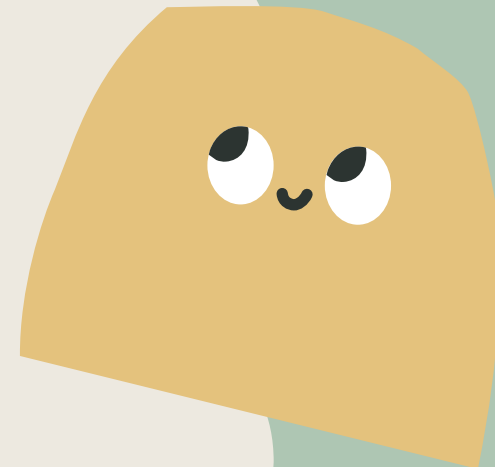
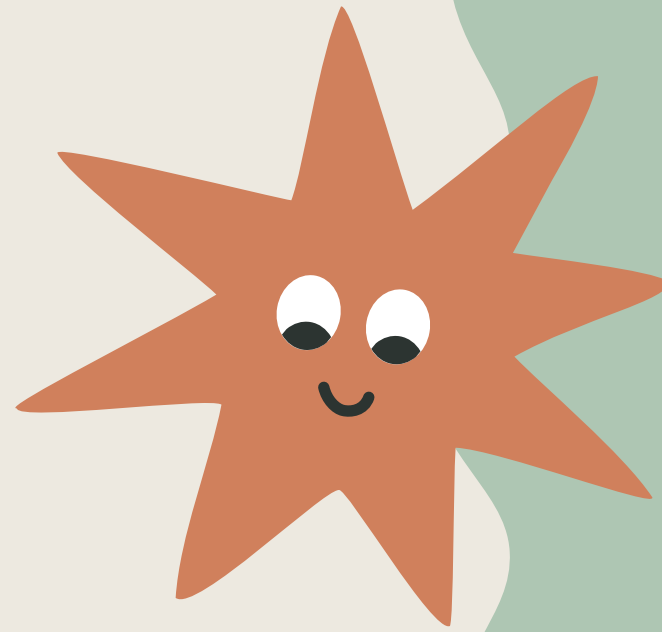


Beyond the Diagnosis: Using DSM-5-TR and ICD-10-CM Z Codes in Behavioral Health Practice

Alcia Peterkin, LCSW
Housing Works Clinical Learning Institute



Training Information

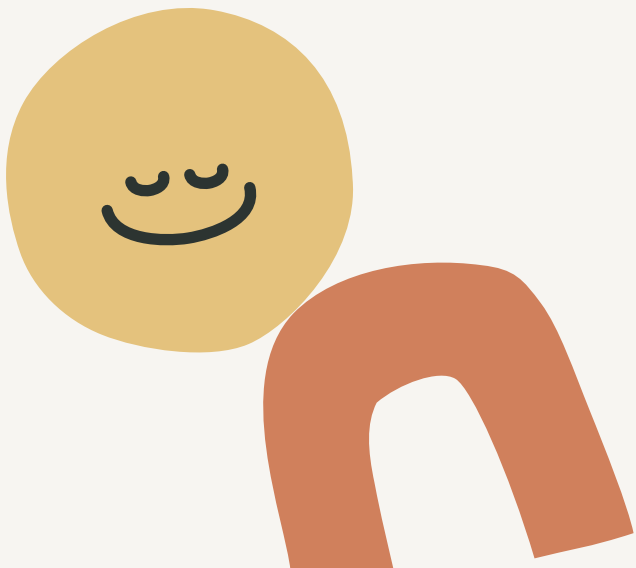
- Please know that this training will be recorded and stored in the Housing Works LMS for learning purposes
- Attendance: Ensure to type your full names in the chat (especially if you are on devices that don't indicate your name)
- NYSED Continuing Education Contact Hours: New York State Licensed Social Workers will receive 3 continuing education contact hours upon successful registration, full attendance, and completion of the learning assessment and course evaluation.
- CE Assessments and Webinar Evaluations: These are accessible on the Learning Management System. Individuals who are LMSW or LCSW's will be able to access CE Assessments and others will be able to access the Webinar Evaluation via an emailed link.
- Certificates of attendance & CE certificates: These will be available for download two weeks after completion of the CE Assessment and Webinar Evaluation

Course Content and Language

- This course is presented to support **increased knowledge**, increase **practice and comfortability** for our staff. We also aim to provide staff with the tools/intervention which when incorporated into practice can improve the overall quality of care to our clients and even save lives.
- **Housing Works** as an organization is committed to ensuring that individuals, irrespective of class, ability, race, ethnic, gender or sexual orientation, are treated with dignity and respect. Thus, we acknowledge and promote the use of person-first and inclusive language to disrupt discriminatory, oppressive and harmful practices, and to support the general wellbeing and experiences of individuals.

Agenda

- What are Z Codes and V Codes?
- History of Z/V Codes
- Understanding when to use Z/V codes
- Commonly used Z/V Codes in Assessment and Treatment
- Z/V codes and documentation



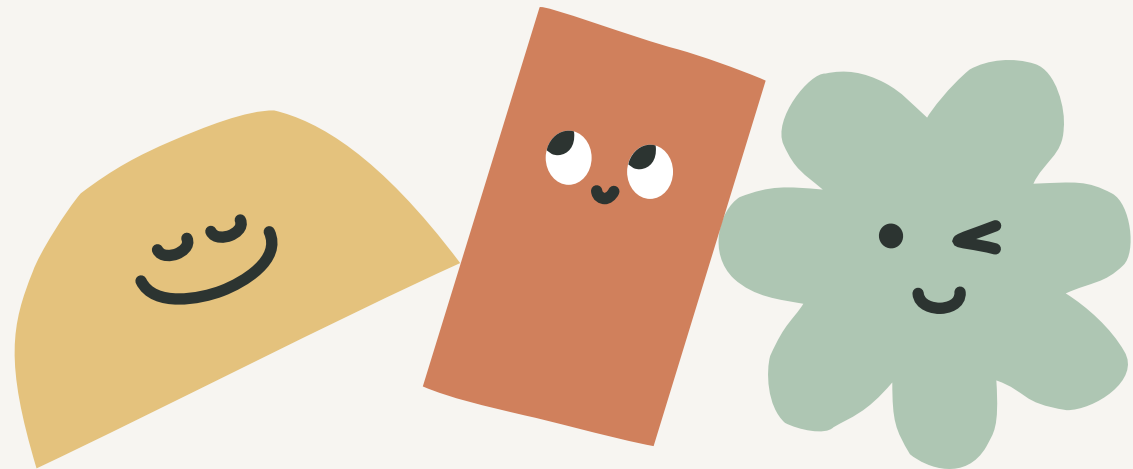


Quick Poll

What are Z Codes and V Codes?

- DSM-5 also used V codes and so many individuals would formerly associate V codes with the DSM as well. This was primarily due to the co-relation to ICD-9 as well.
- Both of **these are now recognized as Z codes** and adhere to the ICD-10 update
- **DSM-5-TR** has this as “**Other Conditions that may be a Focus of Clinical Attention**” and has 14 main areas
- Not mental disorders and can influence treatment outcomes and symptom severity

- **Z codes** are a subset of codes found within the International Classification of Diseases, **ICD-10**, that allow providers to use a standardized format to document a variety of needs including preventive care, screenings, current status, history and social needs that affect individuals' health (Elevance Health, 2024; (Centers for Medicare & Medicaid Services (U.S.) ; National Center for Health Statistics (U.S.) ; American Hospital Association (AHA), 2025)
- The focus of this training will address a specific portion of Z codes in the ICD-10 that relate to the social determinants of health (SDOH)
- **V codes** are the **ICD-9** version of the ICD-10 Z codes

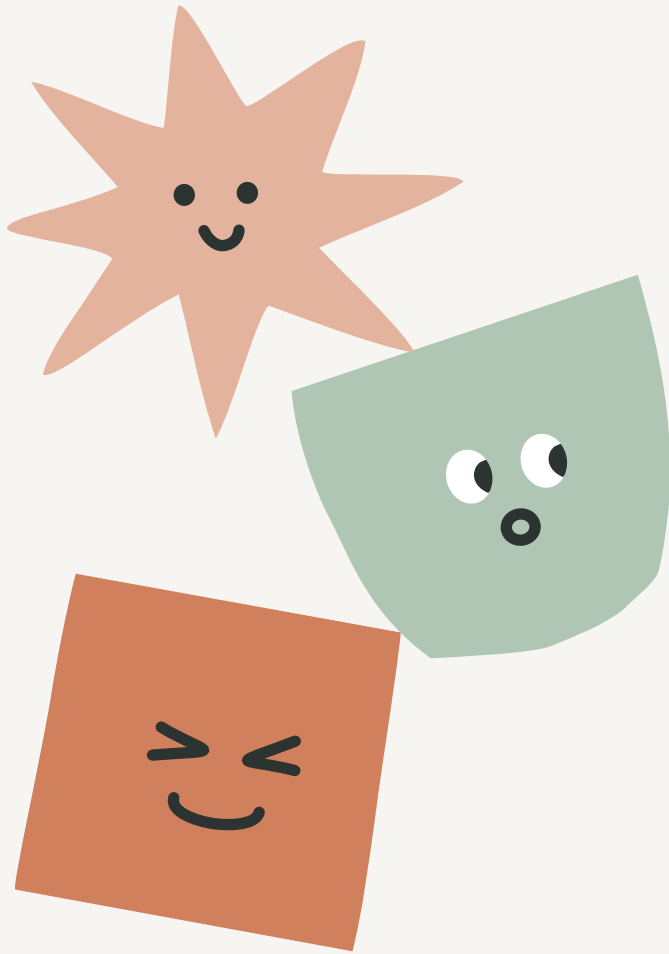


Evolution of V Codes and Z Codes



- DSM –IV Multiaxial System
 - Axis 1 – Clinical Disorders
 - Axis II – Personality Disorders and Intellectual Disabilities
 - Axis III – Any Medical Conditions
 - Axis IV – Psychosocial and Environmental Problems
 - Axis V – Global Assessment of Functioning (GAF)
- DSM 5 - moved from multiaxial system and eliminated GAF and added "Other Conditions That May be a Focus of Clinical Attention"

Z Codes...



- Are used as secondary supporting codes with a primary diagnosis/F code
- Are used for conditions that are not primary mental disorders
- Are used for situations/experiences that impact an individual's diagnosis, treatment, prognosis and overall functioning
- Consider environmental stressors
- Include health-related needs
- Standardized across healthcare settings

Z Codes, Why use them?

- Play a key role in our biopsychosocial assessments
- Can be highly informative for risk assessments
- Help to improve understanding of symptom formation and maintenance
- Can open up access to support/additional services

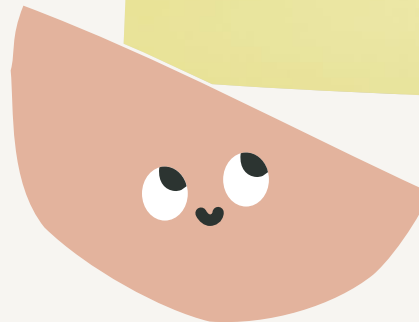
“Capturing SDOG at the point of care...enables clinicians to contextualize patient needs, tailor intervention, and coordinate resources more effectively.” (Okeke, Peterkings, Mursalin, Tata, & Thornton, 2026)



What psychosocial factors do you believe are most overlooked in behavioral health today?

Research on Current Use of Z Codes

- Historically Research limited and primarily documented in-patient settings
- Recent study by Okeke and colleagues (2026) looking at use of Z codes among 8, 192,789 unique patients using HER data across multiple settings noted that only 1.48% (121,357) had at least one observation with a z code documented
- In same study looking at Market Scan claims data across 7, 432, 705 patients only 1.82% (135, 249) had a z code documented
- Study noted that "Percentage of Patients with documented Z codes – gradual increase through 2020...sharp increase in 2021, reaching its highest level in 2022...declined slightly in 2023." (Okeke, et al., 2026)
- 2026 research noted that professionals such as "clinical nurses, or nurse practitioner services and addition/mental health providers" were main individuals using Z codes in this study (Okeke, et al., 2026)
- 2019 research done by CMS Office of Minority Health noted that "internal medicine, family practice, psychiatry, nurse practitioners, and licensed clinical social workers were the most common provider specialties associated with Z code use" (Okeke, et al., 2026)
- Some codes more popular in use such as socioeconomic and psychosocial factors vs others like legal issues, education, exposure to violence etc.



Z Codes– Looking at ICD– 1 0CM and DSM–5–TR

DSM-5-TR: Other Conditions That May be a Focus of Clinical Attention

- Impact Diagnosis and treatment planning
- Can influence severity of symptoms
- We include or use these if:
- It's a reason for the visit
- It explains the need for referral, treatment, or test
- If it impacts the worsening of mental health diagnosis
- It's a general problem that needs to be included in the management of the plan/treatment. (APA, 2022)

• IDC-10-CM: Z Codes:

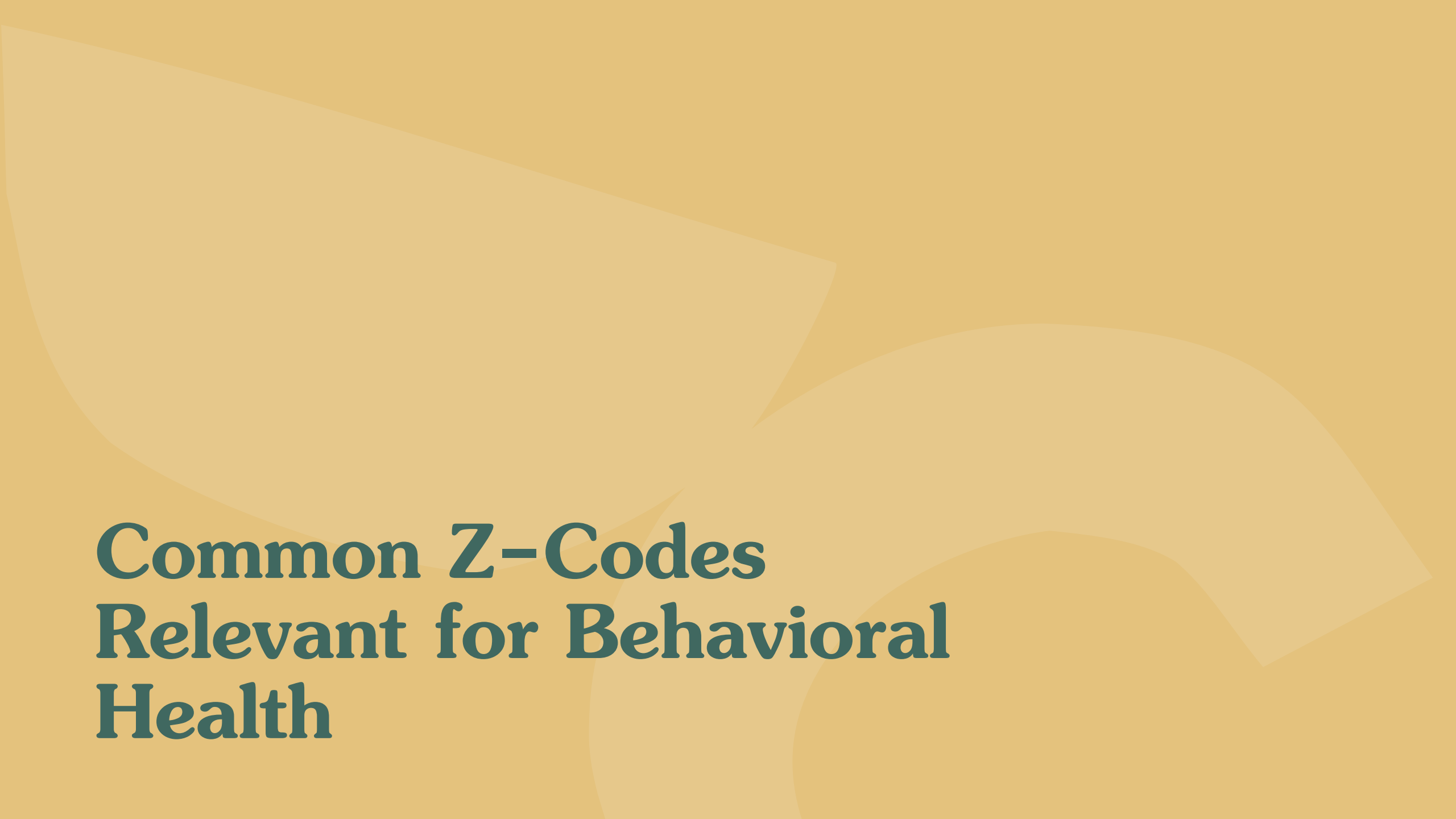
- Uses standardized coding across any healthcare setting
 - Document other reasons for healthcare encounters
 - Provides additional information about the encounter or what's happening with the individual
 - Supports billing practices and documentation across programs/agencies
 - Organized into 17 categories
- 

Z Codes– Looking at ICD– 1 0CM and DSM–5–TR

DSM-5-TR: Other Conditions That May be a Focus of Clinical Attention (APA, 2022)

- Suicidal Behavior
- Abuse and Neglect
- Relational Problems
- Educational Problems
- Occupational Problems
- Housing Problems
- Economic Problems
- Problems Related to the Social Environment
- Problems related to the legal System
- Problems related to access to medical or other healthcare
- Circumstances of personal hx

- IDC-10-CM: Z Codes Contact/Exposure
- Inoculations and vaccinations
- Status (HIV infection status, pregnant status, long term drug therapy)
- History of (personal and family)
- Screening
- Observation
- Aftercare
- Follow-Up
- Donor
- Counseling
- SDOH



Common Z-Codes Relevant for Behavioral Health

Family and Relational Problems

- Z62.820 Parent-child relational problem
- Z63.0 Relationship distress with spouse/intimate partner
- Z63.5 Separation/divorce
- Z62.891 Sibling relational problem
- Z63.9 Family Relationship Problem
- Z63.1 Problem in relationship with in-laws
- Z60.4 Interpersonal relationship problem, no mental disorder
- Z62.29 Upbringing away from parents

Housing and Economic Problems

- Z59.0 Homelessness
- Z59.01 Sheltered Homelessness
- Z59.02 Unsheltered Homelessness
- Z59.1 Inadequate Housing
- Z59.2 Discord with Neighbor, Lodger, or Landlord
- Z59.9 Other Housing Problems
- Z59.819 Housing instability
- Z59.86 Financial insecurity
- Z59.87 Material hardship
- Z59.41 Food insecurity
- Z59.6 Low income

Abuse and Neglect

Child Maltreatment and Neglect

- Child Physical Abuse
 - Z62.810- Personal hx of physical abuse in childhood
- Child Sexual Abuse
 - Z61.4 - Problems related to alleged sexual abuse in childhood
- Child Neglect
 - Z62.812 – Personal hx of neglect in childhood
- Child Psychological Abuse
 - Z62.811 –Personal Hx of psychological abuse in childhood

Adult Maltreatment and Neglect

- Z91.41 - Personal history of adult abuse
- Spouse or Partner Violence
 - Z91.410 – Personal history (past hx) of spouse or partner violence (physical or sexual)
- Spouse or Partner Neglect
 - Z91.412 – Personal hx of spouse or partner neglect
- Spouse or Partner Psychological Abuse
 - Z91.411 - Personal hx of spouse or partner psychological abuse

Educational & Occupational Problems

- Z55.0 Illiteracy and Low-Level Literacy
- Z55.9 Educational problem
- Z56.0 Unemployment
- Z56.1 Change of Job
- Z56.9 Employment problem
- Z56.3 Stressful work schedule

Problems Related to the Social Environment

Z60.0 Problems of adjustment to life-cycle transitions

Z60.2 Problems related to living alone

Z60.4 Social exclusion and rejection

Z60.5 Target of (perceived) Adverse Discrimination or persecution

Z60.8 Other social environment problems

Problems Related to the Legal System

Z65.1 Imprisonment or other
incarceration

Z65.2 Problems related to release
from prison

Z65.3 Problems related to legal
circumstances

Z65.8 Other psychosocial
circumstances

Problems Related to Other Psychosocial, Personal and Environmental Circumstances

- Z64.0 Problems related to Unwanted Pregnancy
- Z64.4 Discord with social service provider including, probation officer, case manager or social service worker
- Z65.4 Victim of crime
- Z65.4 Victim of terrorism or torture
- Z65.5 Exposure to Disaster, War, or other hostilities

Personal History

- Z91.5 – Personal Hx of self-harm
- Z91.51 – Personal hx of suicidal behavior
- Z91.52 – Personal hx of non-suicidal self-harm

Tobacco & Substance Use

- Z71.6 – Tobacco use Counseling
- Z72.0 – Tobacco use
- Z87.891 – Hx of tobacco use
- Z87.898 – Hx of substance use

Other Health Service Encounters for Counseling and Medical Advice

- Z70.9 - Sex Counseling
- Z71..9 – Other counseling or consultation

Additional Conditions that may be a focus of Clinical Attention

- Z63.4 - Uncomplicated Bereavement
- Z60.0 -Phase of Life Problem
- Z65.8 -Religious or Spiritual problem
- Z91.19 – Nonadherence to medical treatment



Break



Z codes and Documentation

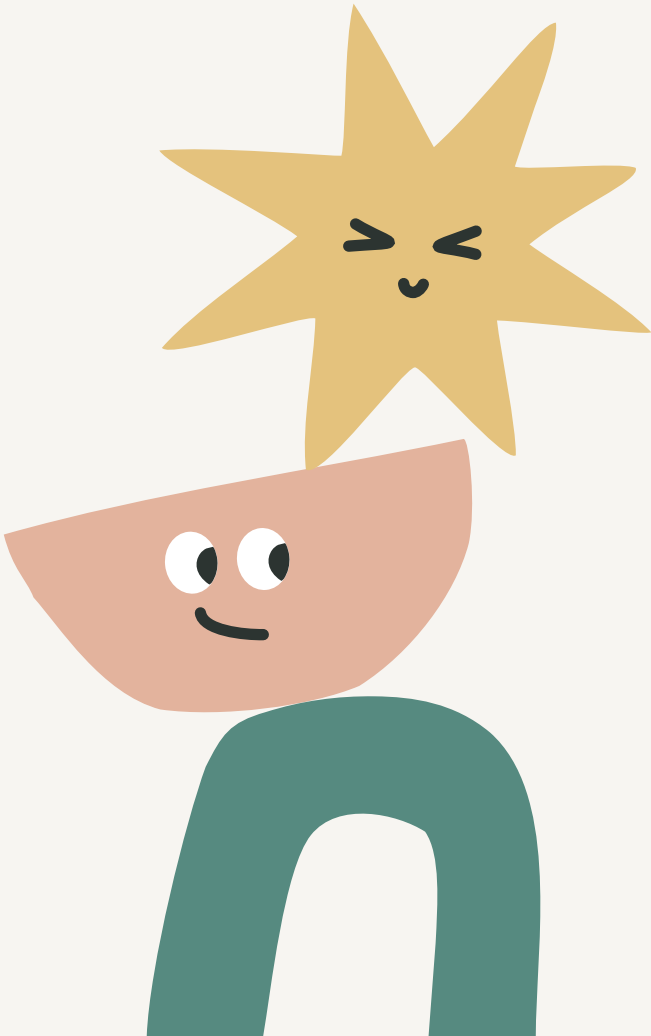
Intakes and Assessments

In general assessment and intake Z codes are used:

- to provide additional information and context for clinical issues
- To support primary diagnosis or F codes
- Document relevant social determinants of health
- Set the stage for treatment planning including referrals

Example

Client is a 33 year old male who is coming to treatment and reporting having a lot of stress and worry over the last month. Ct noted a desire to be less stressed and worried. He recently started a new job 2months prior and reports some minor worries with regards to this but shared he feels good about it. He spent most of the meeting describing “stressed about recently moving in with his partner and they lost their job and he is feeling the financial strain, and this is causing some conflict in the relationship. Ct also noted that he has been smoking cigarettes more but doesn’t believe this is a problem.



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Possible Diagnostic Summary:

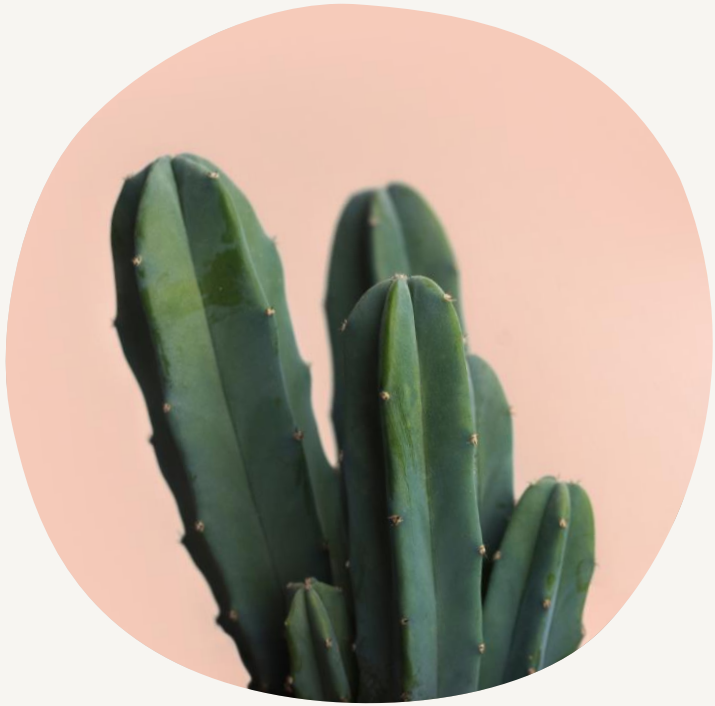
Client presents with symptoms consistent with Anxiety DO unspecified. Client's clinical presentation is exacerbated by relationship distress with partner and increased financial strain.

Z56.1 – Change of Job

Z63.0 – Relationship Distress with Spouse/Intimate Partner

Z59.9- Other Economic Problem

Z72.0 – Tobacco use



A note about Adjustment Disorder

ADD A Z CODE

Very Often it
amplifies your
assessment

Treatment Planning

Connect Z codes to specific goals

You may have a client with:

- Hx of MDD
- Lives with a roommate
- Recently lost their part time job
- Reports increase in depressive sx., negative thoughts about self, low motivation etc. fears bout not finding another job

Diagnosis: F33.1 (MDD, recurrent moderate); Z56.0 (job loss); Z59.9 (other economic problem)

Problem: Increase in Depressive sxs due to financial stress

Treatment Goal: Increase clients use of coping skills to support resource identification related to financial stressor

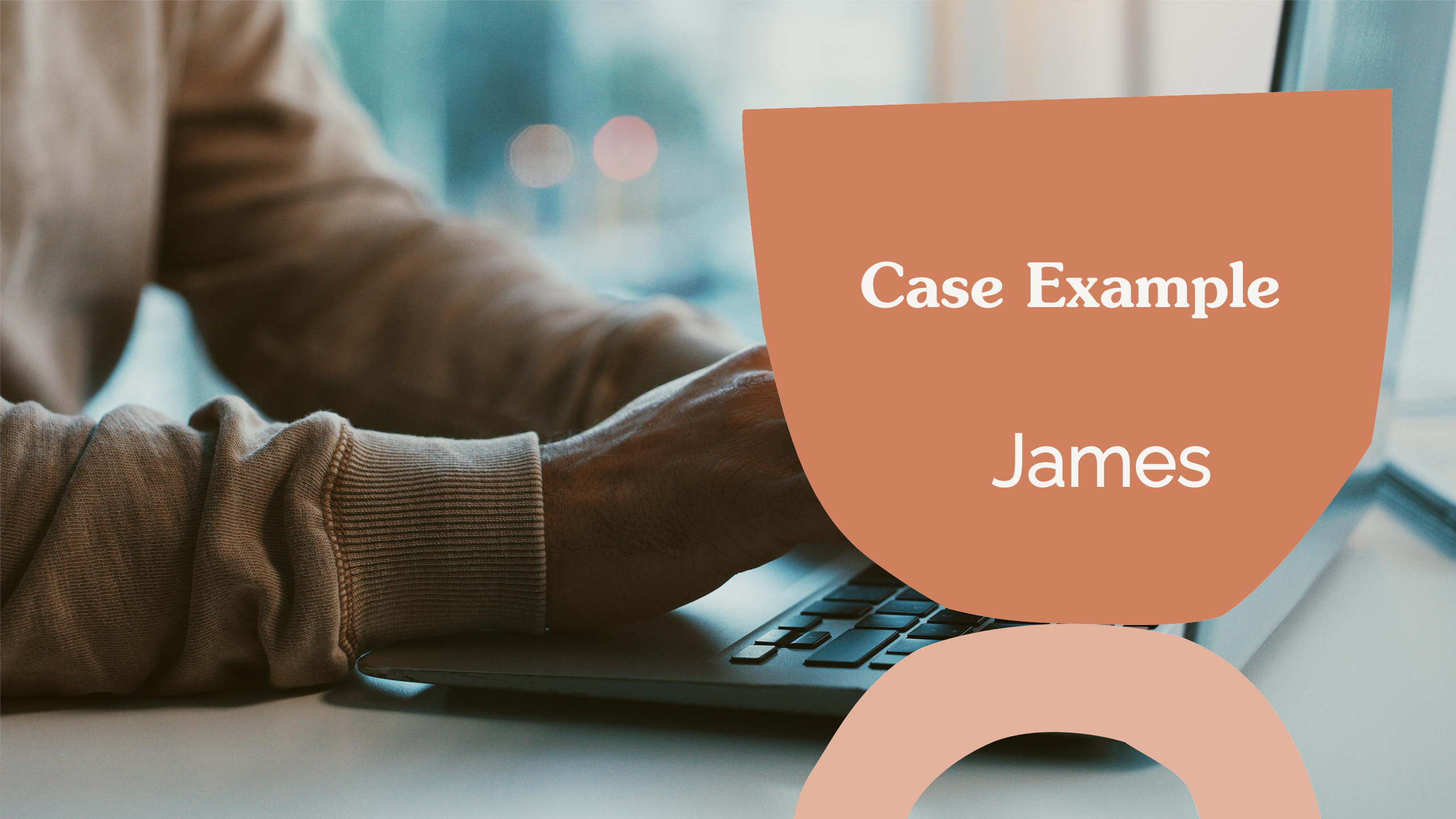
Interventions: CBT, Referral to Case Management/employment program etc.

Progress Notes

- Client presented for a scheduled follow-up session and participated from home. Client reported ongoing adherence to prescribed psychiatric medication regimen but stated he is "still feeling down." Client discussed ongoing difficulty adjusting to living alone following the end of a five-year long-term relationship. Client reported persistent feelings of loneliness and social isolation and expressed a desire for increased social connection while simultaneously acknowledging low motivation to engage with others. Client reported that working remotely limits opportunities for social interaction and noted occasionally sleeping during work hours due to reduced structure and decreased motivation.
- Therapist assisted client in identifying small, achievable behavioral activation strategies and developing a plan to monitor daily activities and increase routine.

Relevant Z Codes:

- **Z63.5** Disruption of family by separation or divorce
- **Z60.2** Problems related to living alone
- **Z60.4** Social exclusion and rejection

A close-up photograph of a person's hands typing on a laptop keyboard. The person is wearing a brown, textured sweater. The background is blurred, showing a window with natural light and some bokeh from indoor lights. An orange, semi-transparent graphic overlay is positioned on the right side of the image, containing the text 'Case Example' and 'James'.

Case Example

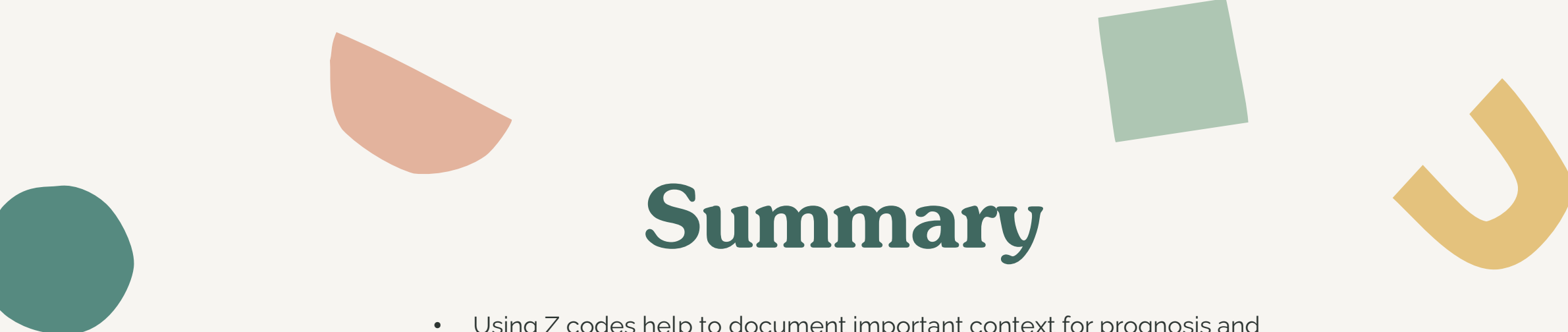
James



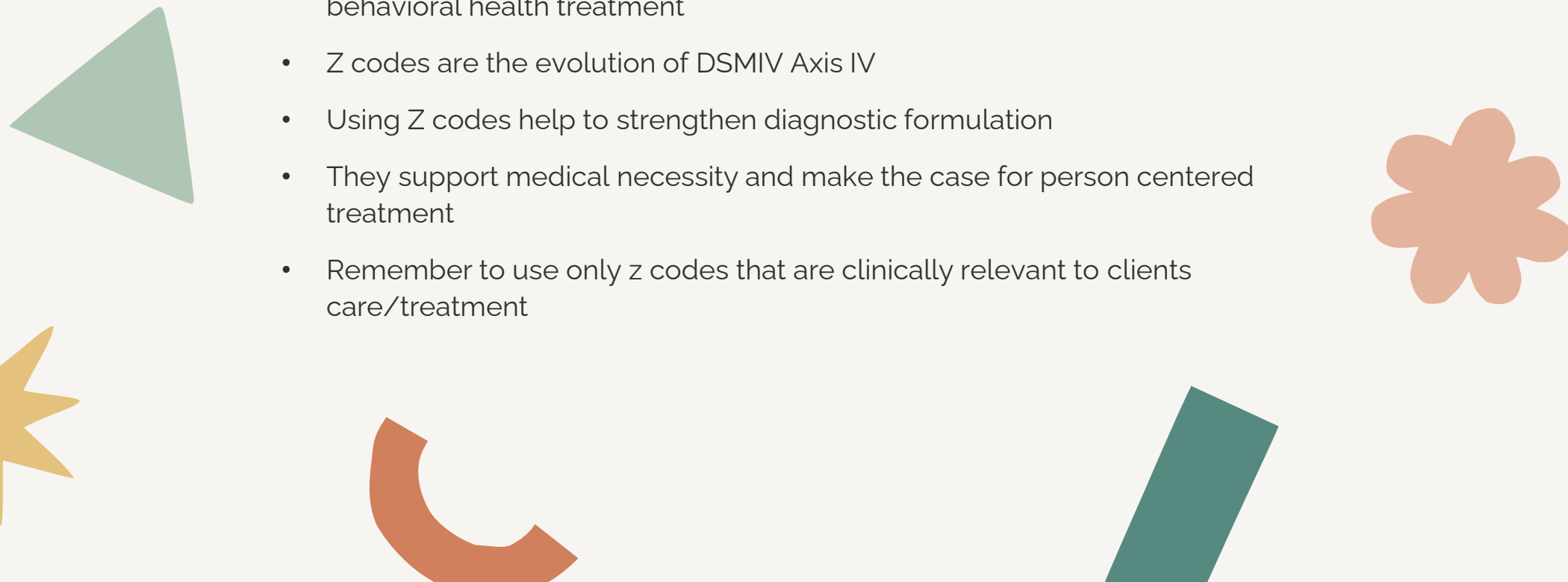
Important Considerations and Common Errors

- Equating Diagnosis/Disorders with SDOH or psychosocial circumstances
- Listing Z codes without connecting in documentation
- Listing stressors but not coding them
- Assigning a Z code to every single stressor noted
- Not connecting Z codes and SDOH/Psychosocial circumstances to treatment goals/interventions or outcomes

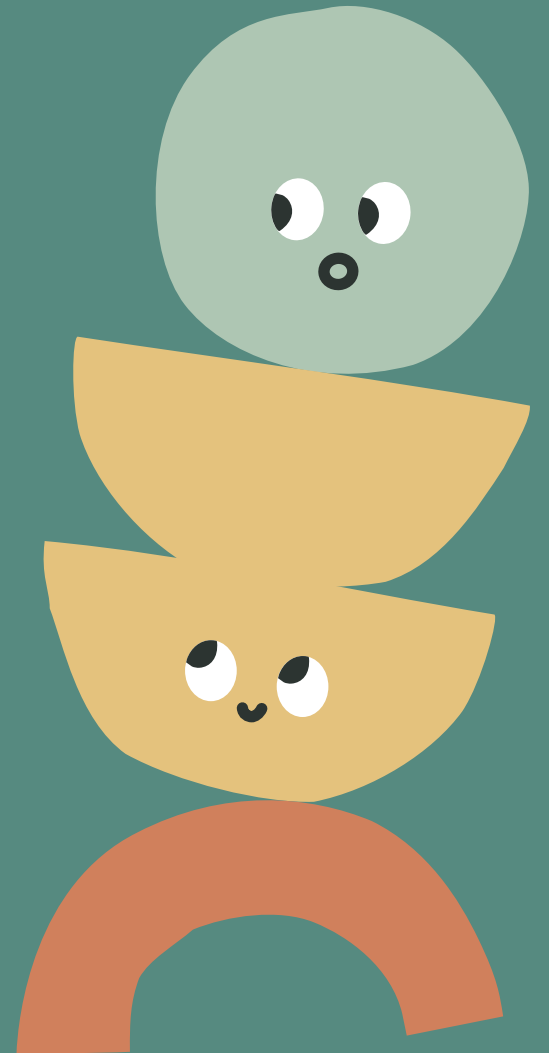




Summary

- Using Z codes help to document important context for prognosis and treatment
 - Z codes allow for social determinants of health to be documented in behavioral health treatment
 - Z codes are the evolution of DSMIV Axis IV
 - Using Z codes help to strengthen diagnostic formulation
 - They support medical necessity and make the case for person centered treatment
 - Remember to use only z codes that are clinically relevant to clients care/treatment
- 

Thank you! &
Questions?



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