



ICD-10-CM Coding Tip

Encounter for general adult medical examination

In an effort to aid Health Information Management Coding and Medical Billing Professionals with ICD-10, the following training tip is provided with an educational intent.

TIP: In ICD-10, some of the codes for routine health examinations distinguish between “with” and “without” abnormal findings. Code assignment depends on the information that is known at the time the encounter is being coded. For example, if no abnormal findings were found during the examination, but the encounter is being coded before test results are back, it is acceptable to assign the code for “without abnormal findings.” When assigning a code for “with abnormal findings,” additional code(s) should be assigned to identify the specific abnormal finding(s)

In ICD-9 there is only one code for routine general medical examination at a health care facility (V70.0), but in ICD-10, there are two codes. These codes are used for encounters for adult periodic examinations (annual)(physical) and any associated testing. These codes are:

Z00.00 - Encounter for general adult medical examination without abnormal findings

Z00.01 - Encounter for general adult medical examination with abnormal findings

Source

Leon-Chisen, N.(2013) ICD-10-CM and ICD-10-PCS Coding Handbook 2014. Chicago, IL: AHA Press.

Coding Clinic is the official resource and authority for ICD-10 coding rules and conventions.

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