Clinical Coding Workout: Practice Exercises for Skill Development

2022

Chapter 8

Exercise Answer Key

CHAPTER 8

Case Studies from Ambulatory Health Records

Unless otherwise stated, code set answers given in chapter 8 are ICD-10-CM, CPT, or HCPCS Level II.

Disorders of the Blood and Blood-Forming Organs

8.1. a. D57.1, R10.30, E11.9, I48.20, 99285

Incorrect answer. The sickle-cell anemia is in crisis, so D57.1 is not correct. It would not be necessary to code the inguinal pain because pain, fever, and so on are part of a sickle-cell crisis. The level is four for the E/M code per the documentation, so code 99285 is not correct. It is correct to add the x-ray codes.

b. D57.00, M87.051, 99284

Incorrect answer. The avascular necrosis was not confirmed, but only documented as "rule out." This would not be coded in the outpatient setting. The diabetes and chronic fibrillation should be coded. A modifier of -25 should be appended to the 99284 code.

c. D57.00, E11.9, I48.20, 73552, 73502

Incorrect answer. The emergency department service should be reported with 99284-25.

d. D57.00, E11.9, I48.20, 99284-25, 73552, 73502

Correct answer. The CMS website (http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html) states that modifier -25 should be appended to an evaluation and management code when reported with a significant procedure (status indicator S or T) on the same day of service.

The Alphabetic Index main term is Crisis, subterm sickle-cell. The diabetes is found under main term Diabetes, subterm Type 2. Main term Fibrillation, subterms atrial, chronic gives code I48.20.

8.2. a. C78.7, D63.0, Z85.3

Correct answer. The code for the current liver metastasis is assigned as the principal diagnosis according to Coding Guideline I.C.2.I.2 (CMS 2021a). Access the Neoplasm Table and go to the subterm liver and select a code from the Malignant Secondary column since the liver is a metastatic site. The Alphabetic Index main term is Anemia with subterms in (due to) (with) neoplastic disease and get code D63.0. The Alphabetic Index main term is History with subterms personal (of) malignant neoplasm, breast.

b. D63.0, C78.7, Z85.3

Incorrect answer. The code for the current liver metastasis is assigned as the principal diagnosis according to Coding Guideline I.C.2.I.2 (CMS 2021a). Access the Neoplasm Table

and go to the subterm liver and select a code from the Malignant Secondary column since the liver is a metastatic site. The Alphabetic Index main term is Anemia with subterms in (due to), neoplastic disease to get code D63.0. The Alphabetic Index main term is History with subterms personal (of) malignant neoplasm, breast.

c. C78.7, D63.0

Incorrect answer. A code should also be assigned for the history of the breast carcinoma.

d. D63.0, C78.7, C50.411

Incorrect answer. The code for the current liver metastasis is assigned as the principal diagnosis according to Coding Guideline I.C.2.I.2 (CMS 2021a). The patient has a history of breast cancer; therefore, C50.411 is incorrect.

8.3. a. N39.0, E86.0, I50.32, D69.59, E10.9

Incorrect answer. The thrombocytopenia was specified as primary, so code D69.59 is not the best choice.

b. N39.0, E86.0, I50.32, J90, D69.59, E10.9

Incorrect answer. Pleural effusion is not separately coded when present with CHF. The thrombocytopenia was specified as primary, so code D69.59 is not the best choice.

c. N39.0, E86.0, I50.32, D69.49, E10.9

Correct answer. The Alphabetic Index main term is Infection, subterm urinary (tract). The dehydration is found under main term Dehydration. The chronic diastolic CHF is found under main term Failure, subterm heart, diastolic, chronic. Main term Thrombocytopenia, subterm primary gives code D69.49. The diabetes mellitus is coded by finding main term Diabetes, subterm type 1.

d. N39.0, E86.0, I50.32, J90, D69.49, R23.3, E10.9

Incorrect answer. Pleural effusion is not separately coded when present with CHF. The petechia is not coded. It is part of the thrombocytopenia. There is an excludes note present at R23.3 specifying that the petechia code is not to be assigned with codes from category D69.

8.4. a. D50.0, E11.9, I25.10, Z95.1, Z82.49, Z79.84, 36430, P9051-BL, (3 units), P9051-BL (3 units)

Correct answer. The Alphabetic Index main term is Anemia with subterm blood loss. Main term is Diabetes with subterm Type 2. Main term is Arteriosclerosis with subterm coronary (artery). Main term is Status (post) with subterm aortocoronary bypass. Main term is History with subterms family (of), disease or disorder (of), cardiovascular (NEC). Main term is Long-term drug therapy, oral hypoglycemic. Per CMS, whenever an OPPS provider reports a charge for blood or blood products using Revenue Code 038X, the OPPS provider must also report a charge for processing and storage services on a separate line using Revenue Code 0390 or 0399. Further, the same LIDOS, the same number of units, the same HCPCS code, and HCPCS modifier BL must be reported on *both* lines.

b. D64.9, R53.1, 36430, P9051-BL (3 units), P9051-BL (3 units)

Incorrect answer. The anemia is specified as severe blood loss anemia, so code D64.9 is not the correct answer. Indexing Anemia, blood loss (chronic) results in code D50.0. It is not correct to code the weakness because it is a symptom of the more definitive diagnosis of anemia. The additional diagnoses of diabetes, ASHD, status post bypass, and family history of cardiovascular disease may be coded because they were treated and/or are applicable to the case.

c. D50.0, K92.2, I25.10, Z95.1, Z82.49, 36430

Incorrect answer. It is not correct to assume that the patient has GI bleeding, and the physician should be asked to add occult blood as a final diagnosis, if appropriate, which is coded to R19.5. The HCPCS Level II code with the number of units should also be added to account for the purchase of the packed cells from the blood bank.

d. D64.9, E11.9, R19.5, I25.10, Z95.1, Z82.49, Z79.84, P9051 (3 units)

Incorrect answer. The anemia is specified as severe blood loss anemia, so code D64.9 is not the correct answer. The transfusion administration code must be assigned with a CPT code in order for the APC to be generated. The physician should be asked to add occult blood as a final diagnosis, if appropriate.

Disorders of the Cardiovascular System

8.5. a. R07.9, R03.1, 93015

Incorrect answer. The patient's presenting symptom was arm pain, not chest pain, so code M79.602 is the primary diagnosis. The physician documents that the patient has hypotension, I95.9, rather than R03.1, nonspecific low blood pressure reading. The hospital is providing only the technical component of the test, so code 93015 is inappropriate. Code 93017 is correct.

b. M79.602, R03.1, 93015

Incorrect answer. The physician documents that the patient has hypotension, I95.9, rather than R03.1, nonspecific low blood pressure reading. The hospital is providing only the technical component of the test, so code 93015 is inappropriate. Code 93017 is correct.

c. I25.9, I95.81, 93017

Incorrect answer. The procedure code is correct, but the diagnosis codes are not. The patient's presenting symptom was arm pain, not chest pain, indicating ischemic heart disease, so code M79.602 is the primary diagnosis. Although it appears that the hypotension may have been postprocedural (induced by the stress test), physician query would be required. Code I95.9 is more appropriate for this documentation.

d. M79.602, I95.9, 93017

Correct answer. The Alphabetic Index main term is Pain, subterm limb, upper. The code is completed using the Tabular List. The Alphabetic Index main term is Hypotension. Code 93017 is located in the index, main term stress, subterm cardiovascular, code range 93015–93024. Code is selected for tracing and report.

8.6. a. I13.2, 36830

Incorrect answer. Additional codes are reported to specify the type of heart failure, in this case, congestive (I50.9), and stage of chronic kidney disease (N18.6). A Gore-Tex graft was required, and direct connection was not possible; code 36830 is the correct CPT code.

b. I13.2, N18.6, I50.9, 36830

Correct answer. The Alphabetic Index main term is Hypertension with subterms cardiorenal, with heart failure, with stage 5 or end stage renal disease. There are two notes to "Use additional code to identify type of heart failure (I50-)" and "Use additional code to identify the stage of chronic kidney disease (N18.5; N18.6)." A Gore-Tex graft was required, and direct connection was not possible; code 36830 is the correct CPT code.

c. N18.6, I50.9, I10, 36821

Incorrect answer. There is a combination code for the hypertensive heart and chronic kidney disease with heart failure. Code 36821 is incorrect because a Gore-Tex graft was required.

Because direct connection was not possible, code 36830 is the correct CPT code.

d. I13.2, 36821

Incorrect answer. Additional codes are reported to specify the type of heart failure, in this case, congestive (I50.9), and stage of chronic kidney disease (N18.6). A Gore-Tex graft was required and direct connection was not possible; code 36830 is the correct CPT code.

8.7. a. I25.119, Z95.1, 93461

Correct answer. The Alphabetic Index main term is Arteriosclerosis, subterm coronary, native vessel, with angina pectoris. The patient has a history of CABG. The main term is Presence, subterm aortocoronary (bypass) graft. Code 93461 is located via the index main term angiography, subterm heart, coronary artery.

b. I25.119, I25.719, 93453, 93460

Incorrect answer. The documentation states that the vein grafts are patent; therefore I25.719 should not be assigned. Since the patient is post CABG a code for status CABG should also be assigned (Z95.1). Code 93460 should not be used because the CPT code book directs the coding professional to not report this code along with 93453, which is also incorrect because the catheterization was of bypass graft sites.

c. I25.119, Z95.1, 93453, 93462

Incorrect answer. The diagnosis codes are correct, but the imaging CPT codes have been omitted. The catheterization was not done by transseptal puncture; therefore 93462 is incorrect.

d. I25.119, 93461

Incorrect answer. Since the patient is post CABG a code for status CABG should also be assigned (Z95.1).

8.8. C18.9; D63.0; E11.9, E78.00, I10, M32.9, Z59.0, 99202

Rationale: Coding Guideline I.C.2.c.1 notes that when the admission or encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by the appropriate code for the anemia (such as code D63.0, Anemia in neoplastic disease) (CMS 2021a). For patients with chronic diseases treated on an ongoing basis, the condition(s) may be coded and reported as many times as the patient receives treatment and care for the condition(s) (CMS 2021a I.A.IV.I). CPT Code 99202 identifies an office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making.

8.9. a. 32110-CA

Incorrect answer. Open heart massage should be reported as 32160-CA.

b. 32110, 32160

Incorrect answer. The CPT codes are correct, but to obtain payment from Medicare for procedures listed on the inpatient list when the patient dies prior to being admitted, modifier -CA must be applied to each code. See *Coding Clinic for HCPCS* (First Quarter 2003, 10) and *Coding Clinic for HCPCS* (Fourth Quarter 2005,11) for a complete discussion of the -CA modifier.

c. 32160-CA

Incorrect answer. The thoracotomy for control of traumatic hemorrhage should be coded with

32110-CA.

d. 32110-CA, 32160-CA

Correct answer. Code 32110 is found in the index main term thoracotomy, hemorrhage. Code 32160 is found in the index main term massage, cardiac.

8.10. a. D69.3, D64.9, G93.41, I13.0, I50.32, N18.9, N17.9

Correct answer. The principal diagnosis should be thrombotic thrombocytopenic purpura (TTP). Assign codes from combination category I13, Hypertensive heart and chronic kidney disease, when there is hypertension with both heart and kidney involvement (CMS 2021a, II.C.9.a.3). If heart failure is present, assign an additional code from category I50 to identify the type of heart failure. If a patient has hypertension, heart disease, and chronic kidney disease, then a code from I13 should be used, not individual codes for hypertension, heart disease, and chronic kidney disease, or codes from I11 or I12. For patients with both acute renal failure and chronic kidney disease, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter. 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(s) (CMS 2021a I.A.IV.I).

b. D69.3, D64.9, G93.41, I11.0, I50.32, N18.9, N17.9

Incorrect answer. If a patient has hypertension, heart disease, and chronic kidney disease, then a code from I13 should be used, not individual codes for hypertension, heart disease, and chronic kidney disease, or codes from I11 or I12. For patients with both acute renal failure and chronic kidney disease, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter.

c. D69.3, D64.9, G93.41, I12.0, I50.32, N18.9, N17.9

Incorrect answer. If a patient has hypertension, heart disease, and chronic kidney disease, then a code from I13 should be used, not individual codes for hypertension, heart disease, and chronic kidney disease, or codes from I11 or I12. For patients with both acute renal failure and chronic kidney disease, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter.

d. D69.3, D64.9, G93.41, I13.0, I50.32

Incorrect answer. For patients with both acute renal failure and chronic kidney disease, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter.

8.11. a. I67.1, 36100, 61623, 75894

Incorrect answer. The diagnosis code is for the intracranial internal carotid. The correct code is I72.0. Per the note in the CPT code book directly under 61623, selective catheterization and angiography of arteries can only be assigned if it is of an artery other than the one being occluded.

b. I72.0, 36620

Incorrect answer. The correct CPT code is 61623 for a temporary balloon placement for the occlusion. If this was a Medicare patient, an additional HCPCS code of C2628 would also be assigned.

c. I72.0, 61624

Incorrect answer. Code 61624 is for permanent occlusion. In this case the correct CPT code is 61623 for a temporary balloon placement for the occlusion. If this was a Medicare patient, an additional HCPCS code of C2628 would also be assigned.

d. I72.0, 61623

Correct answer. The Alphabetic Index main term is Aneurysm, subterm carotid (artery) (common) (external), internal, extracranial portion. The correct CPT code for this procedure is 61623 for a temporary balloon placement for the occlusion. If this was a Medicare patient, an additional HCPCS code of C2628 would also be assigned.

8.12. ICD-10-CM First-Listed Diagnosis: I25.10

ICD-10-CM Additional Diagnoses: T82.855A, E78.5, Z86.73, Z95.5, Y83.1, Y92.234

CPT Code(s): 92928-RC, 93458-XU

Rationale: The Alphabetic Index main term is Arteriosclerosis, arteriosclerotic with subterms coronary (artery), native vessel. Main term is Restenosis, stent, vascular, in stent, coronary vessel. The main term is Hyperlipidemia. The main term is History, personal, transient ischemic attack. Another main term is Status (post) with subterms angioplasty, coronary artery. External cause main term is complication of implant, artificial, internal device. External cause main term is Place of occurrence, hospital, operating room. Since a diagnostic cardiac catheterization with injections and imaging was performed prior to the stent placement, it is necessary to code the diagnostic procedures in addition to the stent. Infusion codes integral to surgery/anesthesia would not be reported separately; however, if an infusion provided to a patient is not routinely part of the procedure, then an appropriate infusion code with modifier -XU may be added to show that it was a separate procedure. The HCPCS Level II C-code for the stent device is also reported and is not included in this example.

8.13. a. I46.9, R23.0, 92950, 92960, 99291

Incorrect answer. Cyanosis would not be coded separately. This is integral to the cardiac arrest. Additional code for the epinephrine would be assigned through the chargemaster. There is no code to report defibrillation as a separate procedure according to *CPT Assistant* November 2000, pages 9 and 12.

b. I46.9, 92950, 99291

Correct answer. The Alphabetic Index main term is Arrest, subterm cardiac. An additional code for the epinephrine would be assigned through the chargemaster.

c. I46.9, R23.0, 92950, 92960, 99291

Incorrect answer. The cyanosis is not coded separately. Also, the J codes for the epi should be coded via the chargemaster. There is no code to report defibrillation as a separate procedure as per *CPT Assistant* November 2000, pages 9 and 12.

d. I46.9, 99291

Incorrect answer. The CPR should be coded. It is not included in the critical care code 99291. An additional code for the epinephrine would be assigned through the chargemaster.

Disorders of the Digestive System

8.14. a. K80.50, 43262, 43273

Incorrect answer. The documentation states that the Choledocholithiasis is associated with obstruction, and therefore K80.51 is the correct code. CPT code 43264 is required to describe the stone extraction. Assignment of CPT code 74330 may be necessary if radiology procedures are not assigned via the chargemaster.

b. K80.50, 43262, 43264

Incorrect answer. The documentation states that the Choledocholithiasis is associated with obstruction, and therefore K80.51 is the correct code. CPT code 43273 is also required to describe the endoscopic visualization of the common bile duct. Assignment of CPT code 74330 may be necessary if radiology procedures are not assigned via the chargemaster.

c. K80.51, 43262, 43264, 43273

Correct answer. The Alphabetic Index main term is Calculus with subterms bile duct, with, obstruction. Assignment of CPT code 74330 may be necessary if radiology procedures are not assigned via the chargemaster.

d. K80.51, 43262

Incorrect answer. CPT code 43264 is required to describe the stone extraction. CPT code 43273 is also required to describe the endoscopic visualization of the common bile duct. Assignment of CPT code 74330 may be necessary if radiology procedures are not assigned via the chargemaster.

8.15. a. K40.90, Z85.048, 49520-LT

Incorrect answer. The hernia is documented as recurrent; therefore, K40.91 is the correct code. Missing a code for the spermatocele N43.41 and excision 54840.

b. K40.91, N43.41, Z85.048, 49520-LT, 54840

Correct answer. The spermatocele and excision were noted in the body of the operative report. The Z85.048 is for a history of colon cancer. An additional code of Z90.49 could be used to identify the acquired absence of the digestive organ (colorectal resection).

c. K40.91, Z85.048, 49505-LT

Incorrect answer. The hernia was documented at recurrent; therefore, 49520-LT should be assigned. The body of the report indicates a spermatocele was found and excised. It would be reported with N43.41 and CPT code 54840. The Z85.048 is for a history of colon cancer.

d. K40.91, Z85.048, 49520-LT

Incorrect answer. Missing ICD-10-CM code for the spermatocele, N43.41 and the CPT code 54850 for the excision.

8.16. a. K92.0, K44.9, 43281

Incorrect answer. The cause of the hematemesis was determined by previous endoscopy to be the paraesophageal hernia. Therefore, the hematemesis is not coded. The hernia repair took place with the implantation of mesh, described in CPT code 43282. In addition, the code for DNR status, Z66, should be added to the case.

b. K44.9, 49652

Incorrect answer. CPT code 49652 describes laparoscopic repair of a variety of hernias but not a paraesophageal hernia. Code 43282 correctly describes the repair of this hernia with the implantation of mesh. In addition, the code for DNR status, Z66, should be added to the case.

c. K44.9, Z66, 43282

Correct answer. The Alphabetic Index main term is Hernia with subterm paraesophageal. The code for DNR status, Z66, should be added to the case.

d. K92.0, K44.9, Z66 43659

Incorrect answer. The cause of the hematemesis was determined by previous endoscopy to be the paraesophageal hernia. Therefore, the hematemesis is not coded. CPT code 43282 describes the repair of the paraesophageal hernia with implantation of mesh. In the past, coding of this procedure did require the use of an unlisted code. The code for DNR status,

Z66, should be added to the case.

8.17. a. D12.4, D12.3, D12.8, K57.30, 45385, 45384-XS, 45380-XS

Correct answer. The Alphabetic Index main term is Polyp, subterm colon, descending (D12.4), and transverse (D12.3). The Alphabetic Index main term Polyp, rectum, adenomatous provides a cross reference to see Polyp, adenomatous, the main term then directs the coding professional to the neoplasm table selecting a code for the rectum from the benign column (D12.8). The diverticulosis is found at main term Diverticulosis, subterm large intestine. For the correct assignment of the CPT code reference CPT Assistant, July 2004, 15 and January 2004, 5–7.

b. D12.4, D12.3. D12.8, 45384

Incorrect answer. A diagnosis code for the diverticulosis (K57.30) is also assigned. Each procedure performed by a separate technique is reported in CPT. Code 45384 is reported for the polyp removal via cautery of the descending colon. Code 45385 is reported for the polyp removal via snare in the rectum. Code 45380 is reported for the biopsy of the transverse colon. Modifier -XS is applied to the subsequent CPT codes to indicate that different techniques were used for multiple lesions.

c. D12.4, D12.3, D12.8, 45385, 45384-XS, 45380-XS

Incorrect answer. The diverticulosis code, K57.30, was omitted from this list.

d. R19.5, D12.4, D12.3, K57.30, 45385, 45384

Incorrect answer. Code R19.5 is not reported when the etiology (polyps) is known. Code D12.8 should be assigned for the adenomatous polyp from the rectum. Also, modifier -XS should be added to all subsequent CPT codes to show that they are distinct from each other due to separate sites and techniques involved. CPT code 45380-XS is needed to report the biopsy of the lesion mentioned. When a biopsy and a polypectomy are not of the same location, they may be separately reported.

8.18. a. K40.21, N39.0, 49651-50, J0290 × 2

Correct answer. The Alphabetic Index main term is Hernia with subterms inguinal, bilateral, recurrent. N39.0 is coded for the pyuria as it was noted and treated. The Alphabetic Index main term Pyuria, which directs the coding professional to N39.0; “possible” UTI, was not used for code selection. Modifier 50 used to indicate bilateral procedure. A code for the IM injection of the ampicillin, 96372-XU would be assigned if not coded by the chargemaster.

b. K40.21, 49650-50, 49568

Incorrect answer. A code for the pyuria would be assigned, N39.0. Code 49650 is assigned for initial hernia repair. Code 49568, insertion of mesh, is not recorded with codes representing inguinal herniorrhaphy. The J code for the ampicillin should be reported. A code for the IM injection of the ampicillin, 96372-XU would be assigned if not coded by the chargemaster.

c. K40.21, 49650, 49651

Incorrect answer. Pyuria would be assigned N39.0. The J code for the ampicillin should be reported. A code for the IM injection of the ampicillin, 96372-XU would be assigned if not coded by the chargemaster.

d. K40.21, 49650, 49651, J0290 × 2

Incorrect answer. N39.0 would be coded for the pyuria. The procedure performed was for bilateral recurrent inguinal hernias. 49651-50 would be the correct CPT code. A code for the

IM injection of the ampicillin, 96372-XS would be assigned if not coded by the chargemaster.

8.19. a. E86.0, D44.3, D13.6, K76.9, E83.52, K52.9, E87.6, E83.42, N91.2

Correct answer. The patient presented and was treated for dehydration. In the Alphabetic Index the main term is dehydration. The Alphabetic Index main term is Adenoma, subterm endocrine, single specified—see neoplasm, uncertain behavior by site. The code for the pancreas is found under Pancreas, tail, benign. Liver lesions, not metastasis, are coded since the metastasis is not confirmed. Main term Lesion, liver directs the coding professional to K76.9. The Alphabetic Index main term for hypercalcemia is Hypercalcemia. The Alphabetic Index main term is Diarrhea, subterm chronic. The Alphabetic Index main term is Hypokalemia. The Alphabetic Index main term is Hypomagnesemia. The Alphabetic Index main term is Amenorrhea.

b. D13.6. D35.2. C78.7, E83.52, E86.0, K52.9, E87.6, E83.42, N91.2

Incorrect answer. Code D13.6 is correct for the adenoma of the pancreas. Review of the Alphabetic Index reveals that adenomas of pancreas are coded as benign. D35.2 is incorrect because the Alphabetic Index indicates that an adenoma of a single endocrine site (pituitary gland) is coded to uncertain behavior for that site. In addition, the lesions in the liver are not yet confirmed as metastatic neoplasms, so code K76.9 is used rather than C78.7 in the outpatient setting.

c. D44.3, D13.6, C78.7, E83.52, E86.0, K52.9, E87.6, E83.42, N91.2

Incorrect answer. The lesions in the liver are not yet confirmed as metastatic neoplasms, so code K76.9 is used rather than C78.7 in the outpatient setting.

d. D44.3, D13.6, E34.0, E83.52, E86.0, K52.9, E87.6, E83.42, N91.2

Incorrect answer. The carcinoid syndrome is documented as “probable” at this point and has not been confirmed. Outpatient coding guidelines direct not to code probable diagnoses as if confirmed. Code E34.0 is not reported until the MEN-1 has been confirmed. The lesions in the liver are not yet confirmed as metastatic neoplasms; therefore, code K76.9 is used rather than C78.7 in the outpatient setting.

8.20. a. C34.11, 96413, 96415, 96417, 96374

Incorrect answer. The patient was admitted for chemotherapy. Code Z51.11 should be reported as the principal diagnosis (CMS 2017a, I.C.2.e.2). CPT codes are correct with the exception of 96415 it should be appended with × 4 for the 3 additional hours of taxol and the one additional hour for the sequential infusion of carboplatin.

b. Z51.11, 96413, 96417, 96374

Incorrect answer. The reason for the chemotherapy, lung cancer, should also be coded. Missing the CPT code for each additional hour of the taxol and carboplatin.

c. Z51.11, C34.11, 96413, 96415 × 4, 96417, 96374

Correct answer. The Alphabetic Index main term is Encounter (for) with subterm chemotherapy for neoplasm. In the Neoplasm Table, the subterm is lung, upper lobe and a code is chosen from the Malignant Primary column.

d. C34.11, 96365, 96366 × 4, 96367, 96374

Incorrect answer. The patient was admitted for chemotherapy. Code Z51.11 should be reported as the principal diagnosis per Coding Guideline I.C.2.e.2 (CMS 2021a). CPT codes 96365, 96366, and 96367 are for Therapeutic, Prophylactic, and Diagnostic infusions. Chemotherapy administration CPT codes are 96401-96549.

Disorders of the Genitourinary System

8.21. a. N18.6, I10, 36830

Incorrect answer. There is a combination diagnosis code for chronic kidney disease associated with hypertension in code I12.0. ICD-10-CM presumes a cause-and-effect relationship (CMS 2021a, I.C.9.a.2). An additional code of Z99.2 should also be assigned for the dependence on renal dialysis. An additional procedure code is required for the replacement of the centrally inserted central venous access device (CPT code 36581).

b. I12.0, 36825,

Incorrect answer. An additional diagnosis code is reported to identify the stage of chronic kidney disease requiring dialysis (N18.6). An additional procedure code is required for the replacement of the centrally inserted central venous access device (CPT code 36581). 36825 is also incorrect because a nonautogenous graft was used.

c. I12.0, N18.5, Z99.2, 36830, 36581

Incorrect answer. Stage V chronic kidney disease requiring chronic dialysis is reported with code N18.6.

d. I12.0, N18.6, Z99.2 36830, 36581

Correct answer. The Alphabetic Index main term is Hypertension, subterm kidney, with, stage 5 CKD or ESRD. The coding professional is reminded to use an additional code for the CKD (N18.5, N18.6). The correct code is N18.6 due to the Excludes1 note under N18.5 that states CKD stage 5 requiring chronic dialysis (N18.6).

The replacement of the Quinton catheter is reported with code 36581 because it is a venous catheter. The new replacement code includes the removal and the insertion of the new catheter.

8.22. a. C67.9, R31.29, 52000, 52235

Incorrect answer. The hematuria should not be coded since it is documented as being due to the bladder cancer.

b. D09.0, R31.21, 52214

Incorrect answer. A papillary transitional cell carcinoma is a malignant carcinoma. Code 52214 does not report the removal of the medium size bladder tumor. The hematuria should not be coded since it is documented as being due to the bladder cancer.

c. C67.9, R31.21, 52235

Incorrect answer. The hematuria should not be coded since it is documented as being due to the bladder cancer.

d. C67.9, 52235

Correct answer. In the Neoplasm Table, the subterm is bladder—use a code from the Malignant Primary column. The hematuria should not be coded since it is documented as being due to the bladder cancer.

8.23. a. N92.0, N72, 58558

Correct answer. The Alphabetic Index main term is Menorrhagia. The Alphabetic Index main term is Erosions, subterm cervix, with cervicitis.

b. N92.0, 58558

Incorrect answer. The documentation also indicates that the patient has cervicitis with cervical erosions (N72).

c. N92.0, N72, 58100, 58120

Incorrect answer. A combination code is available in CPT for an endometrial biopsy, D&C, and hysteroscopy examination in code 58558. To report separate codes for the components of the procedure would constitute unbundling.

d. N72, N92.0, 58558

Incorrect answer. The focus of the procedure was to investigate and/or treat the menorrhagia therefore it should be listed first.

8.24. a. Z43.6, Z90.6, Z85.51, 50690, 74425

Correct answer. The Alphabetic Index main term is Attention (to) with subterms artificial, opening (of), ureterostomy. The Alphabetic Index main term is Absence (of) with subterm bladder (acquired). The main term is History with subterms personal (of), malignant neoplasm, bladder.

b. Z43.2, Z85.51, 74425

Incorrect answer. An ileal conduit is an artificial opening for the urinary tract, not the digestive tract, although the urine is diverted into an isolated segment of the ileum following cystectomy (bladder removal). Code 50690 is required for injection of the contrast material. Diagnosis code Z90.6 can be added to reflect the acquired absence of the bladder.

c. N32.89, C67.9, 74425

Incorrect answer. The reason for the test was to check on the patency of the ileal conduit. ICD-10-CM provides Z codes for attention to artificial openings. Because an ileal conduit is an artificial opening for the urinary tract, code Z43.6 is reported along with code Z90.6 to reflect the acquired absence of the bladder. Code C67.9 presumes that the patient still has the disease. When the malignancy has been eradicated, a Z code for “personal history of malignancy” should be assigned: in this case, Z85.51. Code 50690 is required for injection of the contrast material, in addition to the radiology code, which can be assigned by the hospital chargemaster.

d. Contact the ordering physician to obtain a diagnosis before coding this encounter.

Incorrect answer. If the indication for the test was to check for patency of the conduit, then the code for attention to artificial opening can be assigned. If there were any other results documented following the test, then they could be coded as well. Diagnosis codes Z43.6, Z90.6, and Z85.51 would be appropriate in this case, based upon the information available.

8.25. a. D06.9, 57420

Incorrect answer. CIN I is not considered a malignant condition as code D06.9 implies. A colposcopy was not performed.

b. N87.9, 56449, 57513

Incorrect answer. Code N87.9 does not demonstrate that the condition is a grade I CIN. A diagnosis code for the Bartholin’s cyst, N75.0, should also be assigned. Code 56449 is for a Marsupialization of a Bartholin’s gland cyst not an I&D.

c. N87.0, 57420, 57513

Incorrect answer. A diagnosis code for the Bartholin’s cyst, N75.0, should also be assigned. Code 57513 is the correct code for the laser ablation of the cervix. A colposcopy was not done.

d. N87.0, N75.0, 57513, 56420

Correct answer. The Alphabetic Index main term is Neoplasia, intraepithelial, cervix, grade 1. The Alphabetic Index main term is Cyst, Bartholin's gland.

Infectious Diseases/Disorders of the Skin and Subcutaneous Tissue

8.26. a. A60.00, R17, R94.5, B20, 99284

Incorrect answer. Documentation of lesions of both the penis and the scrotum is present, so codes A60.01 and A60.02 should be reported. Febrile jaundice is assigned code B15.9, so this is appropriate to report because the physician has used "suspected" with the hepatitis. Testing positive for HIV is not assigned to category B20 without confirmation of symptoms and infection. R75 is the appropriate code at this stage. Additional codes should be assigned for the opiate dependence and the lifestyle risks because they are clearly delineated by the attending physician and affect the management of the patient.

b. A60.00, K75.9, R75, F11.20, Z72.89, 99214

Incorrect answer. Two codes from the A60 category should be used to show that both the penis and the scrotum were involved with the herpes outbreak. Code K75.9 is for noninfective hepatitis, but the documentation states that the patient had experienced febrile jaundice with "suspected" hepatitis. Code B15.9 should be used to report the febrile jaundice. Code R94.5 should also be added because the type of hepatitis is not confirmed.

Code Z72.51 is more specific than code Z72.89. Because the drug dependence is already coded, the Z code indicates the high-risk sexual behavior. Type A provider-based emergency room visits are reported with codes from the range 99281–99285, so code 99214 is not appropriate. This code would be used for a facility clinic visit.

c. A60.01, A60.02, R94.5, R75, F11.20, Z72.51, 99284

Correct answer. The use of two codes from the A60 category shows that both the penis and the scrotum were involved with the herpes outbreak. Hepatitis is not coded because it is not confirmed; instead, the symptoms are coded (febrile jaundice and abnormal liver function tests). The Alphabetic Index main term is Herpes, herpes virus, herpetic with subterms penis and scrotum. The Alphabetic Index main term is Abnormal, abnormality, abnormalities with subterms function studies, liver. Another main term is HIV with subterm nonconclusive. The Alphabetic Index main term is Jaundice with subterm febrile. The Alphabetic Index main term is Dependence with subterms drug, heroin, which provides a cross reference to see Dependence, drug, opioid. Another main term is Problem with subterms life-style, high-risk sexual behavior.

d. B20, F11.20, B15.9, 99291

Incorrect answer. No diagnosis of HIV has been made, based upon the documentation present. If additional information was available, or symptoms of HIV could be confirmed, then the B20 code could be used. When a patient is HIV seropositive, the correct code to report is R75. The patient does have HSV-2, or genital herpes, which is reported with A60.01 and A60.02. These are reported in the first position because they were the reason that the patient sought care. The code for febrile jaundice is correct, but the additional code R94.5 should also be reported because the type of hepatitis is not confirmed. A Z72.51 code may be added for the high-risk sexual behavior, and code F11.20 is justified because the heroin dependence affected the management and treatment plans of the patient. Code 99291 should not be

reported without additional documentation because critical care requirements were not met. An emergency department visit code, 99284, is the appropriate code to report.

8.27. a. T81.89XA, K95.89, Y83.8, 15100

Incorrect answer. The CPT code for the preparation of the recipient site is reported as code 15002 and is reported in addition to the grafting code.

b. T81.89XA, K95.89, 15002, 15100

Incorrect answer. The primary procedure 15100 should be listed before the preparation in sequence to reflect the most resource-intensive procedure. An external cause code to report the surgical procedure as a cause of abnormal reaction in a patient may be added when consistent with regulatory or hospital policy.

c. T81.89XA, K95.89, Y83.8, 15100, 15002

Correct answer. The Alphabetic Index main term is Complication, subterm bariatric procedure, specified procedure. There is an instructional note under T81.89- to use an additional code for the type of complication. The Alphabetic index main term complication, subterm bariatric procedure, specified procedure (NEC), K95.89. Use the Index to External Cause to find main term Complication, subterm surgical operation, specified.

d. K95.89, T81.89XA, E66.01, 15200

Incorrect answer. A code for morbid obesity (E66.01) is not warranted because the patient may no longer be overweight. The code reported for the procedure is for a full-thickness graft, and this is a split-thickness graft procedure. Use of full-thickness grafts is generally reserved for the face and other cosmetically sensitive areas. Codes 15100 and 15002 are appropriate. An external cause code to report the surgical procedure as a cause of abnormal reaction in a patient may be added when consistent with regulatory or hospital policy.

8.28. a. C43.61, D23.72, 14001, 15002

Incorrect answer.C43.61 is for right shoulder. The site is the left shoulder C43.62. A pigmented nevus is reported as a neoplasm of uncertain behavior with code D48.5. Code 15002 is used for site preparation for free skin grafts, not advancement flaps. CPT code 11423 is reported for the removal of the heel lesion with an additional code for the layer closure (12041).

b. D23.72, D23.61, 14000

Incorrect answer. The melanoma is the reason for excision of further tissue, so it should be reported (C43.62) even though the pathology report does not mention the malignancy. A giant pigmented nevus is reported as a neoplasm of uncertain behavior with code D48.5. Because the surgeon documented that the graft was over 10.2 sq cm, the code to report is 14001. Code 11423 must be reported for the heel lesion excision performed separately from the shoulder graft, and code 12041 should be reported for the layer closure of this excision site.

c. C43.61, D48.5, 14001, 11606, 11422

Incorrect answer. The melanoma is the reason for excision of further tissue, so it should be reported (C43.62) even though the pathology report does not mention the malignancy. It is documented that this diagnosis had been confirmed by biopsy. It is incorrect to report lesion removal when the resultant defect is repaired with an advancement flap closure because any excision is included in the codes in this section. See instructional note preceding code 14000. An additional code is required for the layered closure of the excision site of the heel lesion. Although the surgeon did not document the length of this repair, the pathology report shows us that it was less than 2.5 cm, so code 12041 is reported.

d. C43.62, D48.5, 14001, 11422-XS, 12041-XS

Correct answer. The Alphabetic Index main term is Melanoma (malignant) with subterm skin, shoulder. The main term is Nevus with subterms pigmented, giant (see also Neoplasm, skin, uncertain behavior). A modifier is necessary for code 11423, as the excision of lesions is usually included in 14001. Modifier -XS is reported to indicate a different site or lesion. The documentation in the description of the procedure does not support the advancement flap of the heel lesion although the name of the operation stated advancement flap reconstruction. Coding is based on the detailed description of the operation as documented in the body of the operative report.

8.29. a. D23.4, 15240, 15004, 12051

Incorrect answer. The lesion is located on the auricle of the ear, not the skin of the neck/scalp behind it. The skin graft was taken from this area. Although a layer closure was used to repair the defect from the donor site, no skin graft or local flap was used, so no additional code is warranted for this repair. Note that the size of the lesion and the graft are documented in millimeters, which are 1/10 the size of the centimeters used in the CPT system.

b. D22.21, 15260, 11442

Correct answer. The Alphabetic Index main term is Nevus, skin, ear (external).

c. C44.202, 15260, 11442

Incorrect answer. The pathology report confirms that the lesion was benign, even though margins were taken, and the resultant defect required a skin graft. The lesion code is D22.21.

d. D22.21, 14060

Incorrect answer. This was a full-thickness graft rather than an advancement graft. The appropriate codes are 15260 and 11442.

8.30. a. C30.0, Z85.42, 30118, 30400

Incorrect answer. The cancer is on the inside of the nose at the very tip and requires an extensive resection to treat, with a composite skin graft for reconstruction. Code C44.321 is the code to report malignancy of the skin of the nose, since the cells were identified as squamous cell carcinoma. Additional code should also be assigned for the tobacco dependence (F17.210). Code 30118 describes excision of a lesion but is generally limited to laser or cryosurgery, without any wound repair required. Code 30150 is more descriptive of the procedure required in this case because a full-thickness resection was done and grafting was required. The reconstruction code 30400 is for plastic repair of this area not involving a skin graft.

b. C44.321, F17.210, Z85.42, 30150, 15760

Correct answer. In the Neoplasm Table, the subterms are nose, nasal, ala, see also Neoplasm, nose, skin. Select a code from the Malignant Primary column, squamous cell carcinoma. In the Alphabetic Index, the main term is Dependence with subterms drug, nicotine, cigarettes. In the Alphabetic Index, the main term is History with subterms personal (of), malignant neoplasm (of), uterus.

For code 30150, Alphabetic index main term rhinectomy, subterm partial, results in the correct code. For code 15760, Alphabetic index main term skin graft and flap, subterm composite, result in code range 15760–15770. Code 15760 is correct noting a full thickness skin graft.

c. C30.0, 30150

Incorrect answer. Although the history of carcinoma and the tobacco dependence do not

directly affect this episode of care, they may be important data elements for research or patient care tracking. Code Z85.42 is assigned for the history of uterine cancer, and tobacco dependence is reported with code F17.210. The CPT code for the resection is correct, but an additional code is required to reflect the skin graft needed for closure of the defect (15760).

d. C44.321, Z85.42, F17.210, 14060

Incorrect answer. The procedure code listed here is for adjacent tissue transfer rather than full-thickness composite grafting. The resection is coded using 30150 and the full thickness composite grafting is captured using 15760.

Behavioral Health Conditions

8.31. a. F32.3, R45.850, R45.851, 90870

Correct answer. The Alphabetic Index main term is Disorder, subterm major, with psychotic features. The Alphabetic Index main term is Ideation, subterms homicidal. The Alphabetic Index main term is ideation, subterm suicidal.

b. F32.3, R45.850, R45.851, 90870, 95812, 93040

Incorrect answer. The EEG and EKG are integral to the electroconvulsive therapy and should not be reported separately. Note that the description for code 90870 reads “includes necessary monitoring.”

c. F32.3, F29, R45.850, R45.851, 90870, 99211-25

Incorrect answer. Code F29 for psychotic disorder, NOS is not necessary on this case. The psychotic features of the patient’s major depressive disorder are included in code F32.3. Without further documentation of a distinct evaluation and management service, separately identifiable from the procedure, code 99211 should not be reported, even with a modifier.

d. F32.3, R45.850, R45.851, 90870, 95812, 93040, 99234-25

Incorrect answer. Code 90870 is correct. The EEG and EKG are integral to the electroconvulsive therapy and should not be reported separately. Without further documentation of a distinct evaluation and management service, separately identifiable from the procedure, code 99234 should not be reported, even with a modifier.

8.32. a. F20.5, E78.2, 90832

Correct answer. The Alphabetic Index main term is Schizophrenia, subterms, undifferentiated, chronic. The Alphabetic Index main term is Hyperlipidemia, subterm combined.

b. F20.2, E78.2, 90832

Incorrect answer. The physician documented chronic undifferentiated schizophrenia not catatonic. The correct code is F20.5.

c. F20.5, 99213, 90833

Incorrect answer. A diagnosis code should also be assigned for the combined hyperlipidemia. CPT codes 99213 and 90833 should not be assigned as no evaluation and management services were provided. The correct CPT code is 90832.

d. F20.5, E78.2, 90834

Incorrect answer. Only 30 minutes of psychotherapy was provided; therefore, the correct CPT code is 90832.

8.33. a. F33.9, F43.12, F10.20, F60.3, 99213, 90836

Incorrect answer. Code 99213 is not appropriate because there is no documentation of E/M services in addition to the psychotherapy in this note. Code F33.1 is appropriate because the

diagnostic statement specifies the recurrent major depressive disorder as moderate. An additional code of R45.851 is also assigned for the suicidal ideation.

b. F33.1, F43.12, F10.20, F60.3, R45.851, 90845

Incorrect answer. The service provided was specified to be individual dialectical behavior therapy, which is a type of psychotherapy, not psychoanalysis.

c. F33.1, F43.12, F10.20. F60.3, 90834

Incorrect answer. The suicidal risk, which affected the patient's management, should also be reported with code R45.851.

d. F33.1, F43.12, F10.20, F60.3, R45.851, 90834

Correct answer. The Alphabetic Index main term is Disorder, subterm depressive, major, recurrent, current episode, moderate. The main term is Disorder, subterm post-traumatic stress, chronic. Main term Alcohol, alcoholic, alcohol-induced, subterm addiction. Main term Disorder, subterm personality, borderline. Main term Ideation, subterm suicidal.

8.34. a. F25.0, I50.9, 99201

Incorrect answer. The evaluation and management service selected should be 99284 because this was an ED visit. In addition, a code might be required for the observation services. Individual payers have different requirements for reporting of observation services, and payer guidelines should be followed.

b. F25.1, 99283

Incorrect answer. The type of schizoaffective disorder is bipolar type, not depressive type. An additional diagnosis code is also assigned for the CHF (I50.9). The emergency department evaluation and management service code is one level too low; 99284 would be reported with an acuity level of 4 documented. In addition, a code might be required for the observation services. Individual payers have different requirements for reporting of observation services and payer guidelines should be followed.

c. F25.0, I50.9, 99284

Correct answer. The Alphabetic Index main term is disorder with subterm schizoaffective, bipolar type. Another main term is Failure with subterms heart, congestive.

A code for the observation services might also be appropriate, depending upon the payer.

d. F25.0, 99234

Incorrect answer. The diagnosis of CHF should be added because a digoxin level was mentioned to evaluate the patient's management. The appropriate emergency department evaluation and management code to assign is 99284. In addition, a code might be required for the observation services. Individual payers have different requirements for reporting of observation services, and payer guidelines should be followed. Medicare has issued several program memoranda describing reporting of observation services for Medicare patients. These can be accessed on the CMS website.

8.35. a. F60.3, F33.9, F12.10, 99214

Incorrect answer. When assigning codes from the Office or Other Outpatient E/M Services category, time may be used to select a code level. Code 99213 is assigned based on the documented encounter time of 25 mins). The physician documents marijuana dependence (F12.20) not abuse (F12.10).

b. F60.3, F33.9, F12.20, 99213

Correct answer. The Alphabetic Index main term is Disorder, subterm personality, borderline. The Alphabetic Index main term is Disorder, subterm depressive, major, recurrent. The Alphabetic Index main term is Dependence, subterm drug, cannabis. When assigning codes from the Office or Other Outpatient E/M Services category, time may be used to select a code level. Code 99213 is the correct E/M code based on the documented encounter time of 25 mins.

c. F60.3, F33.9, F12.20, 90832

Incorrect answer. Psychotherapy services were not provided. The focus of this visit was not to attempt to change maladaptive behavior patterns, and there is no mention of specific treatment goals or progress toward goals. This is an outpatient clinic visit summarizing the patient's progress to date. When assigning codes from the Office or Other Outpatient E/M Services category time may be used to select a code level. Code 99213 is the correct E/M code based on the documented encounter time of 25 mins.

d. F60.3, F33.9, F12.10, 90832

Incorrect answer. The patient is an outpatient (CMHC), but the psychotherapy code is not appropriate because psychotherapy services were not provided. The focus of this visit was not to attempt to change maladaptive behavior patterns, and there is no mention of specific treatment goals or progress toward goals. This is an outpatient clinic visit summarizing the patient's progress to date. When assigning codes from the Office or Other Outpatient E/M Services category, time may be used to select a code level. Code 99213 is the correct E/M code based on the documented encounter time of 25 mins. The physician documents marijuana dependence (F12.20) not abuse (F12.10).

Disorders of the Musculoskeletal System and Connective Tissue

8.36. a. S76.112A, 27385-RT

Incorrect answer. The documentation states the right quadriceps tendon (S76.111A) not the left. CPT 27385 describes the repair of the quadriceps muscle rather than the tendon. The quadriceps tendon is an extensor tendon and therefore, CPT code 27664 is the correct code.

b. S76.112A, 27430-RT

Incorrect answer. The documentation states the right quadriceps tendon (S76.111A) not the left. CPT 27430 describes the quadricepsplasty procedure rather than the repair. CPT code 27664 describes the repair as it is documented in the operative report.

c. S76.111A, 27658-RT, 27685-RT

Incorrect answer. CPT code 27658 describes the repair of a flexor tendon and code 27685 describes the lengthening of the tendon. The lengthening procedure is not documented in the operative report and the quadriceps tendon is an extensor tendon. Therefore, CPT code 27664 is the correct code.

d. S76.111A, 27664-RT

Correct answer. The Alphabetic Index main term is Rupture, subterm tendon (traumatic), which provides the cross-reference note to see Strain. At the entry, Strain, tendon, the coding professional is directed to see Injury, muscle, by site, strain. The specific site is the quadriceps. A seventh character of A is added to indicate that this is the initial encounter for this injury. CPT code 27664 describes the repair as it is documented in the operative report.

8.37. a. M23.222, M17.12, M23.42, 29881-LT

Correct answer. The presence of degenerative disease implies that this is not a current injury; however, the coding professional would review the history and other portions of the health record to verify that the torn meniscus is not the result of a current injury. If there is any inconsistency or uncertainty, the physician should be queried for clarification. The Alphabetic Index main term is Tear, torn, subterm meniscus, old. The coding professional is directed to see Derangement, knee, meniscus, due to old tear, medial, posterior horn. The coding professional completes the code using the Tabular List. The main term is Degeneration, degenerative, subterm joint disease. The coding professional is directed to see Osteoarthritis. Osteoarthritis, subterm primary, knee leads the coding professional to M17.1-, which is completed using the Tabular List. For the chondral loose bodies, see main term Loose, subterm body, knee. The coding professional completes the code using the Tabular List. Removal of the loose bodies in the same compartment as another more definitive procedure is not coded.

b. M23.252, M17.12, 29881-LT, 29874-LT

Incorrect answer. Code M23.252 describes derangement of the posterior horn of the lateral meniscus, and the medial meniscus was the structure involved. A diagnosis code should also be assigned for the loose body, M23.42.

c. M23.221, M23.42, 29881-RT, 29877-RT

Incorrect answer. The torn medial meniscus was of the left knee (M23.222) not the right knee. A code should also be assigned for the localized primary arthritis of the left knee, M17.12 CPT code 29877 would not be reported separately. Anatomical modifier -LT should be appended to the CPT codes, not the -RT.

d. M23.222, M17.12, 29881-LT, 29874-LT

Incorrect answer. The diagnosis code for loose body of the knee (M23.42) was omitted.

8.38. a. M20.12, M20.42, 99242-25, 28202, 28285

Incorrect answer. Diagnosis codes M19.072, Q66.2 and Q66.9 were omitted. The CPT code 28202 is inappropriate because the tendon repair is included in the other procedure codes, 28299-TA, and 28285-T1. Additionally, it is inappropriate to assign an evaluation and management code.

b. M20.12, M19.072, Q66.212, M20.42, Q66.9, 28299-TA, 28285-T1

Correct answer. The Alphabetic Index main term is Deformity with subterms toe, hallux valgus (the main term Bunion refers the coding professional to Deformity, toe, hallux valgus). The main term is Osteoarthritis, subterms primary, foot joint. The Alphabetic Index main term is Primus varus. Another main term is Hammer toe with a note to “See also Deformity, toe, hammer toe.” Another main term is Elongated, see Distortion with subterm toe(s). Code Q66.9 refers to other congenital deformity.

c. M20.12, Q66.212, 28296

Incorrect answer. Diagnosis codes M19.072, and Q66.9 were omitted. CPT code 28299-TA represents the combined procedure (Keller + Austin) and CPT code 28285-T1 was omitted for the hammertoe repair. Note that code 28299 is not an unlisted procedure code but represents a double osteotomy.

d. M20.12, M19.072, Q66.212, M20.42, 28296-TA and 28292-TA-XS, 28285-T1

Incorrect answer. A diagnosis code for the elongated metatarsal, Q66.9 should also be assigned. CPT code 28299 exists for severe cases where combined techniques are needed for correction, so it is not appropriate to assign two bunionectomy codes for the same foot.

8.39. a. S66.313A, S66.315A, S66.311A, S66.327A, S61.215A, S61.213A, S62.621B, S62.617B, S63.657A, S63.615A, 26418, 26735, 26746, 11012

Incorrect answer. The correct CPT codes are 26418-F1, 26418-F2, 26418-F3, 26418-F5, 11010-F1, and 11012. Failure to report the debridements and duplication of the same procedure on different fingers constitutes underreporting and may result in inappropriately low reimbursement for the surgery. As no fracture reduction is described, only debridement is reported.

b. S66.313A, S66.315A, S66.311A, S66.327A, S61.215A, S61.213A, S62.621A, S62.617A, S63.657A, S63.615A, 26746-F4, 11010-F1, 11012

Incorrect answer. Codes S62.621 and S62.617 should have a seventh character of B for open fracture rather than A for closed fracture. No fracture treatment was rendered except for debridement. The correct codes for the procedure are 26418-F1, 26418-F2, 26418-F3, 26418-F5, 11010-F1, and 11012. Failure to report the duplication of the same procedure on different fingers constitutes under-reporting and may result in inappropriately low reimbursement for the surgery.

c. S66.313A, S66.315A, S66.311A, S66.327A, S61.215A, S61.213A, S62.621A, S62.617A, 26418-F1, 26418-F2, 26418-F3, 26418-F4

Incorrect answer. Codes S62.621 and S62.617 should have a 7th character of B for open fracture rather than A for closed fracture. The debridement codes (11010-F1, 11012) were omitted.

d. S66.313A, S66.315A, S66.311A, S66.327A, S61.215A, S61.213A, S62.621B, S62.617B, S63.657A, S63.615A, 26418-F1, 26418-F2, 26418-F3, 26418-FA, 11010-F1, 11012

Correct answer. The Alphabetic Index main term Laceration, subterm tendon directs the coding professional to “See Injury, muscle, by site, laceration.” The Alphabetic Index main term is Injury, muscle, finger, little, extensor, laceration. For the lacerated tendon of the little finger: Laceration, tendon-see injury, muscle, by site, laceration, Injury, muscle, finger, little, extensor, hand level, laceration S66.32-. For the intra-articular laceration of the 4th and 5th digits (4th digit specified as MCP joint) Laceration, joint capsule, see sprain, by site. The Alphabetic Index main term for the fracture is Fracture, subterm finger, index, medial phalanx (S62.62). The coding professional completes the code using the Tabular List. For the fracture of the little finger it is Fracture, subterm finger, little, proximal (S62.61). The coding professional completes the code using the Tabular List.

Neoplasms

8.40. a. C18.7, C78.4, 49329

Incorrect answer. Code C78.4 is incorrect. The metastasis is to the abdominal pericolic adipose tissue (C79.89). The evaluation of the pericolic lesions is considered a peritoneal biopsy. The appropriate code is 49321. With confirmation from the physician, a case may be made for assigning 49329 because more than just a biopsy was performed (some dissection). The colonoscopy with biopsy must also be reported in this case with 45380.

b. C18.9, 49321-74, 45380-59

Incorrect answer. The first-listed diagnosis is not as specific as possible (report C18.7 for sigmoid colon). The modifiers appended to the CPT codes are not necessary. The procedure was not discontinued before completion, only changed due to the nature of the pathology discovered, so modifier -74 is not correct. Modifier -59 is not necessary because the

colonoscopy would not be considered a component of the laparoscopic surgery. The metastases to the abdominal pericolic adipose tissue (C79.89) should also be coded.

c. C78.4, C18.7, C78.7, 49321, 45380

Incorrect answer. An initial diagnosis of cancer generally shows the primary carcinoma code in the first position, unless the diagnosis or treatment was focused on the metastases. The liver metastasis is not yet confirmed and cannot be reported for an outpatient encounter. Code C78.4 is incorrect. The metastasis is to the abdominal pericolic adipose tissue (C79.89). The procedure codes are correct.

d. C18.7, C79.89, 49321, 45380

Correct answer. In the Neoplasm Table, the subterm is intestine, subterm large, colon, sigmoid with selection of a code from the Malignant Primary column. Also in the Neoplasm Table, the main term is Specified site NEC (for the pericolic adipose).

8.41. a. C90.00, C80.1, 38221

Incorrect answer. ICD-10-CM Coding Guidelines require reporting to the highest degree of specificity at the close of the encounter, and the myeloma has not yet been confirmed. Metastatic disease in the bone has been documented, but there is no confirmation of the primary neoplasm (C79.52 for the bone metastases and C80.1 for the unknown primary). The history of breast cancer (Z85.3) is known and the pathologic fractures are due to osteoporosis (M80.80XA) as well as urinary tract infection (N39.0 and B96.23) affect the patient's management and should be coded.

b. C79.52, C80.1, M80.80XA, Z85.3, N39.0, B96.23, 38221

Correct answer. The metastatic bone cancer is coded by reviewing main term Neoplasm, subterm bone, Malignant secondary column. There is an unknown primary. Main term Neoplasm, subterm unknown site or unspecified. Patient has pathological fractures found at main term Fracture, pathological, subterm due to, osteoporosis which directs coding professional to Osteoporosis, specified type NEC, with pathological fracture. The code for the history of breast cancer is found at History, subterm personal, malignant neoplasm, breast. Main term for UTI is Infection, subterm urinary tract. The organism is reported using main term *Escherichia coli* as cause of disease classified elsewhere, subterm Shiga toxin-producing. An additional code of Z90.12 could be assigned for the acquired absence left breast since a radical mastectomy had been performed.

c. C80.0, 27299

Incorrect answer. There is no documentation to support the code for carcinomatosis. ICD-10-CM Coding Guidelines require reporting to the highest degree of specificity at the close of the encounter. We know that there is metastatic disease in the bone but do not have confirmation of the primary neoplasm (C79.52 and C80.1). The history of breast cancer (Z85.3) is known, and the pathologic fractures due to osteoporosis (M80.80XA) and urinary tract infection (N39.0 and B96.23) also affects the patient's management and should be coded. The assignment of an unlisted procedure code such as 27299 is inappropriate when a specific code is available to describe the procedure, which in this case is 38221.

d. C79.52, C90.00, C50.912, 38221

Incorrect answer. If this were an inpatient visit, the diagnosis reported as "suspected" or "rule out" could be coded as if present, but because this is an ambulatory service, this code assignment is inappropriate. Correct reporting is the established bone metastatic disease (C79.52) and an additional code for the unknown primary site (C80.1). The history of breast

cancer (Z85.3) is known (not a current condition C50.912), and the pathologic fractures due to osteoporosis (M80.80XA) as well as urinary tract infection (N39.0 and B96.23) also affect the patient's management and should be coded.

8.42. a. C44.319, 11641

Incorrect answer. The total excised diameter of the lesion is 2.0 cm for the lesion plus 0.5 cm (5 mm) inferior margin plus 0.5 cm (5 mm) superior margin, for a total of 3 cm. Therefore, the correct CPT code is 11643.

b. C44.319, 11643

Correct answer. The Neoplasm Table subterm is skin with subterm face, basal cell carcinoma. Basal cell carcinoma refers coding professional to malignant neoplasm of skin. The CPT code category for this lesion removal should be malignant lesions. The correct CPT code is 11643.

c. D23.39, 11441

Incorrect answer. The postoperative diagnosis is basal cell carcinoma of the skin of forehead. The correct diagnosis code is C44.319 for basal cell carcinoma of the skin of forehead. The CPT code category for this lesion removal should be malignant lesions. The total excised diameter of the lesion is 2.0 cm for the lesion plus 0.5 cm (5 mm) inferior margin plus 0.5 cm (5 mm) superior margin, for a total of 3 cm. Therefore, the correct CPT code is 11643.

d. D23.39, 11443

Incorrect answer. The correct diagnosis code is C44.319 for basal cell carcinoma of the skin of forehead. The CPT code category for this lesion removal should be malignant lesions. The correct CPT code is 11643.

8.43. a. D49.59, E11.9, G20, E66.9, 57410, 56620

Incorrect answer. Based on the tissue report, the lesion is VIN III or Carcinoma in situ of the vulva, coded as D07.1. The remainder of the diagnoses are correct. Code 57410 for pelvic exam under anesthesia is included in the main procedure of 56620.

b. N90.1, E11.9, G20, E66.9, 56630

Incorrect answer. Based on the tissue report, the lesion is VIN III or Carcinoma in situ of the vulva, coded as D07.1. Code N90.1 is for VIN II of the vulva. The procedure performed was a simple, partial vulvectomy based on the definitions in the CPT book. The correct code is 56620.

c. D07.1, E11.9, 57410, 11626, 12042

Incorrect answer. Parkinsonism, G20, and obesity, E66.9, should both be reported. The pelvic exam under anesthesia should be coded as part of the major procedure, a simple partial vulvectomy. This lesion was not described as a skin lesion and therefore integumentary codes are not correct. The correct code is 56620.

d. D07.1, E11.9, G20, E66.9, 56620

Correct answer. The Alphabetic Index main term is Neoplasm, subterm vulva, Carcinoma in Situ column. The main term is Diabetes, diabetic. The main term is Parkinsonism. The main term is Obesity.

Disorders of the Nervous System and Sense Organs

8.44. a. G54.6, Z85.830, Z92.21, 62322

Incorrect answer. It is appropriate to use the Z89.511 to show that the patient has an absence

of the limb. Code 62322 does not reflect an epidural injection using US guidance.

b. G54.6, M79.604, Z89.511, Z85.830, Z92.21, 62323

Incorrect answer. It is not necessary to code pain in the limb. The code for the phantom pain is the only code needed.

c. G54.6, Z89.511, Z85.830, Z92.21, 64520

Correct answer. The Alphabetic Index main term is Syndrome with subterm phantom limb, with pain. Another main term is Absence with subterms leg, below, knee (acquired). The Alphabetic Index main term is History with subterm personal (of), malignant neoplasm (of), bone. The Alphabetic main term is History, with subterm personal (of) chemotherapy for neoplastic condition.

d. G54.6, Z89.511, C40.21, Z92.21, 64520

Incorrect answer. The bone malignancy should not be coded as a current condition. The tumor was removed, and the patient completed chemotherapy. It should be coded as a history code.

8.45. ICD-10-CM Code: G90.50

ICD-10-CM Rationale: The Alphabetic Index main term is Dystrophy, subterm reflex. The coding professional is directed to see Syndrome, pain, complex regional I. Code G90.50 is the most specific code that can be reported without further documentation as no specific site is stated.

CPT Code: 64510

CPT Rationale: The stellate ganglion is a sympathetic nerve, not a peripheral nerve. Code 64510 is the correct code for the stellate ganglion, which is also called the cardiothoracic plexus.

8.46. a. I67.89, 99284-25, 70450 I67.89

Incorrect answer. There are documented residuals of the cerebral embolism with cerebral infarct (I63.411), which need to be reported with codes G81.94 and R47.9. Coexisting conditions may impact patient management, so F17.210 should be reported for tobacco dependence, E11.9 for diabetes and I10 for hypertension. Code Z82.3 should be used to show a family history of cerebrovascular disease.

b. I63.511, I10, E11.9, F17.210, Z79.84, 99283, 70470

Incorrect answer. The documentation states that the cerebral infarction was caused by an embolism (I63.411). The residual conditions should be coded by assignment of G81.94 and R47.9. Code Z82.3 should be used to show a family history of cerebrovascular disease. The wrong code is used for the CT scan because no contrast was employed. In this case, code 70450 is appropriate. For facility reporting, the acuity level established by the facility is reported, rather than any use of the key elements of CPT code reporting. Level IV acuity is 99284.

c. I63.411, G81.94, R47.9, I10, E11.9, F17.210, Z82.3, Z79.84, 99284-25, 70450

Correct answer. The Alphabetic Index main term is Occlusion with subterms artery, cerebral, anterior, with infarction due to embolism. The Alphabetic Index main term is Hemiplegia. Another main term is Disturbance, subterm speech. Another main term is Smoker, which instructs the coder to see Dependence with subterms drug, nicotine, cigarettes. The main term in the Alphabetic Index is Diabetes, diabetic with subterm Type 2. Another main term is History with subterms family (of), stroke (cerebrovascular). The main term is Long-term drug

therapy, oral, hypoglycemic.

d. I63.511, G81.94, R47.9, E11.9, F17.210, Z82.3, 99284, 70470

Incorrect answer. The documentation states that the cerebral infarction was caused by an embolism (I63.411). The hypertension should be coded, I10. A modifier should be appended to 99284. The wrong code is used for the CT scan because no contrast was employed. In this case, code 70450 is appropriate.

8.47. a. G50.0, 64600

Incorrect answer. The foramen ovale was involved and the use of radiologic monitoring results in code 64610.

b. G50.0, 64610

Correct answer. The Alphabetic Index main term is Neuralgia, subterm trigeminal.

c. G50.0, 64615

Incorrect answer. This code is assigned for chemodenervation of the muscle.

d. G50.0, 64605

Incorrect answer. Code 64610 is required for the procedure described.

8.48. a. S94.8X2A, S96.822A, S91.312A, S91.115A, W27.1XXA, Y92.007, Y93.H2, Y99.8, 64831, 28200

Incorrect answer. The nerve repair involved grafting rather than suturing so code 64890 is assigned. The -LT modifier may be assigned to the CPT codes to show that the repair was to the left foot.

b. S94.8X2A, S96.822A, S91.312A, S91.115A, W27.1XXA, Y92.007, 64891, 28202

Incorrect answer. An activity code (Y93.H2) and an external cause status code (Y99.8) should also be assigned. The nerve was grafted, but the graft did not measure more than 4 mm, so code 64890 is reported. There was no tendon graft, so code 28202 is inappropriate; code 28200 should be assigned. The -LT modifier may be assigned to the CPT codes to show that the repair was to the left foot.

c. S94.8X2A, S96.822A, S91.312A, S91.115A, W27.1XXA, Y92.007. Y93.H2, Y99.8, 64890-LT, 28200-LT

Correct answer. The Alphabetic Index main term is Injury with subterms nerve, foot, specified NEC. The main term is Injury with subterms muscle, foot, specified site NEC, laceration. The Tabular List reminds the coding professional to code also the associated open wound. The Index to External Cause main term is Contact with subterms with, hoe. The Index to External Cause main term is Place of occurrence with subterms yard, single family house. The Index to External Cause main term is Activity with subterm gardening. Another main term in the Index to External Cause is External cause status with subterm specified NEC.

d. S94.8X2A, S96.822A, W27.1XXA, Y92.007, Y93.H2, Y99.8, 64890-LT, 28200-LT

Incorrect answer. In the Tabular a note appears under both category S94 and S96 to code also any associated open wound. Codes S91.312A and S91.115A should also be reported based on the code also notes.

8.49. G93.0. Alphabetic index search, main term cyst, subterm brain (acquired) G93.0 CPT Code(s):

61750, Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; 70450, Computed tomography, head or brain; without contrast material.

Rationale: See *CPT Assistant* (1996, June). When the attachment of the stereotactic frame is a component of a more comprehensive procedure, it is not reported separately. Code 20660 should not be reported because it is considered to be a part of the biopsy procedure.

CT mapping was performed, rather than MRI, so code 70450 would be appropriate. The CT mapping was performed prior to the procedure; therefore, reporting intraoperative use of CT or MRI guidance (code 61751) is not accurate.

8.50. a. H33.022, H43.12, H20.00, 67108

Correct answer. The Alphabetic Index main term is Detachment with subterms retina, with retinal: break, multiple. Another main term is Hemorrhage with subterm vitreous (humor) (intraocular). The Alphabetic Index main term is Iritis where there is a note to "see also Iridocyclitis", subterm acute (this was due to blunt trauma). Code 67108 includes all the procedures, the repair of the retinal detachment (scleral buckle), and the vitrectomy.

b. H33.012, H43.12, H20.00, 67108

Incorrect answer. The body of the operative report states multiple tears of the retina, so this can be classified as H33.022 rather than H33.012.

c. H33.022, H43.12, 67108

Incorrect answer. An additional diagnosis code for the acute iritis should be assigned.

d. H33.022, H43.12, H20.00, 67107, 67036

Incorrect answer. Code 67108 includes all the procedures, the repair of the retinal detachment (scleral buckle), and the vitrectomy.

8.51. a. J34.2, J34.3, J32.8, J33.8, 31276-50, 31255-50, 30140-50, 30520, 31253

Correct answer. The Alphabetic Index main term is Deviation, subterm septum. The Alphabetic Index main term is Hypertrophy, subterm nasal, turbinate. The Alphabetic Index main term is Obstruction, subterm nasal, turbinate. The Alphabetic Index main term is Sinusitis, involving more than one sinus but not pansinusitis J32.8. The Alphabetic Index main term is Polyposis, which directs the coding professional to main term Polyp, subterm sinus.

b. J34.2, J34.3, J32.1, J32.2, J32.0, J33.8, 31276, 31255, 30140, 30520, 31267

Incorrect answer. CPT codes for sinus endoscopy require modifiers to identify whether the procedure was performed on the left side (-LT), right side (-RT), or bilaterally (-50). (See *CPT Assistant* 2003, April:25).

c. J34.3, J32.1, J32.2, J32.0, J33.8, 31276-50, 31255-50, 30520, 31267-50

Incorrect answer. The Alphabetic Index main term is Deviation, subterm septal. The Alphabetic Index main term is Hypertrophy, subterm nasal, turbinate. The Alphabetic Index main term is Obstruction, subterm nasal. The Alphabetic Index main term is Sinusitis, involving more than one sinus but not pansinusitis J32.8. The Alphabetic Index main term is Polyposis, which directs the coding professional to main term Polyp, subterm sinus. Also, the CPT code for submucous resection of the turbinates is missing.

d. J34.2, J34.3, J01.10, J01.20, J01.00, J33.8, 31276-50, 31255-50, 30140-50, 30520, 31267-50

Incorrect answer. The source document indicates the patient's sinusitis is chronic, not acute. The Alphabetic Index main term is Deviation, subterm septal. The Alphabetic Index main term is Hypertrophy, subterm nasal, turbinate. The Alphabetic Index main term is Obstruction, subterm nasal. The Alphabetic Index main term is Sinusitis, involving more than one sinus but not pansinusitis J32.8. The Alphabetic Index main term is Polyposis, which directs the coding professional to main term Polyp, subterm sinus.

Newborn/Congenital Disorders

8.52. a. Z45.41, 62230

Incorrect answer. In this situation, the physician indicates there is a mechanical breakdown of the shunt. Therefore, T85.01XA should be reported as the first-listed code for the shunt valve malfunction, followed by the congenital hydrocephalus (Q30.9), which is not resolved (or the patient would not require the shunt).

b. T85.01XA, Q03.9, 62230

Correct answer. The Alphabetic Index main term is Complication, subterm ventricular shunt (device), mechanical, breakdown. The main term is Hydrocephalus, subterm congenital (external) (internal).

c. T85.01XA, Q03.9, 62225

Incorrect answer. Code 62225 is the code for reporting the replacement of a ventricular catheter rather than the peritoneal catheter and does not include the valve replacement. Code 62230 is the appropriate code.

d. Q03.9, 62230

Incorrect answer. The consulting physician found that the shunt valve had a mechanical breakdown. Code T85.01XA should be reported as the first-listed code.

8.53. a. P28.5, P39.8, P23.9, P29.81, 99285

Incorrect answer. Diagnosis codes for premature birth weight and weeks of gestation (P07.18 and P07.39) should be added. The CPT codes for hospital and physician reporting are incorrect. Both would report code 99291and 99292 for services where critical care is provided in the emergency department, regardless of the age of the patient. The hospital would also report the CPR procedure with code 92950.

b. P28.5, P39.8, P23.9, P29.81, P07.18, P07.39, 99291, 99292, 92950, 31500

Correct answer. The Alphabetic Index main term is Failure, failed, subterm respiration, newborn. The patient suffered cardiac arrest. The main term is Arrest, subterm cardiac, newborn. The main term is Pneumonia, neonatal. The main term is Low, subterm birthweight, with weight of 2000–2499 grams. A note tells the coding professional to also code the gestational period (P07.39). When both birth weight and gestational age of the newborn are available, both should be coded with birth weight sequenced before gestational age.

c. P28.5, P39.8, J18.9, P29.81, P07.18, P07.39, 99468, 92950

Incorrect answer. Pneumonia should be P23.9 for neonatal. CPR is reported with code 92950 (CPR) and 31500 (intubation) because they are not included as bundled services in critical care. 99468 is also incorrect because it is for inpatient neonatal critical care. Critical care is reported with 99291 and 99292.

d. P28.5, P39.8, P23.9, P29.81, P07.18, P07.39, 99291, 99292

Incorrect answer. The CPR procedure (CPT code 92950) and the intubation (31500) are not bundled codes with critical care, so they would be reported separately for both the physician and the hospital. The patient is still considered neonatal, as the age of the infant is 16 days.

Pediatric Conditions

8.54. a. Q05.1, N31.9, K59.2, Q67.5

Incorrect answer. The scoliosis is documented as repaired; therefore, Z87.76 should be assigned for personal history of corrected congenital malformations of integument, limbs, and musculoskeletal systems instead of Q67.5. Z98.2 should be assigned to report the presence of the VP shunt.

b. Q05.1, N31.9, K59.2, Z98.2, Z87.76

Correct answer. The Alphabetic Index main term is Spina bifida, subterms thoracic, with hydrocephalus. The main term is Neurogenic, subterm bladder. The main term is Neurogenic, subterm bowel (NEC). Another main term is Presence, subterm cerebrospinal fluid drainage device. The main term is History, subterms personal (of), congenital malformation, musculoskeletal system.

c. Q05.1, Q03.9, N31.9, K59.2, Z98.2, Q67.5

Incorrect answer. Code Q05.1 is a combination code for the spina bifida with the hydrocephalus therefore do not need to assign code Q03.9 The scoliosis is documented as repaired; therefore, Z87.76 should be assigned for personal history of corrected congenital malformations of integument, limbs, and musculoskeletal systems instead of Q67.5.

d. Q05.1, N31.9, K59.2, Z87.76

Incorrect answer. Z98.2 should be assigned to report the presence of the VP shunt.

Conditions of Pregnancy, Childbirth, and the Puerperium

8.55. ICD-10-CM and CPT Code(s): Z33.2, Z30.2, Z87.891, 59841, 58670

Rationale: The Alphabetic Index main term for the elective abortion is Encounter, subterm termination of pregnancy, elective. The main term is Encounter, subterm sterilization. The patient has a history of smoking. The Alphabetic Index main term is History, subterm personal, nicotine dependence. Per new guideline I.C.21.11, category Z3A codes should not be assigned with elective termination of pregnancy code Z33.2. Two CPT codes are required for the induced abortion by dilation and evacuation (vacuum) and the laparoscopic fulguration of the fallopian tubes.

8.56. ICD-10-CM Code(s): O00.111, N83.201, N83.8, O34.81

ICD-10-CM Rationale: The Alphabetic Index main term is Pregnancy, subterm fallopian, with intrauterine pregnancy, O00.11-. The main term is Cyst, subterm ovary, ovarian, N83.20-. The main term Cyst, subterm tubal, N83.8. Another main term is Pregnancy, subterm complicated by, abnormal, pelvic organs, specified NEC. Per new guideline I.C.21.11, category Z3A codes should not be assigned for pregnancies with abortive outcomes (categories O00-O08).

CPT Code(s): 59150, 49322
CPT Rationale: 59150 is assigned for the laparoscopic treatment of the ectopic pregnancy and 49322 for the laparoscopic drainage of the ovarian cyst.

8.57. O20.0, O9A.211, S50.01XA, O09.211, V43.62XA, Z3A.13

ICD-10-CM Rationale: The Alphabetic Index main term is Threatened, subterm abortion. The main term for injury is Pregnancy, complicated by, injury. The contusion code is found under Contusion, subterm elbow. The Alphabetic Index main term for the high-risk pregnancy is Pregnancy, subterm supervision, high-risk, due to, preterm labor. To identify the MVA, the Index to External Cause main term is Accident, subterm transport, car occupant, passenger, collision with, car (traffic) V43.62. For code Z3A.13, the Alphabetic Index main term is

Pregnancy, subterms weeks of gestation, 13 weeks.

8.58. a. O24.424, Z3A.40

Incorrect answer. Code O24.424 is incorrect due to the fact that the patient did not deliver during this encounter. Coding Guideline I.C.15.a.3 (CMS 2017a) states that whenever delivery occurs during the current admission, and there is an “in childbirth” option for the obstetric complication being coded, the “in childbirth” code should be assigned. Code 99235 is the correct code if the payer requires evaluation and management codes for observation of patients. The coding professional should always verify payer reporting guidelines.

b. O24.414, E11.9, Z3A.40

Incorrect answer. Codes in category E11 are not used for gestational diabetes. Refer to the excludes note at category E11 in the tabular volume of ICD-10-CM. Code 99235 is the correct code if the payer requires evaluation and management codes for observation of patients. The coding professional should always verify payer reporting guidelines.

c. O24.414, Z3A.40

Correct answer. The Alphabetic Index main term is Diabetes, diabetic, subterms gestational (in pregnancy), in childbirth, insulin (and diet) controlled. For code Z3A.40, the Alphabetic Index main term is Pregnancy, subterms weeks of gestation, 40 weeks.

Code Z79.4 (long term insulin use) is not assigned since code O24.414 includes the use of insulin. Code 99235 is the correct code if the payer requires evaluation and management codes. The coding professional should always verify payer reporting guidelines.

d. O24.414, R73.9, Z3A.40

Incorrect answer. R73.9 is not used for gestational diabetes. Code 99235 is the correct code if the payer requires evaluation and management codes. The coding professional should always verify payer reporting guidelines.

Disorders of the Respiratory System

8.59. ICD-10-CM Diagnosis Codes:

J95.09, Other tracheostomy complication

Z99.11, Other dependence on machines, respirator

ICD-10-CM Rationale: This is a complication of the tracheostomy. The Alphabetic Index Complication, tracheostomy, specified type. An additional code could be assigned for the respirator dependence because it would affect the evaluation and management of the case. The main term is Dependence, subterm on respirator.

CPT Code: 31614, Tracheostomy revision, complex, with flap rotation

CPT Rationale: This is a revision of a tracheostomy already established. Flap rotation is supported by documentation. This is not a fenestration procedure.

8.60. a. R04.0, 30901-RT, 30903-RT, 30905-RT, 36430

Incorrect answer. The diagnosis code is correct, but the additional conditions should also be coded (D62 for the acute blood loss anemia and J44.9 for the COPD). Modifier -XE should be appended to the second anterior packing with cauterization and the posterior packing to show that separate and distinct sessions were involved. Normally, these CPT codes would not appear on the same claim. HCPCS Level II codes with the number of units should be added to account for the blood products that were transfused. These codes would generate

additional reimbursement under the APC system.

b. R04.0, D62, J44.9, 30901-RT, 30901-RT-76, 30905-RT-77, P9021

Incorrect answer. The procedure codes are incorrect because the second procedure involved the cauterization, and the first was limited to simple packing. Only if both procedures were the same would modifier -76 appear. Also, the -77 would not be needed for code 30905 because there was no other code reported for that number. The modifier -XE would be appended to 30905.The number of units would be reported for P9021 to account for the blood product. The transfusion administration code (36430) must be assigned in order for the additional APC to be generated.

c. R04.0, D64.9, 30901-RT, 30903-RT-59, 30905-RT-77, 36430, P9021 (2 units)

Incorrect answer. Acute blood loss anemia has a specific code, D62. COPD may be coded, even if it is mentioned in the history portion of the procedure, according to *Coding Clinic* (1992, 2Q). Modifier -XE rather than -59 should be appended to 30903. -XE, rather than -77, should be appended to code 30905, because it is a distinct session from the other procedures and normally the codes would not appear on the same claim.

d. R04.0, D62, J44.9, 30901-RT, 30903-RT-XE, 30905-RT-XE, 36430, P9021-BL (2 units)

Correct answer. The Alphabetic Index main term is Epistaxis (multiple). Another main term is Anemia, subterm blood loss, acute. The main term is Disease, diseased, subterms lung, obstructive (chronic).

The appropriate E/M code(s) for the observation service should also be reported if the payer requires evaluation and management codes. P9021-BL would be needed for revenue codes 390 and 385.

8.61. a. J18.9, L25.1, Z85.118, W88.8XXA, 71045

Incorrect answer. The pneumonitis is stated as being caused by radiation therapy and is therefore J70.0. The dermatitis would be coded with L59.8. In addition, the atrial fibrillation and long-term use of anticoagulant should be reported as I48.91 and Z79.01. The two-view chest x-ray is coded as 71046.

b. J70.0, L59.8, I48.91, Z85.118, Z79.01, W88.8XXA, 71046

Correct answer. The Alphabetic Index main term for the pneumonitis is Pneumonitis, subterm radiation. Instructional notes in the tabular instruct the coding professional to also use additional code (W88-W90, X39.0-) to identify the external cause. The atrial fibrillation can be found at main term Fibrillation, subterm atrial. Patient has a history of lung cancer. The main term is History, personal (of), malignant neoplasm, lung. The main term is Long-term, subterm Anti-coagulant.

c. J70.0, L59.8, I48.91, W88.8XXA, 71048

Incorrect answer. Diagnosis codes should also be assigned for the history of lung cancer (Z85.118) and the long-term use of anticoagulants (Z79.01). The two-view chest x-ray is coded as 71046

d. J70.0, L59.8, I48.91, C34.2, Z79.01, W88.8XXA, 71047

Incorrect answer. The patient has completed the treatment for the lung cancer, and the tumor was eradicated. A history of lung cancer is coded as Z85.118.

8.62. a. J32.9, 31256-50, 31287

Incorrect answer. The code reported is for unspecified sinusitis. An additional code for polyps (J33.8) should also be reported as polyps were identified and removed during this procedure.

The CPT codes that should be reported are 31255-50, 31267-50, and 31288-50 because tissue removal was described for the maxillary and sphenoid areas, and the physician described the procedure as ethmoidectomy (on both sides), not ethmoidotomy.

b. J32.0, J32.2, J32.3, J33.8, 31256-50, 31287-50

Incorrect answer. The CPT codes reported should be 31255-50, 31267-50, and 31288-50 because tissue removal was described for the maxillary and sphenoid areas, and the physician described the procedure as ethmoidectomy, anterior and posterior (on both sides), not ethmoidotomy. Tissue removal was part of each procedure, so codes 31267 and 31288 are required instead of the codes reported, which are without mention of tissue removal.

c. J32.8, J33.8, 31255-50, 31267-50, 31288-50

Correct answer. The Alphabetic Index main term is Sinusitis, involving more than one sinus but not pansinusitis, J32.8. Another main term is Polyp, polypus, subterm maxillary (sinus).

d. J32.8, J33.8, 31255, 31267

Incorrect answer. The diagnosis code is correct, and the procedure codes are correct, but modifier -50 must be appended to each procedure to reflect that these were carried out bilaterally. Per the instructional note preceding code 31231, the endoscopic sinus procedures are unilateral in nature. CPT code 31288-50 is also assigned for the sphenoidotomy, with tissue removal.

Trauma and Poisoning

8.63. a. S14.114A, V80.010A, Y92.008, Y93.52, Y99.8, 99291, 31500

Incorrect answer. In the ICD-10-CM Tabular there is a note under category S14 to code also any associated fracture of the cervical vertebra (S12.300A).

b. S14.113A, S12.200A, V80.010A, Y92.008, Y93.52, Y99.8, 99291, 31500

Incorrect answer. The fracture and complete injury to the spinal cord occurred at the C4 cervical vertebra not the C3.

c. S14.114A, S12.300A, V80.010A, Y92.008, Y93.52, Y99.8, 99291, 99292 × 3, 31500

Correct answer. The Alphabetic Index main term is Fracture, traumatic, subterm neck, cervical, vertebra, fourth. The Tabular List directs the coding professional to code also any associated cervical spinal cord injury (S14-). To identify the cause of the injury, see main term Accident in the Index to External Cause. The subterms are transport, animal-rider, noncollision, specified as horse-rider. All of the injury codes have a seventh character of A to indicate that this is the initial encounter for this injury. The place of occurrence is the stables at the patient's home. The code is found in the Index to External Cause under the main term Place of occurrence, residence, specified place in residence NEC. The activity is horseback riding. The code is found in the Index to External Cause under main term Activity, subterm horseback riding. The external cause code is Y99.8.

d. S14.114A, S12.300A, V80.010A, Y92.008, Y93.52, Y99.8, 99291, 31500, 22305

Incorrect answer. Code 22305 is not reported because fracture care was not performed at this initial visit. The patient was transferred to another hospital for definitive fracture care.

8.64. ICD-10-CM Code(s): S52.602A, S30.1XXA, S61.421A, S80.212A, S00.81XA, S00.01XA, V28.1XXA

ICD-10-CM Rationale: The Alphabetic Index main term is Fracture, traumatic, subterms ulna, lower end. The main term is Contusion, subterms abdomen, abdominal, wall. The main term is

Laceration, subterms hand, with foreign body. The main term is Abrasion, subterms knee, cheek, and scalp. The Index to External Cause main term is Accident, subterms transport, passenger, noncollision accident (traffic), nontraffic. Since the place of occurrence, activity and external cause status are not documented no additional codes are assigned.

CPT Code(s): 12041, 29065-LT

CPT Rationale: The appropriate E/M level code would also be assigned. Code 12041 is assigned for the repair of the palm laceration. CPT instructional notes specify that intermediate repair codes are assigned for single layer closure of heavily contaminated wounds that require extensive cleaning.

8.65. ICD-10-CM Code(s): T42.4X2A, T51.0X2A, S01.81XA, W01.190A

ICD-10-CM Rationale: The Table of Drugs and Chemicals is used to find the codes for intentional self-harm for Dalmane, Tranxene, and the alcohol. The codes for intentional self-harm using Dalmane and Tranxene are the same so only one is reported. The main term Laceration, subterm forehead gives the code for the laceration. All the injury codes have a seventh character of A to indicate that this is the initial encounter for this injury. The depression is coded by reviewing main term Depression, subterm postpartum. For the external cause code in the Index for External Causes, the main term is Fall, subterms due to, slipping, with subsequent striking against object, furniture. Since the place of occurrence, activity and external cause status are not documented no additional codes are assigned.

CPT Code(s): 43753, 12011

CPT Rationale: In addition to the listed codes, an E/M level code to reflect services provided would also be coded. Code 12011 is assigned for the repair of the forehead laceration.

8.66. a. S62.627A, 26756-F4, 13131-F4

Incorrect answer. This fracture is documented as an open fracture of the middle phalanx. Therefore, the correct code is S62.627B. External cause codes should be reported for the cause of injury on this case. The appropriate codes are W29.3XXA for injury with a power hedge cutter. Missing codes for the disruption of the ligament and tendon Y92.017 for place of occurrence in the home, Y93.H2 for the activity of trimming the hedges, and Y99.8 for leisure external cause status. While the fracture was aligned with a pin, it states that this was done in an open fashion, or by visualizing the fracture site. Code 26756 describes a percutaneous pinning of the fracture, or through the skin at the end of the finger. This is an open repair and the closure code is included in the procedure.

b. S62.627A, W29.3XXA, Y92.017, Y93.H2, Y99.8, 26735-F4

Incorrect answer. This fracture is documented as an open fracture of the middle phalanx, not a closed fracture. The correct code is S62.627B. Missing codes for the disruption of the ligament and tendon. Missing CPT codes

c. S62.627B, S63.697A, S66.317A W29.3XXA, Y92.017, Y93.H2, Y99.8, 26735-F4, 26418-F4, 26540-F4-59 or -XS, 11012

Correct answer. The Alphabetic Index main term is Fracture, subterms finger, little, medial phalanx. A seventh character of B is assigned to this code to indicate an initial encounter for open fracture. Alphabetic index for the ligament disruption, Disruption-see sprain. Sprain, finger, specified site, little S63.69-. Alphabetic Index for the tendon injury. Injury, tendon see also, injury muscle, by site, Injury, muscle, finger, little, extensor, strain S66.31-. The Index to External Cause main term is Contact, subterms with, tool, powered, hedge trimmer. A seventh character of A is assigned to this code to indicate an initial encounter for this injury. The Index to External Cause main term is Place of occurrence, subterms residence, house, single

family, yard. The main term in the Index to External Cause is Activity, subterm trimming shrubs. Another main term in the Index to External Cause is Status of external cause, subterm specified NEC.

d. S62.627B, W29.3XXA, Y92.017, Y93.H2, Y99.8, 26756-F4, 26418-F4, 26540-F4, 11012

Incorrect answer. While the fracture was aligned with a pin, it states that this was done in an open fashion, or by visualizing the fracture site. Code 26756 describes a percutaneous pinning of the fracture, or through the skin at the end of the finger.