Clinical Coding Workout: Practice Exercises for Skill Development

2022

Chapter 5

Exercise Answer Key

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CHAPTER 5

Case Studies from Ambulatory Health Records

Unless otherwise stated, code set answers given in chapter 5 are ICD-10-CM and/or CPT.

Disorders of the Blood and Blood-Forming Organs

5.1. a. K57.33, 45382, 36430-59

Correct answer. There is a combination code available in ICD-10-CM to describe both the diverticulitis and bleeding—K57.33. The Alphabetic Index main term is Diverticulitis, subterms intestine, large, with bleeding. 45382 is the correct code capturing the laser control of hemorrhage via colonoscopy. 36430 is reported only one time. A -59 modifier is necessary to indicate the transfusion is a separate procedure from the colonoscopy.

b. K92.2, K57.33, 45382, 36430, 36430, 36430

Incorrect answer. The diverticultis of the colon is listed first, and the only code required is the combined code for the diverticulitis with hemorrhage. The 36430 is only reported one time with a modifier -59 to indicate it is a separate procedure from the colonoscopy.

c. K92.2, 45382, 36430-59

Incorrect answer. The GI bleed is reported with the diverticulitis code (K57.33), which includes the associated hemorrhage.

d. K57.32, K92.2, 45382

Incorrect answer. There is a specific combination code available for diverticulitis of the large intestine with bleeding (K57.33). Code K92.2 is not required. Code 36430 (with modifier -59) also should be reported for the administration of the transfusion.

5.2. C43.62, C77.3, 38525-LT, 38792

Rationale: The primary diagnosis is the melanoma, followed by a code for the secondary malignancy of the axillary lymph nodes. The Alphabetic Index main term is Melanoma with subterms skin, arm. Also reference main term Neoplasm Table with subterms lymph, gland, axilla, axillary. Select the Malignant Secondary column. CPT codes are assigned for the lymph node excision and the radioactive tracer for identification of the sentinel node. Assign modifier -LT to show that the left axillary lymph node was biopsied.

5.3. C91.00, 38220

Rationale: The diagnosis is acute lymphoblastic leukemia—C91.00. The Alphabetic Index main term is Leukemia, leukemic, subterm acute, lymphoblastic. There is no remission because this is a new diagnosis. The procedure described is bone marrow aspiration. The code is only assigned once, even though the needle was repositioned to obtain more than one specimen. This is common in this procedure (*CPT Assistant*, March 2015).

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5.4. a. D64.9, 38220

Incorrect answer. The admitting diagnosis was anemia, but the pathologist gave more clarification by providing the diagnosis of iron deficiency anemia.

b. D50.9, 38220

Correct answer. The admitting diagnosis was anemia, but the pathologist gave more clarification by providing the diagnosis of iron deficiency anemia. The Alphabetic Index main term is Anemia with subterm iron deficiency. The pathology report states bone marrow aspiration and biopsy; however, the technique reported by the surgeon shows that the procedure performed was a bone marrow aspiration, bone trabecula not seen.

c. D64.9, 38220, 38221-59

Incorrect answer. The admitting diagnosis was anemia, but the pathologist provided further clarification with the diagnosis of iron deficiency anemia. The pathology report states bone marrow aspiration and biopsy; however, the technique reported by the surgeon shows that the procedure performed was a bone marrow aspiration, bone trabecula not seen. Code 38221 would not be reported.

d. D50.8, 38230

Incorrect answer. The iron deficiency anemia has not been specified as to the type, so code D50.8 is not correct. The procedure codes listed here would only be used for bone marrow harvesting for transplantation purposes.

5.5. ICD-10-CM Reason for Visit Code(s): R07.9, R91.8

ICD-10-CM Primary Diagnosis Code(s): D57.01

Rationale: The patient presents to the ER with chest pain and pulmonary infiltrates, which are coded as R07.9 and R91.8. After study, it is determined that the patient has sickle cell crisis and acute chest syndrome, which is coded as D57.01 for the primary diagnosis, which is found in the Alphabetic Index at the main term Disease, subterm sickle cell with crisis, with acute chest syndrome.

Disorders of the Cardiovascular System

5.6. a. 33240

Incorrect answer. This code describes only the insertion of the pacing ICD. To completely code the insertion of the leads and the pacing ICD, the coding professional should choose code 33249. In addition, the documentation states that defibrillator threshold testing was performed. Code 93641 describes the process of testing both the leads and the pulse generator.

b. 33225, 33240

Incorrect answer. Biventricular pacing is not described in the documentation, and therefore, code 33225 cannot be assigned. Code 33240 describes only the insertion of the pacing ICD. To completely code the insertion of the leads and the pacing ICD, the coding professional should choose code 33249. In addition, the documentation states that defibrillator threshold testing was performed. Code 93641 describes the process of testing both the leads and the pulse generator.

c. 33249, 93641

Correct answer.

d. 33249, 93640, 93641

Incorrect answer. Code 93640 should not be coded with code 93641. Code 93641 includes testing of both the leads and the pulse generator.

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5.7. a. Q21.1, 93315

Incorrect answer. The diagnosis code is not specific to an atrioventricular septal defect. The correct diagnosis code is Q21.2.

b. Q21.2, 93315

Correct answer. The diagnosis is atrioventricular, canal defect—Q21.2. The Alphabetic Index main term is Defect, subterm atrioventricular canal. The CPT code for the transesophageal echocardiogram (93315) may be assigned by the chargemaster.

c. Q21.2, 93312

Incorrect answer. The diagnosis code is correct.

Code 93312 is not specific for congenital cardiac anomalies (that is, present at birth). The correct CPT code is 93315.

d. I51.0, 93312

Incorrect answer. The ICD-10-CM code is for an acquired cardiac septal defect, which means it is not present at birth; the correct diagnosis code is Q21.2. Code 93312 is not specific for congenital cardiac anomalies (that is, present at birth). The correct CPT code is 93315.

5.8. ICD-10-CM Reason for Visit Code(s): I46.9

ICD-10-CM Code(s): I46.9, Y93.H1, Y92.014, Y99.8

Rationale: The probable myocardial infarction may not be coded on an outpatient record. The *ICD-10-CM Official Guidelines for Coding and Reporting* states: "Do not code diagnoses documented as 'probable,' 'suspected,' 'questionable,' 'rule out,' or 'working diagnosis' or other similar terms indicating uncertainty. Rather code the condition to the highest degree of certainty" (CMS 2021a, Section IV.H). The cardiac arrest is coded as the reason for visit and the primary diagnosis code. The Alphabetic Index main term is Arrest, with subterm cardiac.

External cause place of occurrence, activity and status codes may also be assigned to this encounter although there is no national mandatory requirement. The External Cause Index main term is Activity, subterms shoveling, snow. The External Cause Index main term is Place of occurrence, subterms residence, house, single family, driveway. The External Cause Index main term is External cause status, specified.

5.9. ICD-10-CM Reason for Visit Code(s): R07.89

ICD-10-CM and CPT Code(s): I21.09, I11.0, I50.22, I48.20, 93458

Rationale: The reason for visit is chest wall pain—code R07.89, Alphabetic Index main term pain, subterm chest, wall (anterior). The primary diagnosis is acute anterior myocardial infarction (STEMI), followed by codes for the chronic systolic heart failure, hypertension, and chronic atrial fibrillation. The acute myocardial infarction code is found in the Alphabetic Index at the main term Infarction, subterms myocardium, myocardial, ST Elevation, anterior. The chronic systolic heart failure, hypertension, and atrial fibrillation meet additional diagnosis reporting to describe coexisting conditions that require and/or affect patient care treatment or management. The hypertension is coded as I11.0 per guideline I.C.9.a.1 where cause and effect relationship between hypertension and heart failure is presumed unless there is provider documentation specifying a different cause. I50.22 can be found by accessing the Alphabetic Index main term Failure, failed, subterm heart, systolic (congestive), chronic (congestive). Tabular List consulted reveals an instructional note under I50 to code first heart failure due to hypertension The scenario only specifies that the patient has chronic systolic heart failure rather than acute and chronic. Locate the atrial fibrillation code in the Index at main term Fibrillation, subterm atrial or auricular, chronic. A code is not assigned for the unstable angina as it is inherent in the acute myocardial infarction. Code 93458 includes the left heart catheterization coronary angiography and left ventriculogram.

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5.10. C22.8, 36563, 77001, 96416

Rationale: The primary diagnosis is the liver cancer—C22.8, which is found in the Neoplasm table, access the subterm Liver and select the code present in the Malignant Primary column. Reporting of the chemotherapy agent 5-FU is reported with an HCPCS J code and usually assigned by the chargemaster. The infusion pump was centrally inserted as the catheter was placed in the superior vena cava. The fluoroscopic guidance is captured using code 77001. This code is an add-on code that must be assigned in addition to the primary central venous access device placement. Code 96416 is assigned for the initiation of prolonged chemotherapy services over 8 hours that require the use of an implantable pump.

5.11. a. 36475-RT

Correct answer. CPT code 36475 is accessed using index entry Ablation, vein, endovenous.

b. 36475-RT, 36000

Incorrect answer. The introduction of the catheter into the vein is included in the procedure code, per the instructional note following code 36476.

c. 36478-RT

Incorrect answer. Code 36478 describes laser ablation of incompetent veins. The scenario for coding specifies radiofrequency ablation, 36475.

d. 36475-RT, 76942

Incorrect answer. Per the description of code 36475, the procedure code is inclusive of all imaging guidance and monitoring.

5.12. C61, 36556

Rationale: The diagnosis is prostate carcinoma—C61. The Alphabetic Index main term is Prostate in the Neoplasm Table. Then select the Malignant Primary column code.

There are several factors that must be considered when coding insertion of access devices, including the age of the patient and whether or not it is a tunneled or non-tunneled insertion of the central venous catheter. Another consideration is whether or not a port or reservoir is implanted. CPT provides the "Central Venous Access Procedure Table," which is invaluable in assigning these codes. For this encounter the patient is aged five years or older and the device is a non-tunneled centrally located central venous catheter. This procedure meets the definition of central VAD as it terminates in the subclavian vein.

Disorders of the Digestive System

5.13. a. K44.9, 43327

Incorrect answer. The diagnosis code is correct. The procedure code is an open abdominal procedure rather than a laparoscopic approach for this Nissen procedure. The correct code is 43280.

b. K44.9, 43280

Correct answer. The diagnosis code is correct per Alphabetic Index entry, Hernia, hiatal. The procedure describes a Nissen fundoplication performed via a laparoscope with the hernia repair.

c. K44.0, 43280

Incorrect answer. Code K44.1 would be assigned only when gangrene was documented. The procedure code is correct.

d. K44.9, 43328

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Incorrect answer. The diagnosis code is correct. The CPT code is for a thoracotomy esophagogastric fundoplasty. When the procedure is performed via a laparoscope, as designated in this operative report by the use of insufflation, trocars, ports, and direct visualization, and the hernia repair is also performed, code 43280 is reported.

5.14. K80.00, E11.9, E78.00, E78.1, I50.22, E66.9, Z68.41, Z59.0, 47562

Rationale: The diagnosis is cholelithiasis with cholecystitis—K80.00. The Alphabetic Index main term is Cholelithiasis, see Calculus, gallbladder. Calculus, gallbladder, with, cholecystitis, acute.

Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition. Hence, DM type 2, hypercholesterolemia, hypertriglyceridemia, obesity, chronic systolic heart failure, homelessness and BMI of 42 are coded as follows E11.9, E78.00, E78.1, I50.22, E66.9, Z68.41, Z59.0.

The adhesions did not prohibit the surgeon access to the organ and were not documented to be clinically significant. It is not appropriate to assign an additional code for the adhesions in this instance (CMS 2021a, Section III). Code 44180 is a separate procedure code and per CPT guidelines would not be added on when performed as part of a more extensive, related procedure. CPT 47562 is found with index entry Cholecystectomy, laparoscopic.

5.15. E44.0, I69.351, 43246

Rationale: The primary diagnosis code is E44.0 for the moderate malnutrition. The Alphabetic Index main term is Malnutrition, subterms, degree, moderate. A secondary diagnosis code is assigned for the residual hemiparesis—I69.351. The Alphabetic Index main term is Sequelae, subterms, stroke NOS, hemiplegia. The coding professional completes the code using the Tabular List. Code Z86.73, Personal history of transient ischemic attack and cerebral infarction without residuals is not assigned as the patient has right sided hemiparesis and code I69.351 describes that the patient previously had a stroke.

The percutaneous endoscopic gastrostomy (PEG) tube placement is coded 43246, which is found with index entry Tube placement, gastrostomy.

5.16. ICD-10-CM Reason for Visit Code(s): K92.1, I50.32, G47.33, F32.9, F41.9, Z68.1. E43.

ICD-10-CM and CPT Code(s): K92.1, 43235

Rationale: The duodenal ulcer is not coded because it has not been confirmed. Coding guidelines for outpatients state that rule-outs or possible diagnoses are not coded. Code to the highest degree of certainty that in this case is the melena. Both the reason for visit code and primary diagnosis code are melena—K92.1, which is found at the main term Melena in the Alphabetic Index.

Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition. Hence, chronic diastolic heart failure, Obstructive Sleep Apnea (OSA), Major Depressive Disorder (MDD), anxiety, BMI 19.2, SPCM are coded as follows: I50.32, G47.33, F32.9, F41.9, Z68.1. E43

The patient had an esophagoscopy, but the scope also went into the stomach and duodenum. Code 43235 is correct as it includes the examination of the esophagus, stomach and duodenum. Code 43200 is a separate procedure code, and the esophagoscopy is included in code 43235. It would be incorrect to assign the separate procedure code in this case. The documentation only states that the endoscopy was done. It does not specify that any techniques were used to control the bleeding.

5.17. K62.3, K62.1, K57.30, K52.9, 45380

Rationale: Code the postoperative diagnosis rather than the preoperative diagnosis, which includes rectal prolapse (K62.3), rectal polyps (K62.1), sigmoid diverticulosis (K57.30), and nonspecific colitis (K52.9). The Alphabetic Index main term for K62.3 is Prolapse, subterm rectum.

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Rectal polyps are coded by accessing Alphabetic Index main term Polyps, subterm rectum (nonadenomatous). Code K57.30 is referenced under the Alphabetic Index main term Diverticulosis, subterm large intestine. To find K52.9, nonspecific colitis, access main term Colitis.

CPT Assistant states that "Coding for the services should be based on the technique employed to resect the tissue sample(s). Some polyps are removed in pieces if a single application of the technique (biopsy forceps, cautery biopsy, or snare) is inadequate. Codes 45380, 45384, and 45385 define different techniques and can be used only once for a single colonoscopy procedure regardless of whether the technique is employed on multiple polyps or multiple times on a single polyp" (2004, July). Refer also to *CPT Assistant* (2004, Jan.; 1996, Jan.). The correct code for the cold biopsy in this scenario is 45380.

5.18. K40.90, 49505-RT

Rationale: The diagnosis is unilateral inguinal hernia (K40.90), the terms "direct" and "indirect" do are non-essential modifiers that do not affect the coding of this diagnosis which is found at the main term Hernia, subterm inguinal. To assign the CPT code for the hernia repair, the coding professional needs to identify the age of the patient, the type of hernia, whether initial or recurrent, associated clinical features of the hernia (reducible vs. incarcerated or strangulated) and the approach whether open or laparoscopic. In CPT, it is not correct to code the implantation of the mesh (49568) except for incisional or ventral hernia repairs. Assign HCPCS Level II modifier -RT to indicate the right inguinal hernia.

5.19. K80.00, 47563, 74300

Rationale: There is a combination diagnosis code that describes the cholecystitis and cholelithiasis—K80.00. The Alphabetic Index main term is Calculi, Calculus, subterm gallbladder, with cholecystitis, acute. The cholelithiasis is described as chronic not the cholecystitis. Code 47563 describes a laparoscopic cholecystectomy with cholangiography. Radiology code 74300 would be reported by the hospital for radiological supervision and interpretation.

5.20. T18.190A, 43194

Rationale: The diagnosis is foreign body in the esophagus, causing tracheal compression—T18.190A—found in the Index at Foreign body, subterm esophagus, causing, tracheal compression, specified type, NEC. The seventh character A is assigned to indicate initial encounter. CPT code 43194 describes the rigid transoral esophagoscopy with removal of a foreign body. The documentation indicates that only the esophagus was evaluated.

5.21. J69.0, 44500, 74340

Rationale: The diagnosis is aspiration pneumonitis—J69.0—found in the Index at Aspiration, subterm pneumonitis. The documentation confirms placement of the tube in the patient's jejunum. Therefore, code 44500 describes the placement of the long gastrointestinal tube. Radiology code 74340 would be assigned for the fluoroscopic guidance used to place the tube.

5.22. a. 45384, 45342

Incorrect answer. Code 45384 describes biopsy using a hot biopsy forceps, not the cold forceps mentioned here. In addition, code 45342 is used to report a sigmoidoscopic ultrasound, not ultrasound with colonoscopy.

b. 45380, 45391

Incorrect answer. Code 45391 does not include the transmural biopsy that was performed via the ultrasonic endoscope. Code 45392 is the correct code.

c. 45384, 45392

Incorrect answer. Code 45384 describes biopsy using a hot biopsy forceps, not the cold forceps mentioned here.

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d. 45380, 45392

Correct answer. Use index entry Colonoscopy, flexible, biopsy to assign CPT 45380 and entry Colonoscopy, flexible, ultrasound for 45392.

5.23. 45380, 45385, 43239

Rationale: The EGD with biopsy of the duodenum is coded with 43239. There were two procedures performed during the colonoscopy. Code 45380 describes the biopsy of the additional polyps and code 45385 indicates the snare polypectomy of different polyps. Some payers may require that modifier -59 be added to code 45380. Modifier -59 is used to show that biopsies were taken from polyps other than the ones that were removed. If the same lesion is biopsied and then removed, only the removal code is used.

5.24. K43.9, 49652

Rationale: The diagnosis is ventral hernia—K43.9. The Alphabetic Index main term is hernia, subterm ventral. The herniorrhaphy is coded with 49652, which describes the laparoscopic repair. The code description specifies that it includes mesh insertion when performed; therefore, an additional code is not assigned. There is also an instructional note below 49652, which directs not to code 49652 in conjunction with 44180 (laparoscopic lysis of adhesions), 49568 (mesh implantation).

Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders

5.25. ICD-10-CM Reason for Visit Code(s): R10.32

ICD-10-CM Code(s): E73.9, N94.6

Rationale: The reason for visit is the left lower quadrant abdominal pain. For R10.32, the Alphabetic Index main term is pain, subterms, abdominal, lower, left quadrant. In this case, lactose intolerance is confirmed. The Alphabetic Index main term is intolerance, subterm, lactose. It would be inappropriate to code left lower quadrant abdominal pain as the primary diagnosis because two sources of pain are documented—lactose intolerance and menstrual cramps. For N94.6, the Alphabetic Index main term dysmenohrrhea.

5.26. a. 60200

Incorrect answer. The patient has a thyroglossal duct cyst, not a thyroid cyst. CPT code 60281 is specific to a recurrent cyst of this location.

b. 60210

Incorrect answer. The patient has a thyroglossal duct cyst that is excised. The thyroid is not excised in this case. CPT code 60281 is specific to the excision of a recurrent cyst of this location.

c. 60280

Incorrect answer. Documentation states that the thyroglossal duct cyst is recurrent. As the cyst is recurrent, the coding professional must assign CPT code 60281 for the excision of a recurrent thyroglossal cyst.

d. 60281

Correct answer. CPT code 60281 is accessed using index entry Cyst, thyroglossal duct, excision resulting in code range 60280–60281. Code 60281 is correct for recurrent.

5.27. C82.99, 60100, 76942

Rationale:

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The Alphabetic Index main term is Lymphoma, subterm follicular. The thyroid is an extranodal organ.

This is not a fine-needle aspiration. A large hollow-core needle is inserted percutaneously. Code 60100 is correct. Radiology code 76942 is assigned for the ultrasound guidance.

Disorders of the Genitourinary System

5.28. a. R33.9, Z87.440, 51701

Incorrect answer. The diagnoses are correct. *Coding Clinic for HCPCS,* 2nd Quarter, 2009 and 3rd Quarter, 2007 directs the coding professional that code P9612 is the correct code for collection of a urine specimen using a straight catheter. Code 51701 is to be used for the collection of residual urine.

b. R33.9, 51702, P9612

Incorrect answer. Code 51702 is used to describe the insertion of a temporary indwelling (Foley) catheter. Documentation does not support that an indwelling catheter was placed. In addition, the patient has a known history of urinary tract infections, which should be reported with diagnosis code Z87.440.

c. R33.9, Z87.440, P9612

Correct answer. The primary diagnosis is urinary retention (R33.9), found at Retention, urine in the Index. The second code is for recurrent urinary tract infections which is found at the main term History with subterms personal (of) infection, urinary (recurrent) (tract)—Z87.440. *Coding Clinic for HCPCS,* 2nd Quarter, 2009 and 3rd Quarter, 2007 directs the coding professional that code P9612 is the correct code for collection of a urine specimen using a straight catheter.

d. N39.0, 51701

Incorrect answer. The patient does not have a confirmed urinary tract infection, so code N39.0 should not be reported. Urinary retention and the history of urinary tract infections are coded as R33.9 and Z87.440. *Coding Clinic for HCPCS,* 2nd Quarter, 2009 and 3rd Quarter, 2007, directs the coding professional that code P9612 is the correct code for collection of a urine specimen using a straight catheter. Code 51701 is to be used for the collection of residual urine.

5.29. a. N39.45, N39.3, 53445, 51715, C1815, L8606

Correct answer. The correct diagnosis codes represent continuous incontinence (N39.45) and stress incontinence (N39.3). For the first code, the Alphabetic Index main term is Incontinence, subterm urine, continuous. For the second code, the main term is Incontinence, subterm urine, stress (female) (male). CPT code 53445 is accessed using index entry Urethra, sphincter, reconstruction. CPT code 51715 is accessed using index entry Urethra, endoscopy, injection of implant material. HCPCS level II are assigned using C1815 for the implantable urinary sphincter prosthesis and L8606 for the synthetic injectable bulking agent.

b. N39.498, 51715, C1815, L8606

Incorrect answer. The correct diagnosis codes represent continuous incontinence (N39.45) and stress incontinence (N39.3). Additional procedure code 53445 is required to show the incision of the perineum, with the placement of the artificial sphincter. The HCPCS Level II codes are correct.

c. N39.45, 53440, C1815, L8606

Incorrect answer. Code N39.3 is also necessary to complete the stress incontinence. Code 53440 describes a sling operation. The HCPCS Level II codes are correct.

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d. N39.45, N39.3, 53445, C1815, L8606

Incorrect answer. The diagnosis codes are correct. Code 51715 is also necessary to report. The HCPCS Level II codes are correct.

5.30. a. N39.3, N81.11, N81.4, 57284, 51840

Incorrect answer. The underlying cause of the incontinence is the vaginal prolapse and cystocele. The primary diagnosis is N81.11 followed by N39.3 for the stress incontinence. Diagnosis code N81.4 is not needed because it represents a uterovaginal prolapse not documented. See *CPT Assistant* (2010, June) regarding the procedure. Additional codes such as 51840 and 51841 should not be reported separately when performed with a paravaginal defect repair.

b. N39.3, 57284-50

Incorrect answer. The diagnosis code N81.11 should be reported first to reflect the incomplete vaginal prolapse and the resulting cystocele, contributing to the stress incontinence. CPT code 57284 does not describe a unilateral procedure, so modifier -50 is not applicable.

c. N81.4, 57240

Incorrect answer. N81.4 describes a uterovaginal prolapse that is not documented. The correct diagnosis code is N81.11. A secondary code for the stress urinary incontinence is needed (N39.3). Paravaginal defect repair is reported with CPT code 57284. The documentation does not support assignment of code 57240 for anterior colporrhaphy.

d. N81.11, N39.3, 57284

Correct answer. The underlying cause of the incontinence is the vaginal prolapse and cystocele. The primary diagnosis is N81.11 followed by N39.3 for the stress incontinence. The Alphabetic Index main term Prolapse, prolapsed, with subterm vagina states to see Cystocele. The main term is now Cystocele with subterms female, midline. For the second diagnosis, the Alphabetic Index main term is Incontinence with subterm stress (female). CPT code 57284 is accessed using index entry Repair, paravaginal defect.

5.31. a. N40.1, R33.8, 53852

Correct answer. The primary diagnosis code is benign prostatic hyperplasia (N40.1), which is found in the Alphabetic Index at the main term Hyperplasia, subterm prostate, with lower urinary tract symptoms. A use additional code note is present at N40.1 directing to assign additional codes for associated symptoms, so a secondary code is assigned for the urinary retention (R33.8). The Alphabetic Index main term is Retention, subterm urine, specified. CPT code 53852 is accessed using Index entry Prostate, destruction, thermotherapy, radiofrequency.

b. N40.0, 52601

Incorrect answer. The documentation indicates the patient has benign prostatic hyperplasia with urinary retention. Urinary retention is a lower urinary tract symptom. The correct diagnosis codes are N40.1 and R33.8. When thermotherapy is used, code 53852 is reported. Code 52601 is reported only for electrosurgical resection.

c. D29.1, 53852

Incorrect answer. The documentation indicates the patient has benign prostatic hyperplasia (N40.0) rather than an adenoma of the prostate. A code is needed for the urinary retention diagnosis, also. The procedure code is correct.

d. N40.3, R33.8, 53850

Incorrect answer. Benign prostatic hyperplasia with lower urinary tract symptoms is coded to N40.1. Code R33.8 is correct for the urinary retention. Code 53850 is for microwave

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thermotherapy. In this procedure radiofrequency was used, which is reported with 53852.

5.32. ICD-10-CM Reason for Visit Code(s): N50.812, N50.89

ICD-10-CM and CPT Code(s): N44.00, 55899

Rationale: The reason for visit code is N50.812 is for testicular pain. The Alphabetic Index main term is Pain, testis. The Alphabetic Index main term is Swelling, subterm scrotum. The primary diagnosis is N44.00 for the testicular torsion. The Alphabetic Index main term is Torsion with subterm testis, testicle.

There is no specific CPT code describing the process of manual detorsion of a testicle, so unlisted code 55899 is assigned.

5.33. ICD-10-CM Reason for Visit Code(s): R50.9, R10.84

ICD-10-CM and CPT Code(s): R50.9, R10.84, F03.90, F05, Z87.440, 81000

Rationale: The reason for visit codes are R50.9 and R10.84 for the fever and abdominal pain.

The primary diagnosis is R50.9 and secondary diagnosis is R10.84 as no further diagnosis was established after study for these symptoms of fever and abdominal pain. It is appropriate to add all diagnoses that affect current patient management. In this case, the fact that the patient has senile dementia with delirium does impact the care. These conditions are reported with codes F03.90 and F05. The Alphabetic Index main term is Dementia, subterms, senile, with acute confusional state. An instructional note is present at F05 to code first the underlying physiological condition. In this case the senile dementia is the underlying physical condition associated with the dementia. An Excludes2 note is present at F03 indicating that this code may be assigned in addition to F05. Excludes2 notes indicate that the condition excluded is not part of the condition represented by the code and the patient may have both conditions at the same time. It is acceptable to use both the code and excluded code together when documented.

A urinary tract infection was not established, so it is not coded. It may be useful to also report the history of UTI with code Z87.440 to establish medical necessity for the urinalysis. The Alphabetic Index main term is History, subterm personal, urinary tract infection.

CPT 81000 is assigned for the nonautomated urinalysis with microscopy.

5.34. C67.4, C67.0, 52235

Rationale: Codes for each site should be assigned for multiple neoplasms of the same site that are not contiguous (CMS 2021a, 1.c.2.). Refer to the Neoplasm table and identify subterms, bladder, trigone and bladder, wall, posterior. Select the Malignant Primary column for both sites. A code for gross hematuria is not assigned as hematuria is integral to the bladder cancer.

CPT code 52235 is one of the codes found using index entry, Cystourethroscopy, with fulguration, tumor. 52235 is the appropriate selection code based on the size of the tumor(s). This code is only assigned once because the code description specifies tumor(s).

5.35. N73.6, 58660

Rationale: The diagnosis is tubo-ovarian adhesions (N73.6). Alphabetic Index main term is Adhesions, subterm tubo-ovarian.

CPT code 58660 is found using index entry Adhesions, pelvic lysis. The lysis was accomplished via laparoscopic approach. Do not assign a separate code for the exploratory laparoscopy because it is included in 58660.

5.36. E10.21, E10.22, N18.6, 36821

Rationale: Diagnosis codes for both the diabetic nephropathy and diabetic chronic kidney disease are assigned (E10.21, E10.22). The Alphabetic Index main term is Diabetes, diabetic, with subterms Type 1, nephropathy. The Alphabetic Index main term is Diabetes, diabetic with subterm Type 1, with, chronic kidney disease. An instructional note is present at E10.22 to use additional

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code to identify the stage of chronic kidney disease (N18.6). In the Alphabetic Index, the main term is Disease with subterms renal, end-stage (failure). According to guideline 1.C.4.a, it is appropriate to assign as many codes as needed to identify all associated diabetic conditions present (CMS 2021a).

CPT code 36821 is found using the index entry, Anastomosis, arteriovenous fistula, direct.

5.37. C64.1, 50592-RT, 77013

Rationale: The diagnosis is kidney carcinoma which is found in the Neoplasm table at the subterm kidney. Select the Malignant Primary column to find code C64.1. CPT Code 50592 is found using index entry Ablation, radiofrequency, renal tumor. Modifier -RT is appended to indicate this was performed on the right side. The code description states "ablation, one or more renal tumors… " so it is not appropriate to report it more than once for multiple tumor ablations. Code 50250 reports an open procedure and 50542 a laparoscopic with tumor ablation, so neither is correct to report a percutaneous procedure. An additional code, 77013, for the CT guidance is also assigned. This code is accessed using index entry CT Scan, guidance, parenchymal tissue ablation.

5.38. a. N21.1, 52332, 50590

Incorrect answer. This diagnosis code describes a stone in the urethra, which is incorrect for this case. The cystourethroscopy with stent insertion was done on a previous admission. Only the ESWL was done at this time.

b. N20.0, 50590

Correct answer. The diagnosis for the kidney stone is found in the Alphabetic Index, main term Calculus, subterm kidney. The procedure code is accessed using index entry Lithotripsy, kidney.

c. N20.0, 52353

Incorrect answer. The diagnosis is correct. The lithotripsy was not done via cystourethroscopy.

d. N20.1, 50590, 52353

The stone is in the kidney, rather than the ureter. Code 52353 is not appropriate—a cystourethroscopy was not done on this admission.

5.39 Z30.2, 55250

Rationale: The patient presents for contraceptive surgery. Z30.2 is used for admissions that are for sterilization surgery. Refer to Alphabetic Index main term is Encounter, subterm sterilization to locate this code. Code 55250 is used for the vasectomy that is accessed using main term Vasectomy. This code includes any post-surgery semen analysis. A bilateral modifier is not necessary as the code description specifies unilateral or bilateral.

5.40 N44.03, F71, E66.9, 54512-RT

Rationale: For code N44.03, the Alphabetic Index main term is Torsion with subterm appendix testis. For code F71, the Alphabetic Index main term is Disability, subterms, intellectual, moderate. The Alphabetic Index main term is Obesity for code E66.9.

An appendix testis is a small solid projection of tissue on the upper outer surface of the testis. It is a remnant of the embryonic Mullerian duct. There is no code that specifically refers to the removal of an appendix testis but code 54512 is used for extraparenchymal tissue removal that an appendix testis is. This code is accessed using main term Excision, testis, lesion.

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Infectious Diseases

5.41 ICD-10-CM Reason for Visit Code(s): R51, R50.9, R53.81 or R19.7

ICD-10-CM Code(s): A98.4

Rationale: The coding professional may select any three admitting symptoms as the reason for visit codes: headache, fever, profound malaise, and bloody diarrhea. The Alphabetic Index main term is Headache. Other main terms include Fever; Malaise; and Diarrhea.

The primary diagnosis is coded with A98.4. The Alphabetic Index main term is Ebola virus disease. Symptoms are not reported separately as they are integral to the Ebola virus disease.

5.42. ICD-10-CM Reason for Visit Code(s): A41.9

ICD-10-CM Code(s): R65.2, J15.9, B96.0, E87.2, E43, Z68.1, E10.9, E78.00, Z59.0

Rationale: Severe sepsis is associated with acute organ dysfunction. A minimum of 2 codes are required. First, report the code that identifies the underlying condition (infection), followed by a code from subcategory code R65.2 Severe Sepsis depending on what is documented. Select an additional code to report each appropriate organ dysfunction. If the patient has sepsis with multiple organ dysfunctions, follow the same coding rules as with severe sepsis. Hence, the primary diagnosis is A41.9, followed by R65.2, J15.9, and B96.0.

Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition. Hence the chronic conditions are coded as follows E87.2, E43, Z68.1, E10.9, E78.00, Z59.0.

5.43. ICD-10-CM Reason for Visit Code(s): R19.7

ICD-10-CM Code(s): A04.1

Rationale: The reason for visit code is R19.7, which is found under main term Diarrhea. The primary diagnosis is A04.1. The Alphabetic Index main term is Enteritis (acute) with subterms infectious, due to, *Escherichia coli*, enterotoxigenic. The diarrhea is not coded separately as this is integral to the enteritis.

5.44. ICD-10-CM Reason for Visit Code(s): R23.8, L29.1, L29.8

ICD-10-CM Code(s): B86

Rationale: There are three codes that may be assigned as the reason for visit. The Alphabetic Index main term is Eruption, subterm vesicular. For the pruritus, the main term is Pruritus, subterm scrotum. The itching on the penis, buttocks, and groin is coded as Pruritus, specified NEC.

The primary diagnosis is found by reviewing main term Infestation, subterm Sarcoptes scabiei.

Disorders of the Skin and Subcutaneous Tissue

5.45. C44.311, L82.1, 11642, 11441, 15260

The lesion on the right nasal tip was a basal cell carcinoma. Carcinoma (malignant), basal cell (pigmented), (see also Neoplasm, skin, malignant), ICD-10-CM Table of Neoplasms, nose, nasal, skin, basal cell carcinoma. Select the C44.311 code from the Malignant Primary column. The cheek lesion was a seborrheic keratosis, which is benign. In the Alphabetic Index, the main term Keratosis is referenced with subterm seborrheic.

After removal of the nasal tip lesion a full thickness skin graft was performed (15260). This code is based on the size of the graft. Code 11642 is used to describe the excision of the malignant lesion of the nose as the greatest clinical diameter of the lesion and associated margins was 1.4 cm. Code 11441 is used to describe the excision of the benign lesion of the cheek as the greatest clinical diameter of the lesion and associated margins required for complete excision was 1.0 cm.

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5.46. ICD-10-CM Reason for Visit Code(s): S61.412A, S51.812A, S81.811A

ICD-10-CM and CPT Code(s): S81.811A, S61.412A, S51.812A, W25.XXXA, Y92.018, Y93.H9, Y99.8, 12031, 12002

Rationale: For the laceration diagnoses, the Alphabetic Index main term is Laceration with subterms hand, forearm, leg (lower). The seventh character A is assigned to indicate initial encounter for these three codes. The leg laceration is listed first since it required a repair of deeper tissue and it corresponds with the first-listed procedure code. The main term in the Index to External Causes is Contact with, subterms with, glass. The seventh character A is assigned to indicate initial encounter. The main term in the Index to External Causes is Activity with subterms maintenance, exterior building. The main term in the Index to External Causes is Place of occurrence with subterms residence, house, single family, specified NEC. In the Index to External Causes the main term is External Cause Status with subterm specified NEC.

The intermediate repair (layered) of the leg is coded using 12031. The lacerations repaired with simple repair are added together to total 5 cm as all anatomic sites are listed in code 12002.

5.47. a. C44.319, 15240, 11646

Incorrect answer. Code 11646 is incorrect because the size of the lesion was only 3.2 cm. Code 11646 describes a lesion over 4.0 cm. The size of graft was 10 sq cm.

b. C44.310, 15240, 15004

Incorrect answer. The diagnosis code is incorrect because the site of the carcinoma is specified as the cheek. CPT code 15004 is reported for the surgical preparation or creation of a recipient site by excision of open wounds, burn eschar, or scar; therefore, it is not accurate to report this code for the malignant lesion excision. Report code 11644 for the 3.2-cm malignant lesion.

c. C44.319, 15275, 15004, 11644

Incorrect answer. The diagnosis code is correct. CPT code 15275 for the graft is for an allograft. This uses a homograft from healthy/cadaver skin from another person. When the patient’s own tissue is used as a full thickness graft, code 15240 is reported for this size of graft. CPT code 15004 is to be reported for the surgical preparation or creation of a recipient site by excision of open wounds, burn eschar, or scar; therefore, it is not accurate to report this code for the malignant lesion excision. Rather code 11644 is to be used for the excision of malignant lesion.

d. C44.319, 15240, 11644

Correct answer. Reviewing the Table of Neoplasms, main term cheek, subterm external, basal cell carcinoma, results in code C44.319. CPT code 15240 is found with index entry, Skin graft and flap, free skin graft, full thickness, resulting in code range 15000–15261. Code 15240 is appropriate for full thickness graft of less than 20 sq cm. CPT code 11644 is found with index entry, Excision, skin lesion, malignant. Instructional notes direct that an additional code for the reconstructive closure may be reported separately.

5.48. ICD-10-CM Reason for Visit Code(s): L60.0

ICD-10-CM and CPT Code(s): L60.0, D51.0, G11.1, I51.9, 11750-TA

Rationale: The reason for visit and primary diagnosis is ingrown toenail. The Alphabetic Index main term is Ingrowing with subterm nail (finger) (toe). Patient also has pernicious anemia, found at main term Anemia with subterm pernicious. Code G11.1 is located at main term Ataxia with subterm Friedreich’s. The final code is found at main term Disease with subterm heart.

The digital block is included in the procedure and therefore not coded separately. Code 11750 is reported because the nail matrix is destroyed to achieve permanent removal, even though the physician describes the procedure as a wedge resection. Code 11765 is not used because the

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nail and the matrix are both removed, not just the skin of the nail fold. HCPCS level II modifier -TA is appended to 11750 to indicate the left great toe as the site of the procedure.

5.49. B07.9, 17110

Rationale: For code B07.9, the Alphabetic Index main term is wart (viral). The code 17110 includes cryosurgery and curettement of up to 14 lesions, so no other code is assigned.

5.50. a. C44.072, 14001

Incorrect answer. Code C44.072 describes an unspecified malignant neoplasm of the skin. There is a more specific code available for melanoma of the thigh. The procedure code is correct.

b. C43.72, 14001

Correct answer. The Alphabetic Index main term is Melanoma with subterms skin, thigh. A review of the Tabular List is required to assign the fifth character 2 indicating the left leg.

CPT code 14001 describes the advancement flap closure of the thigh. The defect size is calculated by multiplying the width and length of the area excised to find the total square centimeters (4.3 cm × 2.5 cm = 10.75 cm^2). The excision of the malignant lesion is not separately reportable.

c. C43.72, 14001, 11606

Incorrect answer. The diagnosis code is correct for the melanoma of the thigh. CPT code 14001 captures both the excision and repair by adjacent tissue transfer portions of the procedure. The excision of malignant lesion (11606) is not separately reportable.

d. Z12.83, 14000

Incorrect answer. The patient presents with a known diagnosis of malignant melanoma. Definitive treatment is carried out rather than a screening procedure. The primary diagnosis is the malignant melanoma, C43.72. The defect size for the adjacent tissue transfer is 10.75 sq cm (4.3 × 2.5). CPT code 14000 is for defects 10 sq cm or less.

5.51. L91.0, T20.07XS, 15004, 15005, 15277, 15278

Rationale: The keloid is found under main term Keloid. The Alphabetic Index main term for code T20.07XS is Burn, neck. The degree is not specifically stated so code T20.07 is used. A review of the Tabular List allows the coding professional to complete the code. The extension S is used to indicate there is a sequelae. The residual condition of the sequela is sequenced first followed by the sequelae code (CMS 2021a, 1.B.10.).

The excision of the scar prior to placement of the Integra is surgical preparation. Both 15004 and 15005 must be assigned as the total area excised was 160 sq cm (20 cm × 8 cm = 160 cm^2). Integra is an acellular dermal replacement that does not require a concurrent epidermal cover. Both 15277 and 15278 are assigned as 160 sq cm was covered with the Integra.

5.52. 19081-LT, 19082-LT, 19083-LT

Rationale: For the biopsies with stereotactic guidance, code 19081 is assigned for the first lesion and code 19082 is assigned for the second. An additional code is assigned for the biopsy using ultrasound guidance—19083. The -LT modifier should be used on each of these codes to indicate the left breast.

5.53. L89.153, L89.329, 11043

Rationale: The Alphabetic Index main term is Ulcer, subterm pressure, stage 3, sacral region. The Alphabetic Index entry for the buttock is Ulcer, pressure, buttock. The coding professional completes the codes using the Tabular List. The stage of the buttock ulcer is not specified.

The CPT index entry is Debridement, muscle. Review the codes to select the appropriate code

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based on depth and size of the debridement.

Behavioral Health Conditions

5.54. ICD-10-CM Reason for Visit Code(s): S61.512A, S61.511A

ICD-10-CM and CPT Code(s): S61.512A, S61.511A, F32.2, X78.8XXA, Y92.012, 12002

Rationale: For the lacerations, the Alphabetic Index main term is Laceration with subterms wrist, left and wrist, right. The seventh character A is added to indicate initial encounter. For the depression diagnosis, the Alphabetic Index main term is Depression with subterms severe, single episode. In the Index to External Causes, the main term is Suicide, suicidal (attempted) (by) with subterms cutting or piercing instrument, specified NEC. The fourth character A is added to indicate initial encounter. In the Index to External Causes, the main term is Place of occurrence with subterms residence, house, single family, bathroom.

The laceration repairs were both simple suture. CPT instructions direct that when multiple wounds are repaired add the lengths of those in the same classification, which for this case is the extremities.

5.55. F40.01, 90849

Rationale: For the diagnosis code, the Alphabetic Index main term is Agoraphobia, subterm with panic disorder.

Code 90849 describes multiple-family group psychotherapy. Refer to CPT index entry Psychotherapy, multifamily. The length of the session is not defined in the code.

5.56. a. F60.0, 90853

Incorrect answer. The diagnosis code is incorrect, there is a more specific code available. The procedure code is correct.

b. F60.2, 90785, 90853

Incorrect answer. The diagnosis code is correct; however, the documentation does not support individual psychophysiological therapy in conjunction with group therapy encounter.

c. F60.2, 90853

Correct answer. For the diagnosis, the Alphabetic Index main term is Disorder with subterms personality, psychopathic. CPT Code 90853 is found using index entry Psychotherapy, group other than multifamily.

d. F60.5, 90847

Incorrect answer. The diagnosis code is incorrect. The service was for a group, not an individual, and there is no documentation of the patient's family being present.

5.57. ICD-10-CM Reason for Visit Code(s): R40.20

ICD-10-CM and CPT Code(s): T42.4X2A, T43.012A, T51.0X2A, R40.20, I46.9, F32.9, Y92.032, 43753, 92950

Rationale: The reason for visit code is R40.20 as the patient was brought to the ER in an unconscious state. The Alphabetic Index main term is Unconscious, see coma, Coma, R40.20.

The Table of Drugs and Chemicals is used to code the two drugs and the alcohol. The column for "Poisoning, Intentional, Self-Harm" is used as this is a suicide. The Tabular List is used to complete codes and seventh character A is used for initial encounter. The patient's unconsciousness (R40.20) is a manifestation of the poisoning so it is reported as a secondary code. To code the cardiac arrest, the main term is Arrest, subterm cardiac. To code depression, the main term is Depression. The Index to External Cause code, main term, Place of occurrence, subterm, apartment, which provides the cross reference—see Place of Occurrence, residence,

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apartment, bedroom.

Report procedure codes for gastric lavage and CPR. CPT code 43753 is found with index entry Lavage, stomach and CPT 92950 is found under index entry Resuscitation, cardiopulmonary.

Disorders of the Musculoskeletal System and Connective Tissue

5.58. D17.24, 27327

A lipoma is a benign tumor. The Alphabetic Index main term is Lipoma, subterm legs (skin) (subcutaneous). The coding professional completes the code using the Tabular List.

The operative report indicates that the lipoma was removed from the subcutaneous layer of the thigh. It is not appropriate to assign an excision code from the integumentary system when the lipoma is in the deep subcutaneous tissue (*CPT Assistant*, April 2010). The CPT code is accessed using index entry Excision, tumor, leg, upper. CPT provides guidelines as the beginning of the musculoskeletal system chapter that indicate that code selection is based on the location and size of tumor-including margins required for the excision for tumors that are confined to the subcutaneous tissue below the skin but above the deep fascia.

5.59. a. 27500-LT, 99151, 99156 × 4

Incorrect answer. Manipulation was required to reduce the fracture. Therefore, CPT code 27502 is the most appropriate to describe the service. Conscious sedation was provided by the same physician with a qualified observer present for one hour ten minutes, which is reported with 99151 and add on code 99153 with four units.

b. 27502-LT, 99151, 99153 × 4

Correct answer. CPT 27502-LT describes closed treatment of a femoral shaft fracture with manipulation. Conscious sedation was provided by the same physician with a qualified observer present for one hour ten minutes, which is reported with 99151 and add on code 99153 with four units.

c. 27506-LT, 99152, 99153 × 4

Incorrect answer. CPT code 27502 is the most appropriate to describe the service. Conscious sedation was provided by the same physician with a qualified observer present for one hour ten minutes, which is reported with 99151 and add on code 99153 with four units.

d. 27506-LT

Incorrect answer. CPT code 27502-LT is the most appropriate to describe the service. Additional codes for the conscious sedation provided by the orthopedic surgeon may be reported in addition to the surgical procedure.

5.60. a. S42.451B, 24577, 29065

Incorrect answer. The seventh character B appended to code S42.451 represents initial treatment for an open fracture, which is not described here. Fractures not indicated as open or closed are coded to closed. (CMS 2021a, 1.C.19.c).

The CPT code 24577 describes closed reduction of a humeral fracture, rather than the open reduction and internal fixation procedure documented. CPT 29065 should not be assigned with a fracture care code because casting is included in the initial fracture service per CPT guidelines. The HCPCS Level II modifier -RT (right) is added to show laterality.

b. S42.451A, 24579, 29065

Incorrect answer. The diagnosis code and CPT code 24579 are correct. However, CPT code 24579 is missing the HCPCS Level II modifier of -RT (right) to designate laterality. CPT code

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29065 should not be assigned with a fracture care code because casting is included in the initial fracture service per CPT guidelines.

c. S42.451A, 24579-RT

Correct answer. The lateral condyle of the elbow is a site on the distal humerus. The Alphabetic Index main term is Fracture, traumatic, subterm humerus, lower end, condyle, lateral (displaced), S42.45-. The coding professional completes the code using the Tabular List to assign the sixth character 1 for right side and seventh character A for initial encounter for closed fracture.

The CPT code is accessed using index entry Fracture, humerus, condyle, open treatment. The HCPCS Level II modifier of -RT (right) is added to show laterality.

d. S42.451B, 24579-RT

Incorrect answer. The seventh character B appended to code S42.451 represents initial treatment for an open fracture, which is not described here. Fractures not indicated as open or closed are coded to closed (CMS 2021a, 1.C.19.c). The procedure code is correct.

5.61. ICD-10-CM Reason for Visit Code(s): S01.411A

ICD-10-CM and CPT Code(s): S01.411A, S02.2XXA, W21.03XA, Y92.320, Y93.64, Y99.8, 21320, 12011-59

Rationale: The reason for admission was the cheek laceration. The Alphabetic Index main term is Laceration with subterm cheek (external). The Tabular List is reviewed to assign the sixth character for laterality and the seventh character indicating initial encounter. For the nasal fracture, in the Alphabetic Index, the main term is Fracture with subterm nasal (bone[s]). Fractures not indicated as open or closed are coded to closed (CMS 2021a, 1.C.19.c). In addition, the ER physician only stabilized the fracture with a splint and tape. The seventh character A is assigned to indicate closed fracture, initial encounter. In the Index to External Causes, the main term is Struck (accidentally) by, with subterms ball (hit) (thrown), baseball. The seventh character A is assigned to indicate initial encounter. In the Index to External Causes, the main term is Place of occurrence with subterms sports area, athletic, field, baseball. In the Index to External Causes, the main term is Activity with subterm baseball. In the Index to External Causes, the main term is External cause status, leisure activity.

The ER provided fracture care of stabilization, splinting, and taping. This is frequently the only care needed for a nondisplaced nasal fracture. CPT code 21320 is accessed using index entry Fracture, nasal bone, closed treatment. The physician did repair the superficial laceration of the cheek. This code is accessed using index entry Repair, skin, wound, simple. A -59 modifier is appended to 12011 to identify the laceration repair is a distinct procedural service that is separately identifiable from the closed treatment of the nasal fracture.

5.62. a. Osteochondral autograft

Incorrect answer. An osteochondral autograft involves harvesting tissue from the patient himself or herself. When the graft comes from a cadaver, it is an osteochondral allograft.

b. Osteochondral allograft

Correct answer.

c. Autologous chondrocyte implantation

Incorrect answer. This procedure involves harvesting cells from the patient, growing them to maturity in a laboratory setting, and reinjecting them. When a full osteochondral graft is obtained from a cadaver, it is an osteochondral allograft.

d. Anterior cruciate ligament repair

Incorrect answer. When an osteochondral graft is obtained from a cadaver, it is an

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osteochondral allograft. A ligament repair may involve cadaveric ligament, but not osteochondral tissue.

5.63. M20.12, 28292-TA

Rationale: To find the diagnosis code, the Alphabetic Index main term is Hallux, subterm valgus. The Tabular List is reviewed to assign fifth character 2 representing the left foot. The bunion repair is documented as a Keller repair resulting in code 28292. See index entry Keller procedure. Add the HCPCS Level II modifier of -TA (left foot, great toe) to report laterality.

5.64. S62.631B, W31.82XA, Y92.63, Y93.89, Y99.0, 26765-F1

Rationale: The Alphabetic Index main term is Fracture, subterm finger, index, distal phalanx. The Tabular List is referenced to assign sixth character 1 for displaced left index finger and seventh character B for initial encounter of open fracture. Using the Index to External Causes, the coding professional accesses Contact, subterm with, machine, machinery, commercial (W31.82). The place of occurrence code is found under Place of occurrence, subterm factory. The External Status Code (found under External Cause Status) is Y99.0, civilian activity for income or pay. Activity code is Activity, specified NEC.

CPT code 26765 is accessed using index entry Finger, bone, fracture, distal, open treatment. The CPT code would be assigned for each finger, and in this case there is no documentation that multiple fingers are involved; therefore, one code is assigned with the HCPCS Level II modifier -F1, to identify the left index finger was treated.

5.65. a. M22.41, M25.861, 29873-RT, 29877-RT-59

Correct answer. For the chondromalacia diagnosis, the Alphabetic Index main term is Chondromalacia with subterm patella. The Tabular List is referenced to assign fifth character 1 for right knee. For the tight lateral retinaculum the main term is Disorder, subterm joint, specified type NEC, knee. The Tabular List is referenced to assign sixth character 1 for right knee.

CPT codes 29873 and 29877 are indexed using the entry Arthroscopy, surgical, knee. In a Medicare OPPS case, HCPCS Level II code G0289 would be used in lieu of CPT code 29877-RT-59 since chondroplasty was performed in separate compartments as per the source document.

b. M22.41, M25.561, 27425-RT

Incorrect answer. Diagnosis codes M22.41 and M25.861 are correct. CPT code 27425 is used to report an open retinacular release, rather than the retinacular release via arthroscopy described in the source document.

c. M22.41, 29877-RT

Incorrect answer. Diagnosis code M25.861 should also be assigned for the tight lateral retinaculum. The source document indicates a lateral retinacular release of the right knee was performed in addition to the chondroplasty performed.

d. M22.41, M25.861, 29999-RT, 29877-RT

Incorrect answer. Diagnosis codes M22.41 and M25.861 are correct. CPT code 29999 is used only when an unlisted arthroscopic procedure is performed. In this case, CPT code 29873 identifies arthroscopic retinacular release as described in the source document.

5.66. M72.0, 26123-F2, 26125-F3

Rationale: The Alphabetic Index main term is Contraction, subterm Dupuytren's.

The CPT index entry Dupuytren's contracture provides a subterm option for a fasciotomy, which leads to potential codes 26040–26045. In this scenario, a fasciectomy was performed. Refer to index entry Fasciectomy, palm for code range 26121–26125. CPT code 26123-F2 is assigned for

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the fasciectomy with release of the left middle finger and add on code 26125-F3 is assigned for the release of the left ring finger.

5.67. Z47.2, 20680

Rationale: The patient is being seen to remove previously placed internal fixation devices. Therefore Z47.2, Encounter removal of internal fixation device, is used to describe the reason for encounter. The Alphabetic Index main term is Encounter with subterms removal (of), internal fixation device. Fracture codes are not used as the fracture is completely healed.

The correct CPT code is 20680, which is used to describe the removal of “deep” implants. Code 20670 would be used for superficial implants.

Neoplasms

5.68. a. C50.411, N60.12, 19120-RT, 19125-LT, 19281-LT

Correct answer. To find the primary diagnosis code using the Neoplasm Table, the coding professional goes to breast, upper-outer, and completes code using the Tabular List. The second diagnosis code is found by using the Alphabetic Index main term Fibrocystic, subterm disease, breast, the coding professional is directed to Mastopathy, cystic.

CPT 19120-RT is accessed using index entry Breast, excision, tumor as the entire lesion was removed. CPT 19125-LT is accessed using index entry Breast, excision, lesion, by needle localization. An additional code is necessary to identify the placement of the radiologic marker under mammographic guidance (19281-LT). HCPCS Level II modifiers are used to show that the lesions were not in the same breast and different techniques with separate incisions were employed.

b. N63, N60.12, 19120-50

Incorrect answer. The definitive diagnosis after study is the breast cancer rather than the breast lump. C50.411 is assigned as the primary diagnosis. A bilateral modifier -50 applies only to identical procedures on paired organs. The breasts are paired organs, but the procedures involved here are not the same. HCPCS Level II modifier -RT identifies the 19120 procedure on the right breast, while the -LT modifier is appended to CPT codes 19125 and 19281 to show that procedure occurred on the left breast.

c. C50.411, N60.12, 19120-50, 19125-50, 19281-50

Incorrect answer. Appropriate use of the bilateral modifier has it appended to only one CPT code with identical procedures performed on paired organs. Although the breasts may have bilateral procedures using modifier -50, it is only assigned to one code, which communicates to Medicare that 150 percent of the allowed amount should be provided in reimbursement for the case. The correct way to code the procedures is by use of the -RT and -LT Level II HCPCS codes to show that different breasts were involved. Codes 19120 and 19125 would be mutually exclusive otherwise.

d. C50.411, N60.22, 19120, 19125-59, 19281

Incorrect answer. The fibrocystic disease was not stated to be fibroadenosis. N60.12 describes the fibrocystic disease. The use of modifier -59 is not appropriate for this case because HCPCS Level II modifiers -RT and -LT would describe the services more concisely.

5.69. a. C34.32, 31629

Correct answer. For the diagnosis, the Alphabetic Index main term is Carcinoma, with subterm oat cell. There is a note directing the coding professional to refer to the Neoplasm Table, specific site (lung), Malignant Primary column. The coding professional would refer to the site of lung, lower lobe. The Tabular List is referenced to assign fifth character 2 for left.

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CPT code 31629 is accessed using index entry Bronchoscopy, biopsy. Review the range of codes provided to select 31629. The biopsy was accomplished via needle aspiration technique. Note that the code description specifies that fluoroscopic guidance is included when performed.

b. C34.92, 31629, 77002

Incorrect answer. Documentation specifies that the lung mass is in the left lower lobe of the lung. Code C34.32 is specific to the left lower lobe.

Fluoroscopic guidance is included in all endoscopic biopsy codes in the range of 31622–31646 and is not assigned as an additional code.

c. C34.32, 31625

Incorrect answer. The procedure code is incorrect for a transbronchial aspiration biopsy of lung tissue. Code 31629 is assigned.

d. D38.1, 31629, 77002

Incorrect answer. The carcinoma was not specified as a neoplasm of uncertain behavior as the pathology revealed it was an oat cell carcinoma. Using the Alphabetic index, the main term Carcinoma, subterm oat cell, the coding professional is directed to the Neoplasm Table, specific site (lung, lower lobe), Malignant, Primary column. Fluoroscopic guidance is not reported separately in the endoscopic biopsy code range of 31622–31646. This code is also not specific to an intrathoracic needle biopsy.

5.70. a. Z51.0, 77412

Incorrect answer. The malignancy must be reported (C14.0 and Z77.0), as secondary codes to Z51.0, Encounter for antineoplastic radiotherapy (CMS 2021a, 1.C.2.e.2). The procedure code is correct.

b. C14.0, 77407

Incorrect answer. The encounter for radiation therapy, Z51.0 should be the first-listed code. In addition to the primary malignancy code, the lymph node metastasis should also be reported because this is also treated by radiation (C77.0) (CMS 2021a, 1.C.2.e.2). The correct radiation treatment CPT code is 77412 because three treatment areas are involved and custom blocking was employed.

c. Z51.0, C14.0, C77.0, 77412

Correct answer. For the radiation therapy diagnosis, the Alphabetic Index main term is Admission, subterm radiation therapy (antineoplastic). To find the Neoplasm codes, use the Neoplasm Table under Pharynx, wall (lateral) (posterior), Malignant Primary, and Lymph, gland, cervical, Malignant Secondary (CMS 2021a, 1.C.2.e.2).

CPT code 77412 is accessed using index entry Radiation Therapy, treatment delivery, which directs to codes 77401, 77402, 77407, 77412. The code range is reviewed and 77412 is selected based upon the three separate areas treated and custom blocking was used.

d. C14.0, C77.0, 77402

Incorrect answer. Assign Z51.0, Encounter for antineoplastic radiotherapy as the first listed code followed by secondary codes for the malignancy (CMS 2021a, 1.C.2.e.2). The CPT code is not appropriate for three separate treatment areas and custom blocking; code 77412 is assigned.

5.71. C18.7, D37.5, 45384, 45380-59

Rationale: To find the colon cancer code, go to the Neoplasm Table, the subterms are intestine, large, colon, sigmoid. Select the code from the Malignant, Primary column. Villous adenoma (polyps) is a neoplasm of uncertain behavior. These codes are only appropriately reported when

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specified as such by a pathologist. For the villous adenoma, go to the main term Adenoma with subterm villous. There is a note referring the coding professional to the Neoplasm Table by site and Uncertain Behavior column.

Two separate procedures were performed in two distinct locations, so two codes are required. The excision of the polyps by hot biopsy forceps is coded with one code as the code description includes polyp(s) (45384). The biopsy of the sigmoid colon is assigned a code because it is a separate lesion (45380-59). Modifier -59 designates that the two procedures are not components of one another, but distinct.

5.72. ICD-10-CM, CPT, and HCPCS Code(s): Z51.11, C91.00, 96409, J9070 with 2 units

Rationale: Code Z51.11 is assigned as the first listed code as the admission is solely for the administration of chemotherapy (CMS 2021a, 1.C.2.e.2). The Alphabetic Index main term is Encounter, subterm chemotherapy for neoplasm. The Alphabetic Index main term is Leukemia, leukemic, subterm acute lymphoblastic.

CPT code 96409 is accessed using index entry Chemotherapy, intravenous, push. An intravenous push is defined as (a) an injection in which the individual who administers the drug is continuously present to administer the injection or (b) an infusion of 15 minutes or less.

Typically, the J code is assigned by the chargemaster. Report J9070 with a 2 in the claim units field to specify 200 mg.

Disorders of the Nervous System and Sense Organs

5.73. T85.09XA, G91.2, Y83.1, 62252

Rationale: Malfunction of the CSF shunt is coded as T85.09XA. The Alphabetic Index main term is Complication, subterms ventricular shunt, mechanical, obstruction. The Tabular is reviewed to assign seventh character A for initial encounter. Another main term is Hydrocephalus with subterm normal pressure. External cause code Y83.1 may also be assigned. The External Cause Index main term is Complication of or following, implant, artificial, internal device. Headache is not coded, as this is a symptom of the hydrocephalus.

Reprogramming of a programmable shunt is coded as 62252. The CPT index entry is Reprogramming, shunt, cerebrospinal.

5.74. a. 66710-LT

Incorrect answer. This code describes a procedure not involving the use of the ophthalmic endoscope. Code 66711 is the correct code.

b. 66711-LT

Correct answer. CPT code 66711 is found using index entry Ciliary body, destruction, cyclophotocoagulation.

c. 66720-LT

Incorrect answer. This code describes destruction of the ciliary body by cryotherapy. Code 66711 is the correct code.

d. 66700-LT

Incorrect answer. This code describes destruction of the ciliary body by diathermy. Code 66711 is the correct code.

5.75. a. E10.3493, 67040-50

Correct answer. For the diagnosis, the Alphabetic Index main term is Diabetes with subterms Type 1, with, retinopathy, nonproliferative, severe. The abbreviation OU is a Latin abbreviation meaning oculus uterque or both eyes. The Tabular List is reviewed to assign

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sixth character 3 representing bilateral eyes.

CPT code 67040 is accessed using index entry Vitrectomy, photocoagulation. Modifier -50 is appended to identify that this procedure was performed bilaterally.

b. H35.00, 67040-50

Incorrect answer. When diabetic complications are present, the combination code that includes the type of diabetes, the affected body system, and associated complication is assigned. Code E10.3493 captures the severe nonproliferative diabetic retinopathy as the reason for service in this case.

c. E11.3493, 67039-LT-RT

Incorrect answer. The diabetes is specified as type 1 rather than type 2. The CPT code is for a procedure limited to a small area, such as one or two areas (focal), rather than the increased amount of laser energy required to treat all four quadrants. Correct modifier assignment when both sides are treated is -50.

d. E10.3293, 67105, 67145

Incorrect answer. The diabetic retinopathy is specified as severe nonproliferative, which is assigned to code E10.349.

The CPT coding is incorrect in this answer. Code 67040 includes the vitrectomy with panretinal laser treatment. Code 67105 is for repair of retinal detachment and 67145 is for prophylaxis of retinal detachment via photocoagulation. These procedures would not occur together.

5.76. H25.13, 66984-LT

Rationale: For the diagnosis, the Alphabetic Index main term is Cataract, nuclear, sclerosis, which directs users to entry Cataract, senile, nuclear. The Tabular List is referenced to assign fifth character 3 representing bilateral eyes.

The CPT code 66984 describes an extracapsular cataract removal. The insertion of the intraocular lens is included in the code. There is no documentation that this was a complex procedure. HCPCS level II modifier -LT is assigned to represent laterality.

5.77. ICD-10-CM Reason for Visit Code(s): G40.919

ICD-10-CM and CPT Code(s): G40.311, 95819

Rationale: For the reason for visit ICD-10-CM assignment, the Alphabetic Index main term is Disorder, seizure, intractable. For the primary diagnosis code, the Alphabetic Index main term is Epilepsy, epileptic, epilepsia with subterms generalized, idiopathic, intractable with status epilepticus.

The procedure code may be assigned by the chargemaster or may be assigned by the coding professional. CPT code 95819 is indexed using entry Electroencephalopathy, standard.

5.78. a. G12.21, 92265-50, 95861

Incorrect answer. A bilateral modifier is not appropriate for the eye muscle EMG because the code description states “one or both eyes.”

b. G12.29, 95868, 95861

Incorrect answer. The diagnosis code is incorrect because this is the code for primary lateral sclerosis. ALS is coded G12.21. The CPT code for the EMG of the eye muscles is 92265 and for the legs (two extremities) is 95861. No modifier is needed for reporting these procedures together because they are for separate sites.

c. G12.21, 95861, 92265

Correct answer. Amyotrophic lateral sclerosis is a synonym for Lou Gehrig’s disease. The

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Alphabetic Index main term is Sclerosis, sclerotic, subterm amyotrophic (lateral).

Access the CPT codes using index entry Electromyography, needle, extremities and Electromyography, needle, ocular.

d. G12.20, 95861

Incorrect answer. The diagnosis code is not specific to ALS. The correct CPT codes are 95861 for the bilateral extremity testing and 92265 for the eye muscle testing.

5.79. a. H44.002, 67036-LT, 66030-59-LT

Correct answer. For the diagnosis, the Alphabetic Index main term is Endophthalmitis. When reviewing subcategory H44.00, the code for the left eye is listed as H44.002.

The patient underwent a pars plana vitrectomy with injection of medications for endophthalmitis. The vitrectomy is coded with 67036-LT using index entry Vitrectomy, pars plana approach. An additional code for the injection may also be assigned with 66030 even though is designated as a separate procedure. The injection of antibiotics for the endophthalmitis is not an integral part of the vitrectomy. Modifier -59 is appended to 66030 to identify it as a distinct procedural service from the vitrectomy.

b. H44.19, 67036-LT, 66030-59-LT

Incorrect answer. The source documentation does not provide specificity of the type of endophthalmitis the patient had. The procedure codes are correct.

c. H44.002, 67036-RT

Incorrect answer. The diagnosis code is correct. The additional code for the injection is needed to completely identify the procedure performed. The procedure was performed on the left eye; therefore, the correct modifier is -LT.

d. T81.43XA, H44.002, 67036-LT, 66030-LT

Incorrect answer. Diagnosis code T81.43XA is coded when a postoperative infection is documented by the physician. The source document indicates the patient is status post a procedure; however, it does not link the current infection as a complication of that procedure. Also, modifier -59 is appended to code 66030 to identify it as a distinct procedural service from the vitrectomy.

Newborn/Congenital Disorders

5.80. Q54.9, 54304

Rationale: Hypospadias is a congenital condition reported with code Q54.9. The CPT code 54304 is the correct procedure to report because it is a first-stage procedure requiring transposition of the prepuce. This code is accessed using main term Hypospadias, repair, first stage.

5.81. a. Q69.0, 11200

Correct answer. For code Q69.0, the Alphabetic Index main term is Accessory with subterm fingers. CPT code 11200 is indexed via entry Removal, skin tags, codes 11200 and 12001. Code selection is based on the number of skin tags removed. Code 11200 is for the removal of up to 15 skin tags. The note present at the header indicates that the removal includes ligature strangulations. Additional reassurance that this is the correct code can be found when referencing other potential codes such as 26587, which provides an instructional note that states, “For excision of polydactylous digit, soft tissue only, use 11200.”

b. Q69.0, 28344-RT

Incorrect answer. CPT code 28344 describes the reconstruction of polydactylous toes. This procedure involved ligation of accessory fingers.

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c. Q69.2, 28899

Incorrect answer. The diagnosis specifies the accessory digits are of the fingers rather than the toes. The unlisted code 28899 is required only if the procedure involved more than soft tissue removal. In a two-week-old child, this likely is a very small lesion to remove. Code 11200 is used to report this service.

d. Q69.0, 26587

Incorrect answer. The procedure code listed is for procedures involving reconstruction of tissue and bone for extra digits found on the hand. Because there is no bone in this case, code 11200 is adequate to report the service. An instructional note is present directing the coding professional to use 11200 for excision of polydactylous digit, soft tissue only.

5.82. a. Q12.0, P00.2, 66984-50

Incorrect answer. Category P00 is used to report maternal conditions that affect the fetus or newborn. This was likely reported during the birth episode but is not a reason for health services at this time (evaluation and management are directed at the congenital cataract). Documentation supports the left eye and not bilateral; therefore, the correct HCPCS Level II modifier is -LT.

b. H26.012, 66984-LT

Incorrect answer. H26.012 describes an infantile and juvenile cortical, lamellar or zonular cataract. The Excludes1 note present at category H26 excludes this code with Q12.0 for congenital cataract. The documentation specifies this is a congenital cataract; therefore, only Q12.0 is assigned. The procedure code is correct.

c. Z38.00, P35.0, Q12.0

Incorrect answer. This is a subsequent episode of care for a seven-month-old, so Z38.00 is inappropriate. The documentation does not specify that the patient is under current treatment for congenital rubella (P35.0). CPT code 66984-LT should be reported for the procedure.

d. Q12.0, 66984-LT

Correct answer. For the diagnosis, the Alphabetic Index main term is Cataract, subterm congenital. CPT code 66984 is accessed using index entry Phacoemulsification, removal. HCPCS Level II modifier -LT is appended to this code to indicate the procedure occurred on the left side.

5.83. P83.5, K40.20, 49500-50

Rationale: For code P83.5, the Alphabetic Index main term is Hydrocele with subterm congenital. For code K40.20, the main term is Hernia with subterms inguinal, bilateral.

CPT code 49500 is accessed using main term Hernia repair, inguinal, initial, child under 5 years. Modifier -50 is appended to denote this procedure was performed on both sides. A separate code for the hydrocelectomy is not necessary as 49500 includes hernia repairs with or without hydrocelectomy.

Pediatric Conditions

5.84. ICD-10-CM Reason for Visit Code(s): Q36.9

ICD-10-CM and CPT Code(s): Q36.9, 40720

Rationale: For code Q36.9, the Alphabetic Index main term is Cleft, subterm lip. CPT code 40720 is accessed using main term Cleft lip, repair, secondary. The documentation specifies that this is a secondary correction of the cleft lip.

5.85. a. J35.02, J35.01, 42825, 42830

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Incorrect answer. The diagnosis codes are incorrect; there is a combination code available for the chronic adenoiditis and tonsillitis. A combination code should be used for the combination of the tonsillectomy and the adenoidectomy.

b. J35.02, J35.01, 42820, 42820

Incorrect answer. The diagnosis codes are incorrect; there is a combination code available for the chronic adenoiditis and tonsillitis. Code 42820 is used for a bilateral T&A.

c. J35.03, 42821

Incorrect answer. The diagnosis code is correct. The procedure codes for a T&A are age-dependent. This code would be used if the patient is 12 years of age or older. In this case the patient is 6 years old.

d. J35.03, 42820

Correct answer. There is a combination code for the chronic adenoiditis and tonsillitis that is found in the Index at the main term Adenoiditis (chronic), subterm with tonsillitis. The procedure code 42820 is accessed using index entry Tonsils, excision with adenoids, resulting in codes 42820–42821. Code 42820 is selected for younger than 12.

Emergency Room Service

5.86. ICD-10-CM Reason for Visit Code(s): R05, R50.9

ICD-10-CM Code(s): H10.33, J06.9

ICD-10-CM Rationale: The reason for visit was a cough and fever which are found in the Alphabetic Index at the main terms Cough and Fever, unspecified. For the final diagnosis of conjunctivitis, the Alphabetic Index main term is Conjunctivitis, acute. The coding professional completes the code using the Tabular List to assign fifth character 3 representing bilateral eyes. For the upper respiratory infection, the Alphabetic Index main term is Infection, subterm respiratory, upper NOS.

5.87. ICD-10-CM Reason for Visit Code(s): S06.9X9A, R56.9

For the loss of consciousness, the Alphabetic Index main term is Loss, subterm consciousness, traumatic, which directs the coding professional to see Injury, intracranial. The length of the loss of consciousness is not stated upon arrival, therefore sixth character 9 is used to represent unspecified duration. The seventh character A is assigned to indicate this is an initial encounter. For the seizure, the Alphabetic Index main term is Seizure.

ICD-10-CM Code(s): S02.119A, S06.0X9A, R56.9, R40.2422, S50.812A, R11.10, W09.2XXA, Y92.830, Y93.39, Y99.8

For the skull fracture, the Alphabetic Index main term is Fracture, traumatic, subterm occiput, which refers the coding professional to entry Fracture, traumatic, subterms, skull, base, occiput. The seventh character A is assigned to indicate this is an initial encounter. The Alphabetic Index main term is Concussion for code S06.0X9A. The Tabular List is reviewed to assign the appropriate sixth character representing the duration of the loss of consciousness. The seventh character A is assigned to indicate this is an initial encounter. The Alphabetic Index main term is Seizure for code R56.9. For reporting the Glasgow coma scale, the Alphabetic Index is Glasgow coma scale, subterms, total score, 9–12 with the seventh character of 2 needed to identify that the score was recorded from an ER examination. The abrasion is coded by accessing the Alphabetic Index main term Abrasion, subterm forearm. The vomiting is also coded by locating the main term Vomiting. The Tabular List is consulted to complete the code.

Four external cause codes are assigned to indicate how the injury happened (fall), the place of occurrence, activity, and status. For code W09.2XXA, the External Cause Index main term is Fall, subterms involving playground equipment, jungle gym, W09.2-. The External Cause Index main

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term is Place of occurrence, subterm park (public) for code Y92.830. The External Cause Index main term is Activity, subterm climbing NEC for code Y93.39. And finally, the status code is found in the External Cause Index at the main term External cause status, specified NEC.

5.88. ICD-10-CM, CPT, and HCPCS Level II Codes: J45.901, 94640, 94640-76, J7611

Rationale: Cough is integral to asthma and therefore not coded separately. For the asthma code, the Alphabetic Index main term is Asthma, subterm allergic extrinsic, with, exacerbation (acute).

The nebulizer treatments are coded as 94640 and 94640 with modifier -76 (non-pressurized inhalation treatment for acute airway obstruction). There is an instructional note under 94640 directing to append modifier -76 for more than one inhalation treatment on the same date. Refer also to *CPT Assistant*, April 2000, 11.

J7611 is reported for the 1 mg of Albuterol (concentrated). Note that the medication may be reported as a pharmacy charge in the chargemaster.

Conditions of Pregnancy, Childbirth, and the Puerperium

5.89. a. R73.09, Z33.1, 82951

Incorrect answer. Subcategory R73.0 includes an Excludes1 note indicating that abnormal glucose in pregnancy may not be assigned with R73.09. O99.810 is the correct code for the abnormal glucose in pregnancy. Z33.1 represents an incidental pregnancy that is not appropriate for this encounter. An additional diagnosis code is necessary to report the weeks of gestation, Z3A.26. Laboratory codes are typically coded by the chargemaster.

b. O99.810, Z3A.26, 82951

Correct answer. For the first diagnosis code, the Alphabetic Index main term is Pregnancy with subterms complicated by, abnormal, glucose (tolerance) NEC. The Tabular List is consulted to assign the appropriate sixth character 0 representing that the abnormal glucose is complicating the pregnancy. For code Z3A.26, the Alphabetic main term is Pregnancy, subterms weeks of gestation, 26 weeks. CPT 82951 is accessed using index entry Glucose, tolerance test. Laboratory codes are typically coded by the chargemaster.

c. O99.810, Z3A.26, 82950

Incorrect answer. The correct diagnosis codes are listed. CPT code 82951 is the appropriate code for this test, which involves obtaining three separate specimens for testing the glucose levels at one hour, two hours, and three hours after the patient drinks the glucose mixture. Laboratory codes are typically coded by the chargemaster.

d. O24.419, 82951, 82952

Incorrect answer. The documentation does not specify the patient has gestational diabetes but it is to be ruled out. The reason for the test is abnormal glucose, which is coded with O99.810 for this encounter. An additional diagnosis code is necessary to report the weeks of gestation, Z3A.26. Three specimens are included in code 82951. CPT code 82952 would only be reported if additional tests, beyond three, were performed. Laboratory codes are typically coded by the chargemaster.

5.90. N97.1, 58340, 74740

Rationale: For the diagnosis, the Alphabetic Index main term is Infertility, subterm female, associated with, fallopian tube disease or anomaly. Code 58340 is reported for the injection. This code is accessed using index entry Hysterosalpingography, injection procedure. Code 74740 is reported for the interpretation of the hysterosalpingogram, which is accessed using index entry Hysterosalpingography.

5.91. Z36, Z3A.16, 76805

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Rationale: Because the purpose of the test is antenatal screening, code Z36 is reported as the reason for the test. The Alphabetic Index main term is Encounter (for) with subterm antenatal screening. It is incorrect to assign Z33.1, incidental pregnancy, in this case. For code Z3A.16, the Alphabetic main term is Pregnancy, subterms weeks of gestation, 16 weeks. CPT code 76805 is accessed using index entry Prenatal testing, ultrasound.

5.92. a. O02.1, 58120

Incorrect answer. The abortion was specified as spontaneous incomplete rather than missed abortion. A weeks of gestation code should be assigned also, Z3A.10. Code 58120 is incorrect because this is the surgical completion of an incomplete abortion. The correct CPT code is 59812.

b. O03.4, Z3A.10, 59812

Correct answer. For code O03.4, the Alphabetic Index main term is Abortion, subterm incomplete. For code Z3A.10, the Alphabetic main term is Pregnancy, subterms weeks of gestation, 10 weeks. CPT code 59812 is accessed using index entry Abortion, incomplete.

c. O03.4, Z3A.10, 58120

Incorrect answer. The diagnosis codes are correct. The CPT code 58120 is used for a nonobstetric procedure. Because this procedure is done for treatment of an incomplete spontaneous abortion, code 59812 is reported.

d. O03.9, 59812

Incorrect answer. Code O03.9 describes a complete spontaneous abortion. Documentation indicates this was an incomplete spontaneous abortion. A weeks of gestation code should be assigned also, Z3A.10. The procedure code is correct.

Disorders of the Respiratory System

5.93. a. J44.1, J45.42

Correct answer. For code J44.1, the Alphabetic Index main term is Disease, subterms pulmonary, chronic obstructive, with exacerbation. An instructional note is present at 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. For code J45.42, the Alphabetic Index main term is Asthma, subterms moderate persistent, with status asthmaticus.

b. J44.1, J45.902

Incorrect answer. The type of asthma is specified as moderate persistent. The more specific code J45.42 is assigned.

c. J44.0, J45.42

Incorrect answer. Documentation indicates the presence of an acute exacerbation. There is not documentation of an acute lower respiratory infection such as acute bronchitis to assign J44.0.

d. J44.1

Incorrect answer. An additional code for the asthma is needed, J45.42. An instructional note is present at J44 directs 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

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"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.

5.94. C34.11, F17.210, 31625

Rationale: The site is specified as upper right lobe of bronchus. The hemoptysis and cough would be integral to the carcinoma. For the adenocarcinoma, the Alphabetic Index main term is Neoplasm with subterms bronchus, upper lobe. Assign the code from the Malignant Primary column. Category C34 provides a use additional code note to identify tobacco dependence. The Alphabetic Index entry main term Smoker directs to see Dependence, drug, nicotine. The type of tobacco used is specified as cigarettes in the scenario.

CPT code 31625 is accessed using index entry Bronchoscopy, biopsy.

5.95. ICD-10-CM Reason for Visit Code(s): Z43.0

ICD-10-CM and CPT Code(s): Z43.0, 31820

Rationale: For the diagnosis code, the Alphabetic Index main term is Attention (to), subterm, tracheostomy.

The documentation states that plastic repair was not required for the closure, so code 31820 is assigned. CPT code 31820 is accessed using index entry Tracheostomy, surgical closure, without plastic repair.

Trauma and Poisoning

5.96. T22.212D, T22.211D, X10.2XXD, 16025

Rationale: For the burn codes, the Alphabetic Index main term is Burn, subterms, forearm, left, second degree and Burn, subterms forearm, right second degree. The Index to External Causes main term Contact, subterms with, hot, fats. The seventh character D is assigned to indicate this is a subsequent encounter as the burn is still under treatment. The external cause code is to be reported for each encounter for which the burn is treated. An aftercare code from category Z48 is not assigned as they are not to be used for after care of injuries (CMS 2021a, I.C.21.c.7).

The CPT code is accessed using index entry Dressings, burns, resulting in codes 16020, 16025, and 16030.Code 16025 is selected as the size of the dressing changes was specified as medium in the documentation.

5.97. ICD-10-CM, CPT, and HCPCS Level II Code(s): T46.1X2A, 43753, 96365, 96366, 96375, J1610 × 20, J7060

Rationale: The Drug and Chemical Table is used to locate the drug Verapamil. The column Poisoning, Intentional, Self-harm is used. CPT code 43753 is found with index entry Lavage, stomach. Based upon the CPT hierarchy, the infusion of Glucagon HCl is the primary service (96365 and 96366). Although the IV push was performed first, it is secondary to an infusion service in the hierarchy and is reported with the add-on code 96375. The Glucagon HCl is J1610 for 20 units (10 mg push and 5 mg per hour over 2 hours) and D5W is J7060.

5.98. a. T17.498A, Y93.02, Y92.831, Y99.8, 31577

Correct answer. For the primary diagnosis code, the Alphabetic Index main term is Foreign body with subterms trachea, causing, injury NEC, specified type NEC. External cause codes are assigned for the activity, place of occurrence and status. In the Index to External Causes, the main term is Activity with subterm running In the Index to External Causes, the main term is Place of occurrence with subterm amusement park. In the Index to External Causes, the

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main term is External cause status, subterm, leisure activity.

CPT code 31577 is accessed using index entry Laryngoscopy, flexible, removal, foreign body.

b. T17.498D, Y93.02, Y92.831, Y99.8, 31511

Incorrect answer. The correct code for the foreign body aspiration is T17.498A. Seventh character A represents initial encounter. Code 31511 is for an indirect laryngoscopy rather than the fiberoptic type of scope indicated. Code 31577 is correct.

c. R09.89, Y93.02, Y92.831, Y99.8, 31530

Incorrect answer. An operative laryngoscopy requires anesthetic support not available in the ED. CPT code 31577 is the correct code for a fiberoptic scope with local anesthesia used. Also, when choking occurs from a foreign body lodged in the airway, the foreign body should be coded rather than the symptom code for choking sensation.

d. T17.398A, Y93.02, Y92.831, Y99.8, 31577

Incorrect answer. Code T17.498A is specific to the trachea, while code T17.398A is for a foreign body in the larynx. The procedure code is correct.

5.99. C34.90, J91.0, 32555, 32555-76

Rationale: For the lung cancer, the Alphabetic Index main term is found in the Neoplasm Table under Lung. The Alphabetic Index main term is Effusion, subterm pleura, malignant for code J91.0. There is an instructional note present at J91.0 directing to code first the underlying neoplasm.

The thoracentesis was repeated in the same day by the same physician. The CPT code is accessed using index entry Thoracentesis, with imaging guidance. Both thoracentesis procedures utilized imaging guidance therefore 32555 is assigned twice. Modifier -76 is reported on the second procedure to indicate a repeat procedure by the same surgeon on the same day.

5.100. ICD-10-CM Reason for Visit Code(s): S61.411A, S51.811A, S71.112A

ICD-10-CM and CPT Code(s): S61.411A, S51.811A, S71.112A, W01.118A, Y92.73, Y93.02, Y99.8, 12042, 12004

Rationale: When the sites of the open wounds are known, do not assign a code for multiple. Code the sites individually. The Alphabetic Index main term is Laceration, subterms, hand, right. The Alphabetic Index main term is Laceration, subterm forearm, right. The Alphabetic Index main term is Laceration, subterms, thigh. The Tabular List is consulted to assign the appropriate seventh character A for initial encounter. In the Index to External Causes, the main term is Fall, falling with subterms due to, slipping, with subsequent striking against object, specified NEC. In the Index to External Causes, the main term is Place of occurrence with subterm farm, field. In the Index to External Causes, the main term is Activity with subterm running. In the Index to External Causes, the main term is External Cause Status with subterm specified NEC.

The lengths of all three wounds are not added together. Only the lengths of wounds that are in the same repair category and anatomic site are added together. In this case, the forearm and thigh are both simple repairs, while the hand is an intermediate repair, which is separately reported. The lengths of the simple repairs of the forearm and the thigh are added since these two anatomic sites are grouped together in the simple repair codes. The total length of the simple repairs for the forearm and the thigh is 10 cm (4 cm simple repair of the forearm plus 6 cm simple repair of the thigh equals a 10 cm total length of simple repair). Therefore, the correct code for the simple repairs of the forearm and the thigh is 12004 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm). The intermediate repair of the hand is coded separately. The correct code for the 3 cm intermediate repair of the hand is 12042 (Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm). The intermediate repair is listed as the first procedure since it

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is the more resource-intensive procedure. Modifiers -LT and -RT are not used on skin repair codes.

5.101. a. T36.8X2A, T78.3XXA, R06.00, Y92.009

Incorrect answer. There is no evidence in the source document of an overdose of the medication; therefore, an ICD-10-CM code for poisoning is inappropriate.

b. T78.3XXA, R06.00, L27.0, T50.995A, Y92.009

Incorrect answer. Code T50.995A is for the adverse effect of a specified drug not elsewhere classified. Although there is not an entry for the brand name Bactrim in the Table of Drugs and Chemicals, the generic ingredients are listed. Bactrim is made of two antibiotics, sulfamethoxazole and trimethoprim.

c. T78.3XXA, R06.00, L27.0, T36.8X5A, Y92.009

Correct answer. The code for angioedema is found in the Alphabetic Index under main term Angioedema, with the seventh character of A for initial encounter. The Alphabetic Index main term is Distress, subterm respiratory. The Alphabetic Index main term is Rash, subterm drug. The Table of Drugs and Chemicals is used to select the adverse effect code for Bactrim. There is no entry for Bactrim, but Bactrim is made of two antibiotics, sulfamethoxazole and trimethoprim. There is an entry in the table for this combination. The code is selected from Adverse Effect. The Tabular List is reviewed to assign seventh character A indicating initial encounter. The nature of the adverse effect is sequenced first followed by an appropriate code for the adverse effect of the drug (CMS 2021a, 1.C.19.e.5.a.). The External Cause Index main term is Place of occurrence, subterms residence, home.

d. T78.3XXA, R06.00, L27.0, T37.0X5A, Y92.009

Incorrect answer. The incorrect diagnosis code is T37.0X5A. Bactrim is an antibiotic that contains a combination of sulfamethoxazole and trimethoprim. There is an entry in the Table of Drugs and Chemicals for this combination (T36.8X5A).

5.102. S62.621B, S66.321A, S63.631A, W31.2XXA, Y92.015, Y93.H9, Y99.8, 26418-F1, 26540-F1, 11012

Rationale: The Alphabetic Index main term is Fracture, traumatic with subterms finger, index, medial phalanx (displaced). The Tabular List is consulted to assign sixth character 1 representing the left side and seventh character B representing open fracture, initial encounter. The Alphabetic Index main term is Injury, subterms, muscle, finger, index, extensor, hand, laceration. The Alphabetic index main term is Laceration, subterm ligament, which directs to see Sprain. At the main term Sprain, subterms include finger, interphalangeal, index. The Tabular List is reviewed to assign sixth and seventh characters. In the Index to External Causes, the main term is Contact (accidental) with subterms with, circular saw. The Tabular List is reviewed to assign seventh character A indicating initial encounter. In the Index to External Causes, the main term is Activity with subterms maintenance, property. In the Index to External Causes, the main term is Place of occurrence with subterms residence, houses, single family, garage. In the Index to External Causes, the main term is External Cause Status with subterm specified NEC.

The source document reveals the patient had a compound fracture that was debrided down to the bone with extensor tendon and collateral ligament repair. To access the CPT procedure codes, the following index entries are used: Repair, finger, tendon, extensor; Ligament, collateral, repair, interphalangeal joint; and Debridement, bone, with open fracture and/or dislocation. Modifier -F1 representing the index finger is appended to 26418 and 26540.

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