Exercise Answer Key

The ICD-9-CM portion answer key includes the correct ICD-9-CM codes and the Alphabetic Index entry used to locate each code. The ICD-10-CM portion includes the answer key, followed by a rationale.

Chapter 1 Characteristics of ICD-9-CM and ICD-10-CM

ICD-9-CM

Exercise 1.1
1. Category
2. 055.9
3. Existence of complications of measles as well as uncomplicated cases
4. Subcategories provide more specificity regarding the etiology (cause), site, or manifestation of the disease.
5. Section is Viral diseases accompanied by exanthem (050–057).
Chapter is Infectious and Parasitic Diseases (001–139).

Exercise 1.2
1. 6
2. 3
3. 8
4. 820.01
5. 820.9

Exercise 1.3
1. Mass
2. Hydronephrosis
3. Deviated
4. Adenopathy
5. Arteriosclerotic or disease

Exercise 1.4
1. 307.81 Headache, tension
2. 577.0 Pancreatitis, suppurative
3. 520.6 Eruption, teeth/tooth, neonatal
4. 421.0 Endocarditis, infectious
5. 391.1 Endocarditis, mitral, with aortic (valve) disease, active or acute

Exercise 1.5
1. 756.3 Distortion (congenital), chest (wall)
2. 562.10 Diverticula (ruptured), cecum
3. 455.5 Hemorrhoids (rectum), external, bleeding

Exercise 1.6
1. 300.81 Briquet's disorder or syndrome
2. 335.20 Lou Gehrig's disease
3. 426.9 Stokes-Adams syndrome
4. 755.52 Sprengel's deformity
5. 359.1 Erb's disease

Exercise 1.7
1. 615.0 Endomyometritis, see also Endometritis
2. 621.8 Metrorrhaxis—see Rupture, uterus
3. 715.31 Osteoarthrosis, localized
4. 722.0 Prolapse, disc—see Displacement, intervertebral disc
5. 622.4 Stenosis cervix/cervical (canal)

Exercise 1.8
1. Lower jawbone
2. Crohn's disease/Granulomatous enteritis
3. Infectious diarrhea
4. German measles
5. Congenital rubella

Exercise 1.9
1. Birth weight of 4,500 grams or more
2. Site of elbow dislocation
3. Closed
4. 3 is the fifth digit (type I diabetes, uncontrolled)
5. Injury, superficial
Exercise 1.10
1. 571.5, 456.20 Varices—see Varix
Varix, esophagus, bleeding, in, cirrhosis of liver 571.5 [456.20]

2. 599.0, 041.49 Infection, urinary (tract)
Tabular List—Use additional code to identify organism
Infection, Escherichia coli

3. 532.01 Ulcer, duodenum/duodenal, acute, with hemorrhage
(fifth digit with obstruction)

4. 776.6 Anemia, of prematurity

5. 392.9 Chorea, rheumatic

Exercise 1.11
1. 410.01 Infarction, myocardium, anterolateral (wall)—fifth digit for initial episode

2. 537.82 Angiodysplasia, stomach, or Angiodysplasia, duodenum

3. 017.30 Iritis, tuberculous (see also Tuberculosis) 017.3
[364.11]—fifth digit for unspecified

364.11 Chronic iridocyclitis in diseases classified elsewhere

4. 159.1 Neoplasm, spleen, malignant, primary

5. 057.0 Fifth disease or Disease, fifth

Review Exercise: Chapter 1
1. 540.0 Appendicitis, acute, with, perforation

2. 482.30 Pneumonia, streptococcal

3. 786.52 Pain, chest, wall (anterior)

4. 415.0 Cor, pulmonale, acute

5. 715.17 Osteoarthrosis, localized, primary
Fifth digit 7 = ankle

6. 242.31 Goiter, nodular, toxic
Fifth digit 1 = crisis

7. 759.2 Extra—see also Accessory; Accessory, thyroid gland

8. 569.85 Angiodysplasia (intestine) with hemorrhage

9. 466.0 Tracheobronchitis, acute, with Bronchospasm

10. 414.01 Arteriosclerosis, heart—see also Arteriosclerosis, coronary Arteriosclerosis, coronary, native artery 413.9 Angina, stable

11. 710.0, 581.81 Syndrome, nephrotic—see also Nephrosis
Nephrosis, in systemic lupus
Erythematous 710.0 [581.81]

12. V22.0 Prenatal care, normal first pregnancy

13. 820.22 Fracture, femur, subtrochanteric (section)

14. 131.03 Prostatitis due to Trichomonas

15. 433.11 Occlusion, carotid artery—see Occlusion, artery, carotid

Fifth digit 1 = cerebral infarction 401.9 Hypertension (essential) unspecified
Chapter 2  Procedure Coding in ICD-9-CM and ICD-10-PCS

ICD-9-CM

Exercise 2.1
1. Myectomy
2. Repair
3. Removal
4. Biopsy
5. Dilation and curettage or Curettage
6. Irwin or Operation
7. Mohs' or Chemosurgery
8. Suture
9. Training or Activities of daily living (ADL)
10. Anastomosis or Takedown

Exercise 2.2
1. 81.11 Arthrodesis, ankle
2. 85.11 Biopsy, breast, percutaneous (needle)
3. 21.01 Control, epistaxis, by, packing (nasal) (anterior)
4. 82.19 Myotomy, hand, with division
5. 38.45 Phlebectomy, graft replacement, thoracic NEC

Exercise 2.3
1. 59.5 Marshall-Marchetti-(Krantz) operation Operation, Marshal-Marchetti-(Krantz)
2. 44.66 Nissen operation (fundoplication of stomach) Operation, Nissen
3. 67.59 Shirodkar operation Operation, Shirodkar
4. 77.59 Mayo operation, bunionectomy Operation, Mayo, bunionectomy
5. 22.39 Caldwell-Luc operation Operation, Caldwell-Luc Sinusotomy, maxillary, external approach (Caldwell-Luc)

Exercise 2.4
1. 32.49 Lobectomy, lung (complete), other Thoracotomy is the approach.
2. 01.51 Excision, cyst—see also Excision, lesion, by site

Excision, lesion, meninges (cerebral) Craniotomy is the approach.

3. 45.79 Resection, colon (partial) End-to-end anastomosis included in resection
4. 81.92 Injection, joint 99.23 Injection, steroid NEC, or Injection, Cortisone
5. 13.11 Extraction, cataract, intracapsular, by temporal inferior route
13.71 Insertion, pseudophakos—see also Insertion, lens

Insertion, lens, with cataract extraction, one-stage

6. 51.23 Cholecystectomy, laparoscopic
7. 34.21 Thoracoscopy, transpleural
8. 57.33 Cystoscopy, with biopsy
9. 80.26 Arthroscopy, knee
10. 80.6 Meniscectomy (knee)

Review Exercise: Chapter 2
1. 54.11 Laparotomy, exploratory (pelvic) Herniorrhaphy—see Repair, hernia (Ventral herniorrhaphy was canceled.)
2. 47.09 Appendectomy (with drainage) Drainage, appendix, abscess, with Appendectomy
3. 97.88 Removal, cast
4. 94.46 Counseling, alcoholism
5. 36.13 Bypass graft, (aorto) coronary, three coronary vessels
39.61 Bypass, cardiopulmonary
6. 42.23 Esophagoscopy 98.02 Removal, foreign body, esophagus (intraluminal)
7. 46.52 Takedown, colostomy
8. 68.41 Hysterectomy, abdominal, laparoscopic, total 17.42 Robotic assisted surgery, laparoscopic
9. 50.12 Biopsy, liver, open (done via laparotomy)  

10. 81.23 Arthrodesis, shoulder  

11. 620.2 Cyst, ovary, ovarian  
    465.9 Infection, respiratory, upper  
V64.1 Procedure (surgical) not done, because of contraindications  

No code for oophorectomy—procedure not done  

12. 79.35 Reduction, fracture, femur, open, with internal fixation  

13. 08.61 Tarsoplasty—see also reconstruction, eyelid  
    Reconstruction, eyelid, with graft or flap, skin  

14. 22.42 Turbinectomy, with sinusectomy—see Sinusectomy  
    Sinusectomy, frontal  
    22.62 Sinusectomy, maxillary  

15. 60.11 Biopsy, prostate, percutaneous (needle)  

ICD-10-PCS Review Exercises:  

Chapter 2  

1. Answer: 0DB68ZX  
   When consulting the Index, EGD produced the root operation table of Inspection. This would be correct for an EGD without a biopsy. Since a biopsy was performed, consult the main term Biopsy in the Index, which has two subterms: see Drainage, Diagnostic and see Excision, Diagnostic. Since this procedure is not described as a drainage, the correct root operation is Excision, with the subterm Stomach.  

2. Answer: 0HBU0ZZ  
   When consulting the Index, the main term Mastectomy has two subterms: see Excision, Skin and Breast and see Resection, Skin and Breast. Since only part of the breast was removed, the root operation is Excision.  

3. Answer: 041L0KL  
   When consulting the Index, the main term Bypass, subterm Artery, Femoral produced the root operation table of 041.  

4. Answer: 3E1U38Z  
   Index Irrigation, Joint, Irrigation Substance (3E1U38Z)  

5. Answer: 10T24ZZ  

6. Answer: 3E1M39Z  
   Index: Dialysis, Peritoneal (3E1M39Z)  

7. 0TP98DZ  
   Root Operation: Removal  
   Removal of device from, Ureter (0TP9)  

8. 0XMJ0ZZ  
   Root Operation: Reattachment  
   Reattachment, Hand, Right (0XMJ0ZZ)  

9. 0W9G3ZX  
   Root Operation: Drainage  
   Drainage, Peritoneal Cavity (0W9G)  

10. 0Y6M0Z9  
    Root Operation: Detachment  
    Detachment, Foot, Right (0Y6M0Z)
ICD-9-CM

Chapter 3 Introduction to the Uniform Hospital Discharge Data Set and Official Coding Guidelines

**Review Exercise: Chapter 3**

1. To establish a minimum common core of data to be collected on individual acute care short term hospital discharges in Medicare and Medicaid programs. UHDDS sought to improve the uniformity and comparability of hospital discharge data.

2. All non-outpatient settings including acute care, short term care, long term care, and psychiatric hospitals, home health agencies, rehabilitation facilities, and nursing homes.

3. The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

4. Conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Diagnoses are to be excluded that relate to an earlier episode that has no bearing on the current hospital stay.

5. A complication is an additional diagnosis that describes a condition arising after the beginning of the hospital observation and treatment and then modifying the course of the patient’s illness or the medical care required. A comorbidity is an additional diagnosis that describes a preexisting condition that because of its presence with a specific principal diagnosis will likely cause an increase in the patient’s length of stay in the hospital.

6. The National Uniform Billing Committee

7. Grand total of 22. 18 Diagnosis codes + 3 E codes + 1 admitting diagnosis code

8. 6 procedure codes

9. Principal diagnosis = seizure

10. Principal diagnosis could be either acute pyelonephritis or acute cystitis as there are interrelated conditions (same ICD-9-CM chapter) and both were treated during the hospital stay.

11. Principal diagnosis could be either acute exacerbation of COPD or acute low back pain as the two diagnoses equally meet the definition of principal diagnosis.

12. Principal diagnosis could be either acute pancreatitis or acute cholangitis as both are unconfirmed diagnosis and could explain the patient’s symptoms. Because there are no specific symptoms noted, either acute pancreatitis or acute cholangitis may be listed as the principal diagnosis.

13. Principal diagnosis is left lower quadrant abdominal pain. The diagnoses of ruptured ovarian cyst and acute salpingitis are coded as additional diagnoses.

14. Principal diagnosis is osteoarthritis of knee. Additional codes for hypertensive heart disease and code V64.1, surgical or other procedure not carried out because of contraindication, would be assigned.

15. Principal diagnosis is postoperative wound infection. An additional diagnosis for diverticulitis is assigned.

16. Principal diagnosis is viral pneumonia.

17. Principal diagnosis is status asthmaticus

18. Principal diagnosis is orthostatic hypotension. An additional diagnosis code for cataract is also assigned. The procedure of the cataract extraction is also coded.

19. The other diagnoses of cholelithiasis and type II diabetes are coded. The history of pneumonia and status post bunionectomy are unrelated to this hospital stay, are historical events, and therefore not coded.

20. The other diagnoses of hypertension and benign prostatic hypertrophy are coded. No other diagnoses codes for the findings from the laboratory reports should be assigned without asking the physician if the abnormal findings are significant.

21. In addition to the gastritis, both the acute duodenitis and acute pancreatitis should be coded.

22. The urinary retention would be reported with a “N” for no, condition not present on admission.
Chapter 4  Infectious and Parasitic Diseases

ICD-9-CM

Review Exercise: Chapter 4

1. 042 AIDS 
   Syndrome, acquired immune deficiency or immunodeficiency

112.0  Candidiasis, mouth

2. V08 HIV— see Human immunodeficiency virus
   Human immunodeficiency virus, infection

3. 038.11 Septicemia, staphylococcal aureus
   995.91  Sepsis
   (The “code first” note following code 995.91 directs the
coder to assign the code for the underlying infection first.)

4. 110.4  Dermatophytosis, foot

5. 813.21 Fracture, radius, shaft
   042 AIDS

6. 011.15 Tuberculosis, pulmonary, nodular
   Fifth digit 5 = confirmed histologically

7. 045.90 Poliomyelitis

8. 344.30 Paralysis, lower extremity— see Leg
   138 Late, effect, poliomyelitis; Poliomyelitis, late effect

9. 070.1  Hepatitis, viral, type A

10. 005.0 Poisoning, food, due to staphylococcus

11. 042 AIDS
   348.39  Encephalopathy, other specified type
   (due to AIDS)
   112.84  Candidiasis, esophagus

12. 098.15 Cervicitis, gonococcal (acute)
   098.16  Endometritis, gonococcal (acute)

13. 093.22 Endocarditis, syphilitic NEC = 093.20
   Endocarditis, aortic, syphilitic

14. 034.0 Nasopharyngitis, septic

15. 125.9 Orchitis, filarial 125.9 [604.91]
   604.91

16. 102.6 Osteitis, due to yaws

17. 595.0  Cystitis, acute
   041.49  Infection, Escherichia coli

18. 112.1  Vaginitis, due to, C. albicans

19. 015.25 Osteomyelitis, tuberculous— see Tuberculosis, bone
   Tuberculosis, bone, knee 015.2 [730.86]
   Fifth digit 5 = confirmed histologically

730.86 Other infections involving bone in diseases
   classified elsewhere

20. 040.82 Syndrome, toxic, shock
   Toxic, shock syndrome
   041.01  Infection, streptococcus, Group A

21. 078.12  Wart, plantar

22. 038.41 Septicemia, hemophilus influenzae
   995.92  Sepsis, severe
   785.52  Shock, septic
   584.9  Failure, renal (kidney), acute

23. 046.19 Disease, Creutzfeldt-Jakob

24. 135 Sarcoïdosis of lung [517.8]
   517.8  Lung involvement in other diseases

25. 136.21 Infection or keratitis, acanthamoeba
   370.8  Other forms of keratitis (use add’l code
   note)

ICD-10-CM Review Exercises: 
Chapter 4

1. N39.0, Infection, urinary tract
   B96.2, Infection, bacterial, NOS, as cause of disease
   classified elsewhere, Escherichia coli [E. coli]
   The “Use additional code’ note under N39.0 instructs
   the coder to an additional code (B95-B97) to identify
   the infectious agent.

2. A04.7, Colitis, Clostridium difficile
   Z16, Resistance, to multiple drugs (MDRO)
   ICD-10-CM provides a code to identify drug resistant
   organisms (Z16). The “use additional code” note is
   found at the beginning of Chapter 1.

3. A02.9, Poisoning, food, bacterial – see Intoxication,
   foodborne, due to Salmonella
   Food poisoning is classified to Chapter 1, Certain
   infectious and parasitic disease (A00-B99). If
   gastroenteritis is documented, then the code would
   change to A02.0.
4. A56.11, Disease, sexually transmitted, chlamydial infection – see Chlamydia, female, pelvic inflammatory disease
   With documentation of a sexually transmitted condition, the correct diagnosis code is found beginning with disease, sexually transmitted.

5. B20, AIDS
   B59, Pneumonia, Pneumocystis
   The Official Coding Guidelines state if a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, followed by additional diagnosis codes for all reported HIV-related conditions.

6. A41.51, Sepsis, Escherichia coli (E. Coli)
   Without documentation of severe sepsis or an associated organ dysfunction, only one code from category A41 is necessary for correct code assignment.

7. A41.50, Sepsis, gram negative
   R65.20, Sepsis, with acute organ dysfunction
   J96.00, Failure, respiratory acute
   Under the R65.2 subcategory, there is a “code first underlying infection” note. Code A41.50 should be listed as the principal diagnosis followed by R65.20 as a secondary diagnosis. Coding guideline C.1.d.1.b. provides sequencing guidance for severe sepsis: “the coding of severe sepsis requires a minimum of two codes: first a code for the underlying systemic infection, followed by a code from subcategory R65.2, Severe sepsis.” Code J96.0 is used to identify the acute respiratory failure.

8. A39.2, Sepsis, meningococcal, acute
   R65.21, Shock, septic (due to severe sepsis)
   The combination code of severe sepsis with septic shock is assigned as a secondary diagnosis although severe sepsis is not documented. The underlying infection, meningococcal sepsis, is sequenced first.

9. B18.1, Hepatitis, viral, virus, chronic, type B.
   In ICD-10-CM chronic (viral) hepatitis B without delta-agent is coded

10. B37.81, Esophagitis, candidal
    A combination code exists in ICD-10-CM to identify the mycotic condition of candidiasis occurring in the esophagus and causing an esophagitis condition.
Chapter 5 Neoplasms

ICD-9-CM

Exercise 5.1
1. 141.6 Neoplasm, tonsil, lingual, malignant, primary
2. 237.5 Neoplasm, cerebrum, uncertain behavior
3. 211.5 Neoplasm, liver, benign
4. 233.1 Neoplasm, cervix, malignant, in situ
5. 239.0 Neoplasm, pancreas, unspecified
6. 197.0 Neoplasm, lung, lower lobe, malignant, secondary

Exercise 5.2
1. 193 Carcinoma, C cell, unspecified site
   M8510/3 Carcinoma, C cell
2. 183.0 Carcinoma, theca cell
   M8600/3 Carcinoma, theca cell
3. 206.02 Leukemia, monocytic, acute, in relapse
   M9891/3 Leukemia, monocytic, acute
4. 203.00 Myeloma (multiple)
   M9730/3 Myeloma (multiple)
5. 189.0 Wilms’ tumor
   M8960/3 Wilms’ tumor
6. 186.9 Choriocarcinoma, unspecified site, male
   M9100/3 Choriocarcinoma
7. V58.11 Admission, for, (Encounter, for) Chemotherapy
   162.3 Neoplasm, lung, upper lobe, malignant, primary
   M8042/3 Carcinoma, oat cell, primary site
   198.5 Neoplasm, bone, malignant, Secondary
   M8042/6 Carcinoma, oat cell, secondary site
   99.25 Chemotherapy, for cancer
   NEC

Exercise 5.3
1. 172.4 Melanoma (malignant), scalp
2. 214.0 Lipoma, face
3. 191.3 Glioma, specified site (brain)—see Neoplasm, by site, malignant, brain, parietal Lobe
4. 185 Adenocarcinoma—see Neoplasm, by site, malignant, prostrate
5. 231.0 Carcinoma, in situ—see Neoplasm, by site, in situ, vocal cord
6. 211.7 Adenoma, islet cell, pancreas
   251.1 Hypoglycemia, specified NEC
7. 150.4 Carcinoma, epidermoid—see Neoplasm, by site, malignant, esophagus, middle third
8. 227.3 Adenoma—see Neoplasm, by site, benign, pituitary
   611.6 Galactorrhea, not associated with childbirth
9. 216.6 Melanoma, benign—see Neoplasm, skin, benign, shoulder
10. 227.0 Adenoma, adrenal (cortex)
    255.12 Conn (-Louis) syndrome or Syndrome, Conn (-Louis)

Exercise 5.4
1. 208.20 Leukemia, subacute; Fifth digit of 0 = without mention of remission
2. 173.51 Carcinoma, basal cell—see Neoplasm, skin, malignant, buttock
3. 216.5 Papilloma—see also Neoplasm, by site, benign = Neoplasm, back NEC *, benign 229.8
   Whenever referred to code 229, refer to: Neoplasm, by site, skin, benign, shoulder = 216.5
4. 157.0 Adenocarcinoma—see also Neoplasm, by site, malignant, pancreas, head
1. Carcinoma
2. 199.1
3. Yes
4. Unknown (199.1)
5. Bone (198.5)

2. Neoplasm, colon—see Neoplasm, intestine, large, sigmoid, malignant, primary
197.6 Neoplasm, peritoneum, malignant, secondary

3. Neoplasm, mediastinum, malignant, secondary
199.1 Carcinoma—see Neoplasm, by site, malignant

Neoplasm, primary, unknown site or unspecified

4. Neoplasm, bile duct, malignant, primary
196.2 Neoplasm, local lymph (abdominal/intra-abdominal), malignant, secondary

5. Neoplasm, bone, malignant, primary
198.5 Neoplasm, bone, malignant, secondary

Review Exercise: Chapter 5

1. Carcinoid tumor, malignant, appendix, primary
M8240/3 Carcinoid, malignant
47.09 Appendectomy
45.72 Resection, cecum

2. Lipoma, kidney
M8850/0 Lipoma

3. Neoplasm, rectum, malignant, primary
M8010/3 Carcinoma, primary site
197.7 Neoplasm, liver, malignant, secondary
M8010/6 Carcinoma, secondary site
338.3 Pain, neoplasm related (chronic)

4. Carcinoma, hepatocellular
M8170/3 Carcinoma, hepatocellular

5. Neoplasm, cervix, malignant, in situ
M8010/2 Carcinoma, in situ

6. Leukemia, chronic
M9803/3 Leukemia, chronic
7. 201.61 Hodgkin's disease, mixed cellularity
   Fifth digit 1 = lymph nodes head, face, neck
   M9652/3 Hodgkin's disease, mixed cellularity
   40.11 Biopsy, lymphatic structure (node)

8. 140.0 Neoplasm, lip, upper, malignant, primary
   M8070/3 Carcinoma, epidermoid
   27.42 Resection, lip (wedge) Resection, lesion—see Excision, lesion, by site
   Excision, lip, by wide excision
   99.25 Chemotherapy, for cancer NEC

9. 206.21 Leukemia, monocytic, subacute
   Fifth digit 1 = in remission
   M9892/3 Leukemia, monocytic, subacute

10. 199.0 Carcinomatosis, unspecified site
    199.1 Neoplasm, unknown site, malignant, primary
    54.91 Paracentesis, abdominal
    M8010/6 Carcinoma, secondary site
    M8010/3 Carcinoma, primary site

11. 162.5 Neoplasm, lung, lower lobe, malignant, primary

197.1 Neoplasm, mediastinum, malignant, secondary

12. V58.0 Admission, for, radiotherapy
    200.10 Lymphoma, lymphocytic, poorly differentiated
    Fifth digit 0 = unspecified site, extranodal and solid organ sites
    92.24 Therapy, radiation, photon
    M9630/3 Lymphoma, lymphocytic, primary site

13. 174.4 Neoplasm, breast, upper outer quadrant, malignant, primary
    196.3 Neoplasm, lymph gland, axillary, malignant, secondary
    85.43 Mastectomy, radical, modified
    M8140/3 Adenocarcinoma, primary site
    M8140/6 Adenocarcinoma, secondary site

14. 172.6 Melanoma, arm
    86.4 Excision, lesion, skin, radical
    M8720/3 Melanoma, primary site

15. V58.11 Admission, for, (encounter, for) chemotherapy
    191.9 Glioblastoma, giant cell, unspecified site
    285.3 Anemia, due to (induced by) antineoplastic chemotherapy
    M9441/3 Glioblastoma, giant cell
    99.25 Chemotherapy for cancer

16. 228.01 Angioma 228.00, see also
    Hemangioma, cavernous, see Hemangioma, by site = hemangioma, skin = 228.01
    86.3 Excision, lesion, skin
    M9121/0 Hemangioma, cavernous

17. V58.11 Admission, for, (encounter, for) Chemotherapy
    204.00 Leukemia, lymphocytic, acute
    Fifth digit 0 = without mention of remission
    99.25 Chemotherapy for cancer
    M9821/3 Leukemia, lymphocytic acute

18. 170.7 Sarcoma, Ewing's—see
    Neoplasm, bone, malignant, femur
    77.65 Excision, lesion, bone, femur
    M9260/3 Sarcoma, Ewing's

19. 173.72 Carcinoma, squamous cell—see Neoplasm, by site, malignant
    Neoplasm, leg—see Neoplasm, skin, leg
    86.3 Excision, lesion, skin
    M8070/3 Carcinoma, squamous cell

20. 239.89 Neoplasm, abdomen, unspecified
    M8000/1 Tumor

ICD-10-CM Review Exercises:
Chapter 5

1. C34.31 Carcinoma, see also Neoplasm, by site, malignant. Refer to Neoplasm Table, by site (lung), malignant, primary site, lower lobe.
C77.1 Refer to Neoplasm Table, by site, lymph gland, malignant, intrathoracic, secondary site.
C79.31 Refer to Neoplasm Table, by site, brain, malignant, secondary site.
C79.51 Refer to Neoplasm Table, by site, bone, malignant, rib, secondary site.

The primary site is the small cell carcinoma of the right lower lobe of the lung. The intrathoracic lymph nodes, brain, and rib are secondary sites. Index the term Carcinoma because the histological term is documented. This refers you to the Neoplasm Table, by site, malignant. It is correct to list each metastatic site.

2. D3A.021 Carcinoid, see Tumor, carcinoid, benign, cecum.

When indexing carcinoid, the note directs to Tumor. It is not necessary to use the Neoplasm Table to code this tumor. Under carcinoid, there is a differentiation between benign or malignant, with specific sites listed. Benign carcinoid tumors fall into category D3A, Benign neuroendocrine tumors. The following notes are present: Code also any associated multiple endocrine neoplasia [MEN] syndromes; and Use additional code to identify any associate endocrine syndrome, such as: carcinoid syndrome (E34.0).

3. C93.91 Leukemia, leukemic, monocytic (subacute)

Leukemia is not coded from the Neoplasm Table, but rather indexed under the term Leukemia. Subacute monocytic is classified to subcategory C93.9-.

4. C43.52 Melanoma (malignant), skin, breast (female) (male)
C43.62 Melanoma (malignant), skin, arm.
Review the Tabular for complete code assignment

To code melanoma, the code is found directly in the Index rather than the Neoplasm Table. It is incorrect to assign primary site of skin (C44.52, C44.62) when melanoma is documented. Melanoma in situ is classified in category D03.1-.

5. E86.0 Dehydration
G89.3 Pain, chronic, neoplasm related
C50.111 Carcinoma, see also Neoplasm, by site, malignant. Refer to Neoplasm Table, by site (breast), malignant, primary site, central portion.
C79.31 Refer to Neoplasm Table, by site, brain, malignant, secondary site
C78.7 Refer to Neoplasm Table, by site, liver, malignant, secondary site

ICD-10-CM chapter specific guideline for neoplasms states that when the encounter is for management of dehydration due to the malignancy or the therapy, or a combination of both, and only the dehydration is being treated, the dehydration is sequenced first, followed by the code(s) for the malignancy. An additional ICD-10-CM coding guideline states that when the reason for the encounter is for neoplasm-related pain control or pain management, the pain code may be assigned as the first-listed diagnosis. Because the focus of this encounter was both the dehydration and the intractable pain, either may be sequenced first.

6. C79.31 Refer to Neoplasm Table, by site, brain, malignant, secondary site
Z85.3 History, personal, malignant neoplasm (of), breast
Z90.12 Absence (of) (organ or part) (complete or partial), breast(s) (and nipple(s)) (acquired)
Z92.21 History, chemotherapy for neoplastic condition

The reason for this encounter is the metastatic brain cancer. The breast cancer was previously excised with no further treatment directed at that site, therefore, it is coded as history of breast cancer. Because the patient had a previous mastectomy, a code for the acquired absence of the breast is also coded. Laterality can be specified in the Z90.1 subcategory. It was documented that the brain metastasis was causing the symptoms, so they are not assigned additionally. Refer to ICD-10-CM official coding guidelines (I.C.18.b) for information on use of a symptom code with a definitive diagnosis code. If it is not clear by the documentation, a query might be in order. There is also a code available for history of chemotherapy if the facility takes coding to that level of detail.

7. Z51.11 Chemotherapy (session) (for), cancer
C17.8 Carcinoma, see also Neoplasm, by site, malignant. Refer to Neoplasm Table, by site, intestine, small, overlapping lesion, malignant, primary site
Z90.49 Absence, intestine (acquired) (small)

The reason for the encounter (chemotherapy) is the first listed diagnosis. The neoplasm is coded as current (even though it was excised) because the patient is still receiving chemotherapy. The overlapping sites code is used because the cancer is part in the duodenum and part in the jejunum. The acquired absence of the small intestine may be coded because the category includes the organ or part, complete or partial.
Chapter 6  Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders

ICD-9-CM

Review Exercise: Chapter 6

1. 250.40 Diabetes, diabetic, nephrosis (syndrome) 250.4 [581.81]
   Fifth digit 0 = Type II, not stated as uncontrolled
   581.81 Nephrosis, diabetic

2. 242.01 Goiter (diffuse), toxic Fifth digit 1 = with mention of thyrotoxic crisis

3. 255.0 Syndrome, Cushing's Cushing's syndrome

4. 276.8 Hypokalemia

5. 277.02 Fibrosis, cystic, with pulmonary manifestations

6. 250.02 Diabetes (without complication) Fifth digit 2 = Type II, uncontrolled
   263.1 Malnutrition, mild
   Not stated as related to diabetes

7. 253.2 Panhypopituitarism

8. 279.06 Hypogammaglobulinemia, sporadic

9. 270.2 Tyrosinemia

10. 268.0 Rickets (infantile), acute

11. 250.83 Ulcer, due to diabetes/diabetic, lower extremity/limb, heel, 250.8 [707.14]
    Fifth digit 3 = Type I, Uncontrolled
    707.14 Ulcer, leg—see Ulcer lower extremity

12. 250.51 Retinopathy, diabetic, proliferative
    250.5 [362.02]
    Diabetic, retinopathy, proliferative
    362.02
    250.5 [362.02]
    Fifth digit 1 = Type I, not stated as uncontrolled

13. 414.01 Arteriosclerosis, heart—see also
    Coronary, native artery

272.0 Hypercholesterolemia
14. 278.02 Overweight

V85.22 Body Mass Index of 26.5 in an Adult
15. 253.6 Syndrome, inappropriate secretion of antidiuretic hormone
    Inappropriate secretion, antidiuretic hormone

16. 042 AIDS

261 Marasmus

17. 274.01 Gout, acute

18. 250.81 Hypoglycemia, diabetic Fifth digit 1 = Type I, not stated as uncontrolled

19. 242.30 Hyperthyroidism, with, goiter, Nodular
    Fifth digit 0 = without mention of thyrotoxic crisis

06.39 Thyroidectomy, partial

20. 273.0 Hypergammaglobulinemia, Waldenström's
    Waldenström's, Hypergammaglobulinemia

21. 996.85 Complication, bone marrow transplant
    279.51 Graft-versus-Host disease, acute

22. 275.5 Syndrome, Hungry Bone

23. 259.52 Syndrome, androgen sensitivity, partial

24. 249.31 Diabetes, secondary, coma, uncontrolled status

25. 266.2 Deficiency, folic acid

ICD-10-CM Review Exercises: Chapter 6

1.  E11.321 Diabetes, diabetic (mellitus) (sugar), type 2, retinopathy, nonproliferative, mild, with macular edema
   E11.36 Diabetes, diabetic (mellitus) (sugar), type 2, with cataract
   Z79.4 Long-term (current) (prophylactic) drug therapy (use of), insulin
There is a combination code for the type 2 diabetes with nonproliferative diabetic retinopathy with macular edema. The diabetic cataract was documented and should be coded, but it requires a separate code. Since the patient has type 2 DM, and is on insulin, code Z79.4 should be assigned to indicate that as indicated by the note at category E11: Use additional code to identify any insulin use (Z79.4).

2. E10.22 Diabetes, diabetic (mellitus) (sugar) type 1, with chronic kidney disease
N18.3 Disease, diseased, kidney (functional) (pelvis), chronic, stage 3 (moderate)
K04.7 Abscess, tooth, teeth (root)

The Tabular instructs the coder to use an additional code to identify the stage of the chronic kidney disease, N18.3.

3. K85.0 Pancreatitis (annular) (apoplectic) (calcareous) (edematous) (hemorrhagic) (malignant) (recurrent) (subacute) (suppurative), acute, idiopathic
E08.65 Diabetes, diabetic (mellitus) (sugar), due to underlying condition, with, hyperglycemia
Z79.4 Long-term (current) (prophylactic) drug therapy (use of), insulin

The notes in the Tabular show the sequencing in this case. Code first the underlying condition, and Use additional code to identify any insulin use (Z79.4). Coding guideline I.C.4.a.6.b. also gives direction for this case. For acute pancreatitis, assign code E85.0 for idiopathic pancreatitis, or that whose cause cannot be determined. Assign a code from category E08 and a code for long-term use of insulin.

4. E66.01 Obesity, morbid
Z68.41 Body, bodies, mass index (BMI), adult, 40.0–44.9

The Index indicates that morbid obesity is assigned code E66.01. When consulting the Tabular, the subcategory is Obesity due to excess calories. This is the correct code even though it is not documented that excess calories caused the obesity. This is the default code per the classification. The note at category E66 indicates that an additional code should be assigned for BMI when known (Z68.-).

5. F50.2 Bulimia (nervosa)
E44.0 Malnutrition, protein, calorie, moderate

Protein-calorie malnutrition codes differentiate between mild and moderate levels.

6. E86.0 Dehydration

A02.0 Gastroenteritis (acute) (chronic) (noninfectious), Salmonella or Infection, Salmonella, with (gastro)enteritis

The dehydration would be the first listed code because it is the reason for the encounter and is the diagnosis that was treated. The gastroenteritis due to Salmonella would be coded as an additional code. The symptoms (abdominal cramping, nausea, vomiting, diarrhea) are integral to the gastroenteritis and are not separately coded.

7. E10.10 Diabetes, diabetic (mellitus) (sugar), type 1, with, ketoacidosis
E86.0 Dehydration

The reason for the encounter is the diabetic ketoacidosis which would be sequenced first. The symptoms of nausea and vomiting, frequency of urination, and polydipsia would not be coded.

8. T38.0x5S Refer to Drug and Chemical Table, Corticosteroid, adverse effect
E09.9 Diabetes, diabetic, (mellitus) (sugar) due to drug or chemical
Z79.4 Long-term (current) (prophylactic) drug therapy (use of), insulin

The reason for this encounter is the steroid-induced diabetes mellitus. T38.0x5S is sequenced first due to an instructional note under category E09 to “code first (T36-T65) to identify drug or chemical.” The seventh character of S is assigned. Extension S is used for complications or conditions that arise as a direct result of an adverse effect. The extension of D is used for encounters after the patient received active treatment and is receiving routine care. Additionally, under category E09 there is another instructional note to “use additional code to identify any insulin use (Z79.4)."

9. E05.20 Hyperthyroidism (latent) (pre-adult) (recurrent) with, goiter, nodular (multinodular)
R00.2 Palpitations (heart)

Although palpitations are integral to hyperthyroidism, the palpitations are coded as an additional (other) diagnosis in this case due to the fact that they were more pronounced requiring additional clinical evaluation to be carried out. The UHDDS defines “other diagnoses” as those conditions that affect patient care in terms of requiring clinical evaluation, therapeutic treatment, diagnostic procedures, extended length of hospital stay, or increased nursing care and/or monitoring.

10. E10.621 Diabetes, diabetic (mellitus) (sugar), type 1, with foot ulcer
L97.521 Ulcer, foot, see Ulcer, lower limb, lower limb, foot, left, with skin breakdown only
E10.51 Diabetes, diabetic (mellitus) (sugar), type 1, with peripheral angiopathy
E10.22 Diabetes, diabetic (mellitus) (sugar), type 1, with chronic kidney disease
N18.2 Disease, diseased, kidney (functional) (pelvis), chronic, stage 2 (mild)

The diabetic ulcer is listed first since this appears to be the reason for treatment. The note under code E10.621 states to “Use additional code to identify site of ulcer (L97.4-, L97.5-).” It is correct to list as many diabetic conditions as are present, and the stage 2 chronic kidney disease and the peripheral angiopathy are coded. An additional code, N18.2, is added to identify the stage 2 chronic kidney disease. It is not correct to assign Z79.4 because type 1 diabetics must use insulin to sustain life, and this is inherent in the Category E10 codes.
Chapter 7 Diseases of the Blood and Blood-Forming Organs

ICD-9-CM

Review Exercise: Chapter 7

1. 282.62 Sickle cell, disease
   Disease, Sickle cell
   Fifth digit 2 = with crisis
2. 280.0 Anemia, iron deficiency, due to blood loss
3. 286.4 Von Willebrand's disease
   Disease, Von Willebrand's
4. 289.51 Splenomegaly, congestive, Chronic
5. 282.3 Anemia, hemolytic, nonspherocytic, congenital
6. 287.31 Thrombocytopenia, purpura
   Purpura, idiopathic, thrombocytopenic
7. 288.09 Neutropenia, toxic
8. 284.09 Anemia, Fanconi's
   Fanconi's anemia
9. 283.19 Anemia, hemolytic, microangiopathic
10. 285.3 Anemia, chemotherapy antineoplastic
11. 174.9 Neoplasm, breast, malignant, primary
12. 286.6 Coagulation (disseminated), intravascular
13. 532.00 Ulcer, duodenal, acute, Hemorrhage
    Fifth digit 0 = without mention of obstruction
    285.1 Anemia, blood loss, acute
14. 042 AIDS
    283.9 Anemia, hemolytic, acquired
15. 289.2 Lymphadenitis (chronic), mesenteric
    40.11 Biopsy, lymphatic structure
16. 289.0 Polycythemia, due to, high altitude
    E902.0 High altitude, effects (E902.9)
    Effects, air pressure, at high altitude, residence (E902.0)
17. 282.2 Anemia, G-6-PD
18. 281.2 Anemia, Goat's milk
19. 286.3 Deficiency, Factor, I
20. 599.71 Hematuria, gross
    E934.2 Table of Drugs and Chemicals, substance—Coumadin, E code from “Therapeutic Use” column
21. 289.84 Thrombocytopenia, heparin-induced
22. 282.42 Thalassemia, sickle cell, with crisis
23. 284.01 Aplasia, red cell, pure
24. 285.21 Anemia, in, end-stage renal disease
    585.6 Disease, renal, end-stage
25. 288.00 Fever, Neutropenic
    780.61 Fever due to neutropenia (use additional code note)

ICD-10-CM Review Exercises: Chapter 7

1. C50.912 Carcinoma, see also Neoplasm, by site, malignant, Neoplasm, breast (connective tissue) (glandular tissue) (soft parts)
   D63.0 Anemia (essential) (general)
   (hemoglobin deficiency) (infantile) (primary) (profound), in (due to) (with), neoplastic disease (see also Neoplasm)

   When the patient is treated for anemia due to a malignancy, coding guideline I.C.2.c.1 directs the coding professional to sequence the malignancy as principal or first listed diagnosis followed by a code for the anemia. There is a 'code first neoplasm’ note under code D63.0.

2. D61.01 Anemia (essential) (general)
   (hemoglobin deficiency) (infantile) (primary) (profound), aplastic, red cell (pure), congenital

   ICD-10-CM has provided greater specificity in aplastic anemia. In the Index, it is important to find red cell, then congenital under the term aplastic. The first term, congenital (D61.09) is not specific to red cell.
3. **D70.4 Neutropenia, neutropenic (chronic) (genetic) (idiopathic) (immune) (infantile) (malignant) (pernicious) (splenic), periodic**

   ICD-10-CM has provided greater specificity in neutropenia. A note provided at category D70 states that an additional code should be assigned for any associated fever or mucositis.

4. **D56.3 Thalassemia (anemia) (disease), minor**

   ICD-10-CM has provided greater specificity in the coding of Thalassemia.

5. **D57.01 Anemia, sickle-cell—see Disease, sickle-cell, with crisis (vasoocclusive pain), with, acute chest syndrome**

   In some cases, combination codes are used for sickle-cell crisis with manifestation.

6. **D81.1 Immunodeficiency, combined, severe (SCID), with, low T- and B-cell numbers**

   ICD-10-CM has added additional specificity to the severe combined immunodeficiency subcategory. SCID is a genetic disorder in which B and T cells are crippled due to a defect in genes. It is also known as “bubble boy” disease, and the patients are extremely vulnerable to infectious diseases.
Chapter 8  Mental Disorders

ICD-9-CM

Exercise 8.1
1. 299.00 Disorder, autistic
   Fifth digit 0 = current or active state
2. 304.21 Dependence, cocaine
   Fifth digit 1 = continuous
3. 295.52 Schizophrenia, latent
   Fifth digit 2 = chronic
4. 331.0 Alzheimer's, dementia (senile) 331.0
   [294.1] 294.10 Fifth digit 0 = no documentation of behavioral disturbance
5. 294.8 Psychosis, epileptic
   345.10 Epilepsy, grand mal

Review Exercise: Chapter 8
1. 292.0  Withdrawal, drug
   304.11 Dependence, diazepam
   Fifth digit 1 = continuous
   94.65 Detoxification therapy, drug
2. 295.64 Schizophrenia, undifferentiated, chronic
   Fifth digit 4 = chronic with acute exacerbation
3. 298.0 Psychosis, depressive, reactive
4. 300.13 Dissociative, fugue
5. 300.00 Anxiety
   780.2 Fainting
6. 535.30 Gastritis, alcoholic
   Fifth digit 0 = without mention of hemorrhage
   303.92 Alcoholism, chronic
   Fifth digit 2 = episodic
7. 312.9 Disorder, disruptive behavior
8. 290.3 Dementia, senile, with acute Confusional state
9. 300.7 Hypochondriac
   305.91 Habit, laxative
   Fifth digit 1 = continuous
10. 316 Colitis, mucous, psychogenic

ICD-10-CM Review Exercises:
Chapter 8
1. F10.129 Abuse, alcohol (non-dependent), with, intoxication
   ICD-10-CM does not specify the pattern of use as previously seen in ICD-9-CM. If alcohol dependence was documented, the coding would go to F10.2.
2. F15.20 Dependence (on) (syndrome), amphetamine(s) (type), see Dependence, drug, stimulant, NEC
   ICD-10-CM classifies each drug by its type. If intoxication with the dependence is documented, a different code would be assigned from subcategory F15.22.
3. Z71.6 Counseling (for), tobacco use
   F17.220 Dependence, (on) (syndrome), nicotine, see Dependence, drug, nicotine. Dependence, drug, nicotine, chewing tobacco
In ICD-10-CM, nicotine dependence is further specified by the type of product used. There is a note at code Z71.6 – Use additional code for nicotine dependence (F17.-).

4. F10.20 Dependence, (on) (syndrome), alcohol (ethyl) (methyl) (without remission)

F14.21 History, personal drug dependence – see Dependence, drug, by type, in remission. Dependence, (on) (syndrome), drug, cocaine, in remission

The history of cocaine dependence is coded as “in remission” because there is not a history code for drug dependence in ICD-10-CM.

5. F60.3 Disorder, personality, borderline
F10.21 Alcohol, alcoholic, alcohol-induced, addiction, with remission

The additional information of “cluster B personality disorder” does not affect code assignment. Cluster B personality disorders include dramatic, erratic behaviors and include Histrionic, Narcissistic, Antisocial and Borderline Personality Disorders.

6. F10.229 Alcohol, alcoholic, alcohol-induced, intoxication (acute) (without dependence), with, dependence
Y90.1 Index to External Causes, Blood alcohol level, 20-39mg/100ml

A note under category F10, alcohol-related disorders, instructs the coder to “Use additional code for blood alcohol level, if applicable (Y90.-).” Continuous use of alcohol does not affect code assignment. The code F10.229 is assigned because there is no documentation that this is uncomplicated (F10.220). This might be an opportunity for a physician query for a more specific code.
Chapter 9 Diseases of the Nervous System and Sense Organs

ICD-9-CM

Review Exercise: Chapter 9

1. 320.82 Meningitis, Aerobacter aerogenes
2. 324.0 Abscess, intracranial
3. 117.9 Meningitis, fungal 117.9 [321.1]
4. 323.51 Encephalitis, postvaccinal
5. 372.81 Conjunctivochalasis 10.31 Excision, lesion, conjunctiva
6. 330.1 Disease, Tay-Sachs Tay-Sachs disease 318.2 Retardation, mental, profound
7. 361.01 Detachment, retinal, partial, with, single defect
8. 343.0 Palsy, cerebral, diplegic
9. 350.1 Tic douloureux
10. 343.2 Quadriplegia, infantile (spastic)
11. 354.0 Carpal tunnel syndrome Syndrome, carpal tunnel 04.43 Release, carpal tunnel
12. 345.10 Epilepsy, tonic-clonic Fifth digit 0 = without mention of intractable epilepsy
13. 372.06 Conjunctivitis, acute, chemical
14. 331.3 Hydrocephalus, communicating Shunt, ventricular, to, abdominal cavity or organ
15. 366.17 Cataract, senile, mature 13.41 Phacoemulsification Aspiration, cataract, with, Phacoemulsification

Extraction, cataract, emulsification (and aspiration)
Extraction, cataract, Phacoemulsification
16. 381.10 Otitis, media, serous, chronic Otitis, media, chronic, serous 20.01 x2 Myringotomy, with insertion of tube or drainage device
17. 303.90 Ataxia, cerebellar, in, alcoholism 303.4 [334.4]
Fifth digit 0 = unspecified 334.4
18. 346.00 Migraine, with aura Fifth digit 0 = no mention of intractable migraine without mention of status migrainosus
19. 385.32 Cholesteatoma, middle ear 20.51 Excision, cholesteatoma—see Excision lesion, by site
20. 250.61 Diabetes mellitus, polyneuropathy 250.6 [357.2]
Fifth digit of 1 added for type I diabetes, not stated as uncontrolled 357.2 Polyneuropathy in diabetes 250.6 [357.2]
21. 339.01 Headache, episodic cluster
22. 364.82 Syndrome, plateau iris
23. 362.25 Retinopathy, of prematurity, stage 3
24. 346.31 Migraine, hemiplegic, with intractable migraine (fifth digit of 1)
25. 337.01 Syndrome, carotid sinus

ICD-10-CM Review Exercises: Chapter 9

1. G30.0 Alzheimer’s disease or sclerosis, see Disease, Alzheimer’s, early onset, with behavior disturbance F02.80 Dementia, in Alzheimer’s disease, see Disease, Alzheimer’s

There is mandatory sequencing for these codes. The etiology (Alzheimer’s disease) is sequenced first and the manifestation (dementia) is sequenced second. The Index provides the following documentation: Alzheimer’s, early onset, without behavioral disturbance G30.0 [F02.80]. The use of the brackets in the Index indicates manifestation codes. Further the note in the Tabular at the G30 category states to
use an additional code to identify dementia without behavioral disturbance (F02.80) At the F02 category, the note states to code first the underlying physiological condition.

2. G40.319 Epilepsy, juvenile myoclonic—see epilepsy, generalized, idiopathic. Epilepsy, generalized, idiopathic, intractable, without status epilepticus

The documentation indicates that the disorder is juvenile myoclonic epilepsy that is intractable. People with juvenile myoclonic epilepsy (JME) have myoclonic seizures which are identified as quick little jerks of the arms, shoulders, or occasionally the legs. The myoclonic jerks sometimes are followed by a tonic-clonic seizure. JME is one of the most common epilepsy syndromes, and makes up about 7 percent of all cases of epilepsy. JME may begin between late childhood and early adulthood, usually around the time of puberty.

3. G81.94 Hemiplegia Review Tabular for complete code assignment

Under the term Hemiplegia in the Index, the only code option for this diagnosis is G81.9-. Review of the Tabular under G81.9-, which offers five code choices. Coding guideline I.C.6.a states: “Should the affected side be documented, but not specified as dominant or nondominant and the classification system does not indicate a default, code selection is as follows: If the left side is affected the default is nondominant.”

4. G00.1 Meningitis, pneumococcal J13 Pneumonia, pneumococcal, (broncho) (lobar)

The patient had both meningitis and pneumonia so both conditions should be coded. Both conditions were present at the time of admission, therefore, either the meningitis or pneumonia could be listed as the principal diagnosis. ICD-10-CM guidelines indicate that when there are two or more diagnoses equally meeting the criteria for principal diagnosis as determined by the circumstances of admission, any one of the diagnoses may be sequenced first.

5. T43.4x5A Refer to Drug and Chemical Table, Haloperidol, adverse effect G21.11 Parkinsonism (idiopathic) (primary), secondary, due to drugs, neuroleptic F20.0 Schizophrenia, paranoid (type)

The documentation implies that this is the initial encounter, so the extension of A is assigned. There is no evidence that the drug was taken incorrectly, so adverse effect is selected. If there is any doubt, a query could be in order. The note at G21.11, Neuroleptic induced Parkinsonism states to code first (T43.3-T43.5) to identify drug.

Haloperidol is an antipsychotic used in the treatment of schizophrenia and other conditions. The subcategory for T43.4 is Poisoning by, adverse effect of and underdosing of butyrophenone and thiothixene neuroleptics; neuroleptic is another word for antipsychotic. A common cause of secondary Parkinsonism is medications such as antipsychotics, metoclopramide, and Phenothiazine.

6. G89.3 Pain, acute, neoplasm related C50.911 Refer to Neoplasm Table, by site, breast, malignant, primary site C78.7 Refer to Neoplasm Table, by site, liver, malignant, secondary site

ICD-10-CM coding guidelines I.C.6.b.5 states that code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy or tumor. This code may be assigned as the principal or first-listed code when the stated reason for the encounter is pain control or pain management. The underlying neoplasm should be reported as an additional diagnosis.

7. G45.9 Attack, attacks, transient ischemic (TIA) E11.40 Diabetes, diabetic, (mellitus) (sugar) type 2, with, neuropathy G43.119 Migraine, classical – see Migraine, with aura

Migraine, with aura, intractable

The TIA is the first listed diagnoses as it was the reason for the encounter. The migraine is documented as classical. In ICD-10-CM, classical migraine is classified to with aura. And aura is a visual, motor, or cognitive phenomenon that prefaces the headache. An intractable migraine indicates that it is sustained and severe and not effectively terminated by standard outpatient interventions. ICD-10-CM also provides codes for with, without, or unspecified status migrainosus. Status migrainosus normally indicates a migraine attack lasting for more than 72 hours.

8. H01.001 Blepharitis (angularis) (ciliaris) (eyelid) (marginal) (nonulcerative), right, upper H01.004 Blepharitis (angularis) (ciliaris) (eyelid) (marginal) (nonulcerative), left, upper

Blepharitis is an inflammation of the eyelash follicles along the edge of the eyelid. In ICD-10-CM, blepharitis is subdivided between right and left eyes and also upper and lower eyelids.

Pterygium is a non-cancerous growth of the clear, thin tissue that lies over the conjunctiva. No treatment is required unless the pterygium begins to block vision. ICD-10-CM provides codes to identify pterygium of the left, right, or bilateral eyes.

10. H25.12 Cataract (cortical) (incipient), age-related – see Cataract, senile, nuclear (sclerosis)

With a diagnosis of age-related cataract, ICD-10-CM directs the coder to Senile Cataract, which is further specified by right, left, or bilateral.

11. H40.11 Glaucoma, open angle, primary

Primary open-angle glaucoma is characterized by visual field abnormalities and intraocular pressure that is too high for the continued health of the eye. In this case, ICD-10-CM does not have separate codes to identify specific eyes.

12. H59.012 Keratopathy, bullous (aphakic), following cataract surgery

Bullous keratopathy, or corneal edema, is often sequelae of cataract extraction. In ICD-10-CM, codes for both keratopathy and keratopathy due to cataract surgery are provided. These codes are further subdivided by laterality.

13. H25.011 Cataract (cortical) (incipient), age-related, see Cataract, senile, cortical

Hemorrhage, postoperative, see Complications, postprocedural, hemorrhage, by site
Complication(s) (from) (of), hemorrhage (hematoma) (of), eye and adnexa, following ophthalmic procedure
Y92.234 External Cause of Injuries Index, Place of occurrence, hospital, operating room

NOTE: the subject of external cause codes will be covered in subsequent chapters of textbook; code may or may not assigned by student for this exercise.

Complication codes in ICD-10-CM are differentiated between intraoperative and postoperative. In this case, the primary diagnosis is the cataract and the postoperative complication is listed as a secondary diagnosis. A place of occurrence code can be added to indicate that this occurred in the operating room. Per coding guideline I.C.19.g.4, an external cause of injury code is not required as the complication code has the external cause included in the code.

14. H65.02 Otitis, media (hemorrhagic) (staphylococcal) (streptococcal) acute, subacute, serous – see Otitis, media, nonsuppurative, acute, serous. Otitis media, nonsuppurative, acute or subacute, serous

H72.821 Perforation, perforated (nontraumatic) (of), tympanum, tympanic (membrane) (persistent post-traumatic) (postinflammatory), total

Otitis media has an expansion of codes in ICD-10-CM to classify these conditions. Laterality is also part of the classification in ICD-10-CM. In category H65, distinction is made between recurrent infections. A note is present stating that an additional code for any associated perforated tympanic membrane should be coded separately. It is then possible to show which tympanic membrane is perforated by assigning the correct code for right side. Otitis media refers to inflammation of the middle ear (area between ear drum and inner ear including the eustachian tube). Serous otitis involves a collection of fluid that occurs in the middle ear space caused by altered eustachian tube function. This is also referred to as secretary or with effusion.

15. H81.02 Vertigo, Ménière’s – see subcategory H81.0

The Index provides the category and the Tabular provides the specific laterality. Ménière’s disease involves the inner ear and symptoms are vertigo, tinnitus, and a feeling of fullness or pressure in the ear.

16. H80.03 Otosclerosis (general) involving oval window, nonobliterative

H90.0 Loss (of), hearing—see also Deafness. Deafness, conductive, bilateral

H95.31 Complication(s), ear procedure, laceration—see Complications, intraoperative, puncture or laceration, ear. Complication(s) intraoperative, puncture or laceration (accidental) (unintentional) (of) ear, during procedure on ear and mastoid process

The otosclerosis is listed first since it is the underlying condition causing the hearing loss, and absent any sequencing instruction in the classification system. Note that there are intraoperative and postprocedural complications available. Subcategory H95.3 provides codes for accidental puncture and laceration of the ear and mastoid process when a procedure on the ear and mastoid process was being performed (H95.31) and for accidental puncture and laceration of ear and mastoid process during other procedures.
Chapter 10  Diseases of the Circulatory System

ICD-9-CM

Exercise 10.1
1. 398.91 Failure, heart, rheumatic (congestive)
2. 396.1 Stenosis, mitral, with, aortic, insufficiency or incompetence
3. 397.9 Endocarditis, rheumatic (chronic)
4. 394.2 Stenosis, mitral, with, incompetency, insufficiency, or regurgitation
5. 391.9 Disease, heart, rheumatic, acute Rheumatism, Rheumatic, heart, disease—see also Disease, heart, rheumatic

Exercise 10.2
1. 402.00 Hypertension, cardiovascular disease, malignant
2. 428.0 Failure, heart, congestive
401.1 Hypertension, benign
3. 440.1 Stenosis, artery, renal
405.11 Hypertension, secondary, due to, renal (artery), stenosis, benign
4. 403.01 Hypertension, with, chronic kidney disease, malignant
    Hypertension, kidney, with, chronic kidney disease, malignant
    Nephropathy, hypertensive 403.90—see also Hypertension, kidney, fifth digit

1 = CKD stage V or end stage renal disease
585.5 Disease, kidney, chronic, stage V
5. 584.9 Failure, renal (kidney), acute
401.9 Hypertension (essential)
6. 402.91 Hypertension, heart, with heart failure, unspecified
    Failure, heart, congestive, hypertensive
402.90 (see also Hypertension)
    Refer to Tabular to find 402.91 to include heart failure
428.0 Failure, heart, congestive

7. 403.90 Hypertension with chronic kidney disease, stage I
    Disease, kidney chronic, with, hypertension
585.1 Disease, kidney, chronic, stage I
8. 404.91 Hypertension, cardiorenal with heart failure
    Disease, cardiorenal (hypertensive)
404.90 – see Tabular for 404.90
428.0 Failure, heart, congestive

9. 405.99 Hypertension, due to, Cushing’s disease, unspecified
    255.0 Disease, Cushing’s basophilism, disease, or syndrome
10. 404.03 Hypertension, cardiorenal, with heart failure and chronic kidney disease, malignant
    Accelerated is the same as malignant form.
    Failure, heart, hypertensive, with renal disease, with chronic kidney disease
    Refer to Tabular for malignant form of hypertension = 404.03
428.0 Failure, heart, congestive [New use additional code note in Tabular]
585.6 Disease, renal, end-stage

Exercise 10.3
1. 410.21 Infarction, myocardial (acute), inferolateral wall
    Fifth digit 1 = initial episode of care
2. 414.01 Arteriosclerosis, heart—see Arteriosclerosis, coronary, native artery
    413.9 Angina (pectoris)
3. 412 Infarction, myocardial, healed or old
4. 414.02 Arteriosclerosis, coronary, graft—see Arteriosclerosis bypass graft, coronary artery, autologous vein
5. 411.1 Syndrome, preinfarction

**Exercise 10.4**

1. 427.31 Fibrillation, atrial
2. 416.8 Hypertension, pulmonary (artery) [unspecified]
3. 425.5 Cardiomyopathy, alcoholic
4. 416.9 Cor, pulmonale (chronic)
5. 421.0 Endocarditis, acute
   Use additional code to identify infection 041.00 Infection, streptococcal
6. 426.12 Block, Atrioventricular, Mobitz type, II
7. 427.5 Arrest, cardiac
8. 427.81 Syndrome, sick sinus
9. 428.1 Failure, ventricular, left
   Edema, pulmonary—see Edema, lung, acute, with heart disease or failure
10. 402.10 Cardiomegaly, hypertensive, benign (no mention of congestive heart failure)
    Tabular 402.90—unspecified hypertension, change to 402.10 for benign

**Exercise 10.5**

1. 433.10 Thrombosis, artery, carotid
   433.30 Coding Clinic, First Quarter 2006, Page 17, may assign both codes to identify artery and bilateral condition
   Note in Tabular List: 433.3 for multiple & bilateral
   38.12 x 2 Endarterectomy, head and neck for carotid
   00.41 Procedure on two vessels
2. 437.1 Ischemia, cerebral (generalized)
3. 435.9 Insufficiency, arterial, precerebral
4. 453.41 Thrombosis, leg, deep, iliac, acute
5. 440.24 Atherosclerosis—see Arteriosclerosis, extremity, claudication, and gangrene
   39.29 Bypass, vascular, femoropopliteal
6. 434.01 Infarct, infarction, thrombotic 453.9
   Infarct, infarction, brain, thrombotic
7. 432.1 Hematoma, subdural, nontraumatic
8. 430 Aneurysm, berry (ruptured)
9. 454.1 Varicose, vein (lower extremity), with stasis dermatitis
10. 572.3 Varices, esophageal, bleeding, in, portal hypertension 572.3 [456.20]
    456.20
11. 424.0 Insufficiency, mitral (valve)
12. 410.71 Infarct, infarction, myocardial, transmural
    Fifth digit 1 = initial episode
    427.41 Fibrillation, ventricular
13. 428.0 Failure, heart, congestive
    511.9 Effusion, pleura
    250.01 Diabetes (mellitus)
    Fifth digit 1 = Type I, not stated as uncontrolled
    34.91 Thoracentesis
14. 428.0 Failure, heart, congestive
    401.0 Hypertension, malignant
15. 455.2 Hemorrhoids, internal, bleeding
    49.45 Hemorrhoidectomy, by, ligation
16. 403.10 Disease, kidney, chronic, with hypertension, benign
    585.2 Disease, kidney, chronic, stage II
17. 710.0 Endocarditis due to disseminated lupus erythematosus 710.0 [424.91]
    424.91
18. 451.11 Thrombophlebitis, leg, deep, femoral vein
   416.2 Emboli, pulmonary, chronic
   V58.61 Drug, therapy, long-term, anticoagulants
19. 592.0 Stone, kidney; see also Calculus
    405.99 Hypertension, due to/secondary, calculus, kidney, unspecified
    55.03 Removal, calculus, kidney
20. 426.7 Syndrome, Wolff-Parkinson-White syndrome

**Exercise 10.6**

1. 37.83 Insertion, pacemaker, cardiac, dual-chamber device
   37.72 Insertion, leads—see Insertion, electrodes, heart, atrium and ventricle

2. 36.14 Bypass, coronary—see also Bypass, aortocoronary, 4 coronary vessels

39.61 Bypass, cardiopulmonary or Bypass, heart-lung

3. 37.94 Implant/implantation, cardioverter-defibrillator, total system

4. 37.23 Catheterization, cardiac, combined right and left

88.56 Arteriography, coronary, double catheter (Judkins)

88.54 Ventriculogram, cardiac, left combined right or right combined left

5. 00.66 Angioplasty, coronary, percutaneous transluminal
   00.40 Procedure on single vessel

   Note at Angioplasty codes instructs to assign code for number of vessels treated

99.10 Injection, thrombolytic agent

**Review Exercise: Chapter 10**

1. 426.4 Block, bundle branch, right

2. 420.90 Effusion, pericardial, acute
   37.0 Pericardiocentesis

3. 427.31 Fibrillation, atrial
   37.82 Insertion, pacemaker, cardiac, single chamber
   37.71 Insertion, electrodes, heart, ventricle

4. 414.02 Arteriosclerosis, heart—see Coronary artery graft—see Bypass graft
   Arteriosclerosis, bypass graft, coronary artery, autologous vein

37.22 Catheterization, cardiac, left

88.53 Ventriculogram, cardiac, left

88.55 Arteriography, coronary, single catheter (Sones)

5. 453.6 Thrombosis, lower extremity, superficial or saphenous

6. 441.2 Aneurysm, aorta, aortic, thoracic

39.73 Repair, aneurysm, endovascular graft, thoracic aorta

00.58 Insertion, intra-aneurysm sac pressure monitoring device (intraoperatively)

7. 424.0 Insufficiency, mitral (valve)

35.24 Replacement, mitral valve

39.61 Bypass, cardiopulmonary

8. 410.51 Infarct, infarction, myocardial posterolateral

   Fifth digit 1 = initial episode of care

36.12 Bypass coronary—see also Bypass, aortocoronary, 2 coronary vessels

36.15 Bypass, internal mammary–coronary artery (single)

   Explanation of codes: Triple bypass (two saphenous veins used to graft the diagonal branch and circumflex and one mammary artery used to graft the left anterior descending for a total of 3 bypass grafts). Correct codes are 36.12 and 36.15 instead of 36.13.

39.61 Bypass, cardiopulmonary

9. 421.0 Endocarditis, bacterial (subacute)

041.11 Infection, staphylococcal, aureus

427.1 Tachycardia, ventricular

10. 410.11 Infarct, infarction, myocardial, anterior wall

   Fifth digit 1 = initial episode

00.66 Angioplasty, coronary, percutaneous transluminal

00.41 Procedure on two vessels

   Note at Angioplasty codes instructs to assign code for number of vessels treated

99.10 Injection, thrombolytic agent

11. 440.22 Arteriosclerosis, extremity, rest pain
In ICD-10-CM, a combination code is used to identify those diagnoses that include hypertensive heart and kidney disease. Under I13.0 there is a “use additional code” note to identify both the type of heart failure and the stage of chronic kidney disease. The cross-reference under Disease, diseased—see also syndrome did not reveal any additional information. The term “kidney” is represented under Disease, diseased.

Per the Official Coding Guidelines, “If an AMI is documented as nontransmural or subendocardial, but the site is provided, it is still coded as a subendocardial AMI.” The STEMI and NSTEMI are treated differently. Generally the STEMI is caused by complete obstruction of the coronary artery, and causes damage that involved the full thickness of the heart muscle, while the NSTEMI is caused by a partial obstruction and the damage does not involve the full thickness of the heart wall.

The Official Coding Guidelines specifically address the sequencing of I22 and I21 and this is stated as: “The sequencing of the I22 and I21 codes depends on the circumstances of the encounter. Should a patient who is in the hospital due to an AMI have a subsequent AMI while still in the hospital code I21 would be sequenced first as the reason for admission, with code I22 sequenced as a secondary code. Should a patient have a subsequent AMI after discharge for care of an initial AMI, and the reason for admission is the subsequent AMI, the I22 code should be sequenced first followed by the I21. An I21 code must accompany an I22 code to identify the site of the initial AMI, and to indicate that the patient is still within the 4 week time frame of healing from the initial AMI.”

ICD-10-CM Review Exercises:
Chapter 10

1. I10 Hypertension, hypertensive, (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)

ICD-10-CM does not differentiate between benign and malignant hypertension.

2. I13.0 Hypertension, hypertensive, (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic), cardiorenal (disease), with heart failure, with stage 1 through stage 4 chronic kidney disease

I50.9 Failure, failed, heart (acute) (senile) (sudden), congestive (compensated) (decompensated)

N18.3 Disease, diseased, kidney (functional) (pelvis), chronic, stage 3 (moderate)
I21.09    Infarct, infarction, myocardium, myocardial (acute) (with stated duration of 4 weeks or less), ST elevation (STEMI), anterior (anteroapical) (anterolateral) (anteroseptal) (Q wave) (wall)

ICD-10-CM provides a category (I23) to identify current complications following STEMI and NSTEMI. A note appears in the Tabular under category I23 regarding the use of this code category. A code from category I23 must be used in conjunction with a code from category I21 or category I22. The I23 code should be sequenced first if it is the reason for encounter.

6. I25.119    Disease, diseased, coronary (artery) – see Disease, heart, ischemic, atherosclerotic (of), with angina pectoris – see Arteriosclerosis, coronary (artery), native vessel, with angina pectoris

ICD-10-CM has combination codes for atherosclerotic heart disease with angina pectoris. There are subcategories for disease of the native artery, coronary artery bypass graft(s), and coronary artery of transplanted heart. It is not necessary to use an additional code for angina pectoris when using these combination codes.

7. I25.110    Angina (attack) (cardiac) (chest) (heart) (pectoris) (syndrome) (vasomotor), with atherosclerotic heart disease – see Arteriosclerosis, coronary (artery), native vessel with angina pectoris, unstable

ICD-10-CM has combination codes for atherosclerotic heart disease with angina pectoris. When using one of these combination codes it is not necessary to use an additional code for angina pectoris. A causal relationship can be assumed in a patient with both atherosclerosis and angina pectoris, unless the documentation indicates the angina is due to something other than atherosclerosis.”

8. I50.33    Failure, failed, heart (acute) (senile) (sudden), diastolic (congestive), acute (congestive), and (on) chronic (congestive)

An additional code for congestive heart failure is not required as “congestive” is already identified in the above code.

9. I63.322    Infarct, infarction, cerebral – (see also Occlusion, artery, cerebral or precerebral, with infarction). Occlusion, artery, cerebral, anterior, with infarction, due to, thrombosis, or Infarct, infarction, cerebral, due to thrombosis, cerebral artery. Review the Tabular for correct code assignment.

G81.91    Hemiplegia. Review the Tabular for correct code assignment.

It is necessary to review the Tabular for complete code assignment for both the cerebral infarction and the hemiplegia. If the record and the classification system does not indicate a default, the default should be dominant for hemiplegia. Coding guideline I.C.6.a. states: Should this information not be available in the record, and the classification system does not indicate a default, the default should be dominant.

10. I69.354    Hemiparesis – see Hemiplegia, following, cerebrovascular disease, stroke

I69.320    Aphasia, following cerebrovascular disease, cerebral infarction

Category I69 is used to indicate neurological deficits that persist after initial onset of conditions classifiable to categories I60-I67. The left is specified as the side of the hemiparesis. After seeing the Index, it is necessary to select the correct code for subcategory I69.35 from the Tabular.

11. I25.110    Angina (attack) (cardiac) (chest) (heart) (pectoris) (syndrome) (vasomotor), with atherosclerotic heart disease – see Arteriosclerosis, coronary (artery), bypass graft, autologous artery, with, angina pectoris, unstable

I69.351    Hemiparesis – see Hemiplegia, following, cerebrovascular disease, cerebral infarction

I25.2    Infarct, infarction, myocardium, myocardial, healed or old

Crescendo angina is included in unstable angina, see the Index, Angina, crescendo – see Angina, unstable.

12. I25.720    Atherosclerosis – see also Arteriosclerosis, coronary artery, with angina pectoris, – see Arteriosclerosis, coronary (artery), bypass graft, autologous artery, with, angina pectoris, unstable

I11.0    Failure, failed, heart (acute) (senile) (sudden), hypertensive – see Hypertension, heart (disease) (conditions in 151.4-151.9 due to hypertension), with, heart failure (congestive)

I50.9    Failure, failed, heart (acute) (senile) (sudden), congestive (compensated)

ICD-10-CM differentiates between the different types of bypassed coronary arteries, including native arteries, autologous vein, autologous artery, and nonautologous graft material. Hypertensive congestive heart failure requires two diagnosis codes.
to correctly identify the condition. The note at code I11.0 states: Use additional code to identify type of heart failure (I50.-)

13. I21.19 Infarct, infarction, myocardium, myocardial (acute) (with stated duration of 4 weeks or less), ST elevation (STEMI), inferior (diaphragmatic) (inferolateral) (inferoposterior) (wall), NEC
   I23.0 Hemopericardium, following acute myocardial infarction (current complication)

The ICD-10-CM codes for acute myocardial infarction identify the site. Subcategory I21.1 is used for ST elevation myocardial infarction of the inferior wall. A code from category I23 must be used in conjunction with a code from category I21 or category I22. The I23 code should be sequenced after the I21 or I22 code if the complication of the MI occurs during the encounter for the MI.

14. I63.442 Infarct, infarction, cerebellar – see Infarct, cerebral. (See also Occlusion, artery, cerebral or precerebral, with infarction.) Occlusion, occluded artery, cerebellar (anterior inferior) (posterior inferior) (superior) with infarction, due to, embolism. Review the Tabular for complete and correct code assignment.
   R13.10 Dysphagia
   G81.91 Hemiplegia. Review the Tabular for complete code assignment.

ICD-10-CM provides specific codes to identify the involved artery in a cerebrovascular infarction. Right dominant side (G81.91) was selected based on coding guideline I.C.6.a, which states "should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default, code selection is as follows: if the right side is affected the default is dominant."
Chapter 11  Diseases of the Respiratory System

ICD-9-CM

Exercise 11.1
1. 507.0  Pneumonia, aspiration, due to, food
2. 482.32  Pneumonia, streptococcal, group, B
3. 482.40  Bronchopneumonia—see Pneumonia, broncho

Pneumonia, broncho, staphylococcal
4. 495.9  Pneumonitis, allergic
5. 078.5  Pneumonia, in, cytomegalic inclusion disease 078.5 [484.1]

Exercise 11.2
1. 518.81  Failure, respiratory
358.01  Myasthenia, gravis, with exacerbation
2. 493.11  Asthma, intrinsic

Fifth digit 1 = with status asthmaticus
3. 492.8  Obstruction, lung, with emphysema
4. 491.20  Bronchitis, chronic, obstructive
5. 518.81  Failure, respiratory, acute
492.8  Emphysema
6. 042  AIDS
Infection, HIV, with symptoms
481  Pneumonia, pneumococcal
7. 466.11  Bronchiolitis, respiratory syncytial virus
8. 473.8  Pansinusitis
478.0  Hypertrophy, nasal, turbinates
9. 033.9  Pneumonia, in, whooping cough 033.9 [484.3]
     484.3  Pneumonia in whooping cough
10. 491.21  Bronchitis, obstructive, with acute bronchitis or acute exacerbation

Emphysema, with, bronchitis, chronic, with acute bronchitis or acute exacerbation

Review Exercise: Chapter 11
1. 518.51  Failure, respiratory, due to trauma, surgery, or shock
2. 474.10  Hypertrophy, adenoids, and tonsils

Hypertrophy, tonsils, and adenoids
28.3  Tonsillectomy and adenoidectomy
3. 477.0  Hay, fever, due to, pollen
4. 478.34  Paralysis, vocal cord, complete
31.42  Laryngoscopy
5. 518.81  Failure, respiratory, acute
496  Disease, lung, obstructive (chronic)
518.81 (COPD)

Obstruction, lung, disease, chronic
96.71  Ventilation, mechanical, other continuous, for less than 96 consecutive hours
96.04  Intubation, trachea

Insertion, tube, endotracheal
6. 491.0  Bronchitis, chronic, simple
33.24  Biopsy, bronchus, closed
7. 512.0  Pneumothorax, tension
34.91  Thoracentesis
8. 162.3  Neoplasm, lung, upper lobe, malignant, primary
32.28  Excision, lesion, lung, endoscopic
9. 471.8  Polyp, frontal (sinus)
976.1  Laryngotracheitis, chronic
ICD-10-CM Review Exercises: Chapter 11

1. J14 Pneumonia, Hemophilus influenzae (broncho) (lobar)

   The H. influenzae pneumonia is coded to J14. The symptoms are not coded because they are inherent in the pneumonia code.

2. J44.1 Disease, diseased, pulmonary, chronic obstructive, with exacerbation (acute)
   F17.200 Dependence (on) (syndrome), tobacco – see Dependence, drug, nicotine

   The acute respiratory insufficiency is a symptom that is an integral part of the COPD and is not coded.

3. J45.51 Asthma, asthmatic (bronchial) (catarrh) (spasmodic), persistent, severe, with exacerbation (acute)

   There are categories of the three degrees of persistent asthma, with the ability to identify with or without exacerbation and status asthmaticus.

4. J96.00 Failure, respiration, respiratory, acute J44.0 Bronchitis (diffuse) (fibrinous) (hypostatic) (infective) (membranous) (with tracheitis), acute or subacute, with chronic obstructive pulmonary disease
   J44.1 Disease, diseased, pulmonary, chronic obstructive, with exacerbation (acute)

   Review coding guidelines I.C.10.b.1-3 regarding sequencing of respiratory failure. Code J96.00 may be assigned as the principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital, and the selection is supported by the Index and Tabular. In this case, no other guidelines conflict, such as obstetrics, poisoning, HIV, and such. The patient was started on mechanical ventilation in the ER. The documentation is limited in this brief scenario however, so if there was any doubt about the correct sequencing, the physician should be queried. Category J20 is not correct for the acute bronchitis because COPD is present. Under J44.0 there is a note “use additional code to identify the infection.” But there is also an Excludes1 note under section Other Acute Lower Respiratory Infections (J20-J22) – Excludes1: COPD with acute lower respiratory infection (J44.0). Code J44.1 is added as an additional code to identify the COPD exacerbation. There is an Excludes2 note under J44.1, so both codes can be assigned when both acute bronchitis and an acute exacerbation are documented. The Index entries also show COPD with acute bronchitis and acute exacerbation at the same indentation level, meaning that one doesn’t include the other.

5. J69.0 Pneumonia, aspiration, due to food (regurgitated)
   K21.9 Reflux, gastroesophageal

   The gastroesophageal reflux contributed to the condition and should be coded.

6. J09.12 Influenza, due to identified novel H1N1 influenza virus, with respiratory manifestations, NEC

   Coding guideline I.C.10.c. states that only confirmed cases of avian and H1N1 are coded. This is an exception to the hospital inpatient guideline Section II, H. In this context, “confirmation” does not require documentation of positive laboratory testing specific for avian or novel H1N1 (H1N1 or swine flu) influenza. Coding should be based on the provider’s diagnostic statement. In this case, there is no documentation that a laboratory test confirmed the H1N1 influenza, but the statement was documented as a confirmed diagnosis, not “possible,” “probable,” or other such terms. ICD-10-CM provides some combination codes for associated manifestations (respiratory, gastroenteritis, other).

7. J45.42 Asthma, asthmatic, moderate persistent, with, status asthmaticus
   J44.1 Disease, lung, obstructive (chronic), with, acute, exacerbation NEC

   An instructional note under category J44 provides instructions to “code also type of asthma, if
applicable (J45.42).” An Excludes2 note appears under J45 for “asthma with chronic obstructive pulmonary disease.” A type 2 “excludes note” represents “Not included here.” An Excludes2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate. The “code also” note does not provide sequencing direction.

8. J69.0 Pneumonia, aspiration, due to food (regurgitated)
I69.391 Dysphagia, following, cerebrovascular disease, cerebral infarction
R13.19 Dysphagia, neurogenic
L89.211 Ulcer, decubitus – see Ulcer, pressure by site
    Ulcer, pressure, stage 1 (healing) (pre-ulcer skin changes limited to persistent focal edema), hip, right
L89.221 Ulcer, pressure, Ulcer, pressure, stage 1 (healing) (pre-ulcer skin changes limited to persistent focal edema), hip, left

The documentation substantiates the assignment of aspiration pneumonia as the first listed diagnosis. The neurogenic dysphagia is due to an old cerebral infarction and should be coded. R13.19 is coded in addition to I69.391 due to an instructional note under I69.391 stating “Use additional code to identify the type of dysphagia, if known (R13.1-).” Two decubitus ulcer codes are required since the patient has ulcers of both the right and left hip. L89.211 is pressure ulcer of the right hip, stage 1 and L89.221 is pressure ulcer of the left hip, stage 1.
Chapter 12  Diseases of the Digestive System

ICD-9-CM

Exercise 12.1
1. 524.23 Mesio-occlusion, Angle’s class III
2. 551.00 Hernia, femoral, with, gangrene
   53.21 Repair, hernia, femoral, with prosthesis or graft
3. 575.6 Cholesterolosis
4. 555.1 Enteritis, regional, intestine, large
5. 558.3 Diarrhea, allergic
6. 578.1 Melena
   45.16 Esophagogastroduodenoscopy, with closed biopsy
7. 533.10 Ulcer, peptic, acute, with perforation
   Fifth digit 0 = without mention of obstruction
8. 535.01 Gastritis, acute
   Fifth digit 1 = with hemorrhage
   285.1 Anemia, blood loss, acute
9. 540.1 Appendicitis, acute, with, perforation, with peritoneal abscess
   47.09 Appendectomy
10. 574.00 Cholecystitis with calculus in gall-bladder (cholelithiasis)—see Cholelithiasis
    Cholelithiasis, with, cholecystitis, acute
    Fifth digit 0 = without mention of obstruction
    51.23 Cholecystectomy, laparoscopic
11. 524.64 Disorder, temporomandibular joint
12. 562.11 Diverticulosis, with diverticulitis
    Diverticulosis, intestine (large), with, diverticulitis
    Diverticulosis, colon, with, diverticulitis
45.23 Colonoscopy, fiberoptic (flexible)
13. 530.11 Reflux, esophageal
    Tabular 530.81 excludes reflux esophagitis (530.11)
    Reflux, esophagitis
14. 569.61 Infection, colostomy
15. 560.81 Obstruction, intestine, with, adhesions
   54.59 Lysis, adhesions, intestine

Review Exercise: Chapter 12
1. 531.70 Ulcer, gastric—see Stomach
   Ulcer, stomach, chronic
   Fifth digit 0 = without mention of obstruction
   43.5 Gastrectomy, proximal
2. 556.0 Enterocolitis, ulcerative
   45.25 Colonoscopy, with biopsy
3. 550.91 Hernia, inguinal
   Fifth digit 1 = unilateral or unspecified, recurrent
   53.01 Repair (open), hernia, inguinal, Direct
4. 075 Hepatitis, due to, infectious mononucleosis 075 [573.1]
   573.1
5. 532.40 Ulcer, duodenal, chronic, with, hemorrhage
   Fifth digit 0 = no mention of obstruction
   45.13 Esophagogastroduodenoscopy
6. 574.30 Cholecystitis with calculus in common bile duct—see Choledocholithiasis
   Choledocholithiasis, with, cholecystitis, acute
   Fifth digit 0 = no mention of obstruction
   51.96 Removal, calculus, bile duct, Percutaneous
7. 153.3 Neoplasm, colon, sigmoid, malignant, primary
   45.76 Resection (open) colon, sigmoid (Sigmoidectomy)
   See Note in Tabular List—Code also any synchronous anastomosis other than end-to-end

8. 569.41 Ulcer, rectum
   48.24 Colonoscopy, with biopsy, rectum

9. 564.1 Syndrome, irritable bowel
   Irritable—see Irritability, bowel syndrome

10. 211.3 Polyp, colon
    45.42 Polypectomy, large intestine

11. 438.82 Dysphagia 787.20 —No cross-reference in Tabular
    Accident, cerebrovascular, late effect—see Late Effects (of) cerebrovascular disease (Have to know what is a late effect)
    Late effect, cerebrovascular disease with dysphagia 438.82
    Use additional code to identify the type of dysphagia, if known
    43.11 Gastrostomy, percutaneous endoscopic

12. 552.21 Hernia, incisional, with, obstruction (incarcerated)
    53.51 Repair, hernia, incisional

13. 577.0 Pancreatitis, acute
    577.1 Pancreatitis, chronic
    535.10 Gastritis, atrophic
    Fifth digit 0 = no mention of hemorrhage

14. 579.3 Syndrome, malabsorption, postsurgical
    Malabsorption, postsurgical

15. 571.49 Hepatitis, chronic, active

ICD-10-CM Review Exercises: Chapter 12

1.  K40.41 Hernia, hernial, (acquired) (recurrent), inguinal (direct) (external) (funicular) (indirect)
   (internal) (oblique) (scrotal) (sliding), unilateral, with, gangrene (and obstruction), recurrent
   When coding hernias, ICD-10-CM provides specificity by type, laterality, with or without obstruction and recurrence.

2.  K25.0 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, gastric—see Ulcer, stomach (eroded) (peptic) (round), acute, with, hemorrhage
    Gastric ulcers are subdivided by severity and then further subdivided by hemorrhage and/or perforation.

3.  K80.33 Choledocholithiasis (common duct) (hepatic duct) —see Calculus, bile duct (common) (hepatic), with, cholangitis, acute, with, obstruction
    ICD-10-CM has provided a combination code for bile duct calculus with cholangitis.

4.  K50.012 Crohn’s disease—see Enteritis, regional, Enteritis (acute) (diarrheal) (hemorrhagic) (noninfective) (septic), regional (of), small intestine, with complication, intestinal obstruction
    An additional code for the small bowel obstruction is not required as the combination code in ICD-10-CM identifies both the Crohn’s disease and the small bowel obstruction. Exacerbation is not a qualifier for Crohn’s disease.

5.  K25.4 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, gastric—see ulcer, stomach (eroded) (peptic) (round), chronic, with hemorrhage 150.9 Failure, failed, heart (acute) (senile) (sudden), congestive (compensated) (decompensated) 148.0 Fibrillation, atrial or auricular (established)
    Even if a complete diagnostic workup was not completed due to the patient’s decision not to complete them, the hemorrhage should be included in the coding as it was documented by the physician.

6.  K40.20 Hernia, hernial (acquired) (recurrent), inguinal (direct) (external) (funicular) (indirect) (internal) (oblique) (scrotal) (sliding), bilateral 150.9 Failure, failed, heart (acute) (senile) (sudden), congestive (compensated) (decompensated) 148.0 Fibrillation, atrial or auricular (established)
    M54.5 Pain(s) (see also Painful) low back I10 Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)
    Z53.09 Canceled procedure (surgical), because of contraindication
The inguinal hernia should be the first-listed diagnosis as it was the reason for admission, even though the surgery was canceled.

7. K94.22 Complication(s) (from) (of), gastrostomy (stoma), infection
   L03.311 Cellulitis (diffuse) (phlegmonous) (septic) (suppurative), abdominal wall
   C15.4 Neoplasm Table, by site (esophagus), malignant, primary
   B95.6 Infection, infected, infective (opportunistic), staphylococcal, as cause of disease classified elsewhere, aureus

The infection of the gastrostomy is sequenced first. The note under K94.22 states to use an additional code to specify type of infection, such as cellulitis of abdominal wall. The organism (S aureus) is also coded per instructional note which appears directly under the section “Infections of the Skin and Subcutaneous Tissue (L00-L08).” The note states “Use additional code (B95-B97) to identify infectious agent.”
Chapter 13  Diseases of the Genitourinary System

ICD-9-CM

Review Exercise: Chapter 13

1.  593.72  Reflux, vesicoureteral, with, reflux nephropathy, bilateral

2.  580.4  Glomerulonephritis, acute, with, necrotizing glomerulitis

3.  039.8  Cystitis, actinomycotic 039.8 [595.4]

4.  218.2  Leiomyoma, uterine, subserous
   622.7  Polyp, cervical
   617.0  Endometriosis, uterus
   68.49  Hysterectomy, abdominal
   65.61  Salpingo-oophorectomy, bilateral

5.  622.12  Dysplasia, cervix, moderate
   67.12  Biopsy (punch) of cervix

6.  626.0  Absence, menstruation

7.  627.2  Menopause, menopausal (symptoms)
   256.39  Failure, ovarian (primary)

8.  610.1  Fibrocystic disease of breast
   85.11  Closed biopsy of breast

9.  600.01  Hypertrophy, prostate, (benign), with urinary obstruction
   599.69  Obstruction, urinary
   788.21  Retention, urinary or Incomplete, bladder emptying
   60.29  Resection, transurethral, prostate

10.  611.1  Gynecomastia
   85.31  Mammaplasty, reduction, Unilateral

11.  189.0  Wilms' tumor

Tumor, Wilms'

55.51  Nephrectomy (total) (unilateral)

12.  592.1  Stone, ureteral

59.8  Insertion, ureteral stent

(Note—No subterm ureteral under Insertion, stent)

13.  603.1  Hydrocele, infected

63.1  Hydrocelectomy, spermatic cord

14.  250.41  Diabetic, nephrosis  250.4 [581.81]

581.81  Nephrosis, in diabetes mellitus

250.4 [581.81]  Syndrome, nephrotic, diabetic

250.4 [581.81]  Fifth digit 1 = Type I, not stated as uncontrolled

15.  600.91  Hyperplasia, prostate, with urinary retention/obstruction

599.69  Obstruction, urinary

60.96  Thermotherapy, prostate, by TUMT

16.  618.01  Cystocele, midline

618.04  Rectocele

618.83  Wasting, pelvic muscle

70.50  Repair, cystocele, and Rectocele

17.  256.4  Infertility, female, due to Stein-Leventhal syndrome 256.4 [628.0]

628.0  Stein-Leventhal syndrome

628.0  – note to also code infertility

18.  611.0  Abscess, breast (acute)

85.0  Incision (and drainage), breast (skin) = 85.0

Incision (and drainage) abscess, breast = no entry

Drainage, abscess— see also Drainage by site and Incision by site
Drainage, breast, abscess = no entry
Drainage, breast = no entry

19.  593.2  Cysts, kidney, acquired
20. 590.10 Pyelonephritis, acute
041.7 Infection, Pseudomonas

21. 599.72 Hematuria, microscopic
V87.12 Contact or exposure, personal, to benzene (chemicals)

22. 612.1 Disproportion, breast, reconstructed. Asymmetry breast, (following) breast reconstruction

23. 795.15 Human papillomavirus (HPV) DNA test positive, vaginal and vulva

24. 627.1 Bleeding, postmenopausal
69.09 Dilatation and curettage, uterus (diagnostic)

25. 569.44 Neoplasia, anal intraepithelial I [AIN I]

ICD-10-CM Review Exercises:
Chapter 13

1. N03.2 Syndrome, nephritic – see also Nephritis. Nephritis, nephritic, chronic, with diffuse membranous glomerulonephritis.

   The indexing of this code is somewhat confusing. If you go to Syndrome, nephritic, there is a note at nephritic syndrome to see Nephritis. There are also terms for nephrotic syndrome, which causes a different path. The proteinuria and hematuria are symptoms and would not be coded. There are many different choices in the Glomerular Diseases (N00-N08) block. A careful review of the category choices in this block is helpful. Nephritic syndrome is not a specific diagnosis, but a clinical syndrome characterized by several signs. Its prognosis depends on the underlying etiology. Nephritic syndrome and nephrotic syndrome are similar but different.

2. N30.01 Cystitis (exudative) (hemorrhagic) (septic) (suppurative), acute, with hematuria B96.2 Escherichia (E.) coli, as cause of disease classified elsewhere

   Suppurative is a nonessential modifier for cystitis, so it is included in the code. There is a combination code for acute cystitis with hematuria (N30.01). The frequent urination and pain are integral to the cystitis and not assigned codes. A note at category N30 states to use additional code to identify infectious agent (B95-B97). This code is never in the first position.

3. N92.4 Menorrhagia (primary), preclimacteric or premenopausal

   Subcategory N92.4, Excessive bleeding in the premenopausal period includes climacteric, menopausal, preclimacteric, or premenopausal menorrhagia or metrorrhagia.

4. N17.0 Failure, failed, kidney, acute (see also Failure, renal, acute). Failure, renal, acute, with, tubular necrosis N40.1 Hypertrophy, prostate – see Enlargement, enlarged, prostate, with lower urinary tract symptoms (LUTS) N13.8 Obstruction, urinary (moderate)

   The prostate hypertrophy and urinary obstruction are coded separately in ICD-10-CM. This note is available under subcategory N40.1: Use additional code for associated symptoms, when specified: urinary obstruction (N13.8). There is also a cross reference at code N13.8 stating to code, if applicable, any causal condition first, such as: enlarged prostate (N40.1). The sequencing of code N17.0 as the first-listed code is correct because there is an instructional note under code N17.0 to code also associated underlying condition.

5. N18.3 Disease, diseased, kidney (functional) (pelvis), chronic, stage 3 (moderate) Z94.0 Status (post), transplant – see Transplant, kidney E89.0 Hypothyroidism (acquired), postsurgical Z85.850 History, personal (of), malignant neoplasm (of), thyroid

   The coding guidelines state that “the presence of CKD alone does not constitute a transplant complication. Assign the appropriate N18 code for the patient’s stage of CKD and code Z94.0, Kidney transplant status.” The note at category N18 states: Use additional code to identify kidney transplant status, if applicable.

6. N39.0 Infection, infected, infective, (opportunitic), urinary (tract) B96.4 Infection, infected, infective (opportunitic), bacterial NOS, as cause of disease classified elsewhere, proteus (mirabilis) (morganii) Z87.440 History, personal (of), infection, urinary (recurrent) (tract)
As in ICD-9-CM, the bacteria causing the urinary tract infection is coded as a secondary diagnosis. The following note at code N39.0 states: Use additional code (B95-B97) to identify infectious agent. The history of UTI does have a separate history code that should be added as an additional diagnosis. There may be a debate whether or not the Z87.440 code should be assigned because coding guidelines state that the history code indicates that the patient no longer has the condition and is not receiving any treatment, but has the potential for recurrence. The fact that the condition has recurred in this patient seems to make it appropriate for this patient.
Chapter 14  Complications of Pregnancy, Childbirth, and the Puerperium

ICD-9-CM

Exercise 14.1
1. 639.1 Syndrome, Defibrination = 286.6
   See also Fibrinolysis, following abortion, 639.1
   Tabular List—see excludes note under 286.6— that complicating: abortion
   Abortion, with complication(s) (any) following previous abortion—see category 639
2. 632 Abortion, missed
3. 635.12 Abortion, legal, with, hemorrhage
   Fifth digit 2 = complete
   69.01 Abortion, by, dilation and curettage
4. 634.91 Abortion, spontaneous
   Fifth digit 1 = incomplete
   654.53 Pregnancy, complicated by, incompetent cervix
      Fifth digit 3 = antepartum condition
      (used with abortion codes)
   69.02 Dilation and curettage, uterus, after, abortion
5. 644.21 (Disease Index) Delivery, pre-mature, labor (before 37 completed weeks)
   Any spontaneous abortion that results in a liveborn infant must be coded to 644.
   V27.0 Outcome of delivery, single, liveborn

Exercise 14.2
1. 671.0 Postpartum—see also condition
   Have to know alternate word—puerperal
   Puerperal, varicose veins (legs)
   Varicose veins, in pregnancy or puerperium
2. 652.2 Delivery, breech
3. 641.9 Pregnancy, complicated by, hemorrhage
   Gestation—see also pregnancy
4. 634.9 Abortion, spontaneous
5. 651.1 Pregnancy, triplet
   Triplet pregnancy

Exercise 14.3
1. 2
2. 4
3. 3
4. 1
5. 1

Exercise 14.4
1. 2. X
3. 4. X
5. 6.
7. 8.
9. X
10.

Exercise 14.5
1. 643.13 Hyperemesis, gravidarum, with, dehydration
   Fifth digit 3 = antepartum condition
2. 648.13 Pregnancy, complicated by, goiter
   Pregnancy, complicated by, thyrotoxicosis
   Fifth digit 3 = antepartum condition
   Thyrotoxicosis, complicating pregnancy, childbirth, or puerperium
   242.01 Goiter, toxic
      Thyrotoxicosis, with goiter
      Fifth digit 1 = with mention of thyrotoxic crisis or storm
3. 671.22 Pregnancy, complicated by, thrombophlebitis
   Fifth digit 2 = delivered with mention of postpartum complication
   V27.0
4. 676.44 Failure, lactation
   Lactation, failed
   Fifth digit 4 = postpartum condition
5. 642.41 Pregnancy, complicated by, preeclampsia
   Preeclampsia (mild)
   Fifth digit 1 = delivered, with or without mention of antepartum condition
   V27.0

Exercise 14.6
1. 74.1 Delivery, cesarean, low cervical
   Cesarean section, low cervical
2. 72.1 Delivery, forceps, low, with episiotomy
3. 72.54 Delivery, breech, total
4. 73.59 Delivery, manually assisted

5. 73.4 Induction, labor, medical

**Review Exercise: Chapter 14**

1. 632 Pregnancy, complication by, death of fetus, early pregnancy
   Death, fetus, early with retention
   (before 22 completed weeks' gestation)

2. 651.01 Pregnancy, twin
   Delivery, twins NEC
   Fifth digit 1 = delivered with or without antepartum condition
   V91.03 Gestation, multiple, placenta
   Status, twin, dichorionic/diamniotic
   V27.2 Outcome of delivery, twins, both liveborn
   73.59 Delivery, assisted spontaneous
   Delivery, manually assisted

3. 660.11 Delivery, complicated by, abnormal, size, fetus, causing obstructed labor
   653.51 Pregnancy, complicated by, abnormal, size, fetus
   Delivery, cesarean, abnormal, size, fetus
   Fifth digit 1 = delivered with or without antepartum condition
   V27.0 Outcome of delivery, single, liveborn
   74.0 Delivery, cesarean, classical
   Cesarean section, classical

4. 664.01 Delivery, complicated by, laceration, perineum, first degree
   Fifth digit 1 = delivered with or without antepartum condition
   V27.0 Outcome of delivery, single, liveborn
   75.69 Repair, laceration—see Suture, by site
   Suture, perineum, after delivery

5. 655.13 Pregnancy, management affected by, chromosomal abnormalities (Down's)
   Fifth digit 3 = antepartum condition

6. 646.63 Pregnancy, complicated by, infection, urinary (tract)
   Infection, urinary (tract), complicating pregnancy, childbirth, or puerperium
   Fifth digit 3 = antepartum condition
   599.0 Infection, urinary tract
   041.49 Infection, E. coli

7. 631.8 Blighted, ovum

8. 633.10 Pregnancy, tubal (without intrauterine pregnancy)
   66.62 Salpingectomy, unilateral, removal of tubal pregnancy

9. 641.11 Pregnancy, complicated by, placenta, previa
   Fifth digit 1 = delivered with or without antepartum condition
   V27.0 Outcome of delivery, single, liveborn
   654.21 Delivery, complicated, previous, cesarean delivery
   Fifth digit 1 = delivered with or without antepartum condition
   74.1 Cesarean section, low cervical

10. 640.03 Abortion, threatened
    Fifth digit 3 = antepartum condition

11. 661.01 Failure, cervical dilation in labor
    Delivery, cesarean, poor dilation, cervix
    Dystocia
    Delivery, complicated by, cervical active phase
    Delivery, complicated by, dystocia, cervical
    Fifth digit 1 = delivered with or without antepartum condition
    V27.0 Outcome of delivery, single, liveborn
    74.1 Cesarean section, low cervical

12. 671.83 Hemorrhoids—Tabular
    455, excludes note: that complicating pregnancy
    671.8 Fifth digit 3 = antepartum condition
    455.0 Hemorrhoids, internal

13. 650 Delivery, completely normal case—see category 650
    Delivery, normal
    Delivery, uncomplicated—see category 650
    V27.0 Outcome of delivery, single, liveborn
    73.59 Delivery, assisted spontaneous
    Delivery, manually assisted

14. 648.03 Pregnancy, complicated by, current disease or condition, diabetic
    Pregnancy, complicated by, diabetes (mellitus)
    Fifth digit 3 = antepartum condition
    250.03 Diabetes mellitus (without complication)
    Fifth digit 3 = Type I, uncontrolled

15. 671.44 Thrombophlebitis, puerperal, postpartum, childbirth, deep
    Fifth digit 4 = postpartum condition

16. V25.2 Admission, for, sterilization
Sterilization, admission for contraception, sterilization
V61.5 Multiparity
66.39 Ligation, fallopian tubal, with, Falope ring
17. 672.02 Pyrexias, puerperal
Fever, puerperal
Puerperal, pyrexia
Add fourth digit of 0 to fill
Fifth digit 2 = delivered with mention of postpartum complication
V27.0 Outcome of delivery, single, liveborn
73.6 Episiotomy (with subsequent episiorrhaphy)
18. 669.51 Delivery, forceps
Forceps, delivery
Fifth digit 1 = delivered with or without antepartum condition
V27.0 Outcome of delivery, single, liveborn
72.1 Delivery, forceps, low, with episiotomy
Forceps delivery—see Delivery, forceps
19. 635.12 Abortion, elective—see legal, with, hemorrhage
Fifth digit 2 = complete
285.1 Anemia, blood loss, acute
69.01 Dilation and curettage, to terminate pregnancy
Index to Procedures—Abortion, therapeutic, by dilation and curettage
20. 656.81 Pregnancy, complicated by, fetal, distress
(This is the correct code for the nonspecific diagnosis of “fetal distress.” Code 656.3x is a specific condition that is coded only when the physician documents “fetal [metabolic] acidemia,” and that is the only entry in the Alphabetic Index to Diseases that leads to 656.3, Fetal acidemia, affecting management of pregnancy.)
Delivery, cesarean, distress, fetal distress, fetal, affecting management of pregnancy or childbirth
644.21 Pregnancy, complicated by, early onset delivery (spontaneous)
Delivery, premature (before 37 completed weeks)
Fifth digit 1 = delivered with or without mention of antepartum condition
656.41 Pregnancy, complicated by, fetal death (near term)
Death, fetus/fetal, late, affecting management of pregnancy or childbirth
Death, intrauterine, complicating pregnancy
V27.1 Outcome of delivery, single, stillborn
74.0 Delivery, cesarean, classical Cesarean section, classical

ICD-10-CM Review Exercises: Chapter 14

1. O13.2 Pregnancy (childbirth) (labor) (puerperium), complicated by, hypertension, – see Hypertension, complicating, pregnancy, gestational (pregnancy induced) (transient) (without proteinuria). Review the Tabular for complete code assignment.
O09.522 Pregnancy (childbirth) (labor) (puerperium), complicated by, elderly, multigravida. Review the Tabular for complete code assignment.
The range of codes is further subdivided by the trimester for the current encounter. The note at the beginning of Chapter 15 defines the second trimester as 14 weeks 0 days to less than 28 weeks 0 days. The Index does not provide complete codes; therefore, it is necessary to review the Tabular for complete code assignment.

2. O21.0 Pregnancy (childbirth) (labor) (puerperium), complicated by, hyperemesis (gravidarum) (mild) – see also Hyperemesis, gravidarum (mild)
O23.42 Pregnancy (childbirth) (labor) (puerperium), complicated by, infection(s), urinary (tract). Review the Tabular for complete code assignment.
B96.2 Infection, infected, infective (opportunistic), bacterial NOS, as cause of disease classified elsewhere, Escherichia coli [E. coli].
The hyperemesis gravidarum code for this case is specific to weeks of gestation – “. . . starting before the end of the 20th week of gestation.” Note that there are different options for finding this code in the Index. The UTI code does not require a secondary code for the UTI (as previously seen in ICD-9-CM) because specificity is found in the code, but there is a “use additional code” note to identify the organism.

3. 91.22 Mastitis (acute) (diffuse) (nonpuerperal) (subacute), obstetric (interstitial) (nonpurulent), associated with, puerperium
In this case, the mastitis is not classified in a pregnancy or delivery complication; however, further indentation in the Index provides the specificity of a postpartum complication.

4. O30.003 Pregnancy (childbirth) (labor) (puerperium), complicated by, multiple gestations, twin see Pregnancy, twin. Review the Tabular for complete code assignment.
O69.81x2 Delivery (childbirth) (labor), complicated, by, cord (umbilical), around neck,
without compression. Review the Tabular for seventh character extension.

Z37.2 Outcome of delivery, twins NEC, both liveborn

Complete code assignment for the twin pregnancy is found in the Tabular of ICD-10-CM. The umbilical cord complication is a complication of the delivery rather than the pregnancy and is further subdivided by with or without compression. If both fetus 1 and fetus 2 were found to have nuchal cords, code O69.81x would be coded twice with different seventh character extensions.

5. O24.419 Pregnancy (childbirth) (labor) (puerperium), complicated by, diabetes (mellitus), gestational (pregnancy induced) see Diabetes, gestational (in pregnancy)

This sixth character indicates the type of control (namely, diet or insulin) for the gestational diabetes. ICD-10-CM does not provide a specific sixth character for control with oral medication; therefore, the unspecified control code is used.


O10.012 Pregnancy (childbirth) (labor) (puerperium), complicated by, hypertension, see Hypertension, complicating, pregnancy, pre-existing, essential. Review the Tabular for complete code assignment.

Both of these conditions are indexed under Pregnancy although with the pre-existing hypertension the coder is directed to Hypertension. A review of the Tabular is necessary for complete, correct code assignment.

7. O80 Delivery (childbirth) (labor), normal

Z37.0 Outcome of delivery, single, liveborn

ICD-10-CM guidelines define a normal delivery (O80) as a full-term normal delivery with a single, healthy infant without any complications antepartum, during the delivery, or postpartum during the delivery episode. Code O80 is always the principal diagnosis and is not to be used if any other code from Chapter 15 is needed to describe a current complication of the antenatal, delivery, or perinatal period. See the note with code O80 for a full definition of this code. Z37.0 is the only outcome of delivery code appropriate for use with O80.

8. O70.1 Delivery (childbirth) (labor), complicated, by, laceration (perineal), perineum, perineal, second degree


B20 AIDS (related complex)
B59 Pneumocystis carinii pneumonia

There is a specific ICD-10-CM coding guideline for HIV Infections in Pregnancy, Childbirth, and the Puerperium (I.C.15.f). This guidelines states “During pregnancy, childbirth, or the puerperium, a patient admitted because of an HIV-related illness should receive a principal diagnosis from subcategory O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth, and the puerperium, followed by the code(s) for the HIV-related illness(es). A sixth character of 2 indicates that the patient is in the second trimester. A note appears at the beginning of Chapter 15 of ICD-10-CM that states that “Trimesters are counted from the first day of the last menstrual period. They are defined as follows: 1st trimester: less than 14 weeks 0 days; 2nd trimester: 14 weeks 0 days to less than 28 weeks 0 days; and 3rd trimester: 28 weeks 0 days until delivery.” An instructional note appears under code B20 indicating that code O98.7- is listed first. An instructional note appears under O98.7 which states to use an additional code to identify the type of HIV disease.

10. O60.14x2 Pregnancy (childbirth) (labor) (puerperium), complicated by, preterm labor, third trimester, with third trimester preterm delivery

O36.4xx2 Pregnancy (childbirth) (labor) (puerperium), complicated by, fetal (maternal care for), death (near term) or Pregnancy, complicated, intrauterine fetal death (near term). Review the Tabular for complete code assignment.

O30.103 Pregnancy (childbirth) (labor) (puerperium), complicated by, infection(s), amniotic fluid or sac

Z37.61 Outcome of delivery, multiple births, some liveborn, triplets

The patient was admitted in early labor with a 34 week gestation (O60.14x2). Review of the Tabular for category O60 (preterm labor) reveals that all codes in category O60 require a seventh character. Seventh characters 1–9 are for cases of multiple
gestations to identify the fetus for which the code applies. Code O60.14x2 was sequenced as the principal diagnosis because the preterm labor was the original reason that the patient was admitted. The seventh character extension, 2, was used to indicate that fetus 2 was responsible for the continued contractions and ultimately the preterm delivery as documented within the case. One of the triplets was an intrauterine fetal death (O36.4xx2) and review of the Tabular indicates that codes from this category also require a seventh character to indicate which fetus was dead. The pregnancy is a triplet pregnancy (O30.103). The patient developed infection of amniotic sac (O41.103). Review of the Tabular for category O41 indicates that all codes from this category also require a seventh character. In this instance, the documentation does not indicate the fetus for which the infection applies, therefore, a seventh character of 0 is used to signify a multiple gestation where the fetus is unspecified. The fever during labor (O75.2) is not coded because the cause is known (infection). The outcome of delivery was triplets, two liveborn and one fetal death (Z37.61).
### Chapter 15: Diseases of the Skin and Subcutaneous Tissue

#### ICD-9-CM

**Exercise 15.1**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>691.0</td>
<td>Rash, diaper</td>
<td>86.22</td>
<td>Debridement, skin, excisional</td>
</tr>
<tr>
<td>706.1</td>
<td>Acne (vulgaris)</td>
<td>216.7</td>
<td>Nevus—see also Neoplasm, skin, benign</td>
</tr>
<tr>
<td>709.2</td>
<td>Cicatrix, skin, post-infectional</td>
<td>86.84</td>
<td>Revision, scar, skin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Z-plasty, skin (scar)</td>
</tr>
<tr>
<td>682.7</td>
<td>Cellulitis, foot</td>
<td>401.00</td>
<td>Infection, streptococcus</td>
</tr>
<tr>
<td>703.0</td>
<td>Infection/infected, nail, ingrowing</td>
<td>86.23</td>
<td>Removal, nail</td>
</tr>
<tr>
<td>685.0</td>
<td>Cyst, pilonidal, with, abscess</td>
<td>86.03</td>
<td>Incision (and drainage), pilonidal cyst</td>
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<tr>
<td></td>
<td>Pilonidal—see condition</td>
<td></td>
<td></td>
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<tr>
<td>708.0</td>
<td>Urticaria, allergic</td>
<td>174.3</td>
<td>Neoplasm, breast, lower inner quadrant, malignant, primary</td>
</tr>
<tr>
<td>701.0</td>
<td>Scleroderma, circumscribed</td>
<td>85.22</td>
<td>Resection, breast, quadrant</td>
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<td>695.12</td>
<td>Erythema, multiforme major</td>
<td>601.0</td>
<td>Cyst, breast (benign)</td>
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<td>683</td>
<td>Lymphadenitis, acute</td>
<td>85.11</td>
<td>Biopsy, breast, percutaneous (needle)</td>
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<tr>
<td>041.10</td>
<td>Infection, staphylococcus</td>
<td>708.1</td>
<td>Urticaria, idiopathic</td>
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<tr>
<td>692.84</td>
<td>Dermatitis, animal dander</td>
<td>403.91</td>
<td>Hypertension, renal, unspecified—see also Hypertension, kidney</td>
</tr>
<tr>
<td>693.1</td>
<td>Dermatitis, due to, food ingested</td>
<td>585.5</td>
<td>Hypertension, kidney, with chronic kidney disease</td>
</tr>
<tr>
<td>695.14</td>
<td>Syndrome, Stevens-Johnson with toxic epidermal necrolysis overlap syndrome</td>
<td>585.5</td>
<td>Disease, kidney, chronic, stage V</td>
</tr>
<tr>
<td></td>
<td>Exfoliation due to erythematous condition, 10 percent of body surface</td>
<td>86.07</td>
<td>Insertion, vascular access device, totally implantable</td>
</tr>
<tr>
<td>695.3</td>
<td>Acne, rosacea</td>
<td>86.28</td>
<td>Debridement, skin, nonexcisional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(performed by nonphysician)</td>
</tr>
<tr>
<td>707.07</td>
<td>Pressure (ulcer), heel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>707.21</td>
<td>Pressure ulcer, Stage I</td>
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</table>

**Review Exercise: Chapter 15**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>707.03</td>
<td>Pressure (ulcer), sacrum</td>
</tr>
<tr>
<td>707.23</td>
<td>Pressure ulcer, Stage III</td>
</tr>
</tbody>
</table>

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**ICD-10-CM Review Exercises: Chapter 15**

1. **T36.0x5A** Table of Drug and Chemicals, Penicillin (any), Adverse Effect, initial encounter  
   **L27.0** Dermatitis due to drugs and medicaments (generalized) (internal use)

The reason for this encounter is the extensive dermatitis which is an adverse effect to the penicillin.
An instructional note in the Tabular under category L27 states “code first (T36-T65) to identify drug or substance.” Following this instructional note, T36.0x5A is sequenced first. The seventh character of T36.0x5A indicates this is the initial encounter (A) for this condition.

Decubitus ulcers are classified to pressure ulcers. The note at the beginning of category L89 indicates the sequencing. Any associated gangrene is listed first. Subcategory L89.2 classifies pressure ulcers of the hip. It is necessary to review the tabular to select the correct stage and laterality to identify code L89.213 for stage 3 of the right hip. The pressure ulcer of the sacral region is documented as stage 2, and code L89.152 is assigned. The sacral region includes the tailbone and the coccyx. Coding guideline I. B. 14 states that the stage of the pressure ulcer may be documented by another healthcare clinician and coded as long as the pressure ulcer is documented by the provider.

In ICD-10-CM, there are individual categories for abscess (L02) and cellulitis (L03). In ICD-9-CM, these were combined. Note in the Index that abscess of the toe classifies to abscess of the foot, while abscess of the toe nail, classifies to cellulitis, toe.

Documentation supports that cellulitis is the first listed diagnosis. Review of the Tabular shows that ICD-10-CM classifies the laterality of cellulitis of the lower extremity, with L03.115 being the right lower extremity. A note appears in the Tabular under the section Infections of the Skin and Subcutaneous Tissue (L00-L08) instructing to use an additional code (B95-B97) to identify infectious agent. ICD-10-CM also classifies decubitus ulcers of the buttocks both by stage and laterality. Gluteus is not listed in the classification, but it refers to the buttock region.

The reason, after study, for this encounter is the dermatitis which is an adverse effect to the Ramipril. In ICD-10-CM, there are individual categories for dermatitis, (eczematous) due to drugs and medicaments, (generalized) (internal use) localized skin eruption I10 Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)

The reason, after study, for this encounter is the dermatitis which is an adverse effect to the Ramipril. An instructional note in the Tabular under category L27 states “code first (T36-T65) to identify drug or substance.” Following this instruction note, the T46.4x5A is sequenced first. The seventh character of T46.4x5A indicates this is the initial encounter (A) for this condition. Documentation states localized
dermatitis, and there is a specific code for that. This documentation does not indicate long term use of the drug since it was recently started.

7. T49.8x5A  Table of Drug and Chemicals, cosmetics, adverse effect
   L24.3  Dermatitis (eczematous), contact, irritant, due to, cosmetics
   H01.114  Dermatitis (eczematous), eyelid, contact
            – see Dermatitis, eyelid, allergic, left, upper
   H01.111  Dermatitis (eczematous), eyelid, contact
            – see Dermatitis, eyelid, allergic, right, upper
   L70.0  Acne, cystic

   The reason for this encounter was the contact dermatitis due to the use of new eye cosmetics. An instructional note in the Tabular under category L24 states "code first (T36-T65) to identify drug or substance." Following this instructional note the T49.8x5A is sequenced first. The seventh character of T49.8x1A indicates this is the initial encounter (A) for the condition. There are several different Index terms for the dermatitis. This was documented as irritant contact dermatitis, but not allergic, so Index contact, irritant, due to cosmetics, L24.3. Under contact, allergic, due to cosmetics there is a different code L23.2, if documentation supported that code. Contact dermatitis (not documented as irritant) due to cosmetics is coded L25.0. Careful review of the record and Index is indicated. In addition, there is reference to a specific site (upper eyelids) having a separate classification. Under L24, there is an Excludes2 note for dermatitis of eyelid (H01.1-). This means that if both conditions are present, both codes may be assigned. The cystic acne is assigned as a secondary condition since it was also treated during the encounter.

8. L03.221  Cellulitis (diffuse) (phlegmonous)
   (septic) (suppurative), neck (region)
   F11.10  Abuse, drug, morphine type (opioids) – see Abuse, drug, opioid. Opioid
   Z72.89  Behavior, drug seeking

   ICD-10-CM provides a code for drug seeking behavior.
### ICD-9-CM

#### Review Exercise: Chapter 16

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>722.11</td>
<td>Displacement, intervertebral disc, thoracic</td>
</tr>
<tr>
<td>80.51</td>
<td>Laminectomy, with, excision of herniated intervertebral disc</td>
</tr>
<tr>
<td>715.15</td>
<td>Osteoarthrosis, localized, primary Fifth digit 5 = hip</td>
</tr>
<tr>
<td>81.51</td>
<td>Replacement, hip, total</td>
</tr>
<tr>
<td>00.76</td>
<td>Bearing surface, hip, ceramic-on-ceramic</td>
</tr>
<tr>
<td>714.30</td>
<td>Arthritis, rheumatoid, juvenile, chronic 00.70 Revision, prosthesis, hip, total Revision, hip replacement, total Revision, joint replacement, hip, total 00.74 Bearing surface, hip, metal-on-polyethylene</td>
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<tr>
<td>721.42</td>
<td>Spondylosis, lumbar, with myelopathy</td>
</tr>
<tr>
<td>717.7</td>
<td>Chondromalacia, patella</td>
</tr>
<tr>
<td>710.0</td>
<td>Lupus, erythematosus, systemic Erythematous, lupus—see also Lupus, erythematosus 695.4</td>
</tr>
<tr>
<td>730.07</td>
<td>Osteomyelitis, acute Fifth digit 7 = ankle 041.11 Infection, staphylococcus aureus</td>
</tr>
<tr>
<td>733.13</td>
<td>Fracture, pathologic, vertebrae Fracture, vertebrae, pathologic</td>
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<tr>
<td>198.5</td>
<td>Neoplasm, bone, malignant, secondary</td>
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<tr>
<td>162.9</td>
<td>Neoplasm, lung, malignant, primary</td>
</tr>
<tr>
<td>736.71</td>
<td>Equinovarus, acquired Talipes, equinovarus, acquired</td>
</tr>
<tr>
<td>711.04</td>
<td>Arthritis, pyogenic Fifth digit 4 = hand</td>
</tr>
<tr>
<td>041.02</td>
<td>Infection, streptococcus, Group, B</td>
</tr>
<tr>
<td>722.82</td>
<td>Syndrome, postlaminectomy, thoracic Postlaminectomy syndrome, thoracic</td>
</tr>
<tr>
<td>733.00</td>
<td>Kyphosis, due to, osteoporosis 737.41</td>
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<tr>
<td>717.3</td>
<td>Derangement, joint, knee 717.9 Derangement, knee 717.9</td>
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<td>Replacement, hip, total</td>
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<td>041.10</td>
<td>Infection, staphylococcal</td>
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<tr>
<td>720.0</td>
<td>Spondylitis, ankylosing</td>
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<tr>
<td>727.51</td>
<td>Baker's cyst (knee) Cyst, Baker's (knee)</td>
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<td>83.39</td>
<td>Excision, cyst, Baker</td>
</tr>
<tr>
<td>83.39</td>
<td>Excision, cyst, Baker</td>
</tr>
<tr>
<td>733.11</td>
<td>Fracture, pathologic, humerus</td>
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<tr>
<td>733.01</td>
<td>Fracture, humerus, pathologic Osteoporosis, postmenopausal 79.01 Reduction, fracture, humerus (closed)</td>
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<tr>
<td>731.0</td>
<td>Paget's disease, bone</td>
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<tr>
<td>732.22</td>
<td>Cyst, bone, aneurysmal</td>
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<tr>
<td>77.67</td>
<td>Excision, cyst—no bone subterm,see also Excision, lesion, by site Excision, lesion, bone, tibia</td>
</tr>
<tr>
<td>732.2</td>
<td>Slipped epiphysis, upper femoral</td>
</tr>
</tbody>
</table>
ICD-10-CM Review Exercises:
Chapter 16

1. M00.861 Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute), septic (any site except spine) – see Arthritis, pyogenic or pyemic (any site except spine), bacterial NEC, knee. Review the Tabular for correct code assignment.

Most of the codes in this chapter have site and laterality designations. A note is available at subcategory M00.8 stating to Use additional code (B96) to identify bacteria. In this case, it was not specified.

2. M08.071 Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute), rheumatoid, juvenile (with or without rheumatoid factor), ankle. Review the Tabular for assignment of laterality.

M08.072 Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute), rheumatoid, juvenile (with or without rheumatoid factor), ankle. Review the Tabular for assignment of laterality.

For juvenile rheumatoid arthritis, there is not a code to identify bilateral, therefore, both codes, to identify right and left, must be assigned.

3. M84.551A Fracture, pathological (pathologic), due to neoplastic disease, femur
C79.51 Carcinoma (malignant), metastatic, see Neoplasm, secondary. Refer to Neoplasm Table, by site, bone, femur, secondary.
Z85.118 History, personal (of), malignant neoplasm (of), lung
Z92.3 History, personal (of), radiation therapy

M84.551A correctly identifies the fracture in the shaft of the right femur. The seventh character “A” is used as long as the patient is receiving active treatment for the fracture. Examples of active treatment are: surgical treatment, ER encounter, and evaluation and treatment by a new physician. The code Z92.3 can be added to show history of radiation therapy if coding is performed to that degree.

4. M80.08xA Fracture, pathological (pathologic), due to osteoporosis, specified cause NEC – see Osteoporosis, specified type NEC, with pathological fracture. Osteoporosis (female) (male), senile – see Osteoporosis, age-related, with current pathologic fracture, vertebra(e)

In ICD-10-CM, a combination code is utilized to report osteoporosis with an associated pathological fracture. When identifying senile osteoporosis, the code book directs the coder to age-related osteoporosis.
### Chapter 17 Congenital Anomalies and Certain Conditions Originating in the Perinatal Period

**ICD-9-CM**

**Exercise 17.1**

1. **V30.01** Newborn, single, born in hospital, with cesarean delivery
   - 756.6 Hernia, diaphragmatic, congenital
   - 53.75 Repair, hernia, diaphragmatic, abdominal approach

2. **V30.00** Newborn, single, born in hospital, delivered without mention of c. delivery
   - 755.01 Polydactyly, fingers

3. **749.22** Cleft, lip, with, cleft palate, unilateral
   - 27.54 Repair, cleft, lip

4. **747.0** Patent, ductus arteriosus
   - 38.85 Repair, patent ductus arteriosus

5. **754.69** Talipes (congenital), equinovalgus
   - 758.0 Down's syndrome
   - Syndrome, Down's

6. **742.3** Hydrocephalus, congenital
   - 02.34 Insertion, shunt—no entry
   - Insertion, ventriculoperitoneal—no entry

7. **748.5** Hypoplasia, lung

8. **756.72** Omphalocele
   - 53.41 Repair, hernia, umbilical, with graft
   - Repair, omphalocele, with graft

9. **753.14** Polycystic, kidney, childhood

10. **759.2** Cyst, thyroglossal (duct)

11. **06.7** Excision, thyroglossal duct

**Review Exercise: Chapter 17**

1. **V30.00** Newborn, single, born in hospital, delivered without mention of c. delivery
   - 768.2 Distress, fetal, liveborn infant, first noted, before onset of labor

2. **773.2** Erythroblastosis (fetalis)

3. **774.2** Hyperbilirubinemia, neonatal, of prematurity
   - 765.18 Prematurity NEC
   - Premature, infant NEC
   - Fifth digit 8 = birth weight 2,000 grams

4. **767.6** Erb's palsy
   - Palsy, Erb's

5. **775.0** Hypoglycemia, in infant of diabetic mother

6. **777.51** Enterocolitis, fetus or newborn, necrotizing, Stage I

7. **V30.00** Newborn, single, born in hospital, delivered without mention of c. delivery
   - 760.75 Maternal condition, affecting fetus or newborn, Noxious substance transmitted via breast milk or placenta, "crack" or cocaine
   - 765.14 Prematurity NEC
   - Premature, infant, NEC
   - Fifth digit 4 = birth weight 1,247 grams

8. **765.26** Gestation, 32 completed weeks

9. **486** Pneumonia

10. **771.81** Septicemia, of newborn
    - 041.02 Infection, streptococcal, group B

11. **776.2** Coagulation, intravascular, newborn
    - Neonatal = 28 days of life or first month of life

12. **759.2** Cyst, thyroglossal (duct)

13. **06.7** Excision, thyroglossal duct

14. **775.0** Large, baby, of diabetic mother

15. **776.2** Spina bifida, with hydrocephalus
    - Fifth digit 2 = dorsal (thoracic) region
03.52 Repair, myelomeningocele
02.34 Insertion, shunt—no entry
   Insertion, ventriculoperitoneal—no entry
   Shunt, ventricular to abdominal cavity (peritoneal)
13. V30.00 Newborn, single, born in hospital, delivered without mention of c. delivery
   770.84 Failure, respiratory, newborn
   96.71 Ventilation, mechanical
   96.04 Intubation, trachea
   Insertion, tube, endotracheal
14. 745.2 Tetralogy of Fallot
   39.0 Blalock-Taussig operation
   Procedure—no entry for Blalock-Taussig
   39.61 Bypass, cardiopulmonary
15. V30.01 Newborn, single, born in hospital, delivered by cesarean delivery
   752.61 Hypospadias (male)

ICD-10-CM Review Exercises, Chapter 17

1. P36.2 Newborn, (infant) (liveborn) (singleton), sepsis (congenital) due to Staphylococcus, aureus
   The Z38 category is not assigned, because the birth episode did not occur at this encounter. Code A41.0 is incorrect because this encounter was within the 28 days after birth (perinatal period) and the newborn codes are to be used. See the Excludes1 note at category A41 – Excludes1 neonatal (P36.-). This is the only code required because there is no mention of severe sepsis or organ dysfunction. And the P36.2 code identifies the organism, so no additional code from category B95 is indicated.

2. P59.9 Newborn (infant) (liveborn) (singleton), hyperbilirubinemia
   The birth did not occur at this encounter, so the Z38 category is not assigned. Hyperbilirubinemia without mention of prematurity or specified cause is coded to P59.9. If prematurity was documented, there is a specific code to identify that condition (P59.0).

3. Z38.00 Newborn (infant) (liveborn) (singleton), born in hospital
   Q86.0 Syndrome, fetal, alcohol (dysmorphic)
   According to ICD-10-CM coding guidelines, a code from Z38 is assigned as the principal/first listed diagnosis. When the coder reviews code Q86.0, there is an Excludes2 statement that refers to a possible use of code P04.-. However, when code P04.3 (that with use of alcohol) is referenced, it specifically excludes that with fetal alcohol syndrome.

4. Z38.01 Newborn (infant) (liveborn) (singleton), born in hospital, by cesarean
   P04.41 Newborn (infant) (liveborn) (singleton), affected by cocaine (crack)
   P07.14 Weight, 1000–2499 grams at birth (low) – see Low, birthweight. Low, birthweight (2499 grams or less) with weight of 1000–1249 grams
   P07.31 Premature, newborn, less than 37 completed weeks – see Preterm infant, newborn.
   Preterm infant, newborn, with gestation of: 28-31 weeks
   P74.1 Newborn (infant) (liveborn) (singleton), dehydration
   There is no documentation of withdrawal, which would be coded P96.1. Following sequencing according to the guidelines, the code for birth weight is sequenced before the code for gestational age. In indexing the premature newborn, note that “preterm infant” is not an option under the term Newborn. It is indexed under Preterm infant, newborn.

5. Q01.0 Encephalocele, frontal
   Encephalocele has been expanded in ICD-10-CM from one code to five codes. An encephalocele is defined as a congenital malformation in which brain tissue protruding through a skull defect. Hydroencephalocele is included in code Q01.0.

6. Q37.4 Cleft, (congenital) lip (unilateral), bilateral, with cleft palate, hard with soft
   Careful review of the documentation is indicated to select the one code that combines these conditions. Cleft lip and palate are congenital defects caused when the bones and tissues don’t fuse together in utero. The palate is the roof of the mouth, and consists of the soft (back part near the throat) and the hard (front part behind the teeth) palates. Frequently cleft lip and palate are both present. A cleft lip can be either unilateral or bilateral. The unilateral cleft lip has a gap on one side of the lip under either the left or right nostril, but in a bilateral cleft lip, the gap is on both sides of the lip.
ICD-9-CM classified cleft palate as unilateral versus bilateral and complete versus incomplete, while ICD-10-CM classifies it by hard, soft, hard with soft, uvular and unspecified. ICD-9-CM classifies cleft lip by unilateral versus bilateral and complete versus incomplete while ICD-10-CM uses the terms bilateral, median, or unilateral. Cleft lip and palate in ICD-10-CM is classified according to hard versus soft palate with unilateral versus bilateral cleft lip. The terms complete versus incomplete were used in ICD-9-CM to classify this condition, and are no longer present in ICD-10-CM.

7. **Q54.2** Hypospadias, penoscrotal

In ICD-9-CM, there was one code to identify this condition, whereas in ICD-10-CM codes are available for hypospadias balanic, penile, penoscrotal, perineal, congenital chordee, other hypospadias, and unspecified. Hypospadias refers to a congenital condition in which the urethral meatus lies on the ventral position of the penile shaft and may be located as far down as in the scrotum or perineum.

8. **Z38.01** Newborn (infant) (liveborn) (singleton), born in hospital, by cesarean

**Q20.3** Transposition (congenital) vessels, great (complete) (partial)

In this case, the newborn code is listed first. Transposition of the great vessels (TGV) is a congenital heart defect in which the aorta and the pulmonary artery are transposed. Because this is a cyanotic heart defect (too little oxygen) the cyanosis is inherent and not separately coded.
Chapter 18 Symptoms, Signs, and Ill-Defined Conditions

ICD-9-CM

Review Exercise: Chapter 18

1. 795.01 Abnormal, Papanicolaou (smear), cervix, atypical squamous cells
2. 798.0 Sudden, death, infant Syndrome, infant, death, sudden
3. 780.51 Apnea, sleep, with, insomnia
4. 786.05 Shortness, breath
5. 793.82 Inconclusive, mammogram; dense breasts
6. 788.63 Urgency, urination
7. 486 Pneumonia
8. 796.2 Elevation, blood pressure, reading
9. 788.32 Incontinence, stress, male Incontinence, urine, male, stress Incontinence, urine, stress, male
10. 571.2 Cirrhosis, Laennec’s (of liver) Laennec’s cirrhosis (alcoholic)
11. 789.59 Ascites
12. 780.39 Seizure, convulsive
    Convulsions
13. 789.01 Pain, abdominal Fifth digit 1 = right upper quadrant
14. 780.71 Syndrome, fatigue, chronic Fatigue, chronic, syndrome
15. 789.30 Mass, abdominal
16. 782.4 Jaundice
17. 786.59 Pain, chest, noncardiac
18. 790.22 Findings, abnormal, glucose, tolerance test
19. 799.1 Arrest, respiratory
20. 783.5 Polydipsia
    788.42 Polyuria
21. 388.70 Earache
    780.60 Fever
22. 722.10 Herniation, disc, see Displacement, intervertebral disc
    Displacement, intervertebral disc, lumbar
23. 379.99 Itch, eyes
    784.99 Scratchy, throat
24. 789.00 Pain, abdominal, acute
    575.0 Cholecystitis, acute
    577.0 Pancreatitus, acute
25. 434.91 Occlusion, artery, cerebral with a fifth digit of 1 for cerebral infarction
    780.01 Coma

ICD-10-CM Review Exercises, Chapter 18

1. R10.821 Tenderness, abdominal, rebound, right upper quadrant

ICD-10-CM provides subcategory R10.81 for abdominal tenderness and subcategory R10.82 for rebound abdominal tenderness. In ICD-9-CM, both conditions were included in subcategory 789.6. Rebound tenderness refers to pain upon removal of pressure rather than application of pressure to the abdomen.

2. R40.2111 Coma, with opening of eyes (never)
    R40.2211 Coma, with verbal response (none)
    R40.2311 Coma, with motor response (none)
    R40.2134 Coma, with opening of eyes, in response to sound
    R40.2234 Coma, with verbal response, inappropriate words
    R40.2344 Coma, with motor response, flexion withdrawal

In order to report the scale, all three categories must be identified. The first set of codes identified the condition as reported by the EMT. The second set of codes corresponds to the neurologist’s assessment on day 2. It is appropriate to report more than one set of codes if desired. The extension for the first set of codes (1) identifies that this was done by the EMT in the field, and the second set (4) 24 hours or more after hospital admission. This case is used to illustrate...
the coma scale codes, but they would not be used alone.

3. **R92.0 Microcalcifications, breast**

   ICD-10-CM has individual codes for mammographic microcalcification found on diagnostic imaging of the breast and mammographic calcification found on diagnostic imaging of breast.

4. **R00.1 Bradycardia (sinoatrial) (sinus) (vagal)**

   Code R00.1 includes sinoatrial bradycardia. In ICD-9-CM, this condition is classified in the Circulatory chapter, while in ICD-10-CM it is in Chapter 18. There is an Excludes1 note at category I49, Other cardiac arrhythmias, excluding bradycardia.

5. **R07.89 Pain(s), chest (central), atypical**

   **I20.9 Angina (attack) (cardiac) (chest) (heart) (pectoris) (syndrome) (vasomotor)**

   **K21.9 Disease, diseased, gastroesophageal reflux (GERD)**

   In the instance where a symptom(s) is followed by contrasting/comparative diagnoses, the symptom code is sequenced first. All the contrasting/comparative diagnoses should be coded as additional codes.

6. **R50.9 Fever (inanition) (of unknown origin) (persistent) (with chills) (with rigor)**

   ICD-10-CM Diagnostic Coding and Reporting Guidelines for Outpatient Services (IV. H.) states the following for uncertain diagnoses: “Do not code diagnoses documented as 'probable,' 'suspected,' 'questionable,' 'rule out,' or 'working diagnosis, or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reasons for the visit.” It would be incorrect to code the viral syndrome in this case. Fever, unspecified includes fever with chills.

7. **R10.11 Pain(s), abdominal, upper, right quadrant**

   **R11.2 Nausea, with vomiting**

   **R03.0 Elevated, elevation, blood pressure, reading (incidental) (isolated) (nonspecific), no diagnosis of hypertension**

   No conclusive diagnosis was documented, therefore the symptoms are coded.
Chapter 19: Injury and Poisoning I

ICD-9-CM

Exercise 19.1
1. with loss of consciousness of unspecified duration
2. coracoid process
3. lateral dislocation of elbow
4. hematoma without rupture of capsule
5. back (any part)

Exercise 19.2
1. 823.22 Fracture, tibia, shaft, with fibula
2. 812.20 Fracture, humerus
3. 821.10 Fracture, femur, open
4. 813.53 Fracture, ulna, lower end, open
5. 733.16 Fracture, pathologic, fibula
    756.51 Osteogenesis imperfecta

Exercise 19.3
1. 800.72 Fracture, frontal (bone)—see Fracture, skull, vault
   Fracture, skull, vault, open, with subarachnoid hemorrhage
   Fifth digit 2 = with brief (less than one hour) loss of consciousness
2. 812.41 Fracture, humerus, supracondylar
   813.01 Fracture, olecranon
3. 822.1 Fracture, patella, open
4. 827.0 Fracture, multiple, leg
5. 823.30 Fracture, tibia, shaft, open

Exercise 19.4
1. 832.01 Dislocation, elbow, anterior
2. 839.01 Dislocation, vertebra, cervical, first
   839.02 Dislocation, vertebra, cervical, second
3. 835.10 Dislocation, hip, open
4. 844.0 Sprain, lateral collateral, knee
5. 846.0 Strain—see also Sprain, by site
   Sprain, lumbosacral

Exercise 19.5
1. 852.36 Hemorrhage, subdural, traumatic—see
   Hemorrhage, brain, traumatic, subdural
   Hemorrhage, brain, traumatic, subdural, with open intracranial wound
   Fifth digit 6 = with loss of consciousness of unspecified duration
2. 851.82 Contusion, cerebral—see Contusion, brain
   Fifth digit 2 = with brief (less than one hour) loss of consciousness
3. 864.03 Laceration, liver, moderate
4. 860.3 Hemothorax, traumatic, with, open wound into thorax
   850.5 Concussion, with, loss of consciousness
5. 863.21 Injury, duodenum—see Injury, internal duodenum
   Injury, internal, duodenum

Exercise 19.6
1. 871.3 Avulsion, eye
2. 897.1 Amputation, traumatic, leg, below knee, complicated
   See note that defines "complicated" as delayed healing
3. 877.0 Wound, open, buttock
4. 881.22 Wound, open, wrist, with tendon involvement
5. 872.00 Laceration, external ear—no entry
   Laceration—see also Wound, open, by site
   Wound, open, ear, external

Exercise 19.7
1. 942.22 Burn, chest wall, second degree
2. 941.10 Burn, face (see burn, head), first degree
Exercise 19.8

1. 891.2 Wound, open, leg, lower, with tendon involvement
   904.51 Injury, artery—see also injury, blood vessel, by site
      Injury, blood vessel, tibial, artery, anterior

2. 913.5 Bite, insect, nonvenomous—see Injury, superficial, by site
   Injury, superficial, elbow
   Fourth digit 5 = insect bite, nonvenomous, infected

3. 924.10 Contusion, leg, lower (with knee)
4. 952.00 Injury, spinal cord, cervical (C1–C4)
5. 927.20 Crush, crushed, crushing injury, hand, except fingers alone (and wrist)
   Crush, crushed, crushing injury, wrist, with hand(s) except fingers alone

Exercise 19.9

1. 934.1 Foreign body, entering through orifice, bronchus
   98.15 Removal, foreign body, bronchus

2. 930.9 Foreign body, entering through orifice, eye

3. 936 Foreign body, entering through orifice, colon

4. 932 Foreign body, entering through orifice, nose

5. 931 Foreign body, entering through orifice, ear

ICD-10-CM Review Exercises: Chapter 19

1. T74.4xxA Syndrome, shaken infant

Shaken baby syndrome is a serious form of abuse inflicted upon a child. It usually occurs when a parent or other caregiver shakes a baby out of anger or frustration. There is often no external evidence of injury or physical sign of violence resulting in under diagnosis of this syndrome. Notes at this category state to assign any additional code, if applicable to identify any associated current injury, and the perpetrator, if known (Y07.−)

2. S82.852K Nonunion, fracture – see Fracture, by site. Fracture, traumatic (abduction) (adduction) (separation), ankle, trimalleolar (displaced). Review the Tabular for complete code assignment as well as correct seventh character extension.

Aftercare Z codes should not be used for aftercare of fractures. For aftercare of a fracture, assign the acute fracture code with the correct seventh character extension indicating the type of aftercare. Coding guidelines specify that if displaced versus nondisplaced is not indicated, the default is displaced.

3. S52.351B Fracture, traumatic (abduction) (adduction) (separation), radius, shaft, comminuted (displaced). Review the Tabular for complete code assignment, including the seventh character extension.

A compound fracture is an open fracture and this is stated as a type II open fracture in the documentation. The seventh character of B indicates the initial treatment for a type II open fracture.

4. G82.21 Paraplegia (lower), complete
S32.029S Fracture, traumatic (abduction) (adduction) (separation), vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinal process) (transverse process), lumbar, second. Review the Tabular for correct seventh character extension.

Extension S, sequela, is used for complications or conditions that arise as a direct result of an injury. When using extension S it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The S is added only to the injury code, not the sequela code. The specific type of sequela (paraplegia) is sequenced first, followed by the injury code.

5. S02.65xG Fracture, traumatic, (abduction) (adduction) (separation), mandible (lower jaw (bone)), angle (of jaw). Review the Tabular for complete code assignment and correct seventh character extension.

As with other fracture aftercare, the code for the acute fracture should be assigned with the seventh character extension of G to indicate the delayed healing.

6. S02.0xxA Fracture, traumatic (abduction) (adduction) (separation), skull, frontal bone. Review the Tabular for complete code assignment.
S06.5x2A Hemorrhage, hemorrhagic (concealed), intracranial (nontraumatic), subdural, traumatic – see Injury, intracranial (traumatic), subdural hemorrhage, traumatic. Review the Tabular for complete code assignment and correct seventh character extension.

In ICD-10-CM, there is not a combination code for intracranial hemorrhage associated with skull fracture. Both conditions must be identified with separate codes. There is a “code also” note directing the coding professional to code also any associated intracranial injury (S06.-).

7. S91.322A Laceration, heel – see Laceration, foot (except toe(s) alone), left, with foreign body. Review the Tabular for correct seventh character extension.

In ICD-10-CM, the Index identifies both the laterality and the presence of the foreign body with the laceration code. The seventh character extension of “A” is used to indicate the initial encounter.

8. S42.431D Fracture, traumatic (abduction) (adduction) (separation), humerus, lower end, epicondyle, lateral (displaced). Review the Tabular for complete code assignment and the correct seventh character extension.

The documentation indicates that this is the elbow but the epicondyle is coded to the humerus. Indexing Elbow in the book will lead to an incorrect code. The elbow is the lower end of the humerus, and the lateral epicondyle extends medially to form the main part of the lower end of the humerus. This type of fracture is common in children. Even with normal healing, aftercare for fractures is coded to the acute fracture code with the seventh character extension that indicates routine healing.

9. S22.41xA Fracture, traumatic (abduction) (adduction) (separation), rib, multiple. Review the Tabular for complete code assignment and correct seventh character extension.
S62.101A Fracture, traumatic (abduction) (adduction) (separation), wrist. Review the Tabular for complete code assignment and correct seventh character extension.

In ICD-10-CM, rib fractures are coded as just one or multiple. The chest contusion would not be coded because it is a superficial injury associated with the rib fractures. Both of the codes in this case require a seventh character extension to identify the initial encounter.
Chapter 20 Injury and Poisoning II

ICD-9-CM

Exercise 20.1
1. 781.3 Ataxia
   E936.3 Table of Drugs & Chemicals, Carbamazepine, External Cause, Therapeutic Use
   E930.3 Table of Drugs & Chemicals, Erythromycin, External Cause, Therapeutic Use
2. 780.4 Vertigo
   E947.8 Table of Drugs & Chemicals, radio-opaque (drugs) (material), External Cause, Therapeutic Use
   Table of Drugs & Chemicals, dye, diagnostic agents, External Cause, Therapeutic Use
3. 564.09 Constipation
   E933.1 Table of Drugs & Chemicals, Oncovin, External Cause, Therapeutic Use
   201.90 Hodgkin's disease
      Fifth digit 0 = unspecified site, extranodal and solid organ sites
4. 780.09 Drowsiness
   E933.0 Table of Drugs & Chemicals, Periactin, External Cause, Therapeutic Use
5. 342.90 Hemiplegia
   909.5 Late, effect(s), adverse effect of drug, medicinal or biological substance
   E932.2 Table of Drugs & Chemicals, Enovid, External Cause, Therapeutic Use

Exercise 20.2
1. 995.27 Allergy, drug
   E947.9 Table of Drugs & Chemicals, “Drug”, External Cause, Therapeutic Use
2. 909.5 Late, effect(s), adverse effect of drug, medicinal or biological substance
   E931.0 Table of Drugs & Chemicals, Sulfonamide, External Cause, Therapeutic Use
3. 796.0 Toxicity, Dilantin, asymptomatic; query the physician to obtain the correct E code
   E936.1 Table of Drugs & Chemicals, Dilantin, External Cause, Therapeutic Use
4. 693.0 Rash
   E947.9 Table of Drugs & Chemicals, Drug, External Cause, Therapeutic Use

Exercise 20.3
1. 962.2 Table of Drugs & Chemicals, contraceptives (oral), poisoning
   E858.0 Table of Drugs & Chemicals, contraceptives (oral), External Cause, Accidental
2. 530.3 Stricture, esophagus
   909.1 Late, effect(s), toxic effect, nonmedical substance
   E929.2 E-Code Index
      Late effect of, poisoning, accidental
3. 969.4 Table of Drugs & Chemicals, Valium, poisoning
   980.0 Table of Drugs & Chemicals, Alcohol, absolute, beverage, poisoning
   780.97 Listlessness
   E980.3 Table of Drugs & Chemicals, Valium, External Cause, Undetermined
   E980.9 Table of Drugs & Chemicals, Alcohol, External Cause, undetermined
4. 984.0 Table of Drugs & Chemicals, Lead paint, poisoning
   E861.5 Table of Drugs & Chemicals, Lead paint, External Cause, accidental
5. 986 Table of Drugs & Chemicals, Carbon monoxide, poisoning
   E952.0 Table of Drugs & Chemicals, Carbon monoxide, External Cause, suicide attempt
   E849.0 Place of occurrence: Home (garage)

Exercise 20.4
1. 996.63 Complication, infection, ventricle shunt
2. 996.54 Displacement/displaced, internal prosthesis—see Complications, mechanical
Complications, mechanical, prosthesis, breast
Complications, mechanical, implant, prosthetic, in, breast
Complications, due to (presence of) any device, implant, or graft classified to 996.0–996.5

Tabular List—review all codes in subcategory

3. 996.02 Leakage, device—see Complications, mechanical, heart valve prosthesis
4. 997.2 Thrombophlebitis, postoperative
   451.0 Thrombophlebitis, leg, superficial (vessels)
5. 383.30 Complication, postmastoidectomy

Review Exercise: Chapters 19 and 20

1. 708.0 Urticaria
   E930.4 Table of Drugs & Chemicals, Tetracycline, therapeutic use
2. 998.32 Dehiscence, operative wound
3. 965.02 Table of Drugs & Chemicals, Methadone, poisoning
   E950.0 Table of Drugs & Chemicals, Methadone, External Cause, suicide attempt
4. 958.0 Embolism, air
5. 823.90 Fracture, air
   79.36 Reduction, fracture, tibia, open, with internal fixation
6. 920 Contusion, cheek
   923.10 Contusion, forearm
7. 813.41 Fracture, Colles'
   79.02 Reduction, fracture, radius
8. 881.20 Wound, open, forearm, with tendon involvement
9. 974.3 Table of Drugs & Chemicals, Diuril, poisoning
10. 787.03 Vomiting
11. 996.42 Dislocation, prosthesis, internal—see Complications, mechanical
    Complication, mechanical, orthopedic device, internal, mechanical, dislocation
    V43.64 Replacement, joint, hip
    Status, organ replacement, joint, hip
    79.75 Reduction, dislocation, hip (closed)
12. 998.59 Infection, postoperative wound
    682.6 Cellulitis, leg
    (Use additional code, if desired, to identify any infectious organism.)
    041.11 Infection, staphylococcus aureus
13. 574.10 Cholelithiasis, with, cholecystitis, chronic
    Fifth digit 0 = without mention of obstruction
    997.39 Atelectasis—no subterm for postoperative
    Have to know to code this as a complication of surgical procedure
    Complication, surgical procedure, no atelectasis
    Complication, surgical procedure, respiratory
    51.22 Cholecystectomy
    87.53 Cholangiogram, Intraoperative
14. 850.0 Concussion, without loss of consciousness
913.0 Abrasion—see Injury, superficial, by site
Injury, superficial, elbow
Fourth digit = type of injury = 0 = abrasion without mention of infection
917.0 Injury, superficial, foot
Fourth digit = type of injury = 0 = abrasion without mention of infection
15. 965.4 Table of Drugs & Chemicals, Tylenol—no entry
Table of Drugs & Chemicals, Acetaminophen, poisoning
960.0 Table of Drugs & Chemicals, Ampicillin, poisoning
311 Depression
E950.0 Table of Drugs & Chemicals, Acetaminophen, External Cause, suicide attempt
E950.4 Table of Drugs & Chemicals, Ampicillin, External Cause, suicide attempt
16. 997.31 Pneumonia, ventilator associated
17. 998.32 Disruption, wound, external
18. 999.2 Thrombophlebitis, following infusion
19. 999.89 Reaction, transfusion—see Complications, transfusion
20. 999.31 Infection, due to, central venous catheter

ICD-10-CM Coding Exercises:
Chapter 20

1. T39.1x1A Poisoning (acute) - see also Table of Drugs and Chemicals, Acetaminophen, Poisoning, Accidental (unintentional). Review the Tabular for the correct seventh character extension.

The seventh character extension is used with the poisoning codes in ICD-10-CM.

2. T46.0x5A Table of Drugs and Chemicals, Digoxin, adverse effect
R11.2 Nausea, with vomiting
R53.83 Fatigue

The Index directs the coder to T46.0x5 in the Tabular. The seventh character extension must be assigned to indicate the initial encounter. The Official Coding Guidelines state that “a code for adverse effect is assigned when the drug was correctly prescribed and properly administered.”

3. I13.2 Disease, diseased, heart (organic), hypertensive – see Hypertension, heart. Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic), heart (disease) with kidney disease (chronic) – see Hypertension, cardiorenal (disease), with heart failure, with stage 5 or end stage renal disease I50.9 Failure, heart (acute) (sudden), congestive (compensated) (decompensated). The "use additional code" statement under code I13.2 indicates the use of this code to identify the type of heart failure.
N18.5 Disease, diseased, kidney (functional) (pelvis), chronic, stage 5. The "use additional code" statement under code I13.2 indicates the use of this code to identify the stage of the chronic kidney disease
T50.1x6A Refer to Table of Drugs and Chemicals, Lasix, underdosing
Z91.130 Noncompliance, with, medication regimen, underdosing, unintentional, due to patient’s age-related debility

In ICD-10-CM, underdosing of medication can now be identified. The coding guidelines state: “Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer’s instruction. For underdosing, assign the code from categories T36-T50 (fifth or sixth character “6”). Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.61, Y63.8-Y3.9) codes are to be used with an underdosing code to indicate intent, if known. Codes for underdosing should never be assigned as principal or first-listed codes.” There is also a "code first underdosing of medication..." note under code Z91.13. The combination code for heart and kidney disease is used in this situation because both heart and renal disease exist along with the hypertension. According to the Official Coding Guidelines for hypertensive heart disease, the causal relationship is implied with the word “hypertensive.” An additional code from category I50 is used to identify the type of heart failure. The “use additional code” statement under code I13.2 indicates the use of the N18.5 code to identify the stage of the chronic kidney disease.

4. I49.5 Syndrome, sick, sinus
T82.110A Complication(s) (from) (of), cardiovascular device, graft, or implant, electronic, electrode, mechanical, breakdown. Review the
Tabular for assignment of seventh character extension.

Z53.8 Canceled procedure (surgical), because of, specified reason NEC

The complication code, for the broken pacemaker electrode, is assigned as a secondary diagnosis because the sick sinus syndrome was the reason for admission. The Z code for the canceled procedure should also be added.

5. T84.51xA Complication(s) (from) (of), joint prosthesis, internal, infection or inflammation, hip. Review the Tabular for complete code assignment and seventh character extension.

The complication code assigned for this case includes the type of complication, the specific type of prosthesis and laterality.

6. T40.7x2A Table of Drugs and Chemicals, Marijuana, Poisoning, Intentional, Self-harm. Review the Tabular for seventh character extension.
   T40.5x2A Table of Drugs and Chemicals, Cocaine, Poisoning, Intentional, Self-harm. Review the Tabular for seventh character extension.
   S01.412A Laceration, cheek (external). Review the Tabular for complete code assignment and seventh character extension.
   S01.01xA Laceration, scalp. Review the Tabular for complete code assignment and seventh character extension.

If an overdose of a drug was intentionally taken or administered and resulted in drug toxicity, it would be coded as a poisoning. The seventh character extension is required for all of the codes in this case.
Chapter 21 External Causes of Injury and Poisoning (ICD-9-CM, E000–E999) and External Causes of Morbidity (ICD-10-CM, V00–Y99)

ICD-9-CM

Exercise 21.1

1. E883.9 Fall, into, hole
2. E884.1 Fall, from, cliff
3. E923.0 Fireworks
4. E924.0 Burn, hot, liquid
5. E886.0 Tackle in sport

Exercise 21.2

1. (k) Off-road motor vehicle
2. (r) Pedestrian
3. (u) Aircraft
4. (i) Motor vehicle
5. (q) Pedestrian conveyance

Exercise 21.3

1. E911 Choking on, food any type
   E849.4 Accident, occurring, school, riding
2. E917.0 Striking against, object, in sports
   Hit/hitting, object, projected or thrown—see Striking against
   E849.4 Accident, occurring, baseball field
3. E885.9 Slipping, on, surface, slippery
   E849.6 Accident, occurring, store
4. E916 Fall/Falling, timber
   E849.8 Accident, occurring, forest
5. E910.2 Cramp, swimmer's
6. E849.0 Accident, occurring, swimming pool, private home or garden

Exercise 21.4

1. E804.1 Fall, while alighting from boarding/entering/leaving, railway train
   Fall, from/off, railway rolling stock/train/vehicle (while alighting, boarding)
   Fourth digit 1 = passenger
2. E827.0 Knocked down, transport vehicle—see vehicle involved under Hit by
   Hit/Hitting, vehicle—see Accident, vehicle
   Accident, animal-drawn vehicle
   Fourth digit 0 = pedestrian
3. E834.3 Fall, from, gangplank, to dock
   Fourth digit 3 = occupant of other watercraft other than crew
4. E828.2 Thrown, from, animal (being ridden)
   Fourth digit 2 = rider of animal
5. E838.4 Hit/Hitting by, boat, while swimming, waterskiing
   Fourth digit 4 = water-skier
   E002.6 Activity, water skiing

Exercise 21.5

1. 730.25 Osteomyelitis
   Fifth digit 5 = pelvic region and thigh
   905.4 Late, effects, fracture, extremity, lower
   E929.0 Index to External Causes
   Late effect of, motor vehicle accident
2. 784.0 Headache
   905.0 Late, effects, fracture, skull
   E929.3 Index to External Causes
   Late effect of, fall
3. 470 Deviation, septum (nasal) (acquired)
   905.0 Late, effect, fracture, face and skull
   E929.8 Index to External Causes
The transport accident codes have been greatly expanded in ICD-10-CM with much more detail. It takes experience to get used to the External Causes Index and Tabular sections. Just getting familiar with both is a help to coding these conditions correctly. An appropriate seventh character is to be added to each code from category V43. If the code does not contain six characters, the “x” is used before placing the extension. No Status code was selected because this information was not documented.

2. Y37.230A Index to External Causes. Military operations (injuries to military and civilians occurring during peacetime on military property and during routine military exercises and operations) (by) (from) (involving) explosion (of) improvised explosive device [IED] (person-borne) (roadside) (vehicle-borne)

Y92.139 Index to External Causes. Place of occurrence, military base – see Place of occurrence, residence, institutional, military base

Y99.1 Index to External Causes. External cause status, military activity

There is no activity code assigned here because none of the categories is specific to this case. Even though Y93.89 (other activity) is available, it is not assigned in this case because of this note: “They are also appropriate for use with external cause codes for cause and intent if identifying the activity provides additional information on the event.” In this case, there is no kind of activity involved. The fact that the person was military personnel injured by an IED is not an activity—it is captured by the Y37 code.

3. W54.0xxA Index to External Causes. Bite, bitten by, dog

Y92.71 Index to External Causes. Place of occurrence, restaurant

Y93.K9 Index to External Causes. Activity (involving) (of victim at time of event), animal care NEC

Y99.0 Index to External Causes. External cause status, civilian activity done for income or pay

In this case it is possible to report the place of occurrence, the activity and status in addition to the external cause code for bite. When adding the seventh character extension, if the code does not contain six characters, the “x” is used before placing the extension.

4. X10.2xxA Index to External Causes. Burn, burned, burning (accidental) (by) (from) (on), hot, oil (cooking)

Y92.511 Index to External Causes. Place of occurrence, restaurant

Y93.G3 Index to External Causes. Activity (involving) (of victim at time of event), cooking and baking
In ICD-10-CM, fractures of each level of the vertebrae are coded separately. The seventh character extension of D is used to indicate the subsequent encounter for the fracture that is documented as routinely healing. The external cause code, with the appropriate seventh character is assigned for each encounter for which the injury is being treated. Codes from categories Y92 and Y93 are only assigned on the initial encounter, and so are appropriate only with the seventh character extension of “A.” No external cause status code is assigned because the coding guidelines state that Y99.9 is not assigned if the status is not stated, and also that external cause status code is used only on the initial encounter.

5. S72.002A Fracture, traumatic (abduction) (adduction) (separation) femur, femoral, neck – see fracture, femur, upper end, neck
W11.xxxA Index to external causes, Fall, falling (accidental), from, off, out of, ladder
Y92.018 Index to external causes, Place of occurrence, residence (non-institutional) (private), house, single family, specified NEC
Y93.H9 Index to external causes, Activity (involving) (of victim at time of event), maintenance, property
Y99.8 Index to External Causes. External cause status, specified NEC

The seventh character of “A” is used to indicate the initial encounter for the fracture. The “x” placeholder is used in the external cause code because the seventh character is required. A code from categories Y92, Y93, and Y99 should be used to indicate information about the event. Code Y93.H9 was selected over Y93.E9 (household maintenance) because of the “excludes” note under Y93.E for “activities involving property and land maintenance, building and construction (Y93.H-).” Since the person was on a ladder outside his home, working on a home improvement project, it seems like “property maintenance” might be the best fit.

6. S32.019D Fracture, traumatic (abduction) (adduction) (separation) vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), lumbar, first
S32.029D Fracture, vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), lumbar, second
W11.xxxD Index to External Causes, Fall, falling (accidental), from ladder

In ICD-10-CM, fractures of each level of the vertebrae are coded separately. The seventh character extension of D is used to indicate the subsequent encounter for the fracture that is documented as routinely healing. The external cause code, with the appropriate seventh character is assigned for each encounter for which the injury is being treated. Codes from categories Y92 and Y93 are only assigned on the initial encounter, and so are appropriate only with the seventh character extension of “A.” No external cause status code is assigned because the coding guidelines state that Y99.9 is not assigned if the

The seventh character extension “A” refers to the initial encounter. Only the highest degree of burn (3rd) on the calf and back are reported. The ICD-10-CM guidelines indicate that extensions must always occupy the seventh character position. If a code is not a full six characters, a dummy placeholder “x” must be used to fill the empty characters when the seventh character extension is required. Notes under category T24.2 state to use additional external cause code to identify the source, place, and intent of the burn. If the percent of body burned was documented, category T31 may be assigned as a secondary code. The rule of nines is not used to calculate this without documentation by the provider. For example in this case it was documented that the calf was burned, but certainly not what percentage of the leg was burned. As with any ICD code, physician documentation is required.

7. T24.332A Burn (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal), calf, left, third degree
T21.34xA Burn (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal), back, third degree
X02.0xxA Index to external causes, Fall, falling (accidental), into, fire – see Exposure, fire, by type. Exposure (to), fire, flames (accidental) fireplace, furnace or stove – see Exposure, fire, controlled, building. Exposure, fire, flames (accidental), controlled (in), building or structure
Y92.00 Index to external causes, Place of occurrence, residence (non-institutional) (private)
Y93.02 Index to External Causes, Activity (involving) (of victim at time of event), running
Y99.8 Index to External Causes. External cause status, specified NEC

The seventh character extension “A” refers to the initial encounter. Only the highest degree of burn (3rd) on the calf and back are reported. The ICD-10-CM guidelines indicate that extensions must always occupy the seventh character position. If a code is not a full six characters, a dummy placeholder “x” must be used to fill the empty characters when the seventh character extension is required. Notes under category T24.2 state to use additional external cause code to identify the source, place, and intent of the burn. If the percent of body burned was documented, category T31 may be assigned as a secondary code. The rule of nines is not used to calculate this without documentation by the provider. For example in this case it was documented that the calf was burned, but certainly not what percentage of the leg was burned. As with any ICD code, physician documentation is required.

8. T22.212D Burn, (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal) forearm, left, second degree
X10.2xxD Index to external causes, Burn, burned, burning (accidental) (by) (from) (on), hot, fat
Z48.00 Change(s) (in) (of) dressing (nonsurgical)

The seventh character extension D is used for both codes to indicate a subsequent encounter for care (the original treatment was rendered “several days ago”). The ICD-10-CM guidelines indicate that extensions must always occupy the seventh character position. If a code is not a full six characters, a dummy placeholder “x” must be used to fill in the empty characters when the seventh character is required. A place of occurrence and activity code would not be used as the guidelines state that both a place of
occurrence code and activity code is used only once, at the initial encounter for treatment. Coding guideline I.C.21.c.7 states that aftercare Z codes should not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the seventh character D. In this case, the injury (burn) was sequenced first and not the aftercare code. However, the Z48.00 code might be added to provide additional information. No external cause status code is assigned because the coding guidelines state that Y99.9 is not assigned if the status is not stated, and this is a subsequent encounter. It is presumed to be inappropriate for use on subsequent encounters because the complete information would not be available in the record, and the details have already been provided at the initial encounter.

9. S52.301B Fracture, traumatic (abduction) (adduction) (separation), radius, shaft. Review Tabular for complete code assignment
   S52.201B Fracture, traumatic (abduction) (adduction) (separation), ulna, shaft. Review Tabular for complete code assignment.
   S16.1xxA Strain, cervical
   V43.52xA Index to External Causes, Accident (to), car – see Accident, transport, car occupant, driver, collision (with), car (traffic)
   Y92.411 Index to External Causes, Place of occurrence, street and highway, interstate highway

In ICD-10-CM, there is not a combination code for fractures of the radius and ulna. These should be coded separately. For codes S52.301B and S52.201B, the sixth character of I indicates the laterality—right arm. The seventh character extension of B is used for the fractures as this was the initial encounter for an open fracture and is the correct choice when the extent (Gustilo classification) of the open fracture is documented as type I. The fifth and sixth digits of code S16.1xxA are placeholders for the use of the seventh character of “A” to indicate the initial encounter. A code from the Y93 category (Activity code) is not assigned in this case because none of the codes add any additional detail. The note at the beginning of the activity codes states: “They are also appropriate for use with external cause codes for cause and intent if identifying the activity provides additional information on the event.” And in this case, there was no particular “activity” stated. The mere act of “driving” doesn’t constitute the intent of the activity codes, as that would just duplicate what is already captured in the base external cause (driver involved in auto collision). No code from category Y99 is assigned because the documentation is not present to indicate if the person was working or not; it would only be assumed that she was not working.

10. S42.401K Nonunion, fracture – see fracture, by site. Fracture, traumatic, humerus, distal end – see Fracture, humerus, lower end, lower end,
    V00.121D Index to External Causes, Fall, falling (accidental), involving, skates (ice) (in line) (roller) – see Accident, transport, pedestrian, conveyance, roller skates (non-in-line), fall

Although the patient is being treated for a nonunion of a fracture, the external cause code(s) should also be added but the seventh character of D should be used to indicate the subsequent encounter.

11. L08.9 Infection, infected, infective, skin (Local) (staphylococcal) (streptococcal)
    S61.411A Wound, open, hand, laceration – see laceration, hand, right
    W25.xxxA Index to external causes, Cut, cutting (any part of body) (accidental) – see also Contact, with, glass (sharp) (broken)
    Y92.511 Index to external causes, Place of occurrence, restaurant
    F10.10 Abuse, alcohol
    F15.10 Abuse, amphetamine (or related substance) – see Abuse, drug, stimulant NEC
    Y99.8 Index to External Causes. External cause status, leisure activity

ICD-10-CM does not have a combination code that identifies an infection of an open wound. The skin infection should be listed first as it was the reason for the encounter and the condition that was treated. Since the note under category S61 says “code also any associated wound infection” there is no mandatory sequencing requirement for S61 to be sequenced first. A code from the Y93 category is not assigned because there is no further specification available. There is not enough information available about what she was “doing” at the time of the incident. If this information was available, it would be appropriate to add the Y93 code.

12. S06.9x2A Injury, head, with loss of consciousness. Review Tabular for complete code assignment.
    R40.2121 Coma, with, opening of eyes, in response to, pain
    R40.2211 Coma, with verbal response (none)
    R40.2311 Coma, with motor response (none)
    Y04.0xxA Index to External Causes, Assault (homicidal) (by) (in), fight (hand) (fists) (foot) (unarmed)
    Y92.830 Index to External Causes, Place of occurrence, recreation area, park (public)
    Y93.01 Index to External Causes, Activity (involving) (of victim at time of event), walking (on level or elevated terrain)
    Y99.8 Index to External Causes. External cause status, student activity
The seventh character of “A” is used for the head injury to indicate the initial episode of care. Because the patient was comatose and the three elements of the Glasgow coma scale were documented (eyes open, verbal response, and motor response) each of these can be identified and the seventh character of 1 is used to indicate that the coma scale was completed "in the field" by paramedics. To review information about assigning the Glasgow coma scale, review Chapter 18, Symptoms, signs and abnormal clinical and laboratory findings. The assault was presumed to be an unarmed fight because the documentation indicates a fight, but no weapons were discussed.

13. S02.10xA Fracture, traumatic (abduction) (adduction) (separation), skull, base
S06.5x0A Hematoma (traumatic) (skin surface intact), subdural (traumatic) – see Injury, intracranial (traumatic), subdural hemorrhage, traumatic. Review Tabular for complete code assignment.
S82.855A Fracture, traumatic, trimalleolar – see fracture, ankle, trimalleolar, nondisplaced. Review Tabular for complete code assignment.
W00.1xxA Index to external causes, Fall, falling (accidental) due to, ice or snow, from one level to another, on stairs or steps
Y92.018 Index to external causes, Place of occurrence, residence (non-institutional) (private) house, single family, specified NEC
Y99.8 Index to External Causes. External cause status, specified NEC

In ICD-10-CM, there is not a combination code for a skull fracture with a subsequent subdural hematoma therefore the two conditions need to be coded separately. In order to select the correct code for the skull fracture, one would need to know or research that basilar is the base of the skull. The seventh character of “A” is used to indicate the initial episode of care for the fractures, hematoma, and fall. A code from the Y93 category would not be assigned here because there is no applicable activity, and according to the ICD-10-CM coding guidelines, Y93.9 should not be used if the activity of the patient is not stated or is not applicable. Code Y99.8 was used because the patient is at her own home. If there was documentation that this was a work-related accident, however, that would be coded instead.

14. S12.100A Fracture, traumatic, vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), cervical, second (axis) – see Fracture, neck, cervical vertebra, second (displaced)
S14.112A Injury, spinal (cord), cervical (neck), complete lesion, C2 level
S06.9x1A Injury, head, with loss of consciousness. Review Tabular for complete code assignment.

V20.4xxA Index to external causes, Accident, transport, motorcyclist, driver, collision (with), animal (traffic)
Y92.410 Index to External Causes, Place of occurrence, street and highway
Y99.8 Index to External Causes. External cause status, leisure activity.

In a fracture with a spinal cord injury, ICD-10-CM does not have a combination so these conditions need to be coded separately. The note at category S14 states to code also any associated fracture of cervical vertebra. The quadriplegia is not coded separately as this is the current episode of the injury. When you reference quadriplegia, traumatic in the Index, the coder is referred back to the S14 code. The sixth digit of “1” for code S06.9x1A indicates a loss of consciousness of 30 minutes or less. The place of occurrence code is Y92.410 as there is no specific code for a mountain highway. In the Index, under highway (interstate) appears that it may be the correct code since interstate is in parentheses. But on further review, Y92.410 appears to be the best choice. Assigning a “place of occurrence” code in some cases is not clear in the classification system. A code from the Y93 category (activity code) is not assigned because none is particularly applicable. Riding a bicycle is similar, but not the same as a motorcycle. There are few choices when it pertains to transport accidents. There is no particular “activity” described in the scenario. Driving his motorcycle does not fall within the intent of the activity codes, as that information is already captured by the V20 code. If he was sending a text message while driving his motorcycle, that would be an activity.
Chapter 22 Late Effects

ICD-9-CM

Exercise 22.1

1. Residual—Tendon contracture  
   Cause—Poliomyelitis

2. Residual—Mental retardation  
   Cause—Viral encephalitis

3. Residual—Seizure disorder  
   Cause—Intracranial abscess

4. Residual—Aphasia  
   Cause—Cerebrovascular accident

5. Residual—Paralysis  
   Cause—Radial nerve injury

Exercise 22.2

1. 345.90 Seizures, recurrent  
   326 Late, effect, encephalitis

2. 733.81 Malunion, fracture  
   905.2 Late, effect, fracture, extremity, upper

3. 906.1 Late, effect, wound, open, extremity

4. 344.1 Paraplegia  
   907.2 Late, effect, injury, spinal, cord

5. 701.4 Keloid  
   906.4 Late, effect, crushing (injury)

6. 438.22 Late effect, cerebrovascular disease,  
   with hemiplegia, affecting, nondominant side

7. 716.17 Arthritis, traumatic  
   Fifth digit 7 = ankle  
   905.4 Late, effect, fracture, extremity, lower

8. 709.2 Scar  
   906.7 Late, effect, burn, extremity

9. 718.43 Contraction/Contracture, joint, wrist  
   138 Late, effect, poliomyelitis

10. 244.1 Hypothyroidism due to irradiation  
    (therapy)  
    909.2 Late, effects, radiation

11. 438.13 Late, effect, cerebrovascular disease,  
    with dysarthria

12. 736.05 Drop, wrist  
    907.4 Late, effect, injury, nerve, upper limb

13. 389.21 Loss, hearing, mixed conductive and  
    sensorineural, unilateral  
    905.0 Late, effect, fracture, skull and face

14. 621.8 Deformity, uterus, acquired  
    677 Late, effect, complication, delivery

15. 438.7 Late, effect, cerebrovascular disease,  
    with, disturbance of vision  
    368.2 Double, vision or Diplopia  
    (See use additional code note at 438.7)

ICD-10-CM Review Exercises: Late  
Effect or Sequelae Codes

1. Answer: A 30.9, Arthritis due to leprosy (see also  
    leprosy); B92, Sequelae, leprosy

   Categories B90-B94 are used to indicate the  
   conditions in categories A00-B89 as the cause of  
   sequelae, which are themselves classified elsewhere.  
   The “sequelae” include conditions specified as such;  
   they also include residuals of diseases classifiable to  
   the above categories if there is evidence that the  
   disease itself is no longer present. Codes from B90-  
   B94 are not to be used for chronic infections. Code  
   chronic current infections to active infectious disease  
   as appropriate.

2. Answer: I69.320, Sequelae, infarction, cerebral,  
    aphasia

   Category I 69 is to be used to indicate conditions in  
   I60-I67 as the cause of the sequelae. The “sequelae”  
   include conditions specified as such or as residuals  
   which may occur at any time after the onset of the  
   causal condition.

3. Answer: S42.301P, Fracture, humerus (S42.30-), 6th  
    character I for right arm, 7th character P for  
    subsequent encounter for fracture with malunion.  
    The fracture codes in ICD-10-CM require a 7th  
    character to identify if the fracture care is occurring  
    in the initial encounter or the subsequent encounter  
    and whether or not it is a closed or open fracture and  
    whether or not a complication such as delayed  
    healing or a late effect has occurred, such as a  
    nonunion or malunion.
4. Answer: L91.0, Hypertrophic scar; T23.301S, Burn, hand, right, third degree, T23.301 with 7th character extension “S” for sequelae as the scar is a late effect or sequelae of the original injury to the right hand, a third degree burn.

5. Answer: M62.462, Contracture, tendon, lower leg; B91, Sequelae, poliomyelitis. An instructional note under B90-B94, Sequelae of infectious and parasitic diseases, lists “code first condition resulting from (sequela) the infectious or parasitic disease.”
Chapter 23 Supplementary Classifications—V Codes (ICD-9-CM, V01-V91) and Factors Influencing Health Status and Contact with Health Services (ICD-10-CM, Z00-Z99)

ICD-9-CM

Exercise 23.1

1. V01.1 Exposure, to, tuberculosis
2. V25.2 Admission, for, sterilization
3. V16.0 History, family, malignant neoplasm, colon
4. V32.01 Newborn, twin, mate stillborn, born in hospital
5. V28.0 Screening, antenatal, based on amniocentesis, chromosomal anomalies

Exercise 23.2

1. V42.0 Transplant, kidney
2. V54.89 Encounter for, no entry regarding case—see also Admission for Admission for cast removal—see No entry
3. V59.3 Admission, as organ donor—see Donor, bone, marrow
4. V58.11 Admission, for, (encounter, for) chemotherapy
5. V53.31 Reprogramming, cardiac pacemaker Admission, for, reprogramming of cardiac pacemaker
6. V50.2 Admission, for, circumcision
7. V55.0 Replacement, no entry for tracheostomy tube—see also Fitting of Tracheostomy, attention to (Alpha Index to Diseases)
8. V56.0 Encounter for dialysis, no entry—see also Admission for Admission, for, dialysis
9. V57.21 Encounter for occupational therapy, no entry—see also Admission for Admission, for, occupational therapy

ICD-10-CM

1. 201.90 Lymphoma, Hodgkin's Hodgkin's, lymphoma
2. 99.25 Chemotherapy
3. 5. V53.31 Reprogramming, cardiac pacemaker Admission, for, reprogramming of cardiac pacemaker
4. 6. V50.2 Admission, for, circumcision
5. 64.0 Circumcision
6. 7. V55.0 Replacement, no entry for tracheostomy tube—see also Fitting of Tracheostomy, attention to (Alpha Index to Diseases)
7. 97.23 Replacement, tube, tracheostomy
8. 8. V56.0 Encounter for dialysis, no entry—see also Admission for Admission, for, dialysis
9. 585.6 Disease, renal, end-stage
10. 39.95 Hemodialysis
11. 9. V57.21 Encounter for occupational therapy, no entry—see also Admission for Admission, for, occupational therapy
12. 438.0 Accident, cerebrovascular, old—see Late effects
13. 443.0 Accident, cerebrovascular, with, cognitive deficits
Deficit, neurologic, due to, cerebrovascular lesion, late effect—see Late effects of cerebrovascular disease

93.83 Therapy, occupational
Occupational therapy

10. V52.1 Encounter for fitting, no entry—see also Admission for
Admission, for, fitting, artificial, leg Fitting, artificial leg

84.46 Fitting, prosthesis/prosthetic, leg, below knee

Review Exercise: Chapter 23

1. V72.31 Papanicolaou smear, cervix, as part of gynecological examination

   Examination, cervical Papanicolaou smear, as part of gynecological examination

89.26 Examination, gynecologic

91.46 Examination, microscopic, cervix Fourth digit 6 = cell block and Papanicolaou smear

2. V71.3 Observation, accident, at work

3. V71.1 Observation, malignant neoplasm, suspected

91.46 Examination, microscopic, cervix Fourth digit 6 = cell block and Papanicolaou smear

4. 789.03 Pain, abdominal Fifth digit 3 = right lower quadrant

87.61 Radiology, digestive tract, barium swallow

5. V67.09 Follow-up, specified, surgery (colon resection)

V10.05 History, malignant neoplasm, personal, colon

45.23 Colonoscopy

6. 191.9 Neoplasm, brain, malignant, primary

Glioblastoma, giant cell, specified site—see Neoplasm, by site, malignant

V66.7 Palliative care

7. V70.0 Examination, medical, general, routine

8. V72.0 Examination, eye

9. V79.3 Screening, developmental, in early childhood (infant)

10. 780.79 Fatigue
    (No code V72.60 for laboratory test as reason for test is known)

11. V82.81 Screening (for), osteoporosis

12. V57.1 Encounter for physical therapy, no entry—see also Admission for
    Admission, for, physical therapy Admission, for, rehabilitation, physical Therapy, physical Physical therapy NEC

V49.75 Status (post), amputation—no entry Amputation status—see Absence, by site, acquired

93.39 Therapy, physical
Physical therapy

13. V43.3 Status (post), organ replacement, heart, valve

14. V59.4 Admission, as organ donor—see Donor Donor, kidney

55.51 Nephrectomy

15. V58.11 Encounter for, chemotherapy Admission, chemotherapy Chemotherapy, encounter for

174.2 Neoplasm, breast, upper inner quadrant, malignant, primary

99.25 Chemotherapy

ICD-10-CM Review Exercises: Chapter 23

1. Z38.00 Newborn (infant) (liveborn) (singleton) born in hospital
P55.0 Incompatibility, Rh (blood group) (factor), newborn
Z67.10 Blood, type, A (Rh positive)

The newborn code would be listed first, followed by the Rh incompatibility. The blood type of the baby is A+. The mother’s blood type is not coded on the newborn’s record.

2. Z02.0 Examination (for) (following) (general) (of) (routine), medical (adult) (for) (of) preschool children, for admission to school

ICD-10-CM provides much more specificity for administrative examinations.

3. Z44.121 Encounter (with health service) (for) fitting (of) – see Fitting (and adjustment) (of).
Fitting (and adjustment) (of) artificial, leg – see Admission, adjustment, artificial, leg.
Admission (for), adjustment (of), artificial, leg, partial
Z89.51 Absence (of) (organ or part) (complete or partial) leg (acquired) (above knee), below knee (acquired)

Category Z44 is used for fitting and adjustment of external prosthetic devices, including the removal or replacement of external prosthetic devices. This category is not used for malfunction or other complications of the device. In this case, the acquired absence of the limb was added as an additional code. See coding guideline I.C.21.7, which references that a status code should not be used when the aftercare code indicates the type of status, such as using Z43.0, Encounter for attention to tracheostomy, with Z93.0, Tracheostomy status. This is the same type of situation, but the aftercare code indicates that the artificial leg is partial, but not specifically where the amputation occurred. The status code can provide greater specificity about the site, for example, foot, ankle, below knee, above knee. In this case, it was felt that the additional code provided additional information.

4. M81.0 Osteoporosis (female) (male), postmenopausal
Z87.310 History, personal (of), fracture (healed) osteoporosis

The personal history codes include expanded codes to identify past conditions. The note at category M81 states: Use additional code to identify personal history of (healed) osteoporosis fracture, if applicable (Z87.310). The documentation for the fracture states that it is healed and not causing any complications.

5. I21.29 Infarct, infarction, myocardium, myocardial (acute) (with stated duration of 4 weeks or less), ST elevation (STEMI), lateral (apical-lateral) (basal-lateral) (high)
Z92.82 Status (post), administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility

Category I21 has a note: Use additional code, if applicable, to identify: status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility (Z92.82). The coding guidelines specify that this status code is assigned at the receiving facility, not at the transferring facility. And the code may be assigned if the tPA was administered within the last 24 hours, even if the patient is still receiving the tPA at the time they are received into the current facility. A note accompanies code Z92.82: Code first condition requiring tPA administration, such as: acute cerebral infarction (I63.-); acute myocardial infarction (I21.-, I22.-).

6. Z43.6 Attention (to), artificial opening (of), urinary tract NEC
Z90.6 Absence (of) (organ or part) (complete or partial), bladder (acquired)
Z85.51 History, personal (of), malignant neoplasm (of), bladder

The reason for the encounter was to check on the patency of the ileal conduit. An ileal conduit is an artificial opening for the urinary tract, not the digestive tract, although the urine is diverted into an isolated segment of the ileum following cystectomy. To create the ileal conduit, the ureters are resected from the bladder, and the ureteroenteric anastomosis is made to drain the urine into a detached section of ileum. The end of the ileum is brought out through a stoma in the abdominal wall.

7. S32.411D Fracture, traumatic (abduction) (adduction) (separation), acetabulum, wall, anterior
V03.90xD Index to External Causes, accident (to), pedestrian (on foot), with, transport vehicle – see Accident, transport, pedestrian, on foot, collision (with), car
Aftercare encounters in ICD-10-CM are coded to the appropriate fracture code with a seventh character extension of D. In the Alphabetic Index, main term Aftercare, subterm Fractures directs the coder to “code to fracture with extension of D. The sixth character of the fracture code (S32.411D) specifies the laterality of the fracture, right side and the seventh character indicates that this is a subsequent encounter for fracture with routine healing. The accident external cause code can be assigned, once again with the extension of D. No place of occurrence or activity code should be assigned because they are used only on the initial encounter. Code S32.41 (displaced) is the default when not specified, not nondisplaced.
ICD-10-CM Review

1. Goal is to significantly improve Medicare's ability to recognize severity of illness in its Inpatient hospital payments. The new system is projected to increase payments to hospitals for services provided to sicker patients and decrease payments for treating less severely ill patients.

2. Hospital payment = MSDRG relative weight multiplied by the hospital base rate

3. Additional payments may be made to (1) disproportionate share hospitals, (2) for Indirect medical education, (3) for new technologies and (4) for an outlier case.

4. Principal and secondary surgical procedure (codes)

5. The QIO’s programs are designed to:
   1. Assist healthcare providers in hospitals, physician offices, nursing homes and home health agencies with their quality improvement efforts to improve the processes and outcomes of medical care for Medicare beneficiaries
   2. Conduct case review to determine whether services provided are medically necessary, appropriate and meet professionally recognized standards of care
   3. Educate Medicare beneficiaries about their healthcare rights and responsibilities and the importance of preventive healthcare
   4. Respond to Medicare beneficiary concerns about the quality of care they have received
   5. Assist physician offices with the adoption and implementation of electronic health record (EHR) technology.

6. Recovery audit contractors (RACs)

7. By reviewing all the ICD-9-CM diagnosis codes assigned to explain the reasons the services were provided.
## Coding Self-Test

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>635.92</td>
<td>Abortion, elective— <em>see</em> Abortion, legal</td>
</tr>
<tr>
<td></td>
<td>Abortion, legal</td>
<td>7. 250.73</td>
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<tr>
<td></td>
<td>Fifth digit 2 = complete</td>
<td>Diabetes, gangrene 250.7 [785.4]</td>
</tr>
<tr>
<td></td>
<td>647.53</td>
<td>Pregnancy, complicated by, rubella</td>
</tr>
<tr>
<td></td>
<td>Pregnancy, complicated by, current disease or condition, rubella</td>
<td>785.4</td>
</tr>
<tr>
<td></td>
<td>Fifth digit 3 = antepartum, not delivered, used with abortion codes</td>
<td>Gangrene, diabetic 250.7 [785.4]</td>
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<tr>
<td></td>
<td>69.51</td>
<td>Curettage, uterus, aspiration, to terminate pregnancy</td>
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<tr>
<td></td>
<td>Aspiration, curettage, to terminate pregnancy</td>
<td>8. V32.01</td>
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<tr>
<td></td>
<td>Newborn, twin, mate stillborn, born in hospital</td>
<td>Fifth digit 1 = delivered by cesarean delivery</td>
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<td>2.</td>
<td>675.14</td>
<td>Abscess, breast, puerperal/postpartum</td>
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<td>Puerperal, abscess, breast</td>
<td>9. V14.2</td>
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<td></td>
<td>Fifth digit 4 = postpartum condition</td>
<td>Hypoglycemia, in infant of diabetic mother</td>
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<td>3.</td>
<td>153.2</td>
<td>Neoplasm, colon— <em>see</em> Neoplasm, intestine, large</td>
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<td></td>
<td>Neoplasm, intestine, large, colon, descending, malignant, primary</td>
<td>10. V56.0</td>
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<tr>
<td></td>
<td>Adenocarcinoma, NOS</td>
<td>Admission, allergy to, sulfa</td>
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<td>Adenocarcinoma, metastatic, NOS</td>
<td>Dialysis, renal</td>
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<td>46.13</td>
<td>Colostomy, permanent</td>
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<td></td>
<td>M8140/3</td>
<td>11. 493.20</td>
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<td></td>
<td>M8140/6</td>
<td>Asthma, with, chronic obstructive pulmonary disease (COPD)</td>
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<td></td>
<td>196.2</td>
<td>Neoplasm, lymph nodes, mesenteric, malignant, secondary</td>
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<td>4.</td>
<td>295.35</td>
<td>Schizophrenia, paranoid</td>
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<td>Fifth digit 5 = in remission</td>
<td>12. 411.1</td>
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<td>Angina, unstable</td>
<td>Hypertension/hypertensive, with heart, with kidney—<em>see</em> Hypertension, cardiorenal</td>
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<td>5.</td>
<td>331.4</td>
<td>Hydrocephalus (obstructive)</td>
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<td>02.32</td>
<td>Shunt, ventriculoatrial</td>
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<td>Shunt, ventricular, to, circulatory system</td>
<td>13. 780.4</td>
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<td>Disease, kidney, chronic, stage III</td>
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<tr>
<td></td>
<td>Anemia, iron deficiency, due to blood loss (chronic)</td>
<td>Dizziness</td>
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<td>6.</td>
<td>332.1</td>
<td>Parkinsonism, secondary</td>
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<td>7.</td>
<td>250.73</td>
<td>Table of Drugs &amp; Chemicals, haloperidol, external cause, therapeutic use</td>
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<td>E939.2</td>
<td>14. 404.90</td>
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<td>8.</td>
<td>V32.01</td>
<td>Pancreatitis, cystic</td>
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<td>577.2</td>
<td>Syndrome, Reye's</td>
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<td>9.</td>
<td>V14.2</td>
<td>15. 280.0</td>
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<td>10.</td>
<td>V56.0</td>
<td>16. 331.81</td>
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<td>11.</td>
<td>493.20</td>
<td>17. 331.81</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Additional Information</td>
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<tr>
<td>18. 942.42</td>
<td>Burn, chest, third-degree, deep</td>
<td>Abnormal, test results without manifest disease—see Findings, abnormal</td>
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<tr>
<td>945.40</td>
<td>Burn, leg, third-degree, deep</td>
<td>Abnormal, laboratory findings—see Findings, abnormal</td>
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<td>19. 310.9</td>
<td>Syndrome, brain (chronic)</td>
<td>Hypoplasia, heart, left (syndrome)</td>
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<td>437.0</td>
<td>Arteriosclerosis, cerebral</td>
<td>Syndrome, hypoplastic left heart</td>
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<td>20. 800.29</td>
<td>Fracture, frontal (bone) — see Fracture, skull, vault</td>
<td>Table of Drugs &amp; Chemicals, doxepin [Sinequan], poisoning</td>
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<td>Fracture, skull, vault, with subarachnoid hemorrhage</td>
<td>Tachycardia</td>
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<td>Fifth digit 9 = with concussion</td>
<td>Table of Drugs &amp; Chemicals, doxepin, external cause, suicide attempt</td>
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<tr>
<td>E819.0</td>
<td>Accident, motor vehicle</td>
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<td>Fourth digit 0 = driver of motor vehicle other than motorcycle</td>
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<td>21. 011.04</td>
<td>Tuberculosis, lung—see Tuberculosis, pulmonary</td>
<td>Fracture, shoulder—see Fracture, humerus, upper end</td>
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<td>Tuberculosis, pulmonary, infiltrative</td>
<td>Fracture, humerus, upper end</td>
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<td>Fifth digit 4 = confirmed by bacterial culture</td>
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<td>015.01</td>
<td>Tuberculosis, spondylitis</td>
<td>Index to External Causes</td>
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<td></td>
<td>Spondylitis, tuberculous</td>
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<tr>
<td></td>
<td>Fifth digit 1 = bacterial or histological examination not done</td>
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<td>720.81</td>
<td>Spondylitis, tuberculous</td>
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<td>22. 620.2</td>
<td>Cyst, ovary/ovarian, retention</td>
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<td>65.25</td>
<td>Oophorectomy, partial, laparoscopic</td>
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<td>23. 088.81</td>
<td>Lyme disease</td>
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<td>Disease, Lyme</td>
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<td>711.80</td>
<td>Arthritis, due to, Lyme disease</td>
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<td>disease 088.81 [711.8]</td>
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<td>24. 790.92</td>
<td>Findings, abnormal, prothrombin time</td>
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<td>Abnormal, laboratory findings—see Findings, abnormal</td>
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<td>Abnormal, laboratory findings—see Findings, abnormal</td>
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<td>25. 746.7</td>
<td>Hypoplasia, heart, left (syndrome)</td>
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<td>26. 969.05</td>
<td>Table of Drugs &amp; Chemicals, doxepin [Sinequan], poisoning</td>
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<td>27. 812.00</td>
<td>Fracture, shoulder—see Fracture, humerus, upper end</td>
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<td>28. 702.11</td>
<td>Tuberculosis, spondylitis</td>
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<td>Spondylitis, tuberculous</td>
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<tr>
<td></td>
<td>Fifth digit 1 = bacterial or histological examination not done</td>
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<td>720.81</td>
<td>Spondylitis, tuberculous</td>
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<tr>
<td>29. 318.0</td>
<td>Retardation, mental, moderate</td>
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<tr>
<td>30. 099.53</td>
<td>Vaginitis, chlamydial</td>
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<tr>
<td></td>
<td>See “use additional code” note under code 099.53 to specify site of infection, such as vagina and vulva</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>616.11</td>
<td>No entry under vaginitis to indicate vaginitis in diseases classified elsewhere</td>
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<td>31. 174.4</td>
<td>Carcinoma, infiltrating duct, unspecified site but upper outer quadrant is a clue to the site of breast; also Carcinoma, infiltrating duct means the breast is primary site</td>
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<tr>
<td>M8500/3</td>
<td>Carcinoma, infiltrating duct</td>
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<tr>
<td>198.5</td>
<td>Neoplasm, bone, malignant, secondary</td>
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<tr>
<td>M8010/6</td>
<td>Carcinoma, metastatic</td>
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<tr>
<td>32. 250.83</td>
<td>Diabetes/diabetic, hypoglycemic shock</td>
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<tr>
<td>33. 289.4</td>
<td>Hypersplenism (known underlying cause of thrombocytopenia)</td>
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<tr>
<td>287.49</td>
<td>Thrombocytopenia, secondary</td>
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<td>41.5</td>
<td>Splenectomy</td>
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<tr>
<td>34. 482.41</td>
<td>Pneumonia, due to, staphylococcus aureus</td>
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<td>35. 531.00</td>
<td>Bronchoscopy, fiberoptic</td>
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<td>33.22</td>
<td>Ulcer, stomach, acute, with, hemorrhage</td>
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<tr>
<td>45.16</td>
<td>Esophagogastroduodenoscopy, with closed biopsy</td>
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<tr>
<td>36. 582.4</td>
<td>Glomerulonephritis, chronic, rapidly progressive</td>
<td></td>
</tr>
<tr>
<td>55.23</td>
<td>Biopsy, kidney, Percutaneous</td>
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<tr>
<td>37. 414.02</td>
<td>Disease, coronary (see also Ischemia, heart) 414.9</td>
<td></td>
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<tr>
<td></td>
<td>Refer to Tabular List and review other subcategories under 414 Arteriosclerosis, coronary, graft — see Arteriosclerosis, bypass graft</td>
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<tr>
<td></td>
<td>Arteriosclerosis, bypass graft, coronary, autologous vein</td>
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<tr>
<td>36.16</td>
<td>Bypass, internal mammary-coronary artery, double vessel</td>
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<tr>
<td>36.11</td>
<td>Bypass, aortocoronary, one coronary vessel</td>
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<td>38.</td>
<td>Hypoglycemia, diabetic</td>
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<tr>
<td>39.61</td>
<td>Hypoglycemic shock, diabetic</td>
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<tr>
<td>39.</td>
<td>Extracorporeal, circulation</td>
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<tr>
<td>39.61</td>
<td>Bypass, heart-lung</td>
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<tr>
<td></td>
<td>Examination, follow-up, specified surgery (partial cystectomy)</td>
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<tr>
<td></td>
<td>Follow-up, specified, surgery</td>
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<tr>
<td>41.5</td>
<td>Cystoscopy, with biopsy</td>
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<tr>
<td>39.</td>
<td>Disease, joint, knee 719.96</td>
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<tr>
<td></td>
<td>Disease, degenerative—see also Degeneration</td>
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<tr>
<td></td>
<td>Degeneration, joint disease 715.9—see also Osteoarthritis</td>
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<tr>
<td></td>
<td>Osteoarthritis (degenerative), localized</td>
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<tr>
<td></td>
<td>Fifth digit 6 = lower leg, includes knee by definition</td>
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<tr>
<td></td>
<td>Replacement, knee</td>
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<tr>
<td>40.</td>
<td>Lymphoma (malignant), undifferentiated, Burkitt's type</td>
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<tr>
<td></td>
<td>Lymphoma (malignant), Burkitt's type (undifferentiated)</td>
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</tr>
</tbody>
</table>
M9750/3  Lymphoma (malignant), Burkitt's type (undifferentiated) 196.6  Neoplasm, lymph, gland, intrapelvic, malignant, secondary
41.31  Aspiration, bone marrow
41. 598.2  Stricture, urethra, Postcatheterization 99.25  Chemotherapy
788.30  Incontinence, urine 47. 750.5  Hypertrophy/hypertrophic, pylorus, congenital/infantile
58.5  Release, urethral stricture
42. 705.83  Hidradenitis (suppurative) 43.3  Stenosis, pylorus (hypertrophic), congenital/infantile
86.4  Excision, skin, radical (wide) 717.43  Pyloromyotomy
86.69  Graft, skin (partial thickness)
43. 965.01  Table of Drugs & Chemicals, heroin, poisoning
780.01  Coma
304.70  Dependence, drug, combination, morphine or opioid-type drug with any other drug
E850.0  Table of Drugs & Chemicals, heroin, external cause, accidental
44. 795.51  Positive, skin test, tuberculin 80.26  Arthroscopy, knee
Findings, abnormal, skin test, positive, tuberculin 49. 716.13  Arthritis, traumatic
Fifth digit 3 = forearm, includes wrist by definition
45. 862.9  Gunshot wound, internal organs—see Injury, internal, by site, with open wound 905.2  Late, effect, fracture, extremity, upper
Injury, internal, intrathoracic, with open wound E929.3  Index to External Causes
Late effect of, fall
E965.0  Index to External Causes
Gunshot wound—see also Shooting E922.9
Shooting, homicide (attempt), handgun
E849.5  Accident, occurring, street
34.02  Thoracotomy, exploratory
46. V58.11  Admission, chemotherapy
Encounter for, chemotherapy
183.0  Neoplasm, ovary, malignant, primary
M8010/3  Carcinoma, primary
50.  644.21 Delivery, premature, labor

Fifth digit 1 = delivered, with or without mention of antepartum condition

V27.0 Outcome of delivery, single, liveborn

672.02 Pregnancy, complicated by, fever—no entry

Delivery, complicated by fever during labor—this case described as postpartum

Fever, puerperal/postpartum

Puerperal, fever, meaning pyrexia (of unknown origin)

Pyrexia, puerperal

Fourth digit 0 = fill in digit

Fifth digit 2 = delivered, with mention of postpartum complication

648.31 Pregnancy, complicated, drug dependence

Pregnancy, complicated, current disease or condition, drug dependence

Fifth digit 1 = delivered, with or without mention of antepartum condition

Refer to Tabular under category 648—use additional code to identify condition

304.31 Dependence, marihuana

Fifth digit 1 = continuous