Principles of ICD-10-CM Coding

Third Edition

Midterm Examination

Write the appropriate term for each item in the ICD-10-CM manual.

1. _____ The section of the Alphabetic Index used to identify poisoning states and adverse effects related to substance use.

2. _____ First character of codes used in ICD-10-CM to report factors influencing health status and contact with health service.

3. _____ Instruction that indicates that an additional code should be used (when the information is available) to provide a more complete description of the diagnosis.

4. _____ Instruction used in code categories that may never be used alone or as the principal diagnosis and must always be preceded by another ICD-10-CM code. These codes appear in brackets and appear in italics and describe both the etiology and manifestation(s) due to the underlying etiology.

5. _____ Additional terms listed after a main term in the Alphabetic Index, typically denoted by "*see*" or "*see also.*"

6. _____ An ongoing condition that exists along with the condition(s) for which the patient is receiving treatment.

7. _____ The term for the character "x" used in the fifth and/or sixth positions of some 6- or 7-character ICD-10-CM codes to allow for additional characters.

8. _____ Note that appears when two conditions cannot be reported together, such as a congenital form and an acquired form of the same condition.

9. _____ Abbreviation that represents "other specified" in ICD-10-CM.

10. _____ Note that appears in ICD-10-CM categories where the coder must add an additional code to provide further information and to give a more complete picture of the diagnosis or procedure.

11. _____A residual effect after the acute phase of an illness or injury has terminated.

12. _____ Type of malignant neoplasm that is confined to the original site or location.

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13. _____ Maximum number of characters in an ICD-10-CM code.

14. _____ Chapter of ICD-10-CM in which diseases of the nervous system are found.

Indicate whether each of the following statements is true or false.

15. _____ A “combination code” is more than one code combined and separated by commas.

16. _____ “Manifestations” are signs and symptoms that are currently occurring as a result of an outside circumstance.

17. _____ An “adverse effect” is an undesirable reaction to a drug that was administered correctly either therapeutically or prophylactically by a physician.

18. _____ ICD-10-CM is a codebook that coders use for diagnoses, and the abbreviation means *International Categories of Diseases, Tenth Revision, Coding Manual*.

19. _____ A “subclassification” is the type of code that is at the highest level of specificity.

20. _____ Coding to the highest level of specificity means making up details that could make the code more interesting.

21. _____ “Ca in situ” means a cancer that has metastasized.

22. _____ A “poisoning” can be an accident, a suicide attempt, an assault, or any other reaction to a substance that was not administered or prescribed by a physician.

23. _____ There are 17 chapters in the ICD-10-CM Tabular List.

Provide the correct ICD-10-CM code(s).

24. _____ A patient is seen at the doctor’s office for a 5-day history of productive cough, congestion, and tightness in his chest. After an expanded problem-focused history and exam, the physician documents bronchitis, and the patient is given a prescription to take for the next 10 days and told to call if the symptoms get worse.

25. _____ A male patient is seen by the oncologist for a secondary malignant tumor of the breast, in the nipple. He is there to discuss the options for treating the malignancy. He will consider the options before moving forward.

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26. _____ A patient is seen by his nephrologist. He is in for routine follow-up for stage 2 hypertensive chronic kidney disease. He appears to be stable and does not have any concerns with his hypertension with renal involvement.

27. _____ Acute and chronic pericarditis

28. _____ A physician injects a radiocontrast agent through a catheter inserted in the bladder to study the lower urinary tract. Using radiologic instruments, the physician produces an image of the bladder with x-rays (cystogram). In the medical record, the diagnosis is documented as a benign tumor of the ureteric orifice of the bladder.

29. _____ A 23-year-old patient is seen for her regularly scheduled psychotherapy visit. She has been in psychotherapy for 2 years for treatment of chronic schizophrenia, paranoid-type. She is stable and the physician did not make a change in her medications.

30. _____ A male patient was born after 37 weeks gestation. There was no sign of mental or physical retardation. His parents noticed his torticollis at 5 months of age. MRI showed exophytic abnormal enhanced mass behind the medulla oblongata. The mass was partially removed by craniectomy, and pathology revealed primary malignant cancer found in the medulla oblongata.

31. _____ A nasogastric tube is placed in a patient. Gastric suction is performed to empty the contents of the stomach to help decompress the bowels. The patient is diagnosed with fecal impaction of the colon.

32. _____ A patient comes in with complaints of fatigue, cold intolerance, constipation, and dry, flaky skin. Her physician suspects hypothyroidism and orders a blood test, which confirms the diagnosis. The patient is placed on thyroid hormone replacement therapy and will return for follow-up in 6 weeks to check her levels again.

33. _____ Leptospirosis meningitis

34. _____ Amyloid cardiomyopathy

35. _____ A patient is seen by his nephrologist in follow-up. He is being seen for malignant hypertension due to chronic pyelonephritis that is being treated as well as the hypertension. He appears to be stable on his current regimen and will continue as directed. He will return in 6 weeks.

36. _____ A patient is being seen for hypertension and also for a kidney stone. The physician discusses the options for removal of the stone. The patient agrees to undergo endoscopy for removal of the stone. The patient’s benign hypertension is secondary to the kidney stone (calculus).

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37. _____ A patient complains of white patches on tongue and oral mucosa, smooth red areas on dorsal tongue, burning or painful mouth areas, changes in taste sensation, sensitivity to spicy foods, and decreased appetite. A complete examination of the mouth is documented. The physician diagnoses the patient with Candidiasis of the mouth (oral thrush). Nystatin oral suspension "swish and swallow," 4-6 ml, is prescribed. Instructions to swish, retain in mouth as long as possible, and then swallow are discussed with the patient. The patient will return for follow-up in 2 weeks.

38. _____ A 6-year-old patient is seen for wheezing, productive cough, and fever for the last 3 days. After a detailed history and exam, the physician orders blood work. The diagnosis is congenital pneumonia due to *Hemophilus influenza.*

39. _____ A 67-year-old is seen in the clinic for follow-up on his COPD. He has been compliant with his medications and treatment regimen. The physician documents an expanded problem-focused history and examination. The patient's COPD is stable, and he is to continue with his current medications.

40. _____ A patient has outpatient surgery for a primary squamous cell carcinoma on the left forearm.

41. _____ A patient is seen in follow-up for malignant hypertension with ESRD. His physician reviews his history and documents a detailed examination. The patient is currently on dialysis. He appears to be stable at this point and will return for follow-up in 8 weeks.

42. _____ A 15-year-old patient is seen by the pediatrician. He complains of difficulty in swallowing and feeling like his tonsils are swollen. A problem-focused exam is performed. The pediatrician documents chronic tonsillitis. The patient is placed on medication and will return for follow-up in 2 weeks to see if the problem has resolved.

43. _____ A patient is diagnosed with an acute gastric ulcer which has perforated.

44. _____ A patient has been diagnosed with uncontrolled Type I diabetes mellitus. He has also developed macular edema with mild nonproliferative retinopathy due to his diabetes and is being seen for ongoing treatment for these conditions.

45. _____ A 68-year-old female patient was admitted to the hospital with a dissecting aneurysm of the thoracic aorta and nonmalignant hypertension (essential) in which the patient is stable.

46. _____ A 26-year-old patient is diagnosed with simple chronic bronchitis after seeing the physician with complaints of wheezing-like sounds and a hacky, productive cough with yellow-green sputum. Her body has been very achy the last few days. She is placed on an antibiotic and told to call if symptoms persist.

47. _____ Acute appendicitis with peritoneal abscess

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48. _____ Bleeding esophageal varices due to alcoholic cirrhosis of liver. The patient is alcohol dependent in remission.

49. _____ Acute bronchitis and chronic obstructive bronchitis with acute exacerbation

50. _____ A panicked adult male was seen by the ophthalmologist. He is complaining of not being able to see out of his left eye. After a comprehensive history is taken and a comprehensive examination is performed, the ophthalmologist documents transient visual loss.

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