

Risk Adjustment Course Quiz (Practical)

1. The past medical history and problem list in a chart list “diabetes,” but “diabetes” is not documented anywhere else in the notes of this encounter. As part of this visit, the physician stated that she renewed several prescriptions for the patient. Which of these prescriptions could be used as MEAT to support abstracting diabetes from this chart?
 - A. Glipizide, 5 mg with meals
 - B. Furosemide, 10 mg once daily
 - C. Montelukast sodium, 10 mg every night
 - D. Gabapentin, 600 mg as needed for neuropathic pain

2. A patient with documented type 1 diabetes is prescribed “gabapentin, 600 mg as needed per day up to three tablets daily as needed for neuropathic pain in both feet” in the assessment/plan. Select the most accurate ICD-10-CM code(s):
 - A. E10.9
 - B. E10.9, G62.9
 - C. E10.9, G89.29
 - D. E10.40

3. Review the following chart and then select the most accurate ICD-10-CM codes.

CHART

CHIEF COMPLAINT: This is a 67-year-old male admitted to the hospital with a herniated L2-L3 disc with a large fragment pressing the spinal cord.

HPI: While exercising a week ago, he developed severe pain radiating down his right leg. He was put on a PCA pump and then put on oxycontin for pain control. He is being admitted for outpatient surgery.

PMI: Positive for diabetes mellitus, diabetic neuropathy, myocardial infarction, and hypertension

MEDICATIONS: Diovan, Hctz 80/12.4 one q.d., Zocor 40 mg q.h.s., oxycontin for pain

SOCIAL HISTORY: Married, smoker, alcohol dependence in remission

ROS: Cardiovascular: MI in 1992. Fixed defect viewed on stress test. Respiratory: Denies hemoptysis, night sweats, pneumonia. GI: Patient denies ulcers or hepatitis. Genitourinary: No stones or infections. Neuromuscular: as noted above.

VITALS: No acute distress. BP 149/79, weight 175, BMI 28, temp 98.5°F

PE: HEENT, Normocephalic; PERRLA, Neck supple, no carotid bruits; Lungs: Clear; Heart: RR&R, S3 and S4 gallops noted, no murmurs; Abdomen: Soft, no masses; Extremities: No edema, peripheral pulses +2 bilaterally; Neurologic: Lumbar tenderness and negative strait leg raising test.

ASSESSMENT:

1. Herniated disc at L2-L3 with large disc fragment
2. HTN: controlled
- 3 CAD: stable

PLAN: Lumbar discectomy at L2-L3 on the right.

A. M51.16, I10, I25.2, I25.10, E11.9, F17.218

B. M51.16, I10, I25.2, I25.10, E11.40, F17.210

- C. M51.16, I10, I25.2, I25.10, F17.210
 - D. M51.16, I10, I25.2, I25.10, F17.218
4. An independent podiatrist treats a patient for his diabetic foot ulcer while the patient is in an assisted-living facility. Is this service covered for risk-adjustment coding purposes?
- A. No, because the assisted living facility is not an acceptable place of service
 - B. No, because the podiatrist is not an acceptable provider
 - C. Yes, because the assisted living facility is an acceptable place of service
 - D. Yes, because the podiatrist is an acceptable provider
5. The physician's office note is signed with his scribbled initials. This scribble matches the signature on the Signature Log for the practice. You should:
- A. Flag the chart for an attestation
 - B. Skip that DOS when coding
 - C. Code the chart as an inpatient encounter
 - D. Accept the signature as written
6. Documentation states the patient has "symptoms of borderline intellectual functioning." What is the proper coding?
- A. F70
 - B. R41.42
 - C. R41.83

- D. Omit code
7. The patient is status post-lumpectomy for RLQ BrCA with axillary lymph node dissection, residual tumor size indeterminate with 2 out of 4 nodes positive with Stage 2 TXN2M0. The patient completed adjuvant XRT and is tolerating anastrozole. What are the correct codes to report?
- A. C50.911, Z85.79
- B. C50.911, C77.3
- C. C50.919, C77.3
- D. Z85.3, Z85.79
8. The physician documents that the patient has pneumonia. The record is appended by an RN, who notes that the patient's sputum culture came back positive for MSSA pneumonia. What is the proper coding?
- A. J18.9, B95.61
- B. J15.211
- C. J15.9
- D. J18.9
9. A patient's encounters and diagnoses for 2017 are listed in the following table. Based on the HCCs in this hierarchy chart, which of the listed HCCs would contribute to the patient's RAF score for 2018?

1/15/2017 Diagnoses: Diabetic ketoacidosis (17), alcoholic cirrhosis of liver (28), alcohol dependence (55)

6/15/2017 Diagnoses: Diabetes without complications (19), alcohol psychosis (54)

12/15/2017 Diagnoses: Diabetic neuropathy (18), end-stage liver disease (27), alcohol dependence in remission (55)

Hierarchical Condition Category (HCC)	If the Disease Group is Listed in this column Then drop the Disease Group(s) listed in this column
Hierarchical Condition Category (HCC) LABEL		
8	Metastatic Cancer and Acute Leukemia	9, 10, 11, 12
9	Lung and Other Severe Cancers	10, 11, 12
10	Lymphoma and Other Cancers	11, 12
11	Colorectal, Bladder, and Other Cancers	12
17	Diabetes with Acute Complications	18, 19
18	Diabetes with Chronic Complications	19
27	End-Stage Liver Disease	28, 29, 80
28	Cirrhosis of Liver	29
46	Severe Hematological Disorders	48
54	Drug/Alcohol Psychosis	55
57	Schizophrenia	58
70	Quadriplegia	71, 72, 103, 104, 169
71	Paraplegia	72, 104, 169
72	Spinal Cord Disorders/Injuries	169

- A. 17, 18, 19, 27, 28, 54, 55
 - B. 17, 19, 27, 54, 55
 - C. 19, 28, 55
 - D. 17, 27, 54
10. The patient is short of breath, and the documentation notes that the patient is being seen for COPD and emphysema. What is the proper coding?
- A. J43.9
 - B. J44.9
 - C. J41.0, J43.9
 - D. J43.9, J44.9

11. The patient is experiencing persistent deficits from his cerebral infarct. At what time interval do you correctly begin coding these deficits as late effects (sequela) of the cerebral infarct?
- A. 28 days after the acute event
 - B. When directed to do so by the physician
 - C. Once the acute phase of the CVA has terminated
 - D. Deficits from cerebral infarcts would never be reported as late effects

12. Review the following assessment and then select the most accurate ICD-10-CM codes.

ASSESSMENT:

1. Parkinsonism, unknown etiology. Continue physical therapy.
2. Dementia. Wife will be touring assisted living locations this week.
3. Bowel incontinence due to urgency.

- A. G20, R15.2
 - B. G31.84, R15.2
 - C. G31.84, F02.80, R15.9
 - D. G20, F02.08, R15.9
13. The patient has a specific form of encephalitis that does not have a unique code in the ICD-10-CM code set. Which of the following describes this form of encephalitis?
- A. Encephalitis NOS

- B. Encephalitis NEC
 - C. Encephalitis HCC
 - D. Encephalitis CC
14. Which of the following is problematic for its documentation as “history of”?
- A. History of pneumonia
 - B. History of fracture of the neck of the left femur
 - C. History of benign brain tumor
 - D. History of Alzheimer’s disease
15. In the acronym MEAT, which of the following describes the “T”?
- A. 13 x 9 x 15 cm septate loculated ovarian mass concerning cystadenocarcinoma
 - B. IVUD history; now in methadone program
 - C. 3+ pitting edema up to thighs bilaterally
 - D. Paracentesis under ultrasound guidance for ascites
16. An assessment states: ↑Blood pressure. What is the proper coding?
- A. R03.0
 - B. I10
 - C. I16.9
 - D. None of the above

17. What is a differential diagnosis?
- A. The final diagnosis
 - B. The same as a “rule out” diagnosis
 - C. The same as a definitive diagnosis
 - D. None of the above

18. The physician’s assessment states:

ASSESSMENT:

Diabetes E08.9

Cystic fibrosis E84.0

Cataracts E11.36X3

Without consideration of support, what is the proper coding?

- A. E11.36X3, E84.9
 - B. E11.9, E84.9
 - C. E08.36C3, E84.9
 - D. E08.9, E84.0, E11.36X3
19. What are the codes for prostatic myoma causing urinary obstruction?
- A. D29.1, N13.8
 - B. D29.1, R33.8

- C. N40.2, R34
- D. N40.2, N13.8

20. A patient with rheumatoid arthritis is seen today for the evaluation of bilateral arthropathy in her feet and hands, and to determine if the rheumatoid nodules on her vertebra should be removed surgically. How is this coded?

- A. M06.9
- B. M04.041, M06.042, M06.38
- C. M06.38
- D. None of the above