Appropriate use of ICD-10-CM
Z00.00 and Z00.01 for Laboratory Requisitions
(Formally known as ICD-9 V70.0)

Z00.00 - Encounter for general adult medical examination without abnormal findings
Z00.01 - Encounter for general adult medical examination with abnormal findings

Encounter for adult periodic examination (annual) (physical) and any associated laboratory and radiologic examinations

Encounter for adult health check-up NOS

- Previously reported as V70.0 - Routine general medical examination at a health care facility (Health checkup) in ICD-9.
- Excludes one note indicates that Z00.00 cannot be used with the following conditions:
  - Encounter for examination of sign or symptom – code to sign or symptom
  - General health check-up of infant or child (Z00.12)

**Question:** I am performing a History and Physical / Preventive service and I want to order some lab tests. Which diagnosis(es) code(s) should I use?

**Answer:** There are times when Z00.00 or Z00.01 (formally V70.0) is appropriate. If you are performing a Preventive (H&P) service described by CPT 99381-99397 the Z00.00 would be appropriate with the office visit and/or labs because this is a preventive service. This would be for all payers except Medicare because they do not cover a preventive service, except the “Welcome to Medicare” visit one time only.

Best practice would be to order lab tests “a la carte” for to help cover medical necessity denials. This would include coding the patient's chronic conditions such as HTN, DM, Hyperlipidemia, CAD, etc... in addition to Z00.00 or Z00.01.

**Question:** What should I include on every Lab Requisition request?

**Answer:** Every requisition should include a sign, symptom, reason, or history. We cannot code diagnoses documented as “probable”, “suspected,” “questionable,” “rule out,” or working diagnosis. Rather, we need the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.