

Aftercare vs. Follow-up GUIDELINES FOR CODING PROFESSIONALS

by Tom Hall, RHIT, CCS

Coding professionals should understand how encounters for aftercare and follow-up are different and how the coding has changed from ICD-9-CM to ICD-10-CM. This article is written as a review of the ICD-10-CM aftercare and follow-up coding guidelines.

Aftercare Guidelines

The codes for factors influencing health and contact with health services represent reasons for encounters and as such can be assigned as first listed diagnosis codes. In ICD-10-CM, these codes are located in Chapter 21 *Factors Influencing Health Status and Contact with Health Services* and have the initial alpha character of "Z". While code descriptions in Chapter

21, such as aftercare, may appear to denote descriptions of services or procedures, they are not procedure codes. These codes represent the reason for the encounter, service or visit; the procedure must be reported with the appropriate procedure code. Refer to guidelines 1.C.21 items 7 and 8 of ICD-10-CM Official Guidelines for Coding and Reporting FY 2016 for the appropriate procedure code.

Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the patient requires continued care during the healing or recovery phase, or for the long term consequences of the disease. Post-op care falls into this category of care when the condition that precipitated the surgery no longer exists, but the patient still requires therapy care to return to a healthy



level of function. The aftercare Z code should not be used if treatment is directed at a current, acute disease; the diagnosis code is to be used in these cases. Exceptions to this rule are codes Z51.0, Encounter for antineoplastic radiation therapy, and codes from subcategory Z51.1, Encounter for antineoplastic chemotherapy and immunotherapy. These codes are to be first-listed, followed by the diagnosis code when a patient's encounter is solely to receive radiation therapy, chemotherapy or immunotherapy for treatment of a neoplasm. If the reason for the encounter is more than one type of antineoplastic therapy, code Z51.0 and a code from subcategory Z51.1 may be assigned together, in which case these additional codes would be reported as a secondary diagnoses.

Aftercare for injuries during the healing and recovery phase should be coded with the injury code and the appropriate 7th character for subsequent encounter rather than a Z code. When the reason for an encounter is aftercare following a procedure or injury, the ICD-10-CM Official Guidelines and Reporting FY 2016 should be consulted to ensure that the correct code is assigned. Codes for reporting most types of aftercare are found in Chapter 21. However, aftercare related to injuries is reported with codes from Chapter 19, using seventh character extensions to identify the service as aftercare.

An example would be aftercare for an unspecified fracture of the lower end of the right humerus. Because the patient is returning for treatment during the healing and recovery phase, the diagnosis code for the injury S42.401 would have a 7th character of "D" to indicate the encounter is a subsequent encounter for aftercare with routine healing. Additional subsequent encounter 7th characters are available to describe delayed healing, nonunion or malunion. This diagnosis code with the correct 7th character would be first listed. Another example of a first listed aftercare code is Z48, for a 6-month surveillance biopsy of a transplanted kidney. This is aftercare for the long term consequence of the kidney transplant, and assumes there are no complications of the transplanted kidney. If there are documented complications of the transplanted kidney then the appropriate T code for the complication would be coded, such as T86.49 for an infection of the transplanted organ, and no aftercare code would be assigned.

THE RULES HAVE CHANGED FROM ICD-9-CM TO ICD-10-CM FOR CODING AFTERCARE AND FOLLOW-UP VISITS

If a patient is being principally treated for a condition and an aftercare procedure is performed during the stay for another condition in conjunction with the principal procedure, an aftercare code for the secondary condition may be coded as a secondary diagnosis code. ICD-10-CM guideline 1.C.21.7 uses the example of the takedown of a colostomy incidental to another primary procedure. The Z code Z43.3 would be allowable as a secondary diagnosis code in this instance.

"Fitting and adjustment" and "Attention to" Z codes are aftercare codes which may be first listed if this is the reason for the encounter, or listed secondarily if the aftercare treatment is incidental to a primary procedure. An example of this scenario is if the patient is returning for aftercare for breast reconstruction following a mastectomy, and the provider removes a chest port during the reconstruction procedure. Using aftercare Z42.1, Encounter for breast reconstruction following mastectomy, together with the fitting and adjustment codes as secondary diagnoses provides better detail in telling the story of the encounter with health services.

Aftercare Z codes may indicate the nature of the aftercare with implied status factors. Others might use a secondary Z status code with the aftercare code. Aftercare for a kidney transplant Z48.22 implies the status of a kidney transplant; therefore, the status post kidney transplant code Z97.8 would not be needed. An aftercare code which is not as specific, such as aftercare of surgery on the circulatory system, could benefit from an additional Z code status for "presence of" a bypass graft, artificial heart valve, or other more specific status. Z codes Z42 through Z51 are aftercare codes for which a secondary Z status code may be useful. In cases involving joint replacement surgery, a secondary Z status code should indicate which joint was replaced. For example, if you were treating a patient who had a total knee replacement, you would want to submit Z47.1, Aftercare following joint replacement surgery, as well as Z96.651 to indicate that the joint replaced was the knee.

Follow-up Z Code Guidelines

According to the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016, Section 1.C.21.c.8, follow-up codes are used to explain continuing surveillance following completed treatment of a disease, condition, or injury. They imply that the condition has been fully treated and no longer exists. They should not be confused with aftercare codes that explain current treatment for a healing condition or its sequelae represented with the 7th character for subsequent encounter. Follow-up codes may be used in conjunction

with history codes to provide the full picture of the healed condition and its treatment. The follow-up code is sequenced first, followed by the history code.

A follow-up code may be used to explain repeated visits. When a condition has recurred on the follow-up visit, assign the diagnosis code in place of the follow-up code.

- Z08 - Follow-up malignant neoplasm
- Z09 - Follow-up for condition other than malignant neoplasm
- Z39 - Encounter for maternal postpartum care and exam

Summary

The rules have changed from ICD-9-CM to ICD-10-CM for coding aftercare and follow-up visits. It is important for coding professionals to understand the guidelines for these types of encounters to ensure accurate code assignment that reflects the services provided to the patient.

References

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ICD-10-PCS Coding Tip



Aftercare vs. Follow-Up Visit Coding

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

AFTERCARE

- Initial treatment of a disease or injury has been performed.
- Patient requires continued care during the healing or recovery phase, or for the long term consequences of the disease; typically this is the global period.
- Aftercare for injuries, during the healing and recovery phase, should be coded with the injury code and the appropriate 7th character for subsequent encounter rather than a Z code.
- NOT reported if treatment is currently being directed at an acute disease or acute injury.

Example: Return visit for unspecified fracture of the lower end of the right humerus. Since the patient is returning for treatment during the healing and recovery phase, the diagnosis code for the injury S42.401 would have a 7th character of "D" to indicate the encounter is a subsequent encounter for aftercare with routine healing.

FOLLOW-UP

- Implies the disease, condition, or injury has been fully treated and no longer exists.
- Used to explain continuing surveillance following completed treatment of a disease, condition, or injury.
- Should not be confused with aftercare codes that explain current treatment for a healing condition or its sequelae.
- May be used in conjunction with history codes to provide the full picture of the healed condition and its treatment.
- When used together, the follow-up code is sequenced first, followed by the history code.

Example: Follow-up visit for patient after completing a regime of IV antibiotics for recurrent pneumonia; now resolved. Z09 for follow up not related to malignant neoplasm is sequenced first followed by the history of (recurrent) pneumonia, Z87.01, to describe the condition now resolved.

Reference: 2016 Official ICD-10 PCS Coding Guidelines (cms.gov/Medicare/Coding/ICD10/Downloads/2016-Official-ICD-10-PCS-Coding-Guidelines-.pdf)

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

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