseling Z codes/categories:**
 - Z30.0- Encounter for general counseling and advice on contraception
 - Z31.5 Encounter for genetic counseling
 - Z31.6- Encounter for general counseling and advice on procreation
 - Z32.2 Encounter for childbirth instruction
 - Z32.3 Encounter for childcare instruction
 - Z69 Encounter for mental health services for victim and perpetrator of abuse
 - Z70 Counseling related to sexual attitude, behavior and orientation
 - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
 - Z76.81 Expectant mother prebirth pediatrician visit

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Persons encountering health services in circumstances related to reproduction (Z30~Z39)**
 - Z30 Encounter for contraceptive management
 - Z30.014 Encounter for initial prescription of IUD
 - Z31 Encounter for procreative management
 - Z31.41 Encounter for fertility testing
 - Z32 Encounter for pregnancy test and childcare and childbirth instruction
 - Z32.02 Encounter for pregnancy test, result negative
 - Z33 Pregnant state
 - Z33.1 Pregnant state, incidental

Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Persons encountering health services for examinations (Z00~Z13)**
 - Includes encounters for routine examinations and examinations for administrative purposes (e.g., a pre-employment physical)
 - **Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings**
 - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
 - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
 - Some codes for routine health examinations distinguish between “with” and “without” abnormal findings
 - When assigning a code for “with abnormal findings,” additional code(s) should be assigned to identify the specific abnormal finding(s)



Family Planning Unit 1 – Review Questions

True/False

1. Z codes are procedure codes
2. If a client comes in for a Family Planning annual visit and complains of severe headaches, the severe headaches will be first-listed
3. Screening codes are used when you are seeing someone who has no signs or symptoms related to the reason for the screening but you are evaluating for early detection
4. If family planning counseling routinely occurs during an encounter for surveillance of contraceptive pills, you do not code the counseling



Family Planning Unit 1

Coding Exercises

- **Scenario 1:** *A healthy 17 year old female comes in wanting to get started on oral contraceptives. She reports that her mother had breast cancer. She smokes ½ pack cigarettes a day. After her assessment she is started on Ortho Tri-Cyclen.*
- **Scenario 2:** *A 24 year old woman with a history of Chlamydia two years ago comes in requesting an IUD. Examination is normal but tested for Chlamydia and a pap smear is done. IUD was inserted with no problems noted.*



Specialized ICD-10-CM Coding Training

Family Planning Course

For Local Health Departments and Rural Health

Unit 2





Family Planning Unit 1 – Review Questions

True/False

1. Z codes are procedure codes
2. If a client comes in for a Family Planning annual visit and complains of severe headaches, the severe headaches will be first-listed
3. Screening codes are used when you are seeing someone who has no signs or symptoms related to the reason for the screening but you are evaluating for early detection
4. If family planning counseling routinely occurs during an encounter for surveillance of contraceptive pills, you do not code the counseling



Family Planning Unit 1

Coding Exercises

- **Scenario 1:** *A healthy 17 year old female comes in wanting to get started on oral contraceptives. She reports that her mother had breast cancer. She smokes ½ pack cigarettes a day. After her assessment she is started on Ortho Tri-Cyclen.*
- **Scenario 2:** *A 24 year old woman with a history of Chlamydia two years ago comes in requesting an IUD. Examination is normal but tested for Chlamydia and a pap smear is done. IUD was inserted with no problems noted.*



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Instructional Notes

- Chapter 18 includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded
- **Code Range: R00-R94** The conditions and signs or symptoms included in this code range consist of:
 - cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
 - signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
 - provisional diagnosis in a patient who failed to return for further investigation or care
 - cases referred elsewhere for investigation or treatment before the diagnosis was made
 - cases in which a more precise diagnosis was not available for any other reason
 - certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Content

Chapter 18 contains the following block – 1st character is R

R00-R09	Symptoms and signs involving the circulatory and respiratory systems	R50-R69	General symptoms and signs
R10-R19	Symptoms and signs involving the digestive system and abdomen	R70-R79	Abnormal findings on examination of blood, without diagnosis
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	R80-R82	Abnormal findings on examination of urine, without diagnosis
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	R83-R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R30-R39	Symptoms and signs involving the genitourinary system	R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behavior	R97	Abnormal tumor markers
R47-R49	Symptoms and signs involving speech and voice	R99	Ill-defined and unknown cause of mortality



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified CMS Guidance Related to Chapter 18 codes

- Specific diagnosis codes should be reported when they are supported by:
 - medical record documentation, and
 - clinical knowledge of the patient’s health condition
- Codes for signs/symptoms have acceptable, even necessary, uses
 - There are instances when signs/symptom codes are the best choice for accurately reflecting a health care encounter
 - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
- Each health care encounter should be coded to the level of certainty known for that encounter



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Content

Chapter 19 contains the following block – 1st characters are S and T

S00-S09 Injuries to the head	T15-T19 Effects of foreign body entering through natural orifice
S10-S19 Injuries to the neck	T20-T32 Burns and corrosions
S20-S29 Injuries to the thorax	T20-T25 Burns and corrosions of external body surface, specified by site
S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	T26-T28 Burns and corrosions confined to eye and internal organs
S40-S49 Injuries to the shoulder and upper arm	T30-T32 Burns and corrosions of multiple and unspecified body regions
S50-S59 Injuries to the elbow and forearm	T33-T34 Frostbite
S60-S69 Injuries to the wrist, hand and fingers	T36-T50 Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances
S70-S79 Injuries to the hip and thigh	T51-T6 Toxic effects of substances chiefly nonmedicinal as to source
S80-S89 Injuries to the knee and lower leg	T66-T78 Other and unspecified effects of external causes
S90-S99 Injuries to the ankle and foot	T79 Certain early complications of trauma
T07 Injuries involving multiple body regions	T80-T88 Complications of surgical and medical care, not elsewhere classified
T14 Injury of unspecified body region	



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects
 - Codes in categories T36-T65 are combination codes that include the substance that was taken as well as the intent
 - **Do not** code directly from the Table of Drugs and Chemicals. The Alphabetic Index will direct you to the Table of Drugs and Chemicals and then always refer back to the Tabular List
 - From the Tabular, look at the instructional notes at the beginning of the code block as well as the beginning of each category
 - Use as many codes as necessary to describe completely all drugs, medicinal or biological substances
 - If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, assign the code only once



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
 - **Adverse Effect** - When coding an adverse effect of a drug that has been correctly prescribed and properly administered
 - assign the appropriate code for the nature of the adverse effect
 - » Examples: Tachycardia, delirium, vomiting
 - followed by the appropriate code for the adverse effect of the drug (T36-T50)
 - **Poisoning**-When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration)
 - First assign the appropriate code from categories T36-T50
 - » The poisoning codes have an associated intent as their 5th or 6th character (accidental, intentional self-harm, assault and undetermined)
 - Use additional code(s) for all manifestations of poisonings
 - If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
(cont'd)
 - Examples of **Poisoning**:
 - Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person
 - Overdose of a drug intentionally taken or administered that results in drug toxicity
 - Nonprescribed drug or medicinal agent (e.g., NyQuil) taken in combination with correctly prescribed and properly administered drug - any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning
 - Interaction of drug(s) and alcohol causing a reaction would be classified as a poisoning



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows: (cont'd)
 - **Underdosing**
 - Taking less of a medication than is prescribed by a provider or a manufacturer's instruction
 - For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6")
 - Example: T38.2X6- Underdosing of antithyroid drugs
 - Codes for underdosing should never be assigned as first-listed codes
 - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded (e.g., Goiter develops)
 - Noncompliance (Z91.12~, Z91.13~) or complication of care (Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known

Z91.130 Patient's unintentional underdosing of medication regimen due to age-related debility

Y63.8 Failure in dosage during other surgical and medical care



Chapter 19

Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- Application of 7th Characters in Chapter 19
 - Most categories in this chapter have three **7th character values** (with the exception of fractures which have more than 3 7th character selections):
 - **A**- initial encounter
 - used when client is receiving active treatment for the **condition**
 - Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a **new** physician
 - **D**- subsequent encounter
 - used for encounters after client has received active treatment of the **condition** and is receiving routine care for the **condition** during the healing or recovery phase
 - Aftercare ‘Z’ codes not needed when 7th character ‘D’ code is used
 - Examples of subsequent care are: cast change or removal, medication adjustment, aftercare and follow up visits following **treatment of the injury or condition**
 - **S** ~ sequela
 - use for complications or conditions that arise as a direct result of a **condition**
 - Example: scar formation after a burn ~ the scars are sequelae of the burn



Chapter 19

Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- Birth control pills are prescribed for a client and a week later she comes in complaining of abdominal pain. You determine she is having an adverse effect from the prescribed pills
 - Use code T38.4x5A, Adverse effect of oral contraceptives, initial encounter
- Client returns 2 more times so you can check on her condition after the pills have been stopped. After the last encounter, you determine that all is well
 - For each of the 2 encounters, use the same code T38.4x5 but for the subsequent visits but you will use 7th character ‘D’ (T38.4x5D)
- Client returns 2 months later because she has not had a period since she went off the birth control pill
 - You determine that the amenorrhea is a result of the adverse reaction
 - Code the amenorrhea (N91.2) as the first-listed diagnosis because that is the primary reason for the encounter
 - Must also explain why the amenorrhea has occurred so use the same T38.4x5 code number but now you use 7th character ‘S’ for sequela (T38.4x5S)



Family Planning Unit 2 ~ Review Questions

True/False

1. Each health care encounter should be coded based on my knowledge of what was done – not what was documented
2. Signs and symptoms are acceptable for cases where a more specific diagnosis cannot be made even after all the facts bearing on the case have been investigated
3. The Table of Drugs and Chemicals contain the code numbers so the Tabular does not need to be consulted



Family Planning Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
1	16-year old female comes in requesting to get started on oral contraceptives. Her well child visit 3 weeks ago was unremarkable. Menses are regular, no complaints. She is started on Ortho Tri-Cyclen.
2	A 28 year old with a history of contraceptive failure resulting in a pregnancy while using a diaphragm, comes in to discuss other methods. She decides that she wants to use Nexplanon.
3	A 16 year old, never seen in the LHD before, comes in seeking a pregnancy test. The test is positive and 8 weeks gestation. She is referred to Maternal Health.
4	A 32 year old male comes into clinic interested in vasectomy. He has been approved for the FPW (Be Smart Program) but has not had an initial physical. The provider completes the initial exam which was unremarkable and discusses options for scheduling the vasectomy.



Family Planning Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
5	Ms. C had an implant inserted 2 weeks ago in her right upper arm and returns to clinic with complaints of pain at insertion site and dizziness; provider examines the insertion site and has a 15 minute discussion re: whether to keep or remove the implant. Ms. C decides not to remove the implant; will return to the office in a month if symptoms continue.
6	A 17-year-old established patient seen for “check-up” and initiation of contraception; Menses are regular; no complaints; Sexual debut 6 months ago; 2 lifetime partners; BP checked; vaginal swab for Gonorrhea/Chlamydia (NAAT); Given prescription for Ortho-Evra patch.
7	A 21 year old female presents to FP clinic for Depo Provera injection. She reports increasing feelings of sadness and hopelessness and has gained 8 pounds since her last visit three months ago. The nurse refers the patient to the clinician for evaluation.
8	19 year old female in for family planning annual exam. Breast tenderness x 3 months. Findings include ½ cm fibrocystic nodule in left breast and 1 cm mobile nodule in right breast. Right breast ultrasound ordered—possible breast adenoma
9	Clinic visit for replacement of intrauterine contraceptive device



Family Planning Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
10	A 30 year old on birth control pills comes in for her annual Family Planning physical. Her last Pap test 6 months ago was LSIL, but she has missed her follow up appointments. A pap smear is done.
11	A 21 year old was seen in the clinic two weeks ago requesting birth control pills so following a normal examination she was prescribed Seasonique. She is seen today because she has been experiencing lower abdominal cramps, and mild nausea since starting the Seasonique. It appears she is having a adverse reaction to the pill so is told to discontinue taking the pill and return in one week.



Specialized ICD-10-CM Coding Training

Family Planning Course

For Local Health Departments and Rural Health

Unit 3





Family Planning Unit 2 ~ Review Questions

True/False

1. Each health care encounter should be coded based on my knowledge of what was done – not what was documented

Answer: False (Each health care encounter should be coded to the level of certainty known for that encounter based on the documentation in the client record)

2. Signs and symptoms are acceptable for cases where a more specific diagnosis cannot be made even after all the facts bearing on the case have been investigated

Answer: True

3. The Table of Drugs and Chemicals contain the code numbers so the Tabular does not need to be consulted

Answer: False (The Tabular must always be consulted to ensure code accuracy. There may be Includes notes, Excludes notes and/or notes requiring a code extension.)



Family Planning Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
1	<p>16-year old female comes in requesting to get started on oral contraceptives. Her well child visit 3 weeks ago was unremarkable. Menses are regular, no complaints. She is started on Ortho Tri-Cyclen.</p> <p>Z30.011 – Encounter for initial prescription of contraceptive pills (Z30.0 subcategory is Encounter for general counseling and advice on contraception so counseling included in this subcategory; In most LHDs, females under Age 21 do not have gynecological assessments if asymptomatic – their heart, lungs, thyroid, etc. are checked. That type of exam will be captured with CPT code.)</p>
2	<p>A 28 year old with a history of contraceptive failure resulting in a pregnancy while using a diaphragm, comes in to discuss other methods. She decides that she wants to use Nexplanon.</p> <p>Z30.019 Encounter for initial prescription of contraceptives, unspecified (key word ‘contraception’, then initial prescription, then subdermal implantable) (Nexplanon is not considered ‘injectable’); Z92.0 Personal history of contraception (however, do not think this code adds any value since there is not a code for failed contraception)</p>



Family Planning Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
3	<p>A 16 year old, never seen in the LHD before, comes in seeking a pregnancy test. The test is positive and 8 weeks gestation. She is referred to Maternal Health.</p> <p>Z32.01 Encounter for pregnancy test, result positive; Z3A.08 8 weeks gestation of pregnancy</p>
4	<p>A 32 year old male comes into clinic interested in vasectomy. He has been approved for the FPW (Be Smart Program) but has not had an initial physical. The provider completes the initial exam which was unremarkable and discusses options for scheduling the vasectomy.</p> <p>Z30.09 Encounter for other general counseling and advice on contraception; Z00.00 Encounter for general adult medical examination without abnormal findings</p>



Family Planning Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
5	<p>Ms. C had an implant inserted 2 weeks ago in her right upper arm and returns to clinic with complaints of pain at insertion site and dizziness; provider examines the insertion site and has a 15 minute discussion re: whether to keep or remove the implant. Ms. C decides not to remove the implant; will return to the office in a month if symptoms continue.</p> <p>Z30.42 Encounter for surveillance of injectable contraceptive; M79.601 – Pain in right upper limb NOS; R42 Dizziness and giddiness (Note: Use Adverse Effect code (T38.5x5A - Adverse effect of other estrogens and progestogens, initial encounter) if clinician indicates adverse effect. From documentation here, cannot label as adverse effect.)</p>
6	<p>A 17-year-old established patient seen for “check-up” and initiation of contraception; Menses are regular; no complaints; Sexual debut 6 months ago; 2 lifetime partners; BP checked; vaginal swab for Gonorrhea/Chlamydia (NAAT); Given prescription for Ortho-Evra patch.</p> <p>Z30.018 Encounter for initial prescription of other contraceptives; Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission (Note: If you are screening for STDs, code Z11.3 should be sufficient – even if the screening includes HIV and Chlamydia which have separate codes – Z11.4 and Z11.8. I would use the more specific codes if the client is screened specifically for either of those conditions rather than a general STD screening.)</p>



Family Planning Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
7	<p>A 21 year old female presents to FP clinic for Depo Provera injection. She reports increasing feelings of sadness and hopelessness and has gained 8 pounds since her last visit three months ago. The nurse refers the patient to the clinician for evaluation.</p> <p>Z32.42 Encounter for surveillance of injectable contraceptive; R63.5 Abnormal weight gain; R45.89 Other symptoms and signs involving emotional state</p>
8	<p>19 year old female in for family planning annual exam. Breast tenderness x 3 months. Findings include ½ cm fibrocystic nodule in left breast and 1 cm mobile nodule in right breast. Right breast ultrasound ordered—possible breast adenoma</p> <p>Z01.411 Encounter for gynecological examination with abnormal findings; N63 Unspecified lump in breast (Do not code possible or probable; Did not code as fibrocystic disease since disease is not documented)</p>
9	<p>Clinic visit for replacement of intrauterine contraceptive device</p> <p>Z30.433 Encounter for removal and reinsertion of IUD</p>



Family Planning Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
10	<p>A 30 year old on birth control pills comes in for her annual Family Planning physical. Her last Pap test 6 months ago was LSIL, but she has missed her follow up appointments. A pap smear is done.</p> <p>Z30.41 Encounter for surveillance of contraceptive pills; Z12.4 Encounter for screening pap smear for malignant neoplasm of cervix; Z91.19 Patient's noncompliance with other medical treatment and regimen</p>
11	<p>A 21 year old was seen in the clinic two weeks ago requesting birth control pills so following a normal examination she was prescribed Seasonique. She is seen today because she has been experiencing lower abdominal cramps, and mild nausea since starting the Seasonique. It appears she is having a adverse reaction to the pill so is told to discontinue taking the pill and return in one week.</p> <p>Z30.41 Encounter for surveillance of contraceptive pills; R10.30 Lower Abdominal pain, unspecified; R11.0 Nausea; T38.5x5A Adverse effect of other estrogens and progestogens (NOTE: Seasonique = Levonorgestrel and Ethinly estradiol in Table of Drugs and Chemicals. If you can't find your drug in the Table, go to internet and look up the generic name or chemical name.) At beginning of Block T36-T50, there is a note: Code first, for adverse effects, the nature of the adverse effect.</p>



Family Planning Unit 1 – Review Questions

True/False

1. Z codes are procedure codes

Answer: False (Procedure codes are CPT/HCPCS codes)

2. If a client comes in for a Family Planning annual visit and complains of severe headaches, the severe headaches will be first-listed

Answer: False (An examination code will be first-listed code since the reason for the visit is specifically the Family Planning annual visit; Should a condition be discovered during the examination then the code for the condition will be assigned as an additional diagnosis)

3. Screening codes are used when you are seeing someone who has no signs or symptoms related to the reason for the screening but you are evaluating for early detection

Answer: True



Family Planning Unit 1 – Review Questions

True/False

4. If family planning counseling routinely occurs during an encounter for surveillance of contraceptive pills, you do not code the counseling

Answer: True





Family Planning Unit 1

Coding Exercises

- **Scenario 1:** *A healthy 17 year old female comes in wanting to get started on oral contraceptives. She reports that her mother had breast cancer. She smokes ½ pack cigarettes a day. After her assessment she is started on Ortho Tri-Cyclen.*

Answer: **Z30.011** Encounter for initial prescription of contraceptive pills (Z30.0 subcategory is Encounter for general counseling and advice on contraception so counseling included in this subcategory; In most LHDs, females under Age 21 do not have gynecological assessments if asymptomatic – their heart, lungs, thyroid, etc. are checked. That type of exam will be captured with CPT code.); **Z72.0** Tobacco use (if you look up Smoker, refers you to Dependence, drug, nicotine; however, when you look up in the tabular, there is Excludes1 note for Tobacco Use. Since clinician did not document tobacco dependence, cannot code this); **Z80.3** Family history of malignant neoplasm of breast



Family Planning Unit 1

Coding Exercises

- **Scenario 2:** *A 24 year old woman with a history of Chlamydia two years ago comes in requesting an IUD. Examination is normal but tested for Chlamydia and a pap smear is done. IUD was inserted with no problems noted.*
- **Answer:** Z30.430 – Encounter for insertion of IUD (it is an initial prescription but when you look at Z30.014 (Encounter for initial prescription of IUD), there is an Excludes1 note and it refers you to Z30.430); Z01.419- routine gynecological exam without abnormal findings ; Z12.72 - pap smear (unless this is routinely done during GYN exam); Z11.8 Encounter for screening for other infectious and parasitic diseases (includes Encounter for screening for chlamydia)



Evaluation and Questions

Evaluation Forms are located in the ICD-10-CM Specialized Coding Training Workbook and at:

<http://publichealth.nc.gov/lhd/icd10/docs/training>

Submit Evaluation Forms to:

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