



# Common Errors - Reporting Diagnosis Codes in the Primary Position

## Tip Sheet

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### Making It Easier

for Physicians and Other Healthcare Providers

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THIS INFORMATION  
APPLIES TO SERVICES  
RENDERED TO PATIENTS  
WITH HUMANA  
MEDICARE ADVANTAGE,  
COMMERCIAL AND  
MEDICAID PLANS.

Diagnosis coding  
guidelines must be  
followed to ensure  
proper  
reimbursement for  
services rendered.

#### Introduction

- The primary diagnosis is defined as the first-listed diagnosis, condition, problem or circumstance chiefly responsible for the encounter.
- The primary reason can vary for each line item on a claim. The diagnosis considered to be primary for a particular service is indicated by the diagnosis pointer of one.
- Diagnosis coding conventions and guidelines are based on the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10).

#### Diagnosis sequencing

- Additional diagnoses are conditions that coexist as of the date of service and may affect the treatment or care of the patient.
- Additional diagnoses are reported as secondary or tertiary diagnoses and should not be used as the primary diagnosis.

#### Manifestation codes

- A manifestation code represents an associated condition of an underlying disease. The code and disease are separately classifiable.
- A manifestation code cannot be identified as the primary diagnosis on a claim. The underlying disease code is primary.

#### Sequela codes

- A sequela is a residual condition that results from an acute illness or injury.
- A sequela code identifies the original acute illness or injury.
  - For an illness, “sequela” will be in the description of the diagnosis code.
  - For an injury, “sequela” will be represented by the seventh character “S.”
- Use of a sequela code indicates the illness or injury is not the primary reason for the visit.
- Reporting a sequela requires two diagnosis codes in the following order:
  1. The current condition resulting from the injury or illness
  2. The sequela code

## Z codes

- Z codes represent reasons for specific encounters and can be used in any healthcare setting.
- There are three categories of Z codes:
  - Certain Z codes may be used only for a primary diagnosis. (See table on Page 3)
  - Some Z codes cannot be used as a primary diagnosis.
  - Other Z codes may be used as either a primary or secondary diagnosis code, depending on the circumstances of the encounter.

## Helpful hints

- All diagnosis codes submitted must be:
  - Valid according to the current version of ICD-10 in effect on the date of service
  - Coded to the highest level of specificity

## Additional resources

- Humana’s claim payment policies:  
[Humana.com/claimpaymentpolicies](https://www.humana.com/claimpaymentpolicies)
- Humana’s code editing:  
[Humana.com/edits](https://www.humana.com/edits)
  - **Claim processing edits:** outlines changes to policies and claims payment systems
- Humana’s code edit inquiry tools:  
[Availity.com](https://www.availity.com)
  - **Research Procedure Code Edits:** Go to → Payer Spaces → Humana → Applications → Research Procedure Code Edits
    - Enables submission of coding-related questions
  - **Code Edit Simulator:** Go to → Payer Spaces → Humana → Applications → Code Edit Simulator
    - Enables entry of a claim scenario to identify potential coding errors instantly

*Note: Claims submitted with certain modifiers are subject to additional manual review using information on current and historical claims. Actual claim results may differ from simulator results.*
- Instructions on claim disputes:  
[Humana.com/provider/support/publications/](https://www.humana.com/provider/support/publications/)
  - **Provider Manual:** Section titled “Provider Claims Dispute Process, Member Grievance/Appeal Process”

For additional topics in the “**Making It Easier for Physicians and Other Healthcare Providers**” series, please visit: [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier)

Also accessible on [Availity.com](https://www.availity.com) → Payer Spaces → Humana → Resources → Making It Easier

## Appendix: Primary Z Codes

Z Codes	
Z00	Encounter for general examination without complaint, suspected or reported diagnosis (excludes Z00.6)
Z01	Encounter for other special examination without complaint, suspected or reported diagnosis
Z02	Encounter for administrative examination
Z03	Encounter for medical observation for suspected diseases and conditions ruled out
Z04	Encounter for examination and observation for other reasons
Z33.2	Encounter for elective termination of pregnancy
Z31.81	Encounter for male factor infertility in female patient
Z31.82	Encounter for Rh incompatibility status
Z31.83	Encounter for assisted reproductive fertility procedure cycle
Z31.84	Encounter for assisted reproductive fertility procedure cycle
Z33.2	Encounter for elective termination of pregnancy
Z34	Encounter for supervision of normal pregnancy

Z Codes	
Z34	Encounter for supervision of normal pregnancy
Z38	Liveborn infants according to place of birth and type of delivery
Z39	Encounter for maternal postpartum care and examination
Z40	Encounter for prophylactic surgery (professional claims only)
Z42	Encounter for plastic and reconstructive surgery following medical procedure or healed injury
Z51.0	Encounter for antineoplastic radiation therapy
Z51.1-	Encounter for antineoplastic chemotherapy
Z52	Donors for organs and tissue (excludes Z52.9)
Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child
Z99.12	Encounter for respirator (ventilator) dependence during power failure