Part B Insider (Multispecialty) Coding Alert

Zika Virus Update: Zoned-out About Zika?

Provider resources and codes abound to deal with summer Zika virus woes.

School's out and this vacation season is ramping up to be bigger and better than ever. Unfortunately, viruses don't take a break, and the Zika virus has everyone concerned, especially with travel advisories to many of this year's top vacation destinations, including the much anticipated Rio 2016 Olympics.

Background. Spread through a bite from an infected Aedes mosquito, victims have symptoms common to travelers under the weather—fever, rash, joint pain and aches, fatigue, and conjunctivitis. "People usually don't get sick enough to go to the hospital, and they very rarely die of Zika," states The Centers for Disease Control and Prevention (CDC) website, "For this reason, many people might not realize they have been infected."

What Providers Need to Know

As providers know by now, the Zika virus is most dangerous to pregnant women and to those engaging in sexual intercourse with infected individuals. General bug prevention is the key to escaping infection, says the CDC. Ideas that top its list of things to consider when traveling are appropriate clothing and bedding, anti-mosquito sprays, and vigilance in regard to avoiding the times and places mosquitos will be most active.

In addition to the CDC site, which gives a thorough disease overview and worldwide scope, the American Medical Association (AMA) has also compiled a comprehensive list of resources for providers with its Zika Virus Resource Center. Both organizations offer a plethora of diagrams, sites, and links, which include highlights like travel advice, patient protocols, diagnoses and testing, and treatment options.

Work in Progress. Currently, there is no vaccine for the Zika virus, but research is being done on rectifying that front. For now, rest, fluids, and antipyretics and analgesics for fever and pain are prescribed for recovery.

The Lowdown for Coders

Since there is no current ICD-10 CM code for Zika, AHIMA recommends that coders use A92.8 (Other specified mosquito-borne viral fevers) as needed or code according to the symptoms of the patient. For example, if the patient has a headache or joint pain, use the codes R51 (Headache) or M25.50 (Pain in unspecified joint), particularly with unconfirmed cases.

When you are coding for a pregnant woman or a newborn with the Zika virus suspected or present, it is a little different. For instance, it's suggested that for women who demonstrate Zika-virus symptoms during pregnancy, you use code O98.5 (Other viral diseases complicating pregnancy, childbirth and the puerperium). If an infected newborn develops microcephaly, use code Q02 (Microcephaly).

Sexual Transmission. The CDC maintains that the Zika virus can be transmitted through sexual contact. As long as you are aware that the patient knew that they contracted the virus from an infected party, you could code Z11.3 (Encounter for screening for infections with a predominantly sexual mode of transmission) or Z11.59 (Encounter for screening for other viral diseases).

The same could also be said for the patient who knows he was exposed to an individual with the Zika virus but does not have symptoms. In those cases, you can utilize the ICD-10 CM code Z20.828 (Contact with and [suspected] exposure to other viral communicable diseases).

Special Note. The ICD-10 rule for use of Z20 codes is: "Category Z20 indicates contact with, and suspected exposure to, communicable diseases. These codes are for patients who do not show any sign or symptom of a disease but are
suspected to have been exposed to it by close personal contact with an infected individual or are in an area where a disease is epidemic.”

**Looking ahead.** The ICD-10 Coordination and Maintenance Committee reviewed proposals and on the junket for review was a WHO-proposed, Zika virus code A92.5 (Zika virus disease) which may be part of the new October 2016 ICD-10 changes. Those new updates won't be officially released until later this year.
