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**AGE-APPROPRIATE FORGETFULNESS**

**Q** What is the diagnosis code for reporting age-appropriate forgetfulness in a patient who does not otherwise have indications of cognitive decline or dementia? Is this mild cognitive impairment (G31.84)?

**A** It depends on the documentation. Report mild cognitive impairment (G31.84) only if you specifically state it as the diagnosis. It indicates that patients have diminished memory (or any other cognitive domain) beyond what is considered normal for their age. Age-related cognitive decline, reported with R41.81, would probably be a more appropriate diagnosis for the scenario you've presented. If you had noted attention and concentration deficits (with no other condition identified as the cause), R41.840 would be appropriate. If you had identified cognitive deficits that resulted from a stroke, that would be reported with codes in category I69, "Sequelae of cerebrovascular disease."

**REPORTING NORMAL TEST RESULTS**

**Q** When I order a test due to a patient's symptoms (e.g., an electrocardiogram due to palpitations) and the result is normal, should I report a diagnosis code for the symptoms? I have been

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**EDITOR'S NOTE**

Reviewed by the *FPM* Coding & Documentation Review Panel. Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

told that it is more appropriate to report Z01.89, "Encounter for other specified special examinations."

**A** You are correct to report the signs or symptoms that prompted you to order the test even when the test does not yield a confirmed or definitive diagnosis. (General symptom codes are found in the R50-69 range. Examples include R53.83, "Other fatigue," and R60.9, "Edema, unspecified.") Code Z01.89 is for routine testing in the absence of symptoms or an associated diagnosis when it is not performed as part of a routine health examination. ICD-10 instructions for codes in category Z01 specify that those codes are not reported for laboratory, radiologic, and imaging examinations based on signs and symptoms and that codes for the signs or symptoms should be used in those situations instead. The instructions also advise that laboratory and radiologic examinations provided as components of general medical examinations are reported with the general adult health examination codes in subcategory Z00.0- (additional character required).

**VISION SCREENING DURING CHILD'S ROUTINE EXAM**

**Q** Is vision screening (CPT code 99173) separately reportable when provided during a child's routine health examination visit?

**A** Yes, code 99173 is separately reportable per CPT. However, some health plans will bundle the services and not pay code 99173 on the same date of a preventive medicine service (codes

99381-99387 or 99391-

99397). Other payers, including some Medicaid plans, do pay a separate



fee for code 99173 when reported with children's preventive medicine E/M services but only at certain ages (e.g., 3-5 years). You may want to have an office or billing manager investigate the policies of the health plans your practice commonly bills. Routine vision and hearing testing are included under ICD-10 codes for routine child health examination (Z00.121 and Z00.129), so no additional diagnosis code is required.

**CORRECTION**

The September/October 2022 edition of Coding & Documentation contained outdated information about coding diabetic retinopathy screening when the images are transmitted to an ophthalmology center. The codes changed in 2021. Here is the correct information:

If specially trained clinical staff perform the analysis and issue the report, the appropriate code would be 92227. If the ophthalmologist (or another qualified health care professional under direction of a retinal specialist) performs this interpretation, the correct code would be 92228. For retinal imaging for detection or monitoring of disease with point-of-care automated analysis, report code 92229. **FPM**

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