DPH ICD-10 IMPLEMENTATION PROJECT

ICD-10-CM SPECIALIZED CODING TRAINING WORKBOOK
FOR LOCAL HEALTH DEPARTMENTS AND RURAL HEALTH CLINICS
(WITH ANSWERS)

WBS 2.5
Version 1.1
## Change History

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<td>Modifications made to coincide with revisions made in training materials wherein training was broken into Units. Instead of separate workbooks for each Specialized course, a single workbook is developed for the Specialized courses.</td>
<td>Sarah Brooks</td>
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<td>Minor changes – final product</td>
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<td>Helminthiases</td>
</tr>
<tr>
<td>A75-A79</td>
<td>Rickettsioses</td>
<td>B85-B89</td>
<td>Pediculosis, acariasis and other infestations</td>
</tr>
<tr>
<td>A80-A89</td>
<td>Viral and prion infections of the central nervous system</td>
<td>B90-B94</td>
<td>Sequelae of infectious and parasitic diseases</td>
</tr>
<tr>
<td>A90-A99</td>
<td>Arthropod-borne viral fevers and viral hemorrhagic fevers</td>
<td>B95-B97</td>
<td>Bacterial and viral infectious agents</td>
</tr>
<tr>
<td>B00-B09</td>
<td>Viral infections characterized by skin and mucous membrane lesions</td>
<td>B99</td>
<td>Other infectious diseases</td>
</tr>
</tbody>
</table>
# 2.2 Chapter 2 - Neoplasms (C00-D49)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C00-C14</td>
<td>Malignant neoplasms of lip, oral cavity and pharynx</td>
</tr>
<tr>
<td>C15-C26</td>
<td>Malignant neoplasms of digestive organs</td>
</tr>
<tr>
<td>C30-C39</td>
<td>Malignant neoplasms of respiratory and intrathoracic organs</td>
</tr>
<tr>
<td>C40-C41</td>
<td>Malignant neoplasms of bone and articular cartilage</td>
</tr>
<tr>
<td>C43-C44</td>
<td>Melanoma and other malignant neoplasms of skin</td>
</tr>
<tr>
<td>C45-C49</td>
<td>Malignant neoplasms of mesothelial &amp; soft tissue</td>
</tr>
<tr>
<td>C50</td>
<td>Malignant neoplasms of breast</td>
</tr>
<tr>
<td>C51-C58</td>
<td>Malignant neoplasms of female genital organs</td>
</tr>
<tr>
<td>C60-C63</td>
<td>Malignant neoplasms of male genital organs</td>
</tr>
<tr>
<td>C64-C68</td>
<td>Malignant neoplasms of urinary tract</td>
</tr>
<tr>
<td>C69-C72</td>
<td>Malignant neoplasms of eye, brain and other parts of central nervous system</td>
</tr>
<tr>
<td>C73-C75</td>
<td>Malignant neoplasms of thyroid and other endocrine glands</td>
</tr>
<tr>
<td>C7A</td>
<td>Malignant neuroendocrine tumors</td>
</tr>
<tr>
<td>C7B</td>
<td>Secondary neuroendocrine tumors</td>
</tr>
<tr>
<td>C76-C80</td>
<td>Malignant neoplasms of ill-defined, other secondary and unspecified sites</td>
</tr>
<tr>
<td>C81-C96</td>
<td>Malignant neoplasms of lymphoid, hematopoietic and related tissue</td>
</tr>
<tr>
<td>D00-D09</td>
<td>In situ neoplasms</td>
</tr>
<tr>
<td>D10-D36</td>
<td>Benign neoplasms, except benign neuroendocrine tumors</td>
</tr>
<tr>
<td>D3A</td>
<td>Benign neuroendocrine tumors</td>
</tr>
<tr>
<td>D37-D48</td>
<td>Neoplasms of uncertain behavior, polycythemia vera &amp; myelodysplastic syndromes</td>
</tr>
<tr>
<td>D49</td>
<td>Neoplasms of unspecified behavior</td>
</tr>
</tbody>
</table>
### 2.3 Chapter 3 - Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D50-D53</td>
<td>Nutritional anemias</td>
</tr>
<tr>
<td>D55-D59</td>
<td>Hemolytic anemias</td>
</tr>
<tr>
<td>D60-D64</td>
<td>Aplastic and other anemias and other bone marrow failure syndromes</td>
</tr>
<tr>
<td>D65-D69</td>
<td>Coagulation defects, purpura and other hemorrhagic conditions</td>
</tr>
<tr>
<td>D50-D77</td>
<td>Other disorders of blood and blood-forming organs</td>
</tr>
<tr>
<td>D78</td>
<td>Intraoperative and postprocedural complications of the spleen</td>
</tr>
<tr>
<td>D80-D89</td>
<td>Certain disorders involving the immune mechanism</td>
</tr>
</tbody>
</table>

### 2.4 Chapter 4 - Endocrine, Nutritional and Metabolic Diseases (E00-E89)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E00-E07</td>
<td>Disorders of thyroid gland</td>
</tr>
<tr>
<td>E08-E13</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>E15-E16</td>
<td>Other disorders of glucose regulation and pancreatic internal secretion</td>
</tr>
<tr>
<td>E20-E35</td>
<td>Disorders of other endocrine glands</td>
</tr>
<tr>
<td>E36</td>
<td>Intraoperative complications of endocrine system</td>
</tr>
<tr>
<td>E40-E46</td>
<td>Malnutrition</td>
</tr>
<tr>
<td>E45-E64</td>
<td>Other nutritional deficiencies</td>
</tr>
<tr>
<td>E65-E68</td>
<td>Overweight, obesity and other hyperalimentation</td>
</tr>
<tr>
<td>E70-E88</td>
<td>Metabolic disorders</td>
</tr>
<tr>
<td>E89</td>
<td>Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified</td>
</tr>
</tbody>
</table>
### 2.5 Chapter 5 - Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

<table>
<thead>
<tr>
<th>Code F01-F09</th>
<th>Description</th>
<th>Code F50-F59</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disorders due to known physiological conditions</td>
<td>Behavioral syndromes associated with physiological disturbances and physical factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F10-F19</td>
<td>Mental and behavioral disorders due to psychoactive substance use</td>
<td>F60-F69</td>
<td>Disorders of adult personality and behavior</td>
</tr>
<tr>
<td>F20-F29</td>
<td>Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders</td>
<td>F70-F79</td>
<td>Intellectual disabilities</td>
</tr>
<tr>
<td>F30-F39</td>
<td>Mood [affective] disorders</td>
<td>F80-F89</td>
<td>Pervasive and specific developmental disorder</td>
</tr>
<tr>
<td>F40-F48</td>
<td>Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders</td>
<td>F90-F98</td>
<td>Behavioral and emotional disorders with onset usually occurring in childhood and adolescence</td>
</tr>
<tr>
<td>F99</td>
<td>Unspecified mental disorder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2.6 Chapter 6 - Diseases of the Nervous System (G00-G99)

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G00-G09</td>
<td>Inflammatory diseases of the central nervous system</td>
</tr>
<tr>
<td>G10-G14</td>
<td>Systemic atrophies primarily affecting the central nervous system</td>
</tr>
<tr>
<td>G20-G26</td>
<td>Extrapyramidal and movement disorders</td>
</tr>
<tr>
<td>G30-G32</td>
<td>Other degenerative diseases of the nervous system</td>
</tr>
<tr>
<td>G35-G37</td>
<td>Demyelinating diseases of the central nervous system</td>
</tr>
<tr>
<td>G40-G47</td>
<td>Episodic and paroxysmal disorders</td>
</tr>
<tr>
<td>G50-G59</td>
<td>Nerve, nerve root and plexus disorders</td>
</tr>
<tr>
<td>G60-G65</td>
<td>Polyneuropathies and other disorders of the peripheral nervous system</td>
</tr>
<tr>
<td>G70-G73</td>
<td>Diseases of myoneural junction and muscle</td>
</tr>
<tr>
<td>G80-G83</td>
<td>Cerebral palsy and other paralytic syndromes</td>
</tr>
<tr>
<td>G89-G99</td>
<td>Other disorders of the nervous system</td>
</tr>
</tbody>
</table>

### 2.7 Chapter 7 – Diseases of the eye and adnexa (H00-H59)

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H00-H05</td>
<td>Disorders of eyelid, lacrimal system and orbit</td>
</tr>
<tr>
<td>H10-H11</td>
<td>Disorders of conjunctiva</td>
</tr>
<tr>
<td>H15-H22</td>
<td>Disorders of sclera, cornea, iris and ciliary body</td>
</tr>
<tr>
<td>H25-H28</td>
<td>Disorders of lens</td>
</tr>
<tr>
<td>H30-H36</td>
<td>Disorders of choroid and retina</td>
</tr>
<tr>
<td>H43-H44</td>
<td>Disorders of vitreous body and globe</td>
</tr>
<tr>
<td>H46-H47</td>
<td>Disorders of optic nerve and visual pathways</td>
</tr>
<tr>
<td>H49-H52</td>
<td>Disorders of ocular muscles, binocular movement, accommodation and refraction</td>
</tr>
<tr>
<td>H53-H54</td>
<td>Visual disturbances and blindness</td>
</tr>
<tr>
<td>H55-H57</td>
<td>Other disorders of eye and adnexa</td>
</tr>
<tr>
<td>H40-H42 Glaucoma</td>
<td>H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified</td>
</tr>
<tr>
<td>--------------------------</td>
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</tr>
</tbody>
</table>

### 2.8 Chapter 8 - Diseases of the ear and mastoid process (H60-H95)

<table>
<thead>
<tr>
<th>H60-H62 Diseases of external ear</th>
<th>H90-H94 Other disorders of ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>H65-H75 Diseases of middle ear and mastoid</td>
<td>H95 Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified</td>
</tr>
<tr>
<td>H80-H83 Diseases of inner ear</td>
<td></td>
</tr>
</tbody>
</table>
### 2.10 Chapter 10 – Diseases of the respiratory system (J00-J99)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J00-J06</td>
<td>Acute upper respiratory infections</td>
</tr>
<tr>
<td>J09-J18</td>
<td>Influenza and pneumonia</td>
</tr>
<tr>
<td>J20-J22</td>
<td>Other acute lower respiratory infections</td>
</tr>
<tr>
<td>J30-K39</td>
<td>Other diseases of upper respiratory tract</td>
</tr>
<tr>
<td>J40-J47</td>
<td>Chronic lower respiratory diseases</td>
</tr>
<tr>
<td>J60-J70</td>
<td>Lung diseases due to external agents</td>
</tr>
<tr>
<td>J80-J84</td>
<td>Other respiratory diseases principally affecting the interstitium</td>
</tr>
<tr>
<td>J85-J86</td>
<td>Suppurative and necrotic conditions of the lower respiratory tract</td>
</tr>
<tr>
<td>J90-J94</td>
<td>Other diseases of the pleura</td>
</tr>
<tr>
<td>J95</td>
<td>Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified</td>
</tr>
<tr>
<td>J96-J99</td>
<td>Other diseases of the respiratory system</td>
</tr>
</tbody>
</table>

### 2.11 Chapter 11 – Diseases of the digestive system (K00-K95)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K00-K14</td>
<td>Diseases of oral cavity and salivary glands</td>
</tr>
<tr>
<td>K20-K31</td>
<td>Diseases of esophagus, stomach and duodenum</td>
</tr>
<tr>
<td>K35-K38</td>
<td>Diseases of appendix</td>
</tr>
<tr>
<td>K40-K46</td>
<td>Hernia</td>
</tr>
<tr>
<td>K50-K52</td>
<td>Noninfective enteritis and colitis</td>
</tr>
<tr>
<td>K55-K64</td>
<td>Other diseases of intestines</td>
</tr>
<tr>
<td>K65-K68</td>
<td>Diseases of peritoneum and retroperitoneum</td>
</tr>
<tr>
<td>K70-K77</td>
<td>Diseases of liver</td>
</tr>
<tr>
<td>K80-K87</td>
<td>Disorders of gallbladder, biliary tract and pancreas</td>
</tr>
<tr>
<td>K90-K95</td>
<td>Other diseases of the digestive system</td>
</tr>
</tbody>
</table>
## 2.12 Chapter 12 – Diseases of the skin and subcutaneous tissue (L00-L99)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L00-L08</td>
<td>Infections of the skin and subcutaneous tissue</td>
</tr>
<tr>
<td>L10-L14</td>
<td>Bullous disorders</td>
</tr>
<tr>
<td>L20-L30</td>
<td>Dermatitis and eczema</td>
</tr>
<tr>
<td>L40-L45</td>
<td>Papulosquamous disorders</td>
</tr>
<tr>
<td>L49-L54</td>
<td>Urticaria and erythema</td>
</tr>
<tr>
<td>L55-L59</td>
<td>Radiation-related disorders of the skin and subcutaneous tissue</td>
</tr>
<tr>
<td>L60-L75</td>
<td>Disorders of skin appendages</td>
</tr>
<tr>
<td>L76</td>
<td>Intraoperative and postprocedural complications of skin and subcutaneous tissue</td>
</tr>
<tr>
<td>L80-L99</td>
<td>Other disorders of the skin and subcutaneous tissue</td>
</tr>
</tbody>
</table>

## 2.13 Chapter 13 – Diseases of the musculoskeletal system and connective tissue (M00-M99)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M00-M02</td>
<td>Infectious arthropathies</td>
</tr>
<tr>
<td>M05-M14</td>
<td>Inflammatory polyarthropathies</td>
</tr>
<tr>
<td>M15-M19</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>M20-M25</td>
<td>Other joint disorders</td>
</tr>
<tr>
<td>M26-M27</td>
<td>Dentofacial anomalies [including malocclusion] and other disorders of jaw</td>
</tr>
<tr>
<td>M30-M36</td>
<td>Systemic connective tissue disorders</td>
</tr>
<tr>
<td>M40-M43</td>
<td>Deforming dorsopathies</td>
</tr>
<tr>
<td>M60-M63</td>
<td>Disorders of muscles</td>
</tr>
<tr>
<td>M65-M67</td>
<td>Disorders of synovium and tendon</td>
</tr>
<tr>
<td>M70-M79</td>
<td>Other soft tissue disorders</td>
</tr>
<tr>
<td>M80-M85</td>
<td>Disorders of bone density and structure</td>
</tr>
<tr>
<td>M86-M90</td>
<td>Other osteopaties</td>
</tr>
<tr>
<td>M91-M94</td>
<td>Chondropathies</td>
</tr>
<tr>
<td>M95</td>
<td>Other disorders of the musculoskeletal system and connective tissue</td>
</tr>
<tr>
<td>M45-M49 Spondylopathies</td>
<td>M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>M50-M54 Other dorsopathies</td>
<td>M99 Biomechanical lesions, not elsewhere classified</td>
</tr>
</tbody>
</table>

**2.14 Chapter 14 – Diseases of the genitourinary system (N00-N99)**

<table>
<thead>
<tr>
<th>N00-N08 Glomerular diseases</th>
<th>N40-N53 Diseases of male genital organs</th>
</tr>
</thead>
<tbody>
<tr>
<td>N10-N16 Renal tubulo-interstitial diseases</td>
<td>N60-N65 Disorders of breast</td>
</tr>
<tr>
<td>N17-N19 Acute kidney failure and chronic kidney disease</td>
<td>N70-N77 Inflammatory diseases of female pelvic organs</td>
</tr>
<tr>
<td>N20-N23 Urolithiasis</td>
<td>N80-N98 Noninflammatory disorders of female genital tract</td>
</tr>
<tr>
<td>N25-N29 Other disorders of kidney and ureter</td>
<td>N99 Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified</td>
</tr>
<tr>
<td>N30-N39 Other diseases of the urinary system</td>
<td></td>
</tr>
</tbody>
</table>
### 2.15 Chapter 15 – Pregnancy, childbirth and the puerperium (O00-O99A)

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O00-O08</td>
<td>Pregnancy with abortive outcome</td>
</tr>
<tr>
<td>O09</td>
<td>Supervision of high risk pregnancy</td>
</tr>
<tr>
<td>O10-O16</td>
<td>Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium</td>
</tr>
<tr>
<td>O20-O29</td>
<td>Other maternal disorders predominantly related to pregnancy</td>
</tr>
<tr>
<td>O30-O48</td>
<td>Maternal care related to the fetus and amniotic cavity and possible delivery problems</td>
</tr>
<tr>
<td>O60-O77</td>
<td>Complications of labor and delivery</td>
</tr>
<tr>
<td>O80-O82</td>
<td>Encounter for delivery</td>
</tr>
<tr>
<td>O85-O92</td>
<td>Complications predominantly related to the puerperium</td>
</tr>
<tr>
<td>O94-O9A</td>
<td>Other obstetric conditions, not elsewhere classified</td>
</tr>
</tbody>
</table>

### 2.16 Chapter 16 – Certain conditions originating in the perinatal period (P00-P96)

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>P00-P04</td>
<td>Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery</td>
</tr>
<tr>
<td>P05-P08</td>
<td>Disorders of newborn related to length of gestation and fetal growth</td>
</tr>
<tr>
<td>P09</td>
<td>Abnormal findings on neonatal screening</td>
</tr>
<tr>
<td>P10-P15</td>
<td>Birth trauma</td>
</tr>
<tr>
<td>P50-P61</td>
<td>Hemorrhagic and hematological disorders of newborn</td>
</tr>
<tr>
<td>P70-P74</td>
<td>Transitory endocrine and metabolic disorders specific to newborn</td>
</tr>
<tr>
<td>P76-P78</td>
<td>Digestive system disorders of newborn</td>
</tr>
<tr>
<td>P80-P83</td>
<td>Conditions involving the integument and temperature regulation of newborn</td>
</tr>
</tbody>
</table>
2.17 Chapter 17 – Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

<table>
<thead>
<tr>
<th>Q00-Q07</th>
<th>Congenital malformations of the nervous system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q10-Q18</td>
<td>Congenital malformations of eye, ear, face and neck</td>
</tr>
<tr>
<td>Q20-Q28</td>
<td>Congenital malformations of the circulatory system</td>
</tr>
<tr>
<td>Q30-Q34</td>
<td>Congenital malformations of the respiratory system</td>
</tr>
<tr>
<td>Q35-Q37</td>
<td>Cleft lip and cleft palate</td>
</tr>
<tr>
<td>Q38-Q45</td>
<td>Other congenital malformations of the digestive system</td>
</tr>
<tr>
<td>Q50-Q56</td>
<td>Congenital malformations of genital organs</td>
</tr>
<tr>
<td>Q60-Q64</td>
<td>Congenital malformations of the urinary system</td>
</tr>
<tr>
<td>Q65-Q79</td>
<td>Congenital malformations and deformations of the musculoskeletal system</td>
</tr>
<tr>
<td>Q80-Q89</td>
<td>Other congenital malformations</td>
</tr>
<tr>
<td>Q90-Q99</td>
<td>Chromosomal abnormalities, not elsewhere classified</td>
</tr>
</tbody>
</table>
### 2.18 Chapter 18 – Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R00-R09</td>
<td>Symptoms and signs involving the circulatory and respiratory systems</td>
<td>R50-R69</td>
<td>General symptoms and signs</td>
</tr>
<tr>
<td>R10-R19</td>
<td>Symptoms and signs involving the digestive system and abdomen</td>
<td>R70-R79</td>
<td>Abnormal findings on examination of blood, without diagnosis</td>
</tr>
<tr>
<td>R20-R23</td>
<td>Symptoms and signs involving the skin and subcutaneous tissue</td>
<td>R80-R82</td>
<td>Abnormal findings on examination of urine, without diagnosis</td>
</tr>
<tr>
<td>R25-R29</td>
<td>Symptoms and signs involving the nervous and musculoskeletal systems</td>
<td>R83-R89</td>
<td>Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis</td>
</tr>
<tr>
<td>R30-R39</td>
<td>Symptoms and signs involving the genitourinary system</td>
<td>R90-R94</td>
<td>Abnormal findings on diagnostic imaging and in function studies, without diagnosis</td>
</tr>
<tr>
<td>R40-R46</td>
<td>Symptoms and signs involving cognition, perception, emotional state and behavior</td>
<td>R97</td>
<td>Abnormal tumor markers</td>
</tr>
<tr>
<td>R47-R49</td>
<td>Symptoms and signs involving speech and voice</td>
<td>R99</td>
<td>Ill-defined and unknown cause of mortality</td>
</tr>
</tbody>
</table>
## 2.19 Chapter 19 – Injury, poisoning, and certain other consequences of external causes (S00-T88)

<table>
<thead>
<tr>
<th>S00-S09 Injuries to the head</th>
<th>T15-T19 Effects of foreign body entering through natural orifice</th>
</tr>
</thead>
<tbody>
<tr>
<td>S10-S19 Injuries to the neck</td>
<td>T20-T32 Burns and corrosions</td>
</tr>
<tr>
<td>S20-S29 Injuries to the thorax</td>
<td>T20-T25 Burns and corrosions of external body surface, specified by site</td>
</tr>
<tr>
<td>S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals</td>
<td>T26-T28 Burns and corrosions confined to eye and internal organs</td>
</tr>
<tr>
<td>S40-S49 Injuries to the shoulder and upper arm</td>
<td>T30-T32 Burns and corrosions of multiple and unspecified body regions</td>
</tr>
<tr>
<td>S50-S59 Injuries to the elbow and forearm</td>
<td>T33-T34 Frostbite</td>
</tr>
<tr>
<td>S60-S69 Injuries to the wrist, hand and fingers</td>
<td>T36-T50 Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances</td>
</tr>
<tr>
<td>S70-S79 Injuries to the hip and thigh</td>
<td>T51-T6 Toxic effects of substances chiefly nonmedicinal as to source</td>
</tr>
<tr>
<td>S80-S89 Injuries to the knee and lower leg</td>
<td>T66-T78 Other and unspecified effects of external causes</td>
</tr>
<tr>
<td>S90-S99 Injuries to the ankle and foot</td>
<td>T79 Certain early complications of trauma</td>
</tr>
<tr>
<td>T07 Injuries involving multiple body regions</td>
<td>T80-T88 Complications of surgical and medical care, not elsewhere classified</td>
</tr>
<tr>
<td>T14 Injury of unspecified body</td>
<td></td>
</tr>
</tbody>
</table>

22
### 2.20 Chapter 20 – External Causes of Morbidity (V01-Y99)

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V00-X58</td>
<td>Accidents</td>
<td>V70-V79</td>
<td>Bus occupant injured in transport accident</td>
</tr>
<tr>
<td>V00-V99</td>
<td>Transport accidents</td>
<td>V80-V89</td>
<td>Other land transport accidents</td>
</tr>
<tr>
<td>V00-V09</td>
<td>Pedestrian injured in transport accident</td>
<td>V90-V94</td>
<td>Water transport accidents</td>
</tr>
<tr>
<td>V10-V19</td>
<td>Pedal cycle rider injured in transport accident</td>
<td>V95-V97</td>
<td>Air and space transport accidents</td>
</tr>
<tr>
<td>V20-V29</td>
<td>Motorcycle rider injured in transport accident</td>
<td>V98-V99</td>
<td>Other and unspecified transport accidents</td>
</tr>
<tr>
<td>V30-V39</td>
<td>Occupant of three-wheeled motor vehicle injured in transport accident</td>
<td>W00-X58</td>
<td>Other external causes of accidental injury</td>
</tr>
<tr>
<td>V40-V49</td>
<td>Car occupant injured in transport accident</td>
<td>W00-W19</td>
<td>Slipping, tripping, stumbling and falls</td>
</tr>
<tr>
<td>V50-V59</td>
<td>Occupant of pick-up truck or van injured in transport accident</td>
<td>W20-W49</td>
<td>Exposure to inanimate mechanical forces</td>
</tr>
<tr>
<td>V60-V69</td>
<td>Occupant of heavy transport vehicle injured in transport accident</td>
<td>W50-W64</td>
<td>Exposure to animate mechanical forces</td>
</tr>
</tbody>
</table>
### 2.21 Chapter 21 – Factors influencing health status and contact with health services (Z00-Z99)

<table>
<thead>
<tr>
<th>Z00-Z13 Persons encountering health services for examinations</th>
<th>Z40-Z53 Encounters for other specific health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z14-Z15 Genetic carrier and genetic susceptibility to disease</td>
<td>Z55-Z65 Persons with potential health hazards related to socioeconomic and psychosocial circumstances</td>
</tr>
<tr>
<td>Z16 Resistance to antimicrobial drugs</td>
<td>Z66 Do not resuscitate status</td>
</tr>
<tr>
<td>Z17 Estrogen receptor status</td>
<td>Z67 Blood type</td>
</tr>
<tr>
<td>Z18 Retained foreign body fragments</td>
<td>Z68 Body mass index (BMI)</td>
</tr>
<tr>
<td>Z20-Z28 Persons with potential health hazards related to communicable diseases</td>
<td>Z69-Z76 Persons encountering health services in other circumstances</td>
</tr>
<tr>
<td>Z30-Z39 Persons encountering health services in circumstances related to reproduction</td>
<td>Z77-Z99 Persons with potential health hazards related to family and personal history and certain conditions influencing health status</td>
</tr>
</tbody>
</table>
3. **ICD-10-CM: Behavioral Health Course**

### 3.1 Behavioral Health Course Unit 1 - Review Questions

1. Z codes are procedure codes
   - [ ] True  [ ] False

2. Screening codes are used when you are seeing someone who has some signs or symptoms related to the reason for the screening
   - [ ] True  [ ] False

3. If the court orders you to evaluate someone for a suspected psychiatric condition and the suspected condition is confirmed, the observation code is not used – you code the diagnosis or symptom
   - [ ] True  [ ] False

4. If a pediatrician refers an 8 year old because of hyperactivity, disruptive behavior and impulsivity and following examination you determine they are ADHD, the primary reason for the visit will be the examination
   - [ ] True  [ ] False
3.2 Behavioral Health Course Unit 1 – Coding Exercise

Scenario: 61 year old man is found by police wandering the streets and talking to himself. A judge has ordered a psychiatric evaluation. No mental disorders are identified. The gentleman is living in a shack outside of town that does not have heat and he has no means of support other than panhandling. He has history of MI 5 years ago and smokes cigarettes when he can find them. He is referred to Social Services.

- Code the scenario

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
3.3 Behavioral Health Course Unit 2 - Review Questions

1. If a client with a history of alcohol dependence completes a questionnaire during an encounter and states he has had nothing to drink for the past 6 months, the clinician could code this as history of alcohol dependence.

☐ True ☐ False

2. If a client recently lost their spouse and states they are depressed, clinicians should code this as F32.9, Major depressive disorder, single episode, unspecified.

☐ True ☐ False

3. Codes in category, Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98) can be assigned to adults.

☐ True ☐ False
## 3.4 Behavioral Health Course Unit 2 – Coding Exercise

<table>
<thead>
<tr>
<th>#</th>
<th>Diagnoses</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>19 year old male seen for continued counseling for treatment of dependence on amphetamines.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>30 year old male with dependence on chewing tobacco presents to the clinic requesting assistance for cessation of chewing tobacco. He has been a chronic user of chewing tobacco since age 13 and now he wants to quit. Counseling on the options for chewing tobacco cessation was provided to the client.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>45 year old male is seen for individual psychotherapy as part of his long-term treatment for borderline personality disorder. The client has been taking Abilify and reports he feels it has helped him manage his impulsive, overly emotional, and erratic behavior and suicidal thoughts. The client has a history of alcohol dependence which is in remission.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>27 year old female is referred by the Maternal Health clinic for evaluation for postpartum depression. She has a newborn and two other children under age 5 and is feeling overwhelmed. It is determined she has postpartum dysphoria. She is referred for childcare counseling.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>43 year old female reports having episodes of increased forgetfulness including problems remembering recent events, the names of people and things, wandering off forgetting where she is going or how to return home. She is diagnosed with dementia due to early-onset Alzheimer’s.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>12 year old female is referred by her family physician for anxiety, depression and irritability. Following evaluation, it is determined the child has mixed anxiety and depressive disorder.</td>
<td></td>
</tr>
</tbody>
</table>
4. ICD-10-CM: Child Health and Health Check Course

4.1 Child Health and Health Check Course Unit 1 - Review Questions

1. Any time a vaccine is administered, Z23 will be used as the diagnosis code
   - True   - False

2. If a child is delinquent on his/her immunizations, use Status code Z28.3, Underimmunization status
   - True   - False

3. Whenever a Z code is used, a CPT code is not needed
   - True   - False

4. Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a screening
   - True   - False

5. Follow up codes are used when treatment for a disease, condition or injury is still ongoing
   - True   - False
4.2 Child Health and Health Check
Course Unit 1 – Coding Exercises

• **Scenario 1:** A 7 year old male is seen in clinic for his well child care visit. Mother states his older brother is being treated for ADHD and she thinks this child may have ADHD. Examination findings are normal. The child is delinquent on DTaP, IPV, MMR and VAR immunizations so those were administered.

  ➢ Code the scenario
  
  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________

• **Scenario 2:** Medical examination of 4 year old child for admission to preschool

  ➢ Code the scenario
  
  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________
4.3 Child Health and Health Check
Course Unit 2 - Review Questions

1. Type 2 Diabetes Mellitus is the default if Type is not documented

   [ ] True  [ ] False

2. Code Z79.4, Long-term (current) use of insulin, is always used for all 5 categories of Diabetes Mellitus

   [ ] True  [ ] False

3. If Obesity is coded, the BMI must always be coded as well

   [ ] True  [ ] False

4. Most codes in Chapter 7, Diseases of the Eye and Adnexa, include anatomic site and/or laterality

   [ ] True  [ ] False

5. A diagnosis of “Otitis Media” will surely be paid by Medicaid, no questions asked

   [ ] True  [ ] False
4.4 Child Health and Health Check
Course Unit 2 – Coding Exercise

• **Scenario:** 13 year old obese female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300. Height – 5’0”; Weight – 190 lbs

  ➢ Code the scenario

  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

• **Code the following:**

  ➢ Juvenile absence epilepsy, not intractable, with status epilepticus

  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

  ➢ Ear Infection

  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

  ➢ Acute conjunctivitis, right eye; and chronic conjunctivitis, both eyes

  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
4.5  Child Health and Health Check
Course Unit 3 - Review Questions

1. If the clinician suspects influenza but cannot confirm the type, use codes in category J11
   □ True  □ False

2. Benign and malignant hypertension are the same code – I10
   □ True  □ False

3. There is not a specific code for acute recurrent sinusitis
   □ True  □ False

4. Intrinsic asthma and Extrinsic asthma have different codes
   □ True  □ False

5. Laboratory results are required before a clinician can confirm the type of flu
   □ True  □ False
4.6 Child Health and Health Check
Course Unit 3 - Coding Exercises

- **Scenario 1**: Mother of 8 year old male states he has had a bad cough and diarrhea for two days. Dx: Intestinal flu; Acute URI

  ➢ Code the scenario
  
  ➢ Code the scenario
  
  ➢ Code the scenario

- **Scenario 2**: 5 year old male diagnosed with severe persistent asthma with acute exacerbation

  ➢ Code the scenario
  
  ➢ Code the scenario
  
  ➢ Code the scenario
  
  ➢ Code the scenario
## 4.7 Child Health and Health Check
Course Unit 4 - Review Questions

1. When a combination code that identifies both the definitive diagnosis and common symptoms of that diagnosis, code the symptoms

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
</tr>
</thead>
</table>

2. When both birth weight and gestational age are available code one or the other but not both

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
</tr>
</thead>
</table>

3. Codes for signs and symptoms are not reported in addition to a related definitive diagnosis

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
</tr>
</thead>
</table>

4. If a condition originates in the perinatal period and continues throughout the life of the client, the perinatal code should continue to be used regardless of client’s age

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
</tr>
</thead>
</table>

5. Codes from Chapter 17 cannot be used after a client reaches age 18

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
</tr>
</thead>
</table>
4.8 Child Health and Health Check
Course Unit 4 - Coding Exercises

- **Scenario 1:** A 9 year old with asthma was seen in the clinic two weeks ago at which time Advair was prescribed. The child has been experiencing nausea and dizziness since starting the Advair. It appears she is having an adverse reaction to the Advair so is told to discontinue taking the Advair.

  - Code the scenario

- **Scenario 2:** An 8 year old comes in for WCC and it is suspected that he has been sexually abused. Social Services is notified.

  - Code the scenario
### 4.9 Child Health and Health Check
Course Units 1 - 4 Coding Exercises

<table>
<thead>
<tr>
<th>#</th>
<th>Diagnoses</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5 year old male seen in Child Health clinic today for Chalazion, right upper and lower eyelids.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>During a routine Health Check physical exam, an 8 year old white female is discovered to be dehydrated. The mother reports the child has had diarrhea for several days.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4 year old female is experiencing acute pain in both ears. This child has been seen on several occasions for serous otitis media, right ear. Both parents are heavy cigarette smokers. Diagnosis: Acute serous otitis media, left ear; Total perforated tympanic membrane due to chronic serous otitis media, right ear.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A 14 year old female is seen in child health clinic for irregular periods. A pregnancy test is given and it is determined patient is pregnant.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>6 year old female diagnosed with Erythema multiforme minor due to azithromycin prescribed for recurrent acute suppurative otitis media, both ears. Client has approximately 9 percent body surface exfoliation, primarily on her arms and legs.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Full term newborn delivered 4 days ago and discharged with no problems. After going home he was jaundiced so the mother brings him to the health department for evaluation. Infant is diagnosed with hyperbilirubinemia and will have phototherapy provided at home.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2 month old male is seen for initial Child Health examination. He has a cleft palate involving both the soft and hard palate, with bilateral cleft lip.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>12 year old female complaining of painful urination and an urge to urinate frequently. Diagnosis: Acute suppurative cystitis, with hematuria due to E coli.</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Diagnoses</td>
<td>Answer</td>
</tr>
<tr>
<td>----</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>9</td>
<td>A 9 year old is seen for sore throat and upper respiratory symptoms with an onset 2 days ago. A rapid strep test is negative and an Albuterol nebulizer treatment is given before sending child out via EMS for acute respiratory distress.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>3 year, 8 month old male presents to clinic for ADHD/Behavior issues according to mother; physical exam finds 3cm lymph node below chin—Rx given for Acute Lymphadenitis. Mother states during exam that child has killed multiple small animals and constantly tortures cat. Referral to mental health for Conduct Disorder and possible ADHD; follow up lymphadenitis in 2 weeks</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>A 3 yr old male with nutritional deficiency was referred from his primary care physician to receive Medical Nutrition Therapy (MNT) from a Registered Dietitian. The child weighed 1000 grams at birth after 32 weeks gestation. He has fetal alcohol syndrome as the mother suffered from alcohol abuse prior to and during the pregnancy. The mother has been in remission for 1 year. The primary care physician ordered 3 visits with a return visit to his office upon completion of the MNT services.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>A 2 year old comes in for WCC and it is discovered that child has pink eye and is treated. WCC rescheduled.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>A 1 year old Child Health client presents for their annual periodic Child Health visit and receives the following: Bright Futures history, exam, lead level, vision, hearing, developmental screening and is found to have an inner ear infection of the right ear.</td>
<td></td>
</tr>
</tbody>
</table>
5. ICD-10-CM: Family Planning Course

5.1 Family Planning Course Unit 1 - Review Questions

1. Z codes are procedure codes
   - True  - False

2. If a client comes in for a Family Planning annual visit and complains of severe headaches, the severe headaches will be first-listed
   - True  - False

3. Screening codes are used when you are seeing someone who has no signs or symptoms related to the reason for the screening but you are evaluating for early detection
   - True  - False

4. If family planning counseling routinely occurs during an encounter for surveillance of contraceptive pills, you do not code the counseling
   - True  - False
5.2 Family Planning Course Unit 1 – Coding Exercise

• **Scenario 1:** A healthy 17 year old female comes in wanting to get started on oral contraceptives. She reports that her mother had breast cancer. She smokes ½ pack cigarettes a day. After her assessment she is started on Ortho Tri-Cyclen.

  ➢ Code the scenario
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

• **Scenario 2:** A 24 year old woman with a history of Chlamydia two years ago comes in requesting an IUD. Examination is normal but tested for Chlamydia and a pap smear is done. IUD was inserted with no problems noted.

  ➢ Code the scenario
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

______
5.3 Family Planning Course Unit 2 - Review Questions

1. Each health care encounter should be coded based on my knowledge of what was done – not what was documented

☐ True  ☐ False

2. Signs and symptoms are acceptable for cases where a more specific diagnosis cannot be made even after all the facts bearing on the case have been investigated

☐ True  ☐ False

3. The Table of Drugs and Chemicals contain the code numbers so the Tabular does not need to be consulted

☐ True  ☐ False
# 5.4 Family Planning Course Unit 2 – Coding Exercise

<table>
<thead>
<tr>
<th>#</th>
<th>Diagnoses</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16-year old female comes in requesting to get started on oral contraceptives. Her well child visit 3 weeks ago was unremarkable. Menses are regular, no complaints. She is started on Ortho Tri-Cyclen.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A 28 year old with a history of contraceptive failure resulting in a pregnancy while using a diaphragm, comes in to discuss other methods. She decides that she wants to use Nexplanon.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A 16 year old, never seen in the LHD before, comes in seeking a pregnancy test. The test is positive and 8 weeks gestation. She is referred to Maternal Health.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A 32 year old male comes into clinic interested in vasectomy. He has been approved for the FPW (Be Smart Program) but has not had an initial physical. The provider completes the initial exam which was unremarkable and discusses options for scheduling the vasectomy.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ms. C had an implant inserted 2 weeks ago in her right upper arm and returns to clinic with complaints of pain at insertion site and dizziness; provider examines the insertion site and has a 15 minute discussion re: whether to keep or remove the implant. Ms. C decides not to remove the implant; will return to the office in a month if symptoms continue.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A 17-year-old established patient seen for “check-up” and initiation of contraception; Menses are regular; no complaints; Sexual debut 6 months ago; 2 lifetime partners; BP checked; vaginal swab for Gonorrhea/Chlamydia (NAAT); Given prescription for Ortho-Evra patch.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>A 21 year old female presents to FP clinic for Depo Provera injection. She reports increasing feelings of sadness and hopelessness and has gained 8 pounds since her last visit three months ago. The nurse refers the patient to the clinician for evaluation.</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Diagnoses</td>
<td>Answer</td>
</tr>
<tr>
<td>----</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>8</td>
<td>19 year old female in for family planning annual exam. Breast tenderness x 3 months. Findings include ½ cm fibrocystic nodule in left breast and 1 cm mobile nodule in right breast. Right breast ultrasound ordered—possible breast adenoma</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Clinic visit for replacement of intrauterine contraceptive device</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>A 30 year old on birth control pills comes in for her annual Family Planning physical. Her last Pap test 6 months ago was LSIL, but she has missed her follow up appointments. A pap smear is done.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>A 21 year old was seen in the clinic two weeks ago requesting birth control pills so following a normal examination she was prescribed Seasonique. She is seen today because she has been experiencing lower abdominal cramps, and mild nausea since starting the Seasonique. It appears she is having an adverse reaction to the pill so is told to discontinue taking the pill and return in one week.</td>
<td></td>
</tr>
</tbody>
</table>
6. ICD-10-CM: Maternal Health Course

6.1 Maternal Health Course Unit 1 - Review Questions

1. Z codes related to obstetrics or reproduction are used when none of the conditions in Chapter 15, Pregnancy, Childbirth and the Puerperium, exist
   - [ ] True  - [ ] False

2. Follow up codes, such as Z39.2-Encounter for routine postpartum follow-up, are used when treatment for a disease, condition or injury is complete
   - [ ] True  - [ ] False

3. If childbirth or childcare counseling routinely occurs during a maternal health visit, you need to code the counseling
   - [ ] True  - [ ] False

4. Codes from category Z34, Encounter for supervision of normal pregnancy, must be first-listed
   - [ ] True  - [ ] False

5. Status codes are used to describe a condition a client had previously that no longer exists
   - [ ] True  - [ ] False
6.2 Maternal Health Course Unit 1 – Coding Exercises

- **Scenario 1**: A 24 year old presents for return OB visit. 16 weeks gestation and her first pregnancy. No problems noted.

  ➢ Code the scenario

  __________________________
  __________________________
  __________________________
  __________________________
  __________________________

- **Scenario 2**: A 21 year old woman who is 3 months pregnant comes in to start prenatal care

  ➢ Code the scenario

  __________________________
  __________________________
  __________________________
  __________________________
  __________________________
6.3 Maternal Health Course Unit 2 - Review Questions

1. If a client has a condition coded from Chapter 15, it will be first-listed
   - True  - False

2. It is acceptable to use codes from category Z34, Encounter for supervision of normal pregnancy, with Chapter 15 codes
   - True  - False

3. For routine prenatal outpatient visits for patients with high-risk pregnancies, a code from category O09, Supervision of high-risk pregnancy, should be used as the first-listed diagnosis
   - True  - False

4. For the client’s first pre-natal visit, a trimester is assigned and does not change during future encounters
   - True  - False

5. If the clinician documents the client is in their 16th week of the pregnancy, the client is in their 1st trimester
   - True  - False

6. To code live born infant including place of birth and type of delivery, codes from Chapter 15 are used
   - True  - False
## 6.4 Maternal Health Course Unit 2 – Coding Exercise

<table>
<thead>
<tr>
<th>#</th>
<th>Diagnoses</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During a routine prenatal visit, a 35 year old woman, G1, P1 at 18 weeks of pregnancy underwent a 1 hour glucose screening test that was found to be abnormal, with a blood sugar level reported to be over 200 mg/dl. The patient was sent to the hospital laboratory for a 3 hour glucose tolerance test. The final diagnosis is Gestational Diabetes.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>36 year old G2 P1 female is 28-weeks pregnant and is being seen at the health department for gestational hypertension. At this time she is not having any other problems.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>25 year old female admitted to the hospital is G1 P0 at 39 weeks with twin gestation. The C-Section delivery was complicated by nuchal cord, without compression, of fetus 2. Both infants were live born and healthy.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>15 year old client is having difficulty breathing. She has AIDS and is 13 weeks pregnant. This is her first pregnancy. Workup reveals Pneumocystitis carinii pneumonia.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>A 30-year old female is in the 36th week of pregnancy and comes to the clinic reporting bleeding. Upon examination it is determined that the patient is hemorrhaging due to placenta previa. EMS is called and the patient is sent to the hospital for an emergency C-Section.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A 14 year old prenatal patient returns to clinic a few hours after her initial prenatal workup visit complaining of vaginal bleeding and cramps.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>During a routine maternal health clinic visit, a 38 year old G2, P0, at 22 weeks gestation, diagnosed with eclampsia. She is a juvenile diabetic and is nicotine dependent smoking 1 pack of cigarettes per day.</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Diagnoses</td>
<td>Answer</td>
</tr>
<tr>
<td>----</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>8</td>
<td>Patient presents today for first postpartum exam and birth control. Last sex was one day ago (first sex since delivering a baby girl 6 weeks ago.) She states that she would like to use NuvaRing. A pregnancy test was administered and was negative.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Antepartum supervision of pregnancy in 29 year old patient with history of three previous stillbirths, 24 weeks gestation</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>A primigravida 15 year old patient at 15 weeks gestation has chronic cystitis and has had recurrent bouts of acute cystitis during her pregnancy.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>A 42 year old comes in for her new OB physical exam after a positive home pregnancy test. Pregnancy confirmed at 8 weeks gestation. This is her first pregnancy.</td>
<td></td>
</tr>
</tbody>
</table>
7. ICD-10-CM: Primary Care and Chronic Disease Course

7.1 Primary Care and Chronic Disease Course Unit 1 - Review Questions

1. A follow-up code may be used to explain multiple visits
   True   False

2. BMI codes can be primary or additional
   True   False

3. If you are seeing a client for a confirmed or suspected condition or for a specific treatment, then codes under “Examination” should not be used
   True   False

4. If a client comes in for a routine examination and a condition is discovered, the condition will be the primary diagnosis
   True   False

5. If a client complains of frequent urination, increased thirst and hunger, and shakiness, and the clinician checks the client’s blood sugar, this will be coded as a screening
   True   False
7.2 Primary Care and Chronic Disease
Course Unit 1 – Coding Exercises

- **Scenario 1:** A 43 year old male is seen for adult health physical and fasting labs. Examination is normal.

  ➢ Code the scenario

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- **Scenario 2:** 79 year old man is receiving home health for his coronary artery disease and a cardiac pacemaker inserted during his hospitalization last week. He requires wound checks and dressing changes ongoing. He has history of MI 5 years ago and smokes ½ pack cigarettes daily.

  ➢ Code the scenario

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7.3 Primary Care and Chronic Disease Course Unit 2 - Review Questions

1. Neoplasms are classified primarily by site
   True  False

2. Only one Diabetes Mellitus code can be assigned for each encounter
   True  False

3. Type 2 Diabetes Mellitus is the default if Type is not documented
   True  False

4. Code Z79.4, Long-term (current) use of insulin, is always used for all 5 categories of Diabetes Mellitus
   True  False

5. If Obesity is coded, the BMI must always be coded as well
   True  False
7.4 Primary Care and Chronic Disease
Course Unit 2 – Coding Exercise

• **Scenario 1:** 45 year old male diagnosed with small cell carcinoma of left upper lobe of lung with metastasis to the intrathoracic lymph nodes and left rib. Seen today because of severe anemia. Client continues to smoke cigarettes-1 pack/day.

  ➢ Code the scenario

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• **Scenario 2:** 43 year old obese female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300. Height – 5’4”; Weight – 190 lbs

  ➢ Code the scenario

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7.5 Primary Care and Chronic Disease Course Unit 3 - Review Questions

1. Most codes in Chapter 7, Diseases of the Eye and Adnexa, include anatomic site and/or laterality.

   [ ] True   [ ] False

2. A diagnosis of “Otitis Media” will surely be paid by Medicaid, no questions asked.

   [ ] True   [ ] False

3. Hypertension is no longer classified by type such as benign, malignant or unspecified hypertension

   [ ] True   [ ] False

4. It is OK to code suspected avian influenza from Category J09

   [ ] True   [ ] False

7.6 Primary Care and Chronic Disease Course Unit 3 - Coding Exercises

- Code the following:
  - Chronic Back Pain
  - Ear Infection
• **Scenario 1:** 43 year old female reports being light-headed and has not felt well the past week. Blood pressure is 210/140 Client is dependent on cigarettes smoking 2 packs/day. She has a history of a MI 2 years ago. Diagnosis: Uncontrolled essential hypertension

  ➢ Code the scenario
  
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• **Scenario 2:** 33 year old male states he has had a bad cough and diarrhea for two days. Dx: Intestinal flu; Acute URI

  ➢ Code the scenario
  
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• **Scenario 3:** 5 year old male diagnosed with Severe persistent asthma with acute exacerbation

  ➢ Code the scenario
  
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7.7 Primary Care and Chronic Disease
Course Unit 4 - Review Questions

1. Codes for signs and symptoms are not reported in addition to a related definitive diagnosis
   [ ] True  [ ] False

2. When coding injuries, assign separate codes for each injury unless a combination code is provided
   [ ] True  [ ] False

3. For adverse effects due to drugs or chemicals, always use the Table of Drugs and Chemicals
   [ ] True  [ ] False

4. Codes from Chapter 20 are used only with injury codes
   [ ] True  [ ] False
# Primary Care Scenario/Diagnosis

<table>
<thead>
<tr>
<th>#</th>
<th>Primary Care Scenario/Diagnosis</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Primary Care:</strong> 4 year old male is brought in by his mother. She states he fell out of a swing at the park and complained of his ankle hurting. Some swelling of the right ankle is noted but no signs of fracture. Diagnosis: Sprained right ankle.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Primary Care:</strong> 25 year old female complains of persistent, stubborn headache. The client reports she has been taking more than the recommended dose of Tylenol since her surgery 2 months ago. Client was on post-op opiates for one week following the surgery but when the opiates were discontinued, she has continued to experience pain so she has been taking additional doses of Tylenol. The clinician documents that the client has drug-induced, intractable headache due to Tylenol overuse with chronic post-op pain.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>Primary Care:</strong> Chalazion, right lower and upper eyelid</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Primary Care:</strong> 4 year old female is experiencing acute pain in both ears. This child has been seen on several occasions for serous otitis media, right ear. Both parents are heavy cigarette smokers. Diagnosis: Acute serous otitis media, left ear; Total perforated tympanic membrane due to chronic serous otitis media, right ear.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong>Primary Care:</strong> A 70 year old female patient is seen in the adult health clinic and has an elevated blood pressure, swelling in both lower extremities and severe headache with light sensitivity. Clinic phones EMS to transport patient to the Emergency Department.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Primary Care:</strong> Pregnant female is seen for cough, fever, body aches, sinus pressure. Diagnosis: Upper respiratory infection due to novel influenza A virus and acute frontal sinusitis.</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td><strong>Primary Care Scenario/Diagnosis</strong></td>
<td><strong>Answer</strong></td>
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<tr>
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<tr>
<td>7</td>
<td><strong>Primary Care:</strong> Home Health client with carcinoma of descending colon has extensive cellulitis of the abdominal wall and existing colostomy site is infected. The organism is confirmed as MRSA.</td>
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</tr>
<tr>
<td>8</td>
<td><strong>Primary Care:</strong> 6 year old female diagnosed with Erythema multiforme minor due to azithromycin prescribed for recurrent acute suppurative otitis media, both ears. Client has approximately 9 percent body surface exfoliation, primarily on her arms and legs.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td><strong>Primary Care:</strong> 75 year old female with senile osteoporosis is seen for severe back pain with no history of trauma. X-ray confirms compression fracture of 4th lumbar vertebra. The client is on Lisonopril for hypertension and Heparin for atrial fibrillation. Client was given a back brace for support and prescriptions for Calcitonin, Lisonopril, Heparin.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong>Primary Care:</strong> 54 year old male with bleeding, pain and swelling in the anal area. He reports having frequent constipation. Diagnosis: External hemorrhoids, chronic constipation</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Primary Care:</strong> 22 year old female has had a fever as high as 102.5 degrees Fahrenheit with chills and body aches for 3 days. She reports no nausea, vomiting or cough. Lab tests including a CBC and urinalysis were performed with normal results. The physician documented: Fever of undetermined origin with chills, possible viral syndrome.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td><strong>Primary Care:</strong> 28 year old female reports walking her dog on the beach barefooted and stepped on a sharp metal object. There is a 2cm laceration of the left heel with some type of metal lodged in the heel. Metal was removed and wound cleaned and dressed. Tetanus shot given.</td>
<td></td>
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<tr>
<td>#</td>
<td><strong>Primary Care Scenario/ Diagnosis</strong></td>
<td><strong>Answer</strong></td>
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<td>---</td>
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<tr>
<td>13</td>
<td><strong>Primary Care:</strong> A 9-month old girl is seen in the health department. The mother reports the child has been crying inconsolably and tugging at her right ear. On exam, the tympanic membrane of the right ear is noted to be red and inflamed with suppurative behind the tympanic membrane. She has a history of otitis media. <strong>Dx:</strong> Otitis Media</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>Primary Care:</strong> A 45-year old man is seen at the health department with a temperature of 102. Blood cultures returned positive. The physician documentation included the patient had pneumonia due to staphylococcal aureus and acute renal failure. The physician also documented the patient had tachycardia and hypotension. EMS was called and the patient was sent to the hospital.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td><strong>Primary Care:</strong> A 51-year old male walks into the clinic complaining of chest pain. The physician examines the client and documents a diagnosis of acute coronary insufficiency with a possible impending myocardial infarction. The patient is sent to the hospital emergency room for further evaluation.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th><strong>Chronic Disease Scenario/ Diagnosis</strong></th>
<th><strong>Answer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Chronic Disease:</strong> 62 year old female was seen last week for annual examination. Blood work is consistent with Hypercholesterolemia. She returns today for follow-up and is given a prescription for Pravastatin. Since she is a Type 2 diabetic on insulin, her blood sugar is checked and is 140. She is obese at 240 pounds with a BMI of 41. Dietary counselling was provided.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Chronic Disease:</strong> 43 year old female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300.</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Chronic Disease Scenario/Diagnosis</td>
<td>Answer</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>3</td>
<td><strong>Chronic Disease</strong>: 57 year old male has Hypertension with Stage 4 chronic kidney disease. He walked into clinic reporting blood in urine and severe lower abdominal pain. Urine was positive for heavy blood and abdomen is distended. EMS was called.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Chronic Disease/Primary Care</strong>: 45 year old female with Arteriosclerosis of bilateral lower extremities with rest pain. She was dependent on cigarettes for 20+ years but in remission for 6 months.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong>Chronic Disease</strong>: Sickle cell arthropathy of the left knee in Hb-C disease</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Chronic Disease</strong>: A 69-year old female with chronic asthma presents with difficulty breathing. The physician documents that she has acute respiratory failure due to acute exacerbation of extrinsic asthma. She reports that she smokes cigarettes. She is sent to the hospital via EMS.</td>
<td></td>
</tr>
</tbody>
</table>
8. ICD-10-CM: STD, HIV, Communicable Disease Course

8.1 STD, HIV, Communicable Disease Course Unit 1 - Review Questions

1. Any time a vaccine is administered, Z23 will be used as the diagnosis code
   [ ] True [ ] False

2. If a child is delinquent on his/her immunizations, use Status code Z28.3, Underimmunization status
   [ ] True [ ] False

3. Category Z20 codes are used when the client has signs or symptoms of a communicable disease
   [ ] True [ ] False

4. Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a screening
   [ ] True [ ] False

5. If counseling routinely occurs during a screening for HIV, do not code the counseling
   [ ] True [ ] False
8.2 STD, HIV, Communicable Disease
Course Unit 1 – Coding Exercise

• **Scenario 1:** Client returns today to be screened once again for HIV. The laboratory evidence for the HIV test conducted 2 weeks ago was inconclusive. HIV counseling was provided during the previous visit but client has questions that required additional counseling during today’s visit.

  ➢ Code the scenario
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• **Scenario 1:** Client ate at the Rise and Shine Restaurant on 10/2/15 and saw on the news where a restaurant employee was positive for Viral Hepatitis so patrons need to be vaccinated. Hepatitis vaccine was administered.

  ➢ Code the scenario
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  ______________________________________________________
8.3 STD, HIV, Communicable Disease
Course Unit 2 - Review Questions

1. Infectious diseases that occur during pregnancy are coded using Chapter 1.
   - [ ] True   - [ ] False

2. Before coding HIV positive, there must be a positive serology or culture for HIV in the client’s record.
   - [ ] True   - [ ] False

3. If the documentation states the client has AIDS, always code B20, HIV disease.
   - [ ] True   - [ ] False

4. All infections are classified using Chapter 1.
   - [ ] True   - [ ] False

5. If the clinician suspects influenza but cannot confirm the type, use codes in category J11.
   - [ ] True   - [ ] False

6. When a combination code that identifies both the definitive diagnosis and common symptoms of that diagnosis, code the symptoms.
   - [ ] True   - [ ] False
# 8.4 STD, HIV, Communicable Disease

## Course Unit 2 – Coding Exercises

<table>
<thead>
<tr>
<th>#</th>
<th>Diagnoses</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A 42 year old woman who was exposed to TB during a family visit comes in for TB screening (PPD) and to begin prophylactic treatment.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A 35 year old male visits the health department to receive results of a TB skin test that is required for employment. When the skin test is read, it is positive 10mm.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A patient presents to the TB Clinic with a note from his Primary Care Physician (PCP) stating he has a 25mm reading of his PPD and requires further evaluation. PCP also reports patient with productive cough x 2 months, 15 lb wt loss over 3 months, fatigue, and night sweats. Sputum sent to State Lab.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Patient presents to STD clinic stating he has been in contact with Chlamydia. Complains of sporadic, mild testicular pain for a couple of days. Denies any penile discharge or dysuria. Partner treated 2-3 weeks ago; no sex since.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Part 1: A 21 year old male comes in to STD clinic complaining of a urethral discharge and wants to be tested for STD. Part 2: Client returns for test results; testing indicates that he has gonorrhea. Dx: Gonococcal urethritis</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A 32 year old female is seen in the STD clinic for STD testing. It is discovered the patient has a yeast infection.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>33 year old male is seen for with severe nausea and vomiting that started yesterday after eating at a Chinese restaurant. Dx: Acute case of bacterial food poisoning due to Salmonella</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A 16 year old female visits the health department and asked “to be tested” because she says she has been told that she has been exposed to an STD but doesn’t know what kind of STD. She tells the nurse that she just wants “to be checked” to be sure she doesn’t have any kind of STD. She has had multiple male partners.</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Diagnoses</td>
<td>Answer</td>
</tr>
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<td>----</td>
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</tr>
<tr>
<td>9</td>
<td>Male patient presents to clinic for HIV and STD testing. He reports some mild dysuria and one week ago he had flu–like symptoms with high fever. Reports that he has had multiple unprotected sexual partners and sexual encounters which include same sex partners.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>17 year old male presents to the health department stating he has noted some growths on his penis and wants to determine if he has a STD. He reports multiple female partners. During physical exam, provider notes raised veruca cell lesions, .25 cm in diameter with 3-4 inch cluster on penile. Dx: Condyloma treated with Trichloroacetic acid (TCA) and return to clinic in 7 days for retreatment. Safe sex and STD prevention were discussed.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>24 year old male walks into the health department complaining of fever, sore throat, muscle pain and headaches. He states he just returned from a business trip to Nigeria. Quarantine protocol is initiated for possible Ebola virus.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>An 18 year old female presents to STD clinic complaining of heavy vaginal discharge and lower right abdominal pain for three days. She has only had sexual relations with one male and she is not aware if he has an STD but she wants to be checked. Examination findings consistent with Pelvic Inflammatory Disease. Culture results received 1 week later are consistent with Chlamydia.</td>
<td></td>
</tr>
</tbody>
</table>
9. ICD-10-CM: Women’s Health and BCCCP Course

9.1 Women’s Health and BCCCP Course
Unit 1 - Review Questions

1. If a client comes in for a routine mammogram and a neoplasm is identified, the neoplasm is the only code needed

   [ ] True [ ] False

2. BMI codes should only be reported as additional diagnosis

   [ ] True [ ] False

3. If a client comes in for a routine examination and a condition is discovered, the condition will be the primary diagnosis

   [ ] True [ ] False

4. If a client is seen because they found a lump during their self-breast exam and a mammogram is performed, this will be coded as a screening

   [ ] True [ ] False

5. Personal history codes are used for defining conditions that no longer exist and for which the client is not receiving treatment

   [ ] True [ ] False
9.2 Women’s Health and BCCCP Course
Unit 1 – Coding Exercises

• **Scenario 1:** 40 year old female seen for an annual gynecological physical exam and follow-up on her chronic gout with tophi. She has a cervical Pap smear and flu shot was administered. Mother passed away from ovarian cancer at age 44.

  ➢ Code the scenario

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• **Scenario 2:** A 25-year-old female, is here for her annual well-woman exam. She and her husband are discussing beginning a family. She requests removal of her IUD.

  ➢ Code the scenario

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9.3 Women’s Health and BCCCP Course
Unit 2 - Review Questions

1. For multiple neoplasms of the same site that are contiguous, codes for each site should be assigned
   [ ] True   [ ] False

2. If a female client has an abnormal cervical pap smear, this will this be classified in Chapter 2
   [ ] True   [ ] False

3. In ICD-9-CM, there was a single category for Diabetes but in ICD-10-CM, there are 5 categories
   [ ] True   [ ] False

4. A client being seen for her annual exam has a documented diagnosis of Fibromyalgia. The client reports they are having pain related to the Fibromyalgia so a code from category G89, Pain not elsewhere classified, would be used
   [ ] True   [ ] False
9.4 Women’s Health and BCCCP Course
Unit 2 – Coding Exercise

• **Scenario 1:** Male client with malignant neoplasm of the lower-outer quadrant of the right breast

  ➢ Code the scenario

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• **Scenario 2:** Female client with malignant neoplasm of central portion of the left breast with metastasis to upper-inner quadrant of the breast

  ➢ Code the scenario

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  ___________________________________________________________
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  ___________________________________________________________
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• **Scenario 3:** 38 year old female was seen last week for annual examination. Blood work is consistent with Hypercholesterolemia. She returns today for follow-up and is given a prescription for Pravastatin. Since she is a Type 2 diabetic on insulin, her blood sugar is checked and is 140. She is obese at 240 pounds with a BMI of 41. Dietary counselling was provided.

  ➢ Code the scenario

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9.5 Women’s Health and BCCCP Course
Unit 3 - Review Questions

1. ICD-10-CM does not contain a code I10
   - [ ] True  [ ] False

2. If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
   - [ ] True  [ ] False

3. When a client has a reaction to a drug that is correctly prescribed and administered, in the Table of Drugs and Chemicals you would go to the column for Poisoning
   - [ ] True  [ ] False

4. A code from category M80, not a traumatic fracture code from Chap 19, should be used for any patient with known osteoporosis who suffers a fracture
   - [ ] True  [ ] False
## 9.6 Women’s Health and BCCCP Course
### Unit 3 - Coding Exercises

<table>
<thead>
<tr>
<th>#</th>
<th>Women’s Health Scenario/Diagnosis</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Women’s Health: Postmenopausal osteoporosis in an overweight 59 year old female with a history of healed osteoporotic fracture of the right ankle. BMI is 30.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Women’s Health: A 50-year old female is diagnosed with endometrial carcinoma, primary site. She is referred to a Gynecologist for further evaluation and surgery.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Women’s Health: 20 year old female seen for pelvic pain due to pelvic inflammatory disease. The source of the disease is a result of sexually transmitted Chlamydia.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Women’s Health: 22 year old female complaining of painful urination and an urge to urinate frequently. Diagnosis: Acute suppurative cystitis, with hematuria due to E coli.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Women’s Health: Tubo-ovarian endometriosis</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Women’s Health: 35 year old female complains of RUQ abdominal pain with several episodes of nausea and vomiting. Three BP readings during her visit were all elevated with highest being 155/95 but a diagnosis of hypertension is not made at this time. She reports being nervous and worries a lot about finances. Sonogram ordered.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Women’s Health: Female patient presents with brown, vaginal discharge with moderate severity. The discharge is constant and has lasted for 1 week with no modifying factors. Associated symptoms consist of odor. Also, complaining of mild, abdominal pain (one episode last week, “sharp” and lasted a few seconds). Other pertinent information: Unprotected intercourse, multiple male partners and uses oral contraceptives but sometimes takes the oral contraceptives late. Specimen to identify bacteria as well as test for STDs and HIV was sent to State Lab for testing. Dx: Acute Vaginitis, Abdominal Pain, Promiscuous Behavior</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td><strong>Women’s Health Scenario/Diagnosis</strong></td>
<td><strong>Answer</strong></td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>8</td>
<td><strong>Women’s Health</strong> Patient presents with lumps in both breasts and states they have been present for 8 months. There is spontaneous, nipple discharge coming out of both breasts, but not when squeezed. Patient was scheduled for a mammogram later today. <strong>Dx:</strong> Lumps in both breasts, Nipple discharge</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td><strong>Women’s Health</strong> 41 year old female presents to adult health clinic for annual exam. History of left ovary surgically removed; Right tube removed; LMP 6/2011; Positive for hot flashes and vaginal dryness; Desires STD testing; Husband recently diagnosed with Hepatitis B; Thyroid –stimulating hormone (TSH) and Follicle-stimulating hormone (FSH) testing for evaluation of amenorrhea; Will do follow up Gram Culture, Chlamydia, HpAgAb/RPR/HIV; Wet Prep positive - given Flagyl x 7 days; Return to clinic in 2 weeks</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong>Women’s Health:</strong> Female patient presents to clinic with symptoms of abnormal green foul smelling discharge x 3 days, painful intercourse, and right adnexa tenderness. Reports multiple male partners and unprotected intercourse. <strong>Dx:</strong> Trichomoniasis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th><strong>BCCCP Scenario/Diagnosis</strong></th>
<th><strong>Answer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>BCCCP:</strong> 42 year old female diagnosed with cancer of both breasts 4 years ago had a double mastectomy with chemo and radiation therapy. Uneventful yearly checkups. Today client complains of vomiting, dizziness, severe headaches, and blurred vision. Workup reveals metastasis from breast to the brain, accounting for the symptoms.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>BCCCP:</strong> A 55 year old woman comes in to BCCCP clinic to be screened for breast and cervical cancer; she was told by a friend that at her age she should be screened.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>BCCCP:</strong> A 42 year old woman with a family history of breast cancer and who found a lump in her right breast during her last self-exam comes in to BCCCP clinic for screening.</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>BCCCP Scenario/Diagnosis</td>
<td>Answer</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>4</td>
<td><strong>BCCCP</strong>: A 47 year old woman who was referred by her private provider because of an abnormal pap smear comes in to BCCCP clinic for a diagnostic work-up.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong>BCCCP</strong>: A 50 year old female presents for BCCCP screening examination. On examination the clinician finds her uterus to be enlarged and tender to palpation. Last menstrual period reported as two weeks ago and heavier than usual.</td>
<td></td>
</tr>
</tbody>
</table>
10. Specialized Coding Training – Resource Materials

10.1 Coding Steps

Below is the process to follow when looking up codes. It is essential to use both the Alphabetic Index and Tabular List when locating and assigning a code. The Alphabetic Index does not always provide the full code. Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify if a 7th character is required.

A. Locate the main term in the Alphabetic Index
   a. For Chest Cold, Look up “Cold” then go down list to find “Chest”

B. Scan the main term entry for any instructional notes
   a. “see Bronchitis” so look up “Bronchitis”

C. In the diagnosis being coded, identify any terms that modify the main term
   a. Nothing under “Bronchitis J40” relates back to Chest Cold

D. Follow any cross-reference notes

E. Always verify the code in the Tabular List
   a. Never begin code searches using Tabular List – may lead to coding errors
   b. Go to J40 in the Tabular

F. Follow any instructional notes
   a. Do any of the instructions apply to Chest Cold?

G. Select the code
   a. J40 is the correct code
10.2 Coding Dementia due to early-onset Alzheimer’s Disease

ICD-10 Checkpoint

Check your knowledge. Compare ICD-9-CM codes to ICD-10-CM and ICD-10-PCS codes.

What is the correct code for tobacco use and nicotine dependence in a cigarette smoker?

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM/PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>305.1</strong> Tobacco use disorder</td>
<td><strong>F17.210</strong> Nicotine dependence, cigarettes, uncomplicated</td>
</tr>
</tbody>
</table>

Indexed Terms

Index: **Dependence**

nicotine 305.1

Index: **Dependence** (on) (syndrome)

-drug NEC
--nicotine
---cigarettes F17.210

Code Comparisons

- Tobacco abuse, tobacco dependence, and nicotine dependence are all classified to the same code, 305.1 Tobacco use disorder
- Code assignment is not impacted by the type of tobacco product used
- Code assignment would be different if the

*ICD-10-CM Official Guidelines for Coding and Reporting* provides guidance when documentation of substance use, abuse, and dependence appears in the same health record

- Tobacco use is coded Z72.0 but it would not be reported along with a code from F17 for the nicotine/tobacco dependence per official coding
patient is pregnant

- Code assignment would be different if the patient has a past history of tobacco use instead of a current tobacco use disorder

- Subcategories under F17 identify specific tobacco products and nicotine-induced disorders

- Code assignment would be different if the patient is pregnant

- Code assignment would be different if the patient has a past history of tobacco dependence instead of a current dependence on tobacco

- There is no code for past history of tobacco use, only a code for past history of tobacco dependence

- Tobacco dependence in remission is coded differently than past history of tobacco dependence

<table>
<thead>
<tr>
<th>Documentation Needed From Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The provider needs to document that the patient smokes tobacco or uses tobacco</td>
</tr>
<tr>
<td>• Coding Clinic articles provide advice to report 305.1 for a patient who is a smoker (CC 4Q 2009, CC 1Q 2009, CC 2Q 1996, and CC 4Q 1994, and CC Nov-Dec 1984)</td>
</tr>
<tr>
<td>• The provider needs to specify if the patient is engaging in the use of tobacco or has developed a dependence on tobacco/nicotine</td>
</tr>
<tr>
<td>• Documentation is needed on the type of tobacco product used and whether or not there are nicotine-induced disorders such as remission or withdrawal</td>
</tr>
</tbody>
</table>

This ICD-10 Checkpoint was submitted by Judy Bielby, MBA, RHIA, CPHQ, CCS, clinical assistant professor at the University of Kansas, consultant with Durst & Associates in the Kansas City area, and an AHIMA-approved ICD-10-CM/PCS trainer.
Comedian Jerry Seinfeld shocked the nation recently when he announced he “might be on the autism spectrum” and subsequently created an uproar in the autism community.

Many have viewed his statement as a play for attention and as an insult to those who are severely autistic. However, one must look at the context of the statement before rushing to judgment. Mr. Seinfeld did not claim to have autism; his reflective words implied he may have what John Elder Robison referred to in a recent article in Psychology Today as the Broader Autism Phenotype (BAP)—people who have traits of autism, but not to the degree that they would be diagnosed autistic. According to Robison, millions of people are in this BAP group.

What do we know about autism? According to the National Institutes of Health, autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. Autistic disorder, sometimes called autism or classical ASD, is the most severe form of ASD, while other conditions along the spectrum include a milder form known as Asperger syndrome, and childhood disintegrative disorder and pervasive developmental disorder not otherwise specified (usually referred to as PDD-NOS). Although ASD varies significantly in character and severity, it occurs in all ethnic and socioeconomic groups and affects every age group. Experts estimate that one out of 88 children aged eight will have an ASD (Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report, March 30, 2012). Males are four times more likely to have an ASD than females. Children whose language skills regress early in life (before age three) appear to have a higher than normal risk of developing epilepsy or seizure-like brain activity.

To date, scientists still are not certain as to what causes autism; therefore, there is no cure. Research findings suggest that both genetics and environment play a role.

Studies have found patients with autism have irregularities in several regions of the brain. The theory that parental practices are responsible for autism has long been disproved. In addition, many studies have been conducted to determine if vaccines are a possible cause of autism; however, as of 2010, none of the studies have linked autism to vaccines.

Because there is no cure for autism, therapy and behavioral interventions are designed to remedy specific symptoms and can provide substantial improvement in social development and language skills. Other forms of treatment include medications for
treatment of symptoms such as anxiety, depression, or obsessive-compulsive disorder, and antipsychotic medications to treat severe behavioral problems.

Seizures are treated with anticonvulsant drugs, and medications used to treat attention deficit disorder are effective to help decrease impulsivity and hyperactivity in autistic patients.

So how do we code autism in ICD-10-CM? First, looking up autism in the ICD-10-CM index leads the coder to the Mental, Behavioral, and Neurodevelopmental Disorder Chapter with a default code of **F84.0 – Autistic Disorder**. The essential modifier under the main term, atypical, leads the coder to **F84.9 Pervasive developmental disorder, unspecified**. Asperger’s syndrome is coded **F84.5 Asperger’s Syndrome**. Coding guidelines for category F84 advises the coder to use additional code(s) to identify any associated medical condition and intellectual disabilities.

Associated medical conditions and/or symptoms of autism vary from patient to patient. Coding for some of the more common associated medical conditions and intellectual disabilities include:

**Over- or under-reaction to certain sights, sounds, smells, textures, and tastes**

For example, some may dislike or show discomfort from a light touch or the feel of clothes on their skin; experience pain from certain sounds, like a vacuum cleaner, a ringing telephone, or a sudden storm; sometimes they will cover their ears and scream, or have no reaction to intense cold or pain. Researchers are trying to determine if these unusual reactions are related to differences in integrating multiple types of information from the senses. Based on the physician’s findings and documentation, the following codes may be appropriate to use for some of the symptoms:

- R20.0 – Anesthesia of skin
- R20.1 – Hypoesthesia of skin
- R20.2 – Paresthesia of skin (Formiation, Pins and Needles, Tingling skin)
- R20.3 – Hyperesthesia
- R20.8 – Other disturbances of skin sensation
- H93.231 – Hyperacusis, right ear
- H93.232 – Hyperacusis, left ear
- H93.233 – Hyperacusis, bilateral
- H93.239 – Hyperacusis, unspecified ear

**Sleep problems**

Children with ASD tend to have problems falling asleep or staying asleep, or have other sleep problems. These problems make it harder for them to pay attention, reduce their ability to function, and lead to poor behavior. In addition, parents of children with ASD and sleep problems tend to report greater family stress and poorer overall health among themselves.
• G47.0 – Insomnia
• F51.05 – Insomnia due to a mental disorder
• G47.01 – Insomnia due to a medical condition; code also associated medical condition

**Intellectual disability**

Many children with ASD have some degree of intellectual disability. When tested, some areas of ability may be normal, while others—especially cognitive (thinking) and language abilities—may be relatively weak. For example, a child with ASD may do well on tasks related to sight (such as putting a puzzle together) but may not do as well on language-based problem-solving tasks.

Some children with ASD (such as those formerly diagnosed with Asperger’s syndrome) often have average or above-average language skills and do not show delays in cognitive ability or speech.

• F70 – Mild intellectual disabilities (IQ level 50-55 to approximately 70, Mild mental subnormality)
• F71 – Moderate intellectual disabilities (IQ level 35-40 to approximately 50-55, Moderate mental subnormality)
• F72 – Severe intellectual disabilities (IQ level 20-25 to approximately 35-40, Severe mental subnormality)
• F73 – Profound intellectual disabilities (IQ level below 20-25, Profound mental subnormality)
• F78 – Other intellectual disabilities
• F79 – Unspecified intellectual disabilities (Mental Deficiency NOS, Mental subnormality NOS)

**Seizures**

One in four children with ASD has seizures, often starting either in early childhood or during the teen years. Seizures, caused by abnormal electrical activity in the brain, can result in

• G40.909 – Epilepsy, unspecified, not intractable, without status epilepticus (includes Seizure disorder NOS and Recurrent seizures NOS)

**Fragile X syndrome**

Fragile X syndrome is a genetic disorder and is the most common form of inherited intellectual disability, causing symptoms similar to ASD. The name refers to one part of the X chromosome that has a defective piece that appears pinched and fragile when viewed with a microscope. Fragile X syndrome results from a change, called a mutation, on a single gene. This mutation, in effect, turns off the gene. Some people may have
only a small mutation and not show any symptoms, while others have a larger mutation and more severe symptoms.

Around one in three children who have Fragile X syndrome also meet the diagnostic criteria for ASD, and about one in 25 children diagnosed with ASD have the mutation that causes Fragile X syndrome

- Q99.2 – Fragile X chromosome

**Gastrointestinal problems**

Some studies have reported that children with ASD seem to have more GI symptoms, but these findings may not apply to all children with ASD. For example, a recent study found that children with ASD may not have underlying GI problems, but that their behavior may create GI symptoms—for example, a child who insists on eating only certain foods may not get enough fiber or fluids in his or her diet, which leads to constipation.

- K59.00 – Constipation
- R10 – R19 – Symptoms involving the digestive system and abdomen

**About the Author**

Kathy Pride, CPC, RHIT, CCS-P, is vice president of professional services for Panacea Healthcare Solutions. Kathy has extensive experience in management, project implementation, coding, billing, physician documentation improvement, compliance audits and education. She is also an approved ICD-10 Trainer through the American Health Information Management Association (AHIMA) and a previous member of the AAPC National Advisory Board (1998 – 2000).
10.4 Clinical Documentation for Autistic Patients

Autism – Clinical Documentation for Autistic Patients: Self-Care vs. Right Reimbursement

Written by Ellen VanBuskirk

I have written several articles for ICD10monitor over the years as we as an industry grapple with ICD-10 compliance. Like many of you, I have become a bit ICD-10-weary, but I have found a new breath of energy in the topic of autism and ICD-10.

Autism is a vague diagnosis to many, and the fact that there is a spectrum of symptoms complicates the clinical picture, and thus could complicate how ICD is applied. I am not going to attempt to be an expert on how to code a complicated diagnosis like autism, but I want to present the importance of the diagnosis to the 1-88 or 1-66 families of children, whichever statistic one chooses. I think it is important to look at where the World Health Organization (WHO) placed the ICD-10 code for autism more than 10 years ago, when the I-10 code was developed. It was a part of the mental health disorders, not a neurological diagnosis. ICD-10 was endorsed by the 43rd World Health Assembly in May 1990 and came into use in WHO member states as of 1994.

Obviously, there has been considerable research, and it continues today around the cause and symptoms and treatment for the children properly diagnosed with autism. Thus, it is critical to ensure the clinical record is documented in detail so the proper ICD-10/Diagnostic and Statistical Manual (DSM) codes are applied.

DSM defines a clinical picture that will require a comprehensive documented record to define autism:

Autism Spectrum Disorder
An individual must meet criteria A, B, C, and D:

A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all three of the following:

1. Deficits in social-emotional reciprocity, ranging from abnormal social approach and failure of normal back-and-forth conversation through reduced sharing of interests, emotions, and affect, and response to total lack of initiation of social interaction.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging from poorly integrated verbal and nonverbal communication, through
abnormalities in eye contact and body language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.

3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people.

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:

1. Stereotyped or repetitive speech, motor movements, or use of objects (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases).

2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities).

D. Symptoms together limit and impair everyday functioning.

I would argue the detail required for autism is vast and the skill needed for medical records review and code assignment requires a knowledge level greater than may be needed for other processes. The results of an inaccurate or inappropriate code applied are far-reaching, and could prevent a child and family from receiving opportunity for treatment and acceptance into the right program geared to the level of need. A child with special needs may not get access to care, as the services are already stretched beyond capacity and only paying customers get into ABA programs and social therapy groups, and receive special help in schools. They cannot get access to providers like dentists for routine dental care for special need patients, ophthalmologists for vision exams, and the list is long.
Autistic kids and adults are not behavioral or social misfits; they have a neurological deficit with a range of symptoms. Treatment is costly and often falls through the cracks. We as a nation have done poorly with meeting the needs of neurologically low-functioning people. This is not a short-term issue, but as the children are often diagnosed before the age of five and will continue to need many different modalities of treatment until end of life, one inappropriate code could make the difference that would resound over their lifetime.

So, understanding the clinical documentation, understanding the clinical picture for this huge population of our world (as this is not limited to the U.S.) could make a difference of this population being able to achieve self-care, with access to the right level of medical and mental health services. Unlike much of the clinical documentation, we directly correlate the right code to the right reimbursement level. ICD/DSM for the diagnosis is more about the correlation between attaining treatment from a very narrow segment of providers willing and able to treat the diagnosis of autism and the child receiving educational support to gain some level of success, which is important to many with the diagnosis.

The family commitment is great for families of the autistic child, who frequently are the only advocates a child may have, and having the appropriate diagnosis in the medical and school record can either open doors or lock them.

About the Author

Ellen VanBuskirk is the national director of healthcare practice with Slalom Consulting and has held executive positions in provider, payer, and managed care organizations. She started her career in clinical delivery with an expertise in emergency medicine. Ellen brings her expertise of working for many years on the U.K. National Health Service Modernization Program, as well as her experience of working on global and domestic healthcare program change for her clients.
10.5 Coding Tobacco Use and Nicotine Dependence (ICD-9-CM vs ICD-10-CM)

ICD-10 Checkpoint

Check your knowledge. Compare ICD-9-CM codes to ICD-10-CM and ICD-10-PCS codes.

What is the correct code for tobacco use and nicotine dependence in a cigarette smoker?

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM/PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>305.1 Tortoos use disorder</strong></td>
<td><strong>F17.210 Nicotine dependence, cigarettes, uncomplicated</strong></td>
</tr>
</tbody>
</table>

Indexed Terms

Index: **Dependence**
- nicotine 305.1

Index:
- **Dependence** (on) (syndrome)
- drug NEC
- nicotine
- cigarettes F17.210

Code Comparisons

- Tobacco abuse, tobacco dependence, and nicotine dependence are all classified to the same code, 305.1 Tobacco use disorder
- Code assignment is not impacted by the type of tobacco product used
- Code assignment would be different if the

*ICD-10-CM Official Guidelines for Coding and Reporting* provides guidance when documentation of substance use, abuse, and dependence appears in the same health record

- Tobacco use is coded Z72.0 but it would not be reported along with a code from F17 for the nicotine/tobacco dependence per official coding
<table>
<thead>
<tr>
<th>Patient is pregnant</th>
<th>Code assignment would be different if the patient has a past history of tobacco use instead of a current tobacco use disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code assignment would be different if the patient is pregnant.</td>
<td>Subcategories under F17 identify specific tobacco products and nicotine-induced disorders.</td>
</tr>
<tr>
<td>Code assignment would be different if the patient has a past history of tobacco dependence instead of a current dependence on tobacco.</td>
<td>Code assignment would be different if the patient is pregnant.</td>
</tr>
<tr>
<td>There is no code for past history of tobacco use, only a code for past history of tobacco dependence.</td>
<td>Tobacco dependence in remission is coded differently than past history of tobacco dependence.</td>
</tr>
</tbody>
</table>

**Documentation Needed From Physicians**

| The provider needs to document that the patient smokes tobacco or uses tobacco. | The provider needs to specify if the patient is engaging in the use of tobacco or has developed a dependence on tobacco/nicotine. |
| Coding Clinic articles provide advice to report 305.1 for a patient who is a smoker (CC 4Q 2009, CC 1Q 2009, CC 2Q 1996, and CC 4Q 1994, and CC Nov-Dec 1984). | Documentation is needed on the type of tobacco product used and whether or not there are nicotine-induced disorders such as remission or withdrawal. |

This ICD-10 Checkpoint was submitted by Judy Bielby, MBA, RHIA, CPHQ, CCS, clinical assistant professor at the University of Kansas, consultant with Durst & Associates in the Kansas City area, and an AHIMA-approved ICD-10-CM/PCS trainer.
10.6 Documentation Tips: Diabetes

Diabetes documentation and coding will need to include:

- Types or causes of diabetes:
  - Type 1 (Category E10)
  - Type 2 (Category E11)
  - Due to drugs or chemicals (Category E09)
  - Due to underlying condition (Category E08)
  - Other specified diabetes (Category E13)

- Body system complications related to diabetes, such as kidney or neurological complications

- Combination codes include diabetes and the manifestation

- Specific complications, such as:
  - Chronic kidney disease
  - Foot ulcer
  - Hypoglycemia without coma

- If diabetes mellitus is due to the surgical removal of all or part of the pancreas (postpancreatectomy)
  - Assign code E89.1, Postprocedural hypoinsulinemia as first-listed
  - Assign secondary code from category E13, Other specified Diabetes Mellitus
  - Assign secondary code from subcategory Z90.41-, Acquired absence of pancreas
  - Assign secondary code for long term insulin use, Z79.4

- Controlled and Uncontrolled are no longer a factor in Diabetes Mellitus code selection
  - Uncontrolled is now coded Diabetes Mellitus (by type) with hyperglycemia
## 10.7 Documentation Tips: Type 2 Diabetic Gastroparesis

### ICD-10 CHECKPOINT

**CHECK YOUR KNOWLEDGE.**
**COMPARE ICD-9-CM CODES TO ICD-10-CM AND ICD-10-PCS CODES.**

What is the correct code for type 2 diabetic gastroparesis in a patient who requires long-term use of insulin to control their diabetes?

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM/PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code(s) Assigned</td>
<td></td>
</tr>
<tr>
<td><strong>250.60</strong> Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled</td>
<td><strong>E11.43</strong> Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy</td>
</tr>
<tr>
<td><strong>536.3</strong> Gastroparesis</td>
<td><strong>K31.84</strong> Gastroparesis</td>
</tr>
<tr>
<td><strong>V58.67</strong> Long-term (current) use of insulin</td>
<td><strong>Z79.4</strong> Long term (current) use of insulin</td>
</tr>
</tbody>
</table>

**Indexed Terms**

*Index:*
- Diabetes, diabetic gastroparesis **250.6 [536.3]**
- Gastroparesis Diabetic **250.6 [536.3]**

*Index:*
- Diabetes, diabetic --type 2
- ----with
- ------gastroparesis **E11.43**
- Gastroparesis K31.84
- - diabetic —see Diabetes, by type, with gastroparesis
### Code Comparisons

| Instructional note under ICD-9-CM code 536.3 to code first the underlying disease, such as diabetes mellitus | Fourth Quarter 2013 Coding Clinic (pages 114-115) advises that it is appropriate to assign first a code for the diabetes and a secondary code, K31.84, to identify the diabetic manifestation as gastroparesis |
| Instructional note under ICD-9-CM subcategory 250.6 to report an additional code for the manifestation | Instructional note under ICD-10-CM code K31.84 to code first underlying disease, if known |
| Instructional note under ICD-9-CM subcategory 250.6 to use additional code, if applicable, to report long-term (current) insulin use V58.67 | Instructional note under ICD-10-CM category E11 to use additional code to identify any insulin use (Z79.4) |
| Fifth digit needed for ICD-9-CM subcategory 250.6 to report type of diabetes and whether or not the diabetes is controlled. |

### Documentation Needed From Physicians

| Etiology of gastroparesis | Etiology of gastroparesis |
| The type of diabetes because it can impact code assignment | The type of diabetes because it can impact code assignment |
| Whether or not the patient requires long term insulin use | Whether or not the patient requires long term insulin use |

This ICD-10 Checkpoint was submitted by Judy Bielby, clinical assistant professor at the University of Kansas and a consultant with Durst & Associates in the Kansas City, MO, area.
10.8 Body Mass Index - Children

Body Mass Index 2 to 20 years

To calculate BMI:

- Kilograms and meters: weight (kg) / [height (m)]^2
- Pounds and inches: weight (lb) / [height (in)]^2 x 703

GIRLS

90th percentile cut-points

<table>
<thead>
<tr>
<th>AGE</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>21.3</td>
</tr>
<tr>
<td>6</td>
<td>23.0</td>
</tr>
<tr>
<td>7</td>
<td>24.6</td>
</tr>
<tr>
<td>8</td>
<td>26.4</td>
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<td>9</td>
<td>28.2</td>
</tr>
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</tr>
<tr>
<td>16</td>
<td>38.1</td>
</tr>
<tr>
<td>17</td>
<td>40.8</td>
</tr>
</tbody>
</table>

Color coding of the 2000 CDC BMI charts by UNC’s Department of Pediatrics and Center for Health Promotion and Disease Prevention (CDC Cooperative agreement U48-DP-000039) for research and clinical purposes.
## 10.9 Body Mass Index - Adults

Find the column closest to your weight in pounds. Read down the column until it crosses the row that most closely matches your height in feet and inches. That number is your Body Mass Index. The healthiest BMI range for adults is 18 to 24.

| WEIGHT | 100 | 110 | 120 | 130 | 140 | 150 | 160 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 | 250 | 260 | 270 | 280 | 290 | 300 | 310 | 320 | 330 |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 50     | 20  | 21  | 23  | 25  | 27  | 29  | 31  | 33  | 35  | 37  | 39  | 41  | 43  | 45  | 47  | 49  | 51  | 53  | 55  | 57  | 59  | 61  | 63  | 65  |
| 51    | 19  | 21  | 23  | 25  | 27  | 28  | 30  | 32  | 34  | 36  | 38  | 40  | 42  | 44  | 45  | 47  | 49  | 51  | 53  | 55  | 57  | 59  | 61  | 62  |
| 52    | 18  | 20  | 22  | 24  | 26  | 27  | 29  | 31  | 33  | 35  | 37  | 38  | 40  | 42  | 44  | 46  | 48  | 49  | 51  | 53  | 55  | 57  | 59  | 60  |
| 53    | 18  | 19  | 21  | 23  | 25  | 27  | 28  | 30  | 32  | 34  | 36  | 37  | 39  | 41  | 43  | 44  | 46  | 48  | 50  | 51  | 53  | 55  | 57  | 59  |
| 54    | 17  | 19  | 21  | 22  | 24  | 26  | 28  | 29  | 31  | 33  | 34  | 36  | 38  | 40  | 41  | 43  | 45  | 46  | 48  | 50  | 52  | 53  | 55  | 57  |
| 55    | 17  | 18  | 20  | 22  | 23  | 25  | 27  | 28  | 30  | 32  | 33  | 35  | 37  | 38  | 40  | 41  | 43  | 45  | 46  | 48  | 50  | 52  | 53  | 55  |
| 56    | 16  | 18  | 19  | 21  | 23  | 24  | 26  | 27  | 29  | 31  | 32  | 34  | 36  | 37  | 39  | 40  | 41  | 43  | 44  | 46  | 48  | 50  | 52  | 53  |
| 57    | 16  | 17  | 19  | 20  | 22  | 24  | 25  | 27  | 29  | 30  | 32  | 33  | 35  | 36  | 38  | 39  | 41  | 42  | 44  | 46  | 48  | 50  | 52  | 53  |
| 58    | 15  | 17  | 18  | 20  | 21  | 23  | 24  | 25  | 27  | 29  | 30  | 32  | 34  | 35  | 37  | 38  | 40  | 41  | 43  | 45  | 47  | 49  | 50  | 52  |
| 59    | 15  | 16  | 18  | 19  | 21  | 22  | 24  | 25  | 27  | 28  | 30  | 31  | 33  | 34  | 36  | 37  | 38  | 40  | 41  | 43  | 44  | 46  | 47  | 49  |
| 60    | 14  | 16  | 17  | 19  | 20  | 22  | 23  | 24  | 26  | 27  | 29  | 30  | 32  | 33  | 35  | 36  | 37  | 39  | 40  | 42  | 43  | 45  | 46  | 47  |
| 61    | 14  | 15  | 16  | 17  | 19  | 20  | 21  | 22  | 24  | 25  | 27  | 28  | 29  | 31  | 32  | 34  | 35  | 36  | 38  | 39  | 41  | 42  | 43  | 45  |
| 62    | 13  | 14  | 15  | 17  | 18  | 19  | 21  | 22  | 24  | 26  | 27  | 28  | 30  | 31  | 33  | 34  | 35  | 36  | 38  | 39  | 40  | 41  | 42  | 44  |
| 63    | 13  | 14  | 15  | 16  | 18  | 19  | 20  | 21  | 23  | 24  | 26  | 27  | 28  | 30  | 31  | 33  | 34  | 35  | 36  | 38  | 39  | 40  | 41  | 42  |
| 64    | 12  | 13  | 15  | 16  | 17  | 18  | 20  | 21  | 22  | 23  | 24  | 26  | 27  | 28  | 30  | 31  | 33  | 34  | 35  | 36  | 38  | 39  | 40  | 41  |

- Underweight
- Healthy Weight
- Overweight
- Obese
- Severely Obese
10.10 Coding Tips – Dominant/Nondominant

For codes that specify laterality with dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:

- For ambidextrous patients, the default should be dominant
- If the left side is affected, the default is non-dominant
- If the right side is affected, the default is dominant

10.11 Documentation Tips – Asthma

- Clarify the relationship between COPD, bronchitis, and asthma
  - ICD-10-CM distinguishes between uncomplicated cases and those in exacerbation
    - Acute exacerbation is a worsening or decompensation of a chronic condition
    - An acute exacerbation is not equivalent to an infection superimposed on a chronic condition
- An additional code can be used regarding exposure to or use of tobacco
- Incorporate the following scales into documentation templates or queries
  - The National Heart, Lung, and Blood Institute (NHLBI) asthma severity classification scale accounts for the progressive nature of asthma by measuring it across the dimensions of types of symptoms and lung function
    - Mild intermittent
    - Mild persistent
    - Moderate persistent
    - Severe persistent
## 10.12 NHLBI Asthma Severity Classification Scale

### Presentation of Asthma before (without) Treatment

<table>
<thead>
<tr>
<th>Type of Asthma</th>
<th>Symptoms</th>
<th>Nighttime Symptoms</th>
<th>Lung Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe persistent</td>
<td>• Continual symptoms</td>
<td>Frequent</td>
<td>• FEV$_1$ or PEF $\leq$ 60% predicted</td>
</tr>
<tr>
<td></td>
<td>• Limited physical activity</td>
<td></td>
<td>• PEF variability $&gt; 30%$</td>
</tr>
<tr>
<td></td>
<td>• Frequent exacerbations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate persistent</td>
<td>• Daily symptoms</td>
<td>$&gt; 1$ time/week</td>
<td>• FEV$_1$ or PEF 60-80% predicted</td>
</tr>
<tr>
<td></td>
<td>• Daily use of inhaled short-acting beta$_2$-agonist</td>
<td></td>
<td>• PEF variability $&gt; 30%$</td>
</tr>
<tr>
<td></td>
<td>• Exacerbation of affect activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Exacerbation $\geq$ 2 times/week $\geq$ 1 day(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild persistent</td>
<td>• Symptoms $&gt; 2$ times/week but $&lt; 1$ time/day</td>
<td>$&gt; 2$ times/month</td>
<td>• FEV$_1$ or PEF $\geq$ 80% predicted</td>
</tr>
<tr>
<td></td>
<td>• Exacerbation may affect activity</td>
<td></td>
<td>• PEF variability 20-30%</td>
</tr>
<tr>
<td>Mild intermittent</td>
<td>• Symptoms $\leq$ 2 times/week</td>
<td>$\leq$ 2 times/month</td>
<td>• FEV$_1$ or PEF $\geq$ 80% predicted</td>
</tr>
<tr>
<td></td>
<td>• Asymptomatic and normal PEF between exacerbations</td>
<td></td>
<td>• PEF variability $&lt; 20%$</td>
</tr>
<tr>
<td></td>
<td>• Exacerbations of varying intensity are brief (a few hours to a few days)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FEV$_1$ = The maximal amount of air a person can forcefully exhale over one second accounting for the variables of height, weight, and race used to denote the degree of obstruction with asthma.

PEF = Peak Expiratory Flow is the maximum flow of expelled air during expiration following full inspiration (big breath in and then big breath out).

Source: National Heart, Lung, and Blood Institute - [http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm](http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm)
10.13 Injury Coding Tips

- Initial encounters generally require four secondary codes from Chapter 20
  - External cause codes – utilize 7th character extension
    - Initial encounter (A)
    - Subsequent encounter (D)
    - Sequelae (S)
      - Example: X11.xxxA, Contact with hot tap water
  - Place of Occurrence – initial encounter only
    - Example: Y92.130, Kitchen on military base as the place of occurrence of the external cause
  - Activity Code – initial encounter only
    - Example: Y93.G1, Activity, food preparation and clean up
  - External Cause Status – initial encounter only
    - Example: Y99.1, Military activity
10.14  **Guidance on Coding Adverse Effects, Poisoning, Underdosing and Toxic Effect**

- Codes in categories T36-T65 are combination codes that include the substance that was taken as well as the intent
- **Do not** code directly from the Table of Drugs and Chemicals. The Alphabetic Index will direct you to the Table of Drugs and Chemicals and then always refer back to the Tabular List
  - From the Tabular, look at the instructional notes at the beginning of the code block as well as the beginning of each category
- Use as many codes as necessary to describe completely all drugs, medicinal or biological substances
- If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, assign the code only once
- The occurrence of drug toxicity is classified in ICD-10-CM as follows:
  - **Adverse Effect** - When coding an adverse effect of a drug that has been correctly prescribed and properly administered
    - assign the appropriate code for the nature of the adverse effect
      - Examples: Tachycardia, delirium, vomiting
    - followed by the appropriate code for the adverse effect of the drug (T36-T50)
  - **Poisoning** - When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration)
    - First assign the appropriate code from categories T36-T50
      - The poisoning codes have an associated intent as their 5th or 6th character (accidental, intentional self-harm, assault and undetermined)
    - Use additional code(s) for all manifestations of poisonings
• If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code

• Examples of **Poisoning**:
  - Errors made in **drug prescription** or in the **administration of the drug** by provider, nurse, patient, or other person
  - Overdose of a drug intentionally taken or administered that results in drug **toxicity**
  - Nonprescribed drug or medicinal agent (e.g., NyQuil) taken in combination with correctly prescribed and properly administered drug - any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning
  - Interaction of drug(s) and alcohol causing a reaction would be classified as a poisoning

  **Underdosing**

• Taking **less of a medication** than is prescribed by a **provider** or a manufacturer’s instruction

• For underdosing, assign the code from categories T36-T50 (fifth or sixth character “6”)
  - Example: **T38.2X6 - Underdosing of antithyroid drugs**

• Codes for underdosing should **never be assigned as first-listed codes**
  - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed **because of the reduction in dose**, then the medical condition itself should be coded (e.g., Goiter develops)

• Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known
Chapter 15 (Pregnancy, childbirth and the puerperium) - Documentation Tips

- Documentation of conditions/complications of pregnancy will need to specify the trimester in which that condition occurred.
  - Some codes but not all specify trimester.
- ICD-9-CM documentation required “episode of care” (delivered, ante-partum, post-partum) instead of trimester, childbirth, puerperium
- If the condition develops prior to admission, the trimester at the time of admission is assigned.
- If the patient is hospitalized during one trimester and a condition/complication develops during the same hospitalization but in a subsequent trimester, the code for the trimester in which the complication develops is assigned.
- The provider’s documentation of “weeks” may be used to assign appropriate code for trimester.
- Definition of trimesters
  - First trimester = less than 14 weeks, 0 days
  - Second trimester= 14 weeks, 0 days to less than 28 weeks, 0 days
  - Third trimester = 28 weeks until delivery
- Gestational diabetes needs specification of diet controlled or insulin controlled. If both diet and insulin controlled, the code for insulin controlled will be assigned.
10.16 ICD-9/ICD-10 Comparison of Gestational Diabetes

<table>
<thead>
<tr>
<th>INDEX:</th>
<th>INDEX:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes, gestational (in pregnancy) O24.419</td>
<td>Diabetes, gestational 648.8</td>
</tr>
<tr>
<td>affecting newborn P70.0</td>
<td>Complicating pregnancy, childbirth, or puerperium 648.8</td>
</tr>
<tr>
<td>diet controlled O24.410</td>
<td></td>
</tr>
<tr>
<td>in childbirth O24.429</td>
<td></td>
</tr>
<tr>
<td>diet controlled O24.420</td>
<td></td>
</tr>
<tr>
<td>insulin (and diet) controlled O24.424</td>
<td></td>
</tr>
<tr>
<td>puerperal O24.439</td>
<td></td>
</tr>
<tr>
<td>diet controlled O24.430</td>
<td></td>
</tr>
<tr>
<td>insulin (and diet) controlled O24.434</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABULAR:</th>
<th>TABULAR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>O24.4 – Gestational Diabetes Mellitus</td>
<td>648.8 – Abnormal Glucose Tolerance</td>
</tr>
<tr>
<td>Diabetes mellitus arising in pregnancy</td>
<td>Conditions classifiable to 790.21-790.29</td>
</tr>
<tr>
<td>Gestational diabetes mellitus NOS</td>
<td>Gestational Diabetes</td>
</tr>
<tr>
<td>O24.41 – Gestational Diabetes in PREGNANCY</td>
<td>[0-4] (5th Digits to Denote Current Episode of Care)</td>
</tr>
<tr>
<td>O24.410 – ...diet controlled</td>
<td>.0 – unspecified as to episode of care or N/A</td>
</tr>
<tr>
<td>O24.414 – ...insulin controlled</td>
<td>.1 – delivered, w/ or w/o mention of antepartum condition</td>
</tr>
<tr>
<td>O24.419 – ...unspecified control</td>
<td>.2 – delivered, with mention of PP complication</td>
</tr>
<tr>
<td>O24.42 – Gestational Diabetes in CHILDBIRTH</td>
<td>.3 – antepartum condition or complication</td>
</tr>
<tr>
<td>O24.420 – ...diet controlled</td>
<td>.4 – postpartum condition or complication</td>
</tr>
<tr>
<td>O24.424 – ...insulin controlled</td>
<td></td>
</tr>
<tr>
<td>O24.429 – ...unspecified control</td>
<td></td>
</tr>
<tr>
<td>O24.43 – Gestational Diabetes in Puerperium</td>
<td></td>
</tr>
<tr>
<td>O24.430 – ...diet controlled</td>
<td></td>
</tr>
<tr>
<td>O24.434 – ...insulin controlled</td>
<td></td>
</tr>
<tr>
<td>O24.439 – ...unspecified control</td>
<td></td>
</tr>
</tbody>
</table>

- Gestational diabetes occurs during the 2nd and 3rd trimester of pregnancy in women who were not diabetic prior to pregnancy
- Codes for gestational diabetes are in subcategory O24.4-, Gestational diabetes mellitus
  - No other code from category O24, Diabetes mellitus in pregnancy, childbirth, and the puerperium, should be used with a code from O24.4
  - O24.4- includes codes for diet controlled and insulin controlled
    - If a client with gestational diabetes is treated with both diet and insulin, only the code for insulin-controlled is required
    - Code Z79.4, Long-term (current) use of insulin, should not be assigned with codes from subcategory O24.4-
    - Current episode of care (used in ICD-9-CM) is no longer needed
- An abnormal glucose tolerance in pregnancy is assigned a code from subcategory O99.81-, Abnormal glucose complicating pregnancy, childbirth, and the puerperium
## ICD-10 CHECKPOINT

**CHECK YOUR KNOWLEDGE.**

**COMPARE ICD-9-CM CODES TO ICD-10-CM AND ICD-10-PCS CODES.**

What are the correct diagnosis codes to report an encounter for screening mammogram on a patient at high risk for breast cancer due to history of breast cancer in the patient’s sister?

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICD-9-CM</strong></td>
<td></td>
</tr>
<tr>
<td>V76.11</td>
<td>Screening mammogram for high-risk patient</td>
</tr>
<tr>
<td>V16.3</td>
<td>Family history of malignant neoplasm, breast</td>
</tr>
<tr>
<td><strong>ICD-10-CM/PCS</strong></td>
<td></td>
</tr>
<tr>
<td>Z12.31</td>
<td>Encounter for screening mammogram for malignant neoplasm of breast</td>
</tr>
<tr>
<td>Z80.3</td>
<td>Family history of malignant neoplasm of breast</td>
</tr>
</tbody>
</table>

**Indexed Terms**

**Index:**

- **Screening (for)**
  - malignant neoplasm (of)
  - breast
  - mammogram NEC for high-risk patient **V76.11**

- **History (personal) of**
  - family
  - malignant neoplasm (of) NEC breast **V16.3**

**Index:**

- **Screening (for)**
  - --neoplasm (breast)(of)
  - ----breast
  - ------routine mammogram **Z12.31**

- **History**
  - --family (of) - see also History, personal (of)
  - ----malignant neoplasm NOS (of)
  - ------breast **Z80.3**
### Code Comparisons

<table>
<thead>
<tr>
<th>Left Column</th>
<th>Right Column</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Encounter for screening mammogram is indexed to V76.12 unless specified as a screening mammogram for high-risk patient (which is indexed to V76.11)</td>
<td>• Being at high risk for breast cancer does not impact code assignment of the encounter for screening mammogram</td>
</tr>
</tbody>
</table>
| • Coding Clinic for ICD-9-CM, Second Quarter 2003, page 4, advises codes V76.11 and V16.3 for a similar scenario | • There is an instructional note with ICD-10-CM category Z12 to "Use additional code to identify any family history of malignant neoplasm (Z80.-)"
| • Family history of male breast cancer is indexed to V16.8 instead of V16.3 | • Family history of male breast cancer and family history of female breast cancer are both coded Z80.3 |

### Documentation Needed From Physicians

<table>
<thead>
<tr>
<th>Left Column</th>
<th>Right Column</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documentation regarding whether the mammogram is screening or diagnostic</td>
<td>• Documentation regarding whether the mammogram is screening or diagnostic</td>
</tr>
<tr>
<td>• If the patient is at high risk for breast cancer, the provider should document this along with the reason the patient is at high risk for breast cancer</td>
<td>• Documentation regarding any risk factors for breast cancer such as family history of breast cancer</td>
</tr>
</tbody>
</table>

This ICD-10 Checkpoint was submitted by Judy Bielby, a clinical assistant professor at the University of Kansas and a consultant with Durst & Associates in the Kansas City, MO, area.
11. Specialized Coding Training – Crossword Puzzles

11.1 Childhood Illnesses and Diseases Crossword Puzzle

Refer to questions on following page
ACROSS

2. Exanthem subitum; Sixth Disease; 3-day fever
4. Irritation and swelling of the liver; most common in children is the “infectious” (type A)
7. "School sores"; blisters with pus on face, neck, and hands; very contagious; caused by staph or strep bacteria
10. Syndrome manifested by fever, blisters/sores in palms, foot, & inside of mouth; Coxsackie A & enterovirus 71 are most common causes
12. Pediculosis infestation
14. Scarletina; rash has “sandpapery feel,” strawberry tongue
16. Also known as “acute coryza, nasopharyngitis, or rhinopharyngitis”; most commonly caused by rhinovirus
17. Chickenpox
19. Laryngotracheobronchitis; characterized by breathing difficulty and “barking” cough
20. Rare condition involving inflammation of blood vessels; "infantile polyarteritis;" “mucocutaneous lymph node syndrome”
22. Throat pain; common symptom of acute pharyngitis
23. Infection of the membranes covering the brain and spinal cord; classic symptoms are headache, neck stiffness and photophobia

DOWN

1. Inflammation of airways, triggered by breathing allergens; characterized by wheezing, cough, shortness of breath and chest tightness
3. Fifth Disease; “slapped cheeks”
5. Bacterial disease causing a cough with “whooping sound”
6. Autoimmune destruction of B-cells of the pancreas; insulin-dependent, juvenile onset
8. Rare but serious condition affecting brain and liver; associated with aspirin use during a viral illness
9. Easily spread skin disease caused by very small type of mite; colloquially known the “seven year itch”
11. Seasonal Influenza
13. Infection from resistant strains of bacteria called Staphylococcus aureus; high risk of contact in day care centers, playgrounds, and other school-setting
15. Painful swelling of salivary glands; "epidemic parotitis"
18. Dental cavities; tooth decay
21. Childhood hyperkinesis; characterized by inattention, hyperactivity, and impulsivity
11.2 ENT Crossword Puzzle

Refer to questions on following page.
Across

5. Ringing in one or both ears due to aging or noise exposure damage
9. Middle ear infection
11. "Voice box"; involved in phonation, breathing & protecting the trachea from food/liquid aspiration; houses the vocal cords
12. Thin/leaf-like cartilaginous structure at the root of the tongue & in front of the larynx; it folds backwards covering the larynx to prevent food/liquid from entering the trachea & lungs during the act of swallowing
13. "Ossicular auditus"; small bones of the middle ear made up of stapes, incus & malleus
15. Difficulty in swallowing; may be associated with pain
17. Partition of bone & cartilage between the nasal cavities
19. "Stirrup"
21. Collection of lymphoid tissue (pair) located at the rear of the throat; acts as filters to bacteria & other germs to prevent infection
23. "Eardrum"; cone-shaped membrane separating the external ear from the middle ear; transmits vibration of sound waves
26. "Anvil"
28. Two pairs of mucomembranous folds in the larynx involve in voice production; upper pair=false, lower pair=true
30. Mass of soft tissue behind the nasal cavity; part of the immune system; present at birth & childhood but disappears in adulthood (in most people)
32. Type of skin cyst (epidermal inclusion cyst) in the middle ear &/or mastoid process caused by birth defect or more commonly a complication of chronic ear infection; benign condition
33. Disorder of the inner ear; common symptoms include tinnitus, vertigo, pain and hearing loss; affects only one ear - no known cause
34. Nosebleeds; common condition due to breakage of tiny blood vessels in the nose; due to trauma, congestion from allergy, sinus infection or colds
35. Inflammation of the inner ear; usually occurring after an upper respiratory infection or bacterial ear infection

Down

1. Three tiny circular tubes/ducts (lateral/superior/posterior) in the inner ear containing fluid (endolymph); helps maintain balance & equilibrium
2. Cranial Nerve 8
3. Inflammation & irritation of the nasal mucous membrane; common symptoms are stuffy & runny nose & post-nasal drip; triggered by an allergen-i.e. pollen;
4. Inflammation of the tonsils caused by an infection
6. "Nostril"; one of the external openings to the nasal cavity in the nose which allows air to flow through the cavities to the pharynx
7. Benign, slow-growing on the nerve that connects the ear to the brain; symptoms include hearing loss, vertigo & tinnitus
8. Outer ear/auricle; ridged cartilage, funnels sound to the external auditory canal

10. Most common ear problem due to age

14. Connected system of hollow cavities in the skull; normally empty except for a thin layer of mucus; types include maxillary, frontal, ethmoid & sphenoid

16. "Swimmer's ear"; outer ear infection

18. Central part of the osseous labyrinth, oval in shape; inner organ for balance & equilibrium; houses the utricle & saccule

20. Shell-shaped structure containing receptor (hair) cells; divided into compartments by membranes (basilar & Reissner's)

22. Protruding soft, painless, non-cancerous growth in the lining of the nose or sinus; arise from inflammation in the nose & often related to allergies; large & multiple ones lead to breathing problems & infection; recurs even when treated

24. Built up of earwax in the ear canal leading to hearing loss, pain or dizziness

25. Sensory organ of hearing

27. Horse/harsh sound that occurs when one is sleeping due to partially obstructed breathing; may indicate serious health condition; common in overweight & older people

29. "Hammer"

31. Roof of the mouth; consist of anterior bony (hard) portion & posterior muscular (soft) portion; separates the oral cavity from the nasal cavity
11.3 Anatomy of the Eye and Common Disorders Crossword Puzzle

Refer to questions on following page

EclipseCrossword.com
Across
1. Tough outer coat that protects the entire eyeball
4. Depression at the center of the macula; point of greatest visual activity
5. "Lazy eye"
7. Chamber located at the back of the eye's interior containing the vitreous humor
9. Increase pressure inside the eye causing reduction in the vision
11. Colored part of the eye; responsible for regulating the amount of light entering the eye
13. Double vision
14. Portion at the center of retina that processes sharp, clear vision
15. Farsightedness
17. Tiny spots/specks that floats across the visual field
20. Tender red bump on the edge of the eyelid due to a bacterial infection
22. Inflammation/infection of cornea
23. Transparent structure which focuses light rays into the retina
24. Light sensitive nerve cells (rods & cons) located in the retina
26. Clouding of the lens preventing passage of light
27. Iritis
28. "Curtain falling over the eye"-most serious retinal symptom leads to blindness

Down
2. Chamber located in the front section of the eye's interior containing the aqueous humor
3. "Pink eye"
6. Error of refraction causing an inability to properly focus light into the retina
8. Light-sensitive layer of tissue (nerve cells) lining the back of the eye
10. Layer behind the retina containing blood vessels that nourishes the retina
12. Located above the lens producing aqueous humor
16. Inflammation of a blocked meibomian gland
18. A complication of diabetes damaging blood vessels in the eyes
19. Clear, dome-shaped surface covering front of the eye
21. Dark center/opening in the middle of iris through which light passes to the back of the eye
25. A blind or dark spot in the visual field
11.4 Lower Extremities Crossword Puzzle

Refer to questions on following page
ACROSS
3 This ligament reinforces the posterior aspect of the hip joint attaching to the ischium and femur
7 The ligament that travels from the outer surface of the femur to the fibula
8 The muscles that attach to the posterior surface of the large flat area of the pelvis
14 The abdominus muscle known as the six-pack
16 The number of large bones that connect to form the pelvis
18 Short for anterior cruciate ligament
21 The shin bone
22 Muscle that flexes the knee joint
25 This ligament runs along the inner surface of the femur and tibia
26 Membrane the provides nourishment to the knee joint capsule
27 The gluteus muscle of the upper buttock
28 Another name for knee cartilage
30 A quad muscle that flexes the hip and straightens the knee

DOWN
1 The thigh bone
2 The outer shin bone
4 This cartilage at the head of the femur and acetabulum allow the joint to move smoothly
5 The kneecap
6 A muscle across the thing that assists in movement
9 The oblique muscles at the sides of the stomach
10 The ligament travels from the posterior surface of the tibia to the anterior surface of the femur
11 Along with the femur this forms the hip joint
12 Close to the top of the femur, these two protrusions function for muscle attachment
13 The hip joint is a ball and _____ joint
15 The long groin muscle which helps adduct the hip
17 The ligament that forms a cross in the middle of the knee joint
19 Four muscles that attach interiorly to the tibial tuberosity of the shin
20 The part of the femur which articulates with the pelvis
23 The largest gluteus muscle
24 The largest joint in the body
29 A group of three muscles also known as the adductor muscles
11.5 Gastrointestinal Crossword Puzzle

Refer to questions on following page

Gastrointestinal Puzzle
ACROSS

4. Absorbs B12 in the small intestine
6. An infection of the small intestine caused by the bacteria Vibrio Cholerae
8. Appears to be a unified organ, but is often divided into two parts
12. An acute viral hemorrhagic disease transmitted by female mosquitoes
15. Popularly known as beaver fever
19. An autoimmune disease of the small intestine
20. A hormone released in the GI tract
21. Then number of feet in an adult males GI tract
22. Attaches the vermiform appendix
23. An inflammation of the pancreas

DOWN

1. The number of hours after a meal for the stomach to dump 50% of contents into the intestine
2. An inflammation of the pouches on the outside of the colon
3. The gastrointestinal tract includes the intestines and _______
5. Also known as the stomach flu
6. A disease also known as regional enteritis
7. An inflammation of the appendix
9. A form of colitis that involves large open sores within the colon
10. The GI tract made up of the esophagus, stomach and duodenum
11. Its main function is to absorb water
13. The most common ulcer of the digestive tract
14. A malignant neoplasm
16. The ligament of ______ is used to divide the upper and lower GI tracts
17. The GI tract releases ______ to regulate the digestive process
18. Midsection of the intestine
11.6 Anatomy and Common Problems of the Skin Crossword Puzzle

*Refer to questions on following page*
Across

1. Small & usually painless skin growth caused by type of virus called HPV
3. "Lamellar corpuscle;" mechanoreceptor responsible for sensitivity to touch/vibration & pressure
9. Form of dermatitis/inflammation causing an itchy rash; "Atopic dermatitis" (to boil over) most common form
10. "Horned or corneal layer;" outermost layer of the epidermis providing vital barrier function
14. Touch receptors located near the skin surface; "Tactile corpuscle"
17. Upper/outer, nonvascular, nonsensitive layer of the skin made up of squamous cells, basal cells, and melanocytes
21. Tubular infolding of the epidermis containing root of a hair
22. Coiled tubular subcutaneous gland that secretes sweat; "Sudoriferous gland"
24. "Subcutis;" innermost and thickest layer of the skin containing nerves, blood vessels, and fibroblasts; cushions the body and regulates skin and body temperature
25. "Basal layer;" deepest layer of the epidermis, providing germinal cells for regeneration

Down

2. Very common skin condition characterized by (a) redness on nose, cheeks, forehead, and chin; (b) small visible blood vessels on the face; (c) bumps/pimples on the face; (d) watery, irritated eyes
4. Most dangerous type of skin cancer; begins in a mole or other pigmented tissue such as the eyes
5. Microscopic band of muscle tissue connecting a hair follicle to the dermis; contraction causes the hair to stand on end
6. Gland that secretes oily/waxy matter ("sebum") that lubricates and waterproofs the skin
7. Most common form of skin cancer that begins in the basal cell; appears as shiny, pearly nodule; almost never metastasizes
8. Chronic skin problem which causes cells to grow too quickly resulting in thick, white, silvery or red patches
11. "Dermatophytosis;" skin infection caused by fungus, easily spread from person to person
12. Occurs when hair follicles become plugged with oil and dead skin cells
13. Non-melanoma type of skin cancer; earliest form is called "Bowen's Disease"
15. Inflammation of the skin
16. "Urticaria;" sudden outbreak of swollen, itchy, pale red bumps/plaques resulting from allergic or non-allergic cause
18. "Zona;" painful skin rash with blisters caused by varicella zoster virus, usually appearing as a band/strip or small area on one side of the body or face
19. Specialized skin cells that produce skin-darkening pigment (melanin), located in the bottom layer of the epidermis
20. Chronic scalp condition marked by itching and flaking of the skin; shedding of dead skin all from the scalp
23. Inner layer of the skin containing blood and lymph vessels, hair follicles, sweat and sebaceous glands
11.7 Urinary Tract Crossword Puzzle
Across

2. Dilation & swelling of the kidney(s); can be due to a medical condition which decreases the kidney function, or can be a normal variant
4. Enlarged / dilated funnel-like proximal part of the ureter in the kidney; cuplike extensions are called “calyces” (where urine collects before it flows to the urinary bladder)
8. Swelling & inflammation of the urethra; can be caused by bacteria or virus, injury & sensitivity to chemicals; main symptom is dysuria
10. Bed wetting
13. Made up of water, urea, electrolytes and other waste products; contents vary depending of the amount of fluid & salt intake in the body as well as drugs that are excreted in the kidneys
14. Membranous tube that serves as a passage of urine from the bladder to the outside of the body; about 1.5” in women & 8” in men
16. Basic structural and functional unit of the kidney; removes waste and excess substances from the blood in the process of producing urine
17. Serious complication of Chronic Kidney Disease & Acute Renal Failure; inability of the kidneys to eliminate urea & other waste products in the body; dialysis is done to relieve it’s symptoms until normal kidney function is restored
19. Procedure using a cystoscope to examine the inside of the bladder
22. Procedure performed when the kidneys fail to remove the waste products in the body; done in end stage renal failure
23. Form of urinary incontinence caused by an anatomic weakness in the structures that prevent bladder leaking; more common in women; can be triggered by laughing, sneezing, heavy lifting or running
24. Blood vessel (pair) that branch off/arise from the abdominal aorta and supply the kidneys
25. Elastic muscular sac located in the pelvis that stores urine; normal capacity of 400-600 ml
27. Abnormal flow of urine from the bladder to the upper urinary tract; UTI is most common when symptoms are present; 2 types (primary & secondary); International Classification (Grade I-V)
30. Procedure using shock waves to break stones in the urinary tract; ESWL
31. "Involuntary urination", "Loss of bladder control"

Down

1. Basic test done routinely to check for problems in the urinary tract
3. "Painful Bladder Syndrome"; chronic condition characterized by pain & discomfort in the bladder & surrounding pelvic area; a diagnosis of exclusion
5. Special x-ray exam of the kidney, bladder & ureter; injection of an iodine-contrast dye into the arm vein & serial x-rays are taken at timed intervals to check the functioning capacity of the kidneys
6. Tube that carries urine from the kidney to the bladder; originates from the renal pelvis & ends in the vesicoureteric junction of the urinary bladder
7. Type of UTI that affects one or both kidneys; causes include bacterial infection, urinary stones, or masses in pelvis or abdomen; symptoms are back/flank pain, fever, nausea & vomiting, hematuria, dysuria, or frequency
9. Kidney stone

11. Gland that branches off from the urethral wall (male); secretes mucus to the seminal vesicle & to protect the urethral wall against urine

12. Pair of organs located in the abdomen; function in removing waste products from the blood, production of hormone renin (regulates the blood pressure) and erythropoietin (stimulates the bone marrow to produce red blood cells)

15. "Pyramid"; innermost part of the kidney; contains the structure of the nephrons that is responsible for water & salt balance

18. Blood in the urine

20. Excessive excretion of urine; seen in conditions like Diabetes Mellitus & Insipidus

21. Painful urination

26. Outer portion of the kidney containing mostly nephrons & blood vessels; where ultrafiltration takes place

28. "Overactive bladder"; form of urinary incontinence resulting in an urge to urinate
11.8 Obstetrics and Gynecology

Crossword Puzzle

Refer to questions on following page
ACROSS

1 A suction cap applied to the fetus' head during delivery
3 Where one of the fetus' shoulders becomes stuck during a vaginal birth
7 Sepsis infection of the uterus during or after labor
9 The period following delivery
12 Painful menstrual periods
14 Happens in a number of disorders such as placenta previa
15 The uterus falls down or slips out of place
17 Expanded region of the vaginal canal at the internal end
18 A method of artificially stimulating labor in women
20 A placenta disorder where a patient can bleed to death if not managed properly
21 Heavy menstrual periods
22 Involuntary leakage of urine
23 Where the fetus is compromised in the uterine environment

DOWN

2 A pregnancy when an embryo in the Fallopian tube
4 Absent menstrual periods
5 A disease during pregnancy related to maternal hypertension
6 Removal of the uterus
8 Operation through small incisions with the aid of a camera
10 Refers to a condition of the umbilical cord that risks of fetal suffocation
11 Inability to conceive
13 Removal of ovaries
16 A surgical procedure used to delivery a baby
19 A hand held surgical instrument sometimes used in childbirth
12. Training Evaluation

Division of Public Health ICD-10-CM Training Evaluation

1. Please select the category that best describes your profession:
   - Physician
   - Physician Assistant/FNP
   - Nurse
   - Other Clinician
   - Billing/Accounting
   - Health Info Management
   - Administration
   - IT
   - Scheduling/Registration
   - Consultant
   - Business/Financial
   - DPH Representative
   - ORHCC Representative
   - Other

2. Name of course being evaluated:
   - Basic ICD-10-CM Coding
   - Specialized ICD-10-CM Coding Training – Behavioral Health
   - Specialized ICD-10-CM Coding Training – Child Health, Health Check
   - Specialized ICD-10-CM Coding Training – Family Planning
   - Specialized ICD-10-CM Coding Training – Maternal Health
   - Specialized ICD-10-CM Coding Training – Primary Care, Chronic Disease
   - Specialized ICD-10-CM Coding Training – Women’s Health, BCCCP
   - Specialized ICD-10-CM Coding Training – STD, HIV, Communicable Disease

3. Venue Type: □ via Webinar by myself   □ via Webinar with others
   Comments related to venue:

4. Will the training help you fulfill your job responsibilities?
   □ Yes □ No
   Comments:

5. Did the combination of lecture, coding exercises and quizzes aid in the learning process?
   □ Yes □ No
   Comments:
6. Any recommendations on how to improve the training?
   □ Yes □ No  Comments -

7. Overall, how would you rate the training?

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8. Other Comments
____________________________________________________________________________________
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Please submit evaluation form to: Marty.Melvin@dhhs.nc.gov or mail to Marty Melvin, 5605 Six Forks Rd., Raleigh, NC 27609
13. Answers – Behavioral Health Course

Below are the answers to the Review Questions and Coding Exercises for the Behavioral Health Coding Training Course.

13.1 Behavioral Health Course Unit 1 – Review Questions

1. False – Procedure codes are CPT/HCPCS codes
2. False – Screening codes are used when you are seeing someone who has no signs or symptoms but you are evaluating for early detection
3. True
4. False - If you are seeing a client for a confirmed or suspected condition or for a specific treatment, then codes under “Examination” should not be used. Remember, CPT codes are used to specify the services rendered

13.2 Behavioral Health Course Unit 1 – Coding Exercise

Z04.6 Encounter for general psychiatric examination, requested by authority;
I25.2 (History, personal, myocardial infarction); Z72.0 Tobacco use (if you look up Smoker, refers you to Dependence, drug, nicotine; however, when you look up in the tabular, there is Excludes1 note for Tobacco Use. Since clinician did not document tobacco dependence, cannot code this); Z59.1 Inadequate housing; Z59.5 Extreme poverty
13.3 Behavioral Health Course Unit 2 –
Review Questions

1. False – There are no ‘personal history of’ codes for substance use. Alcohol dependence in remission would be used. Selection of codes in this category for “in remission” require clinical judgment and must be included in the clinician’s documentation.

2. False – F43.21, Adjustment disorder with depressed mood (which includes grief reaction) would be more appropriate.

3. True - Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98) Codes in this range can be used regardless of client’s age

13.4 Behavioral Health Course Unit 2 –
Coding Exercises

1. Z71.51 (Key word Counseling, drug abuser); There is a coding note to “Use additional code for drug abuse or dependence” - F15.20 (Key word in Alphabetic Index is “Dependence”)

2. Z71.6 (Key word in Alphabetic Index is “Counseling”; In Tabular, states to use additional code for nicotine dependence); F17.220 (Key word in Alphabetic Index is “Dependence”, drug, nicotine, chewing tobacco)

3. F60.3 (Key word in Alphabetic Index is “Disorder” and then “Personality” and then “borderline”. There is a note to see also “Personality” but you do not have to go there since borderline personality is found under disorder); F10.21 (Key word “Dependence”, alcohol, in remission); Z79.899 (Key word “Therapy”, drug; Description: Other long term (current) drug therapy)

4. O90.6 (Dysphoria); Use of Z60.0 – Problems of adjustment to life-cycle transitions – could also be justified but not required. You do not use Z00.8 Encounter for other general examination (Key word “Evaluation”, mental health) since the client had specific symptoms

5. G30.0 Alzheimer’s disease with early onset; F02.81 – Dementia, in Alzheimer’s disease; Z91.83 – Wandering in diseases classified elsewhere

6. F41.8 – Mixed anxiety and depressive disorder (key word “Disorder”, “mixed”). You do not use Z00.8 Encounter for other general examination (Key word “Evaluation”, mental health) since the client had specific symptoms
14. Answers – Child Health and Health Check Course

Below are the answers to the Review Questions and Coding Exercises for the Child Health and Health Check Coding Training Course.

14.1 Child Health and Health Check Course Unit 1 – Review Questions

1. True (This was covered in Basic training – it is here as a refresher)
2. True - Z28.3, Underimmunization status includes delinquent or lapsed immunization schedule status. (This was covered in Basic training – it is here as a refresher)
3. False - Z codes will be a diagnostic code but there must also be at least one CPT procedure code (or an LU code).
4. False - Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test.
5. False - Follow up codes are used when treatment for a disease, condition or injury is complete and it may be used to explain multiple visits.

14.2 Child Health and Health Check Course Unit 1 – Coding Exercises

- **Scenario 1: Z00.129** Encounter for routine child health examination without abnormal findings. **Z81.8** Family history of other mental and behavioral disorders; **Z28.3** Underimmunization status; **Z23** Encounter for immunization (Note: If there had been documentation that the child was screened for ADHD, could have coded Z13.89, Encounter for screening for other disorder)
- **Scenario 2: Z02.0** Encounter for examination for admission to educational institution (ICD-10-CM provides much more specificity for administrative examinations)
14.3 Child Health and Health Check
Course Unit 2 – Review Questions

1. True
2. False - Do not use for Type 1 Diabetes since use is implied by type; for other 4 categories, only use if client uses insulin long-term
3. Either answer is correct. Use additional code, if known. BEST PRACTICE: BMI should be documented and coded
4. True
5. False – at a minimum must specify type of otitis media and laterality

14.4 Child Health and Health Check
Course Unit 2 – Coding Exercises

- **Scenario:** K85.0 Pancreatitis (in tabular under E08-E13, it says to code first underlying condition); E08.65 DM due to underlying condition with hyperglycemia; Z79.4 long term insulin use; E66.9 Obesity, unspecified; BMI Code Z68.54

- **Code the following:**
  - G40.A01 Juvenile absence epilepsy, not intractable, with status epilepticus
  - *Ear Infection* – not enough information to code – need to know if interna, externa or media. Even if you assume Otitis Media, the only code you can use is H66.90, Otitis media, unspecified, unspecified ear. However documentation will not support that dx
  - H10.31 Unspecified acute conjunctivitis, right eye; H10.403 Unspecified chronic conjunctivitis, bilateral (Documentation needs to be more specific to code to higher level of specificity – e.g., follicular, giant papillary, simple
14.5 Child Health and Health Check
Course Unit 3 – Review Questions

1. True
2. True
3. False - In ICD-9-CM, there was no specific code for acute recurrent sinusitis – a condition I am sure many of you have. In ICD-10-CM, there are multiple codes for this in category J01.
4. False - Asthma terminology has been updated to reflect the current clinical classification of asthma. Clinicians no longer have to categorize asthma as intrinsic and extrinsic – they are both coded to J45.909.
5. False - Only confirmed cases of influenza due to identified viruses should be coded from categories J09 and J10. Confirmation does not mean you have to have lab results – the clinician’s documentation is sufficient. If the clinician confirms influenza but cannot confirm the type, use codes in category J11.

14.6 Child Health and Health Check
Course Unit 3 – Coding Exercises

- **Scenario1:** A08.4 – Intestinal flu; J06.9 - Acute URI
- **Scenario2:** J45.51 Severe persistent asthma with acute exacerbation
14.7 Child Health and Health Check  
Course Unit 4 – Review Questions

1. False – do not code symptoms that commonly occur with a definitive diagnosis and especially don’t code them if they are included in a combination code

2. False - When both birth weight and gestational age are available: Two codes from category P07 should be assigned. Sequence the code for birth weight before the code for gestational age. NOTE: There are codes related to light for gestational age and small for gestational age. Light refers to the infant’s weight while small refers to the infant’s size (including head, body & weight).

3. False - Codes for signs and symptoms may be reported in addition to a related definitive diagnosis – When the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes; The definitive diagnosis code should be sequenced before the symptom code

4. True – As long as the documentation specifies that the condition was present in the perinatal period

5. False - Codes from Chapter 17 may be used throughout the life of the client

14.8 Child Health and Health Check  
Course Unit 4 – Coding Exercises

- **Scenario1**: R42 Dizziness and giddiness; J45.909 Unspecified asthma, uncomplicated (with more specificity, could code to higher level); R11.0 Nausea; T49.1x5A Adverse effect of antipruritics; T48.6x5A Adverse effect of antiasthmatics (NOTE: Advair = fluticasone and salmeterol) so both chemical names are used in Table of Drugs and Chemicals. If you can’t find your drug in the Table, go to internet and look up the generic name or chemical name.) At beginning of Block T36-T50, there is a note: Code first, for adverse effects, the nature of the adverse effect.

- **Scenario2**: Z00.121 Encounter for routine child health examination with abnormal findings; T76.22xA Child sexual abuse, suspected, initial encounter
14.9 Child Health and Health Check
Course Units 1 - 4 Coding Exercises

1. **H00.11** (Chalazion, right upper eyelid) and **H00.12** (Chalazion, right lower eyelid)

2. **Z00.121** Encounter for routine child health examination with abnormal findings; **E86.0** Dehydration; **R19.7** Diarrhea, unspecified

3. **H65.02** – Acute serous otitis media, left ear; **H65.21** – chronic serous otitis media, right ear; **H72.821** – Total perforation of tympanic membrane, right year; **Z77.22** – Contact with and exposure to environmental tobacco smoke

4. **N92.6** Irregular menstruation, unspecified; **Z32.01** Encounter for pregnancy test, result positive

5. **L51.9** – Erythema multiforme, unspec (Use Additional Code Note: to identify percentage of skin exfoliation L49.-); **L49.0**-Exfoliation due to erythematous condition involving less than10% body surface; **T36.3x5A** – Adverse effect of macrolides, initial encounter (For adverse effects, code first note: code first the nature of the adverse effect); **H66.006**-Acute suppurative otitis media, without spontaneous rupture of eardrum, recurrent, bilateral

6. **Z00.110** (Key word, “Newborn”, examination, under 8 days old); **P59.9** - Neonatal jaundice, unspecified

7. **Z00.121** (Child Health Exam with abnormal findings); **Q37.4** – Cleft hard and soft palate with bilateral cleft lip

8. **N30.01** – Cystitis, acute, with hematuria; **B96.20** – E coli as cause of disease

9. **J80** Acute respiratory distress syndrome; **J02.9** Acute pharyngitis, unspecified (Includes Sore throat (acute) NOS)

10. **F91.1** Conduct disorder, childhood-onset type (ADHD not coded since this is possible); **L04.0** Acute lymphadenitis of face, head and neck

11. **E63.9** - Nutritional deficiency, unspecified; **Q86.0** Fetal alcohol syndrome (dysmorphic); **P07.14** Other low birth weight newborn, 1000-1249 grams; **P07.35** Preterm newborn, gestational age 32 completed weeks; **Z81.1** Family history of alcohol abuse and dependence.

12. **Z00.121** Encounter for routine child health examination with abnormal findings; **H10.029** Other mucopurulent conjunctivitis, unspecified eye (could code more specifically if affected eye(s) had been documented)

13. **Z00.121** – Encounter for routine child health exam with abnormal findings; **H83.91** – Unspecified disease of right inner ear (Infection, ear, inner. Index states see subcategory H83.0 but most appropriate code is under sub-category H83.9 – Unspecified disease of inner ear. Otitis Media is not specified so cannot code to that.) If screenings are part of routine exam, do not code. If not, Z13.5 Encounter for screening for eye and ear disorders; **Z13.4** Encounter for screening for certain developmental disorders in childhood; **Z13.88** Encounter for screening for disorder due to exposure to contaminants
15. Answers – Family Planning Course

Below are the answers to the Review Questions and Coding Exercises for the Family Planning Coding Training Course.

15.1 Family Planning Course Unit 1 – Review Questions

1. False – Procedure codes are CPT/HCPCS codes
2. False – An examination code will be first-listed code since the reason for the visit is specifically the Family Planning annual visit; Should a condition be discovered during the examination then the code for the condition will be assigned as an additional diagnosis
3. True
4. True

15.2 Family Planning Course Unit 1 – Coding Exercise

- **Scenario 1:** Z30.011 Encounter for initial prescription of contraceptive pills (Z30.0 sub-category is Encounter for general counseling and advice on contraception so counseling included in this subcategory; In most LHDs, females under Age 21 do not have gynecological assessments if asymptomatic – their heart, lungs, thyroid, etc. are checked. That type of exam will be captured with CPT code.); **Z72.0** Tobacco use (if you look up Smoker, refers you to Dependence, drug, nicotine; however, when you look up in the tabular, there is Excludes1 note for Tobacco Use. Since clinician did not document tobacco dependence, cannot code this); **Z80.3** Family history of malignant neoplasm of breast

- **Scenario 2:** Z30.430 – Encounter for insertion of IUD (it is an initial prescription but when you look at Z30.014 (Encounter for initial prescription of IUD), there is an Excludes1 note and it refers you to Z30.430); **Z01.419** routine gynecological exam without abnormal findings; **Z12.72** - pap smear (unless this is routinely done during GYN exam); **Z11.8** Encounter for screening for other infectious and parasitic diseases (includes Encounter for screening for chlamydia)
15.3 Family Planning Course Unit 2 – Review Questions

1. False - Each health care encounter should be coded to the level of certainty known for that encounter based on the documentation in the client record
2. True
3. False – The Tabular must always be consulted to ensure code accuracy. There may be Includes notes, Excludes notes and/or notes requiring a code extension

15.4 Family Planning Course Unit 2 – Coding Exercises

1. **Z30.011** – Encounter for initial prescription of contraceptive pills (Z30.0 sub-category is Encounter for general counseling and advice on contraception so counseling included in this sub-category; In most LHDs, females under Age 21 do not have gynecological assessments if asymptomatic – their heart, lungs, thyroid, etc. are checked. That type of exam will be captured with CPT code.)
2. **Z30.019** Encounter for initial prescription of contraceptives, unspecified (key word ‘contraception’, then initial prescription, then subdermal implantable) (Nexplanon is not considered ‘injectable’); **Z92.0** Personal history of contraception (however, do not think this code adds any value since there is not a code for failed contraception)
3. **Z32.01** Encounter for pregnancy test, result positive; **Z3A.08** 8 weeks gestation of pregnancy
4. **Z30.09** Encounter for other general counseling and advice on contraception; **Z00.00** Encounter for general adult medical examination without abnormal findings
5. **Z30.42** Encounter for surveillance of injectable contraceptive; **M79.601** – Pain in right upper limb NOS; **R42** Dizziness and giddiness (Note: Use Adverse Effect code (T38.5x5A - Adverse effect of other estrogens and progestogens, initial encounter) if clinician indicates adverse effect. From documentation here, cannot label as adverse effect.)
6. **Z30.018** Encounter for initial prescription of other contraceptives; **Z11.3** Encounter for screening for infections with a predominantly sexual mode of transmission (Note: If you are screening for STDs, code Z11.3 should be sufficient – even if the screening includes HIV and Chlamydia which have separate codes – Z11.4 and Z11.8. I would use the more specific codes if the client is screened specifically for either of those conditions rather than a general STD screening.)
7. **Z32.42** Encounter for surveillance of injectable contraceptive; **R63.5** Abnormal weight gain; **R45.89** Other symptoms and signs involving emotional state

8. **Z01.411** Encounter for gynecological examination with abnormal findings; **N63** Unspecified lump in breast (Do not code possible or probable; Did not code as fibrocystic disease since disease is not documented)

9. **Z30.433** Encounter for removal and reinsertion of IUD

10. **Z30.41** Encounter for surveillance of contraceptive pills; **Z12.4** Encounter for screening pap smear for malignant neoplasm of cervix; **Z91.19** Patient’s noncompliance with other medical treatment and regimen

11. **Z30.41** Encounter for surveillance of contraceptive pills; **R10.30** Lower Abdominal pain, unspecified; **R11.0** Nausea; **T38.5x5A** Adverse effect of other estrogens and progestogens (NOTE: Seasonique = Levonorgestrel and Ethinyl estradiol in Table of Drugs and Chemicals. If you can’t find your drug in the Table, go to internet and look up the generic name or chemical name.) At beginning of Block T36-T50, there is a note: Code first, for adverse effects, the nature of the adverse effect.
16. Answers – Maternal Health Course

Below are the answers to the Review Questions and Coding Exercises for the Maternal Health Coding Training Course.

16.1 Maternal Health Course Unit 1 – Review Questions

1. True – with the exception of Z3A codes used to designate weeks of gestation
2. True
3. False – Counseling codes are used for such things as family planning or childbirth/childcare instruction – as long as this type of counseling is not associated with another diagnosis code when the counseling component is integral to standard treatment. For example, if counseling routinely occurs during a maternal health visit, then you would not code the counseling.
4. True
5. 5 – False – “History of” codes indicate the client no longer has the condition

16.2 Maternal Health Course Unit 1 – Coding Exercise

- **Scenario 1:** Z34.02 (Encounter for supervision of normal first pregnancy, second trimester); **optional - Z3A.16** (16 weeks gestation of pregnancy)

- **Scenario 2:** Z34.90 (Encounter for supervision of normal pregnancy, unspecified, unspecified trimester) Notes: Could provide more specific code if documentation indicates first pregnancy or pregnant in past; also need to specify weeks of gestation since ‘3 months’ could mean 1st or 2nd trimester (13 weeks or less vs. 14 weeks or more); if weeks of gestation were specified, could code weeks of gestation but not required.
16.3 Maternal Health Course Unit 2 –
Review Questions

1. True
2. False - For routine outpatient prenatal visits when no complications are present, a code from category Z34, Encounter for supervision of normal pregnancy, should be used as the first-listed diagnosis. These codes should not be used in conjunction with Chapter 15 codes.
3. True – other codes from Chapter 15 can be additional diagnosis
4. False – the trimester is based on #weeks gestation for each encounter
5. False - 2nd trimester (14-28 weeks)
6. False - To code liveborn infant including place of birth and type of delivery, Codes from Chapter 21, category Z38 are used

16.4 Maternal Health Course Unit 2 –
Coding Exercises

1. O09.512 (Supervision of elderly primigravida, second trimester) Note: This is first-listed since the prenatal visit was routine; O24.419 (Gestational diabetes mellitus in pregnancy, unspecified control. (Note that trimester is not included for this code since gestational diabetes occurs in 2nd or 3rd trimester so trimester is not deemed applicable); Optional code Z3A.18 (18 weeks gestation of pregnancy - in Alpha under Pregnancy, weeks of gestation)
2. O13.3 (pregnancy complicated by hypertension, 3rd trimester – code first since specific complication); O09.523 (Supervision of elderly (35+yrs) multigravida, 3rd trimester); Optional code Z3A.28 (28 weeks gestation)
3. O30.003 (Pregnancy complicated by multiple gestations, twins); O69.81x2 (Delivery complicated by cord around neck, without compression, fetus 2); Optional code Z3A.39 (39 weeks gestation); Z37.2 (Outcome of delivery, twins, both liveborn) NOTE: High risk pregnancy codes are used for prenatal outpatient visits so not needed for this case.
4. O98.711 (HIV disease complicating pregnancy, 1st trimester – there is a note to use additional code to identify the type of HIV disease); O99.511 (Diseases of the respiratory system complicating pregnancy, first trimester); O09.611 (Supervision of young primigravida, 1st trimester); B20 (AIDS); B59 (Pneumocystitis carinii pneumonia); Optional code Z3A.13 (13 weeks gestation)
5. O44.13 (Placenta previa with hemorrhage, third trimester); Optional code Z3A.36 (36 weeks gestation of pregnancy)
6. **O26.859** Spotting complicating pregnancy, unspecified trimester; **O26.899** Other specified pregnancy related conditions, unspecified trimester; **O09.619** Supervision of young primigravida, unspecified trimester (Used this code since had to choose between primigravida and multigravida – this needs to be documented; For routine prenatal outpatient visits for patients with high-risk pregnancies, a code from category **O09**, Supervision of high-risk pregnancy, should be used as the first-listed diagnosis but this was not routine – the visit earlier in the day was) **Documentation needs to include the trimester and/or weeks of gestation.**

7. **O09.522** Supervision of elderly multigravida, second trimester; **O15.02** Eclampsia in pregnancy, second trimester; **O24.012** Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester; **E10.69** Type 1 Diabetes Mellitus with other specified complication; **O99.332** Smoking tobacco, complicating pregnancy, 2nd trimester; **F17.210** Nicotine dependence, cigarettes, uncomplicated; **Z3A.22** 22 weeks gestation of pregnancy

8. **Z39.2** Encounter for routine postpartum follow-up; **Z30.018** Encounter for initial prescription of other contraceptives; **Z37.0** Single live birth; **Z32.02** Encounter for pregnancy test, result negative (Code first postpartum exam)

9. **O09.292** Supervision of pregnancy with other poor reproductive or obstetric history, second trimester; **O26.22** Pregnancy care for patient with recurrent pregnancy loss, second trimester; **Z3A.12** 12 weeks gestation of pregnancy

10. **O23.12** Infections of bladder in pregnancy, second trimester; **O09.612** Supervision of young primigravida, second trimester; **Z3A.15** 15 weeks gestation of pregnancy; **Z87.440** Personal history of UTIs

11. **O09.511** Supervision of elderly primigravida, first trimester; **Z3A.08** 8 weeks gestation of pregnancy
17. Answers – Primary Care and Chronic Disease Course

Below are the answers to the Review Questions and Coding Exercises for the Primary Care and Chronic Disease Coding Training Course.

17.1 Primary Care and Chronic Disease Course Unit 1 – Review Questions

1. True
2. False - The BMI codes should only be reported as additional diagnoses and there will be code notes when BMI should be an additional code. The coding guidelines state the associated diagnosis (such as overweight, obesity, underweight) must be documented by the patient’s provider and BMI codes should only be assigned when they meet the definition of a reportable additional diagnosis.
3. True
4. False - If a client comes in for a routine examination and a condition is discovered, the condition will be an additional diagnosis.
5. False - Screening codes are to be used when a client does not have symptoms related to the screening – for example, screening for diabetes since the client has a strong family history for diabetes. Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test.

17.2 Primary Care and Chronic Disease Course Unit 1 – Coding Exercises

- **Scenario 1:** Z00.00 Encounter for general adult medical examination without abnormal findings

- **Scenario 2:** Z48.812 – aftercare following surgery, circulatory system; Z48.01 – Aftercare following surgery, attention to dressings, surgical; I25.10 – Atherosclerosis, coronary artery; Z95.0 Status post cardiac pacemaker; I25.2 (History, personal, myocardial infarction); Z72.0 Tobacco use (if you look up Smoker, refers you to Dependence, drug, nicotine; however, when you look up in the tabular, there is Excludes1 note for Tobacco Use. Since clinician did not document tobacco dependence, cannot code this)
17.3 Primary Care and Chronic Disease
Course Unit 2 – Review Questions

1. True
2. False – As many codes within a particular category as are necessary to describe all of the complications of the disease may be used; They should be sequenced based on the reason for a particular encounter; Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that a client has
3. True
4. False - Do not use for Type 1 Diabetes since use is implied by type; for other 4 categories, only use if client uses insulin long-term
5. Either answer is correct. Use additional code, if known. BEST PRACTICE: BMI should be documented and coded

17.4 Primary Care and Chronic Disease
Course Unit 2 – Coding Exercises

- **Scenario 1:** C34.12 Neoplasm, lung, upper lobe, malignant primary. C77.1 – Neoplasm, lymph, gland, intrathoracic, malignant secondary; C79.51 – Neoplasm, rib, malignant secondary; D63.0 Anemia in neoplastic disease; F17.210 – nicotine dependence, cigarettes, uncomplicated.

- **Scenario 2:** K85.0 – Pancreatitis (in tabular, says to code first underlying condition); E08.65 – DM due to underlying condition with hyperglycemia; Z79.4- long term insulin use; BMI = 33 – Code Z68.33
17.5 Primary Care and Chronic Disease
Course Unit 3 – Review Questions

1. True
2. False - At a minimum, must specify location (e.g., media, externa), type (e.g., supparative) and laterality (e.g., right, left, bilateral)
3. True - Code I10 incorporates all of these types
4. False – suspected cases need to be coded to J11

17.6 Primary Care and Chronic Disease
Course Unit 3 – Coding Exercises

- Code the following:
  - G40.A01 Juvenile absence epilepsy, not intractable, with status epilepticus
  - Ear Infection – not enough information to code – need to know if interna, externa or media. Even if you assume Otitis Media, the only code you can use is H66.90, Otitis media, unspecified, unspecified ear. However documentation will not support that dx

- Scenario 1: I10 for the hypertension; F17.210 – Nicotine dependence, cigarettes, uncomplicated; I25.2 – Old MI

- Scenario 2: A08.4 – Intestinal flu; J06.9 - Acute URI

- Scenario 3: J45.51 - Severe persistent asthma with (acute) exacerbation
17.7 Primary Care and Chronic Disease Course Unit 4 – Review Questions

1. False - Codes for signs and symptoms may be reported in addition to a related definitive diagnosis – When the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes; The definitive diagnosis code should be sequenced before the symptom code.

2. True

3. False – Alphabetic Index will guide you

4. False - Though they are most applicable to injuries, they are also valid for use with such things as infections or diseases due to an external source, and other health conditions, such as a heart attack that occurs during strenuous physical activity.

17.8 Primary Care and Chronic Disease Course Unit 4 - Coding Exercises

**PRIMARY CARE**

1. **S93.401** Sprain of unspecified ligament of right ankle; **W09.1xxA** Fall from playground swing; **Y92.830** Public park as the place of occurrence of the external cause.

2. **T39.1x5A** Adverse effect of 4-Aminophenol derivatives, initial encounter; **G44.40** Drug-induced headache, NEC, intractable; **G89.28** Other chronic postprocedural pain (Look at the instructional note at subcategory G44.4 - code first code from T36-T50 to identify the drug. Since there is not a specific post-op complication, G89.28 is used).

3. **H00.11** (Chalazion, right upper eyelid) and **H00.12** (Chalazion, right lower eyelid).

4. **H65.02** – Acute serous otitis media, left ear; **H65.21** – chronic serous otitis media, right ear; **H72.821** – Total perforation of tympanic membrane, right year; **Z77.22** – Contact with and exposure to environmental tobacco smoke.

5. **R03.0** Elevated blood-pressure reading, without diagnosis of hypertension; **M79.89** Soft tissue disorder, unspecified (Could provide more specific dx if ‘lower extremities’ was more specific (e.g., leg, ankle, foot); **R51** Headache.

6. **J09.x2** – Influenza due to identified novel influenza A virus with other respiratory manifestations; **J01.10** – Acute frontal sinusitis, unspecified; **Z33.1** – Pregnant state (Do not use a code from Chapter 15 since there is no documentation that the virus is complicating the pregnancy).
7. **K94.02** – Infection, colostomy; **L03.311** – Cellulitis, abdominal wall; **C18.6** – Neoplasm, intestine, large, colon, descending, malignant, primary; **B95.62** – Infection, as cause of disease classified elsewhere, aureus, methicillin resistant

8. **L51.9** – Erythema multiforme, unspec (Use Additional Code Note: to identify percentage of skin exfoliation L49.-); **L49.0** – Exfoliation due to erythematous condition involving less than 10% body surface; **T36.3x5A** – Adverse effect of macrolides, initial encounter (For adverse effects, code first note: code first the nature of the adverse effect); **H66.003** – Acute suppurative otitis media, without spontaneous rupture of eardrum, bilateral

9. **M80.08xA** – Pathologic fracture due to osteoporosis (External cause code not needed since no history of trauma); **I10** – Hypertension; **I48.0** – Atrial fibrillation (established); **Z79.01** – Long term (current) drug therapy (use of) anticoagulants

10. **K64.4** – Hemorrhoids, external; **K59.09** – Other constipation

11. **R50.9** – Fever (of unknown origin) (with chills) – From Coding Guidelines for Outpatient: Do not code diagnoses documented as “probable”, “suspected”, “questionable,” “rule out,” or “working diagnosis” or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.

12. **S91.322A** Laceration with foreign body, left foot, initial encounter (Index identifies both the laterality and the presence or absence of the foreign body with the laceration code. The seventh character extension of “A” is used to indicate the initial encounter.); **W22.8xxA** Striking against or struck by other objects, initial encounter (In Index, look at “Stepping on – object”); **Y93.K1** Activity, walking an animal; **Y92.838** Beach as the place of occurrence of the external cause (Reported for initial encounter only)

13. **H66.91** Otitis media, unspecified, right ear (Documentation substantiates specifying right ear but clinicians should always specify laterality in their dx. Need more documentation in order to code to higher level of specificity such as chronic or acute, suppurative, with or without rupture of ear drum)

14. **J15.211** Pneumonia due to Methicillin susceptible Staphylococcus aureus (Includes: Pneumonia due to Staphylococcus aureus NOS); **N17.9** Acute kidney failure, unspecified; **R00.0** Tachycardia, unspecified; **I95.9** Hypotension, unspecified

15. **I24.8** Other forms of acute ischemic heart disease (“Possible” dx are not coded)

**CHRONIC DISEASE**

1. **E78.0** Pure Hypercholesterolemia; **E11.65** Type 2 Diabetes mellitus with hyperglycemia; **E66.9** Obesity, unspecified; **Z68.41** – BMI 40.0-44.9, adult; **Z71.3** Dietary Counselling (Follow up codes are used when treatment for a disease, condition or injury is complete and it may be used to explain multiple visits. Since treatment is not complete, would not code the follow-up)
2. **K85.0** – Pancreatitis (in tabular, says to code first underlying condition); **E08.65** – DM due to underlying condition with hyperglycemia; **Z79.4**- long term insulin use
3. **I12.9** – Hypertensive chronic kidney disease with stage 1 – 4 CKD, or unspec CKD (There is a Use additional code note to code the stage of the CKD); **N18.4** – Chronic kidney disease, stage 4; **R31.9** Hematuria; **R14.0** Abdominal distension. From Coding Guidelines: Assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present. Unlike hypertension with heart disease, ICD-10-CM presumes a cause-and-effect relationship and classifies chronic kidney disease with hypertension as hypertensive chronic kidney disease. The appropriate code from category N18 should be used as a secondary code with a code from category I12 to identify the stage of chronic kidney disease.
4. **I70.223** Atherosclerosis of native arteries of extremities with rest pain, bilateral legs; **F17.211** Nicotine dependence, cigarettes, in remission (if clinician had not stated ‘in remission’, would use Z87.891 Personal history of nicotine dependence)
5. **D57.20** – Sickle cell/Hb-C disease without crisis; **M14.862** – Arthropathies in other specified diseases classified elsewhere, left knee (Instructional note at M14.8 states to code first the underlying disease so Sickle cell is first listed)
6. **J96.00** Acute respiratory failure, unspecified whether with hypoxia or hypercapnia; **J45.901** Unspecified asthma with (acute) exacerbation; **Z72.0** Tobacco use
18. Answers – STD, HIV, Communicable Disease Course

Below are the answers to the Review Questions and Coding Exercises for the STD, HIV, Communicable Disease Coding Training Course.

18.1 STD, HIV, Communicable Disease Course Unit 1 – Review Questions

1. True
2. True - Z28.3, Underimmunization status, includes delinquent or lapsed immunization schedule status
3. False - Category Z20 is to be used when clients are seen as a result of contact with, and suspected exposure to, communicable diseases. Use these codes when the client does not show any signs or symptoms of the communicable disease.
4. False - Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test.
5. True - Use counseling codes for things such as HIV counseling – Z71.7 – as long as this type of counseling is not associated with another diagnosis code when the counseling component is integral to standard treatment. For example, if counseling routinely occurs during a screening for HIV, then you would not code the counseling.

18.2 STD, HIV, Communicable Disease Course Unit 1 – Coding Exercise

- **Scenario 1**: Z11.4 (Screening, human…); R75 (human, immunodeficiency, laboratory evidence); Z71.7 (Counseling, human….)

- **Scenario 2**: Z23 (Encounter for vaccine is first-listed since that is why client came in); Z20.5 Contact with and (suspected) exposure to viral hepatitis.
18.3 STD, HIV, Communicable Disease Course Unit 2 – Review Questions

1. False – these are coded in Chapter 15; however, in Chapter 15 there may be instructions to code also infections in Chapter 1
2. False - Confirmation does not require documentation of positive serology or culture for HIV; Provider’s statement that client is HIV positive, or has an HIV-related illness, is sufficient
3. True - **B20 Human immunodeficiency virus [HIV] disease;** Includes: acquired immune deficiency syndrome [AIDS], AIDS-related complex [ARC], HIV infection, symptomatic. Even if the client is pregnant and you use a code from O98.7, HIV disease complicating pregnancy, there is a Use Additional Code note to code B20 as well.
4. False - Certain infections are classified in chapters other than Chapter 1; If organism is not identified as part of the infections code, use additional code from Chapter 1 to identify the organism
5. True
6. False – do not code symptoms that commonly occur with a definitive diagnosis and especially don’t code them if they are included in a combination code

18.4 STD, HIV, Communicable Disease Course Unit 2 – Coding Exercises

1. **Z11.1** Encounter for screening for respiratory TB; **Z20.1** Contact with and (suspected) exposure to tuberculosis
2. **Z11.1** Encounter for screening for respiratory TB; **R76.11** Nonspecific reaction to tuberculin skin test without active tuberculosis
3. **Z11.1** Encounter for screening for respiratory tuberculosis *(some may suggest Z13.83, Encounter for screening for respiratory disorder but there is an Excludes1: Encounter for screening for respiratory TB); **R76.11** Nonspecific reaction to tuberculin skin test without active TB, PPD positive; **R05** Cough; **R63.4** Abnormal weight loss; **R53.83** Other fatigue; **R61** Generalized hyperhidrosis (Sweats, night)
4. **Z20.2** Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission; **N50.8** Pain, testis; **Z11.3** Encounter for screening for infections with a predominantly sexual mode of transmission (since the client has some symptoms, perhaps should not use the
screening code but not sure what was done based on documentation provided. Was there an examination?? Would send this back for more information.

5. **Part 1**: Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; R36.9 Urethral discharge, unspecified.

   **Part 2**: A54.01 Gonococcal cystitis and urethritis, unspecified

6. Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; B37.9 Candidiasis, unspecified (With more specific documentation as to the location of the infection (e.g., vulva and/or vagina), could use more specific code (e.g., B37.3))

7. A02.9 Salmonella infection, unspecified – key word in Alphabetic Index is “poisoning”

8. Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission; Z72.51 High risk heterosexual behavior

9. Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission (Do not need to code Z11.4 Encounter for screening for human immunodeficiency virus [HIV] – Z11.3 covers all STDs); R30.0 Dysuria; Z72.53 High risk bisexual behavior

10. Z00.01 Encounter for general adult medical examination with abnormal findings; Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; A63.0 Anogenital (venereal) warts; Z70.8 Other sex counseling; Z72.51 High risk heterosexual behavior

11. Z20.828 Contact with and (suspected) exposure to other viral communicable diseases; R50.9 Fever Unspecified; R51 Headache; M79.1 Myalgia; J02.9 Sore throat (Note: In outpatient settings, cannot code “possible”, “suspected”, etc. so you code the symptoms)

12. Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; N73.9 Female pelvic inflammatory disease, unspecified (Do not need to code the symptoms since confirmed dx; code for promiscuous behavior is not appropriate); A56.11 Chlamydial female PID
19. Answers – Women’s Health and BCCCP Course

Below are the answers to the Review Questions and Coding Exercises for the Women’s Health and BCCCP Coding Training Course.

19.1 Women’s Health and BCCCP Course
Unit 1 – Review Questions

1. False - A screening code may be a first-listed code if the reason for the visit is specifically the screening exam; Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis.

2. True - The coding guidelines state the associated diagnosis (such as overweight, obesity, underweight) must be documented by the patient’s provider and BMI codes should only be assigned when they meet the definition of a reportable additional diagnosis.

3. False - If a client comes in for a routine examination and a condition is discovered, the condition will be an additional diagnosis.

4. False - Screening codes are to be used when a client does not have symptoms related to the screening. Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test.

5. True

19.2 Women’s Health and BCCCP Course
Unit 1 – Coding Exercises

- **Scenario 1**: Z01.419 - routine gynecological exam; Z12.72 - pap smear (unless this is routinely done during GYN exam); M1A.9xx1 – gout, chronic; Z23 – vaccination; Z80.41 – Family history, malignant neoplasm of ovary

- **Scenario 2**: Z00.00 Encounter for general adult medical examination; Z30.432 Encounter for removal of intrauterine contraceptive device
19.3 Women’s Health and BCCCP Course
Unit 2 – Review Questions

1. False - For multiple neoplasms of the same site that are not contiguous, codes for each site should be assigned, such as tumors in different quadrants of the same breast
2. False - This is a lab result, not a confirmed neoplasm
3. True – The five categories are: E08 – Diabetes Mellitus due to underlying condition; E09 – Drug or chemical induced Diabetes Mellitus; E10 – Type 1 Diabetes Mellitus; E11 – Type 2 Diabetes Mellitus; E13 – Other specified Diabetes Mellitus
4. False - If a client has Fibromyalgia, and the client reports they are having pain, if the pain is inherent to the diagnosis, then a code from category G89 would not be coded; unless the reason for the encounter was pain control or management.

19.4 Women’s Health and BCCCP Course
Unit 2 – Coding Exercises

- **Scenario 1:** C50.521 The Neoplasm Table gave you a partial code (C50.5-) and you have to go to the Tabular to identify the correct code. C50.511 is for females and C50.522 is for males

- **Scenario 2:** C50.112 and C79.81 (Go to Table of Neoplasms and locate the code for Secondary malignant neoplasm of upper-inner quadrant breast, C79.81)

- **Scenario 3:** E78.0 Pure Hypercholesterolemia; E11.65 Type 2 Diabetes mellitus with hyperglycemia; E66.9 Obesity, unspecified; Z68.41 – BMI 40.0-44.9, adult; Z71.3 Dietary Counseling (Follow up codes are used when treatment for a disease, condition or injury is complete and it may be used to explain multiple visits. Since treatment is not complete, would not code the follow-up)
19.5 Women’s Health and BCCCP Course
Unit 3 – Review Questions

1. False – I10 is for Essential Hypertension and is the easiest code to remember in ICD-10-CM
2. True - It would be inappropriate to select a specific code from another chapter that is not supported by the medical record documentation
3. False - For drugs that are correctly prescribed and administered, you would go to the column for Adverse Effect
4. True - A code from category M80, not a traumatic fracture code from Chap 19, should be used for any patient with known osteoporosis who suffers a fracture, even if the client had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone

19.6 Women’s Health and BCCCP Course
Unit 3 - Coding Exercises

WOMEN’S HEALTH

1. M81.0 – osteoporosis; Z87.310 – History of fracture, osteoporosis; Overweight – E66.3; BMI – Z68.30
2. C54.1 Malignant neoplasm of endometrium
3. A56.11 – key word in Alphabetic Index is “Disease” or “Chlamydia”. Whether or not there is a gynecological exam, this does not need to be coded since there is a confirmed diagnosis. CPT code will capture any special exams
4. N30.01 – Cystitis, acute, with hematuria; B96.20 – E coli as cause of disease
5. N80.1 – Endometriosis of ovary; N80.2 – Endometriosis of fallopian tube
6. R10.11 – RUQ Abdominal pain; R11.2 – Nausea with vomiting; R03.0 – Elevated BP reading and no dx of hypertension; R45.0 – Nervousness; R45.82 – Worries
7. N76.0 Acute vaginitis (With the dx of Vaginitis and Promiscuous Behavior, lab tests are justified – no need for Encounter dx. (Look at beginning of Z11)); R10.9 Unspecified abdominal pain (What documentation could be added to provide more specific diagnostic information? Upper or lower abdominal pain, did it include pelvic pain, was abdominal pain generalized?); Z72.51 High risk heterosexual behavior
8. N63 Unspecified lump in breast; N64.52 Nipple discharge; Z00.00 Encounter for general adult medical examination; Z30.432 Encounter for removal of intrauterine contraceptive device
9. Z00.01 Encounter for general adult medical examination with abnormal findings or Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings; Z11.4 Encounter for screening for human immunodeficiency virus [HIV]; Z11.8 Encounter for screening for other infectious and parasitic diseases (includes
Chlamydia); **R87.5** Abnormal microbiological findings in specimens from female genital organs; **N91.2** Amenorrhea, unspecified; **Z90.721** Acquired absence of ovaries, unilateral

10. **A59.00** Urogenital trichomoniasis, unspecified; **Z72.51** High risk heterosexual behavior

**BCCCP**

1. **C79.31** (Brain malignancy); **Z85.3** (History of breast cancer); **Z90.12** (Absence of breast, acquired); **Z92.21** (History of chemo for neoplastic condition); Signs/symptoms not coded since definitive diagnosis.

2. **Z12.39** Encounter for other screening for malignant neoplasm of breast (If documentation had been more specific about the type of screening, may have been able to use Z12.31, Encounter for screening mammogram for malignant neoplasm of breast); **Z12.72** - pap smear

3. **N63** Unspecified lump in breast; **Z80.3** Family history of malignant neoplasm of breast

4. **R87.619** Unspecified abnormal cytological findings in specimens from cervix uteri; **R87.629** Unspecified abnormal cytological findings in specimens from vagina (If pap smear results are not sent with the client, need to query referring physician to determine type of pap smear. Also, if actual results are available, can provide a much more specific code)

5. **Z12.79** Encounter for screening for malignant neoplasm of other genitourinary organs; **N85.2** Hypertrophy of uterus (There are more specific codes for screenings for malignant neoplasm of vagina (Z12.72) or ovary (Z12.73). More specificity as to type exam needed. If a gynecological exam was performed, could code as Z01.411, Encounter for gynecological examination (general) (routine) with abnormal findings and then N85.2 describes the abnormal findings)
20. Answers – Crossword Puzzles

Below are the answers to the Crossword Puzzles included in the ICD-10-CM Specialized Coding Training Workbook.

20.1 Childhood Illnesses and Diseases Crossword Puzzle

ACROSS

2. Roseola
4. Hepatitis
7. Impetigo
10. Hand-Foot-Mouth Disease
12. Lice
14. Scarlet Fever
16. Colds
17. Varicella
19. Croup
20. Kawasaki Disease
21. Sore Throat
23. Meningitis

DOWN

1. Asthma
3. Erythema Infectiosum
5. Pertussis
6. DM I (for Diabetes Mellitus Type I)
8. Reye’s Syndrome
9. Scabies
11. Flu
13. MRSA
15. Mumps
18. Caries
21. ADHD

Crossword puzzle prepared by Maria A. Reed, CCA, CPC, CPC-H
20.2 ENT Crossword Puzzle
Across

5. TINNITUS—Ringing in one or both ears due to aging or noise exposure damage
9. OTITIS MEDIA—Middle ear infection
11. LARYNX—"Voice box"; involved in phonation, breathing & protecting the trachea from food/liquid aspiration; houses the vocal cords
12. EPIGLOTTIS—Thin/leaf-like cartilaginous structure at the root of the tongue & in front of the larynx; it folds backwards covering the larynx to prevent food/liquid from entering the trachea & lungs during the act of swallowing
13. AUDITORY OSSICLES—"Ossicula auditus"; small bones of the middle ear made up of stapes, incus & malleus
15. DYSPHAGIA—Difficulty in swallowing; may be associated with pain
17. NASAL SEPTUM—Partition of bone & cartilage between the nasal cavities
19. STAPES—"Stirrup"
21. TONSIL—Collection of lymphoid tissue (pair) located at the rear of the throat; acts as filters to bacteria & other germs to prevent infection
23. TYMPANIC MEMBRANE—"Eardrum"; cone-shaped membrane separating the external ear from the middle ear; transmits vibration of sound waves
26. INCUS—"Anvil"
28. VOCAL CORDS—Two pairs of mucomembranous folds in the larynx involve in voice production; upper pair=false, lower pair=true
30. ADENOID—Mass of soft tissue behind the nasal cavity; part of the immune system; present at birth & childhood but disappears in adulthood (in most people)
32. CHOLESTEATOMA—Type of skin cyst (epidermal inclusion cyst) in the middle ear &/or mastoid process caused by birth defect or more commonly a complication of chronic ear infection; benign condition
33. MENIERE'S DISEASE—Disorder of the inner ear; common symptoms include tinnitus, vertigo, pain & hearing loss; affects only one ear; no known cause
34. EPISTAXIS—Nosebleeds; common condition due to breakage of tiny blood vessels in the nose; due to trauma, congestion from allergy, sinus infection or colds
35. LABYRINTHITIS—Inflammation of the inner ear; usually occurring after an upper respiratory infection or bacterial ear infection

Down

1. SEMICIRCULAR CANAL—Three tiny circular tubes/ducts (lateral/superior/posterior) in the inner ear containing fluid (endolymph); helps maintain balance & equilibrium
2. VESTIBULOCOCHLEAR—Cranial Nerve 8
3. RHINITIS—Inflammation & irritation of the nasal mucous membrane; common symptoms are stuffy & runny nose & post-nasal drip; triggered by an allergen—i.e. pollen
4. TONSILLITIS—Inflammation of the tonsils caused by an infection
6. NARIS—"Nostril"; one of the external openings to the nasal cavity in the nose which allows air to flow through the cavities to the pharynx

7. ACOUSTICNEUROMA—Benign, slow-growing tumor of the nerve that connects the ear to the brain; symptoms include hearing loss, vertigo & tinnitus

8. PINNA—Outer ear/auricle; ridged cartilage, funnels sound to the external auditory canal

10. PRESBYCUSIS—Most common ear problem due to age

14. SINUSES—Connected system of hollow cavities in the skull; normally empty except for a thin layer of mucus; types include maxillary, frontal, ethmoid, & sphenoid

16. OTITISEXTERNA—"Swimmer's ear"; outer ear infection

18. VESTIBULE—Central part of the osseous labyrinth, oval in shape; inner organ for balance & equilibrium; houses the utricle & saccule

20. COCHLEA—Shell-shaped structure containing receptor (hair) cells; divided into compartments by membranes (Basilar & Reissner's)

22. NASALPOLYPS—Protruding soft, painless, non-cancerous growth in the lining of the nose or sinus; arise from inflammation in the nose & often related to allergies; large & multiple ones lead to breathing problems & infection; recurs even when treated

24. CERUMENIMPACTION—Build-up of earwax in the ear canal leading to hearing loss, pain or dizziness

25. ORGANOFCORTI—Sensory organ of hearing

27. SNORING—Horse/harsh sound that occurs when one is sleeping due to partially obstructed breathing; may indicate serious health condition; common in overweight & older people

29. MALLEUS—"Hammer"

31. PALATE—Roof of the mouth; consist of anterior bony (hard) portion & posterior muscular (soft) portion; separates the oral cavity from the nasal cavity
20.3 Anatomy of the Eye and Common Disorders Crossword Puzzle

[Crossword puzzle image]

1. SCLE [CLERAN
2. CT
3. FOVEA
4. NIRJ
5. GLAUCOMA
6. AMBLYOPIA
7. POSTERIOR
8. I
9. CT
10. IRIS
11. CT
12. MACULA
13. HYPEROPIA
14. YB
15. FLOATERS
16. STYE
17. C
18. HALO
19. KERATITIS
20. LENS
21. PHOTORECEPTORS
22. CATARACT
23. RETINALDETACHMENT
24. UVEITIS
25. OP
26. THY
27. IN
28. PUINAZ
29. CO
30. OP
<table>
<thead>
<tr>
<th>Across</th>
<th>Defination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SCLERA</td>
<td>Tough outer coat that protects the entire eyeball</td>
</tr>
<tr>
<td>2. ANTERIOR</td>
<td>Chamber located in the front section of the eye's interior containing the aqueous humor</td>
</tr>
<tr>
<td>3. CONJUNCTIVITIS</td>
<td>“Pink eye”</td>
</tr>
<tr>
<td>4. FOVEA</td>
<td>Depression at the center of the macula; point of greatest visual activity</td>
</tr>
<tr>
<td>5. AMOBLYOPIA</td>
<td>&quot;Lazy eye&quot;</td>
</tr>
<tr>
<td>6. ASTIGMATISM</td>
<td>Error of refraction causing an inability to properly focus light into the retina</td>
</tr>
<tr>
<td>7. POSTERIOR</td>
<td>Chamber located at the back of the eye's interior containing the vitreous humor</td>
</tr>
<tr>
<td>8. RETINA</td>
<td>Light-sensitive layer of tissue (nerve cells) lining the back of the eye</td>
</tr>
<tr>
<td>9. GLAUCOMA</td>
<td>Increase pressure inside the eye causing reduction in the vision</td>
</tr>
<tr>
<td>10. IRIS</td>
<td>Colored part of the eye; responsible for regulating the amount of light entering the eye</td>
</tr>
<tr>
<td>11. IRIS</td>
<td>Colored part of the eye; responsible for regulating the amount of light entering the eye</td>
</tr>
<tr>
<td>12. CILIARYBODY</td>
<td>Located above the lens producing aqueous humor</td>
</tr>
<tr>
<td>13. DIPLOPIA</td>
<td>Double vision</td>
</tr>
<tr>
<td>14. MACULA</td>
<td>Portion at the center of retina that processes sharp, clear vision</td>
</tr>
<tr>
<td>15. HYPEROPIA</td>
<td>Farsightedness</td>
</tr>
<tr>
<td>16. CHALAZION</td>
<td>Inflammation of a blocked meibomian gland</td>
</tr>
<tr>
<td>17. FLOATERS</td>
<td>Tiny spots/specks that float across the visual field</td>
</tr>
<tr>
<td>18. RETINOPATHY</td>
<td>A complication of diabetes damaging blood vessels in the eyes</td>
</tr>
<tr>
<td>19. CORNEA</td>
<td>Clear, dome-shaped surface covering front of the eye</td>
</tr>
<tr>
<td>20. STYE</td>
<td>Tender red bump on the edge of the eyelid due to a bacterial infection</td>
</tr>
<tr>
<td>21. PUPIL</td>
<td>Dark center/opening in the middle of iris through which light passes to the back of the eye</td>
</tr>
<tr>
<td>22. KERATITIS</td>
<td>Inflammation/infection of cornea</td>
</tr>
<tr>
<td>23. LENS</td>
<td>Transparent structure which focuses light rays into the retina</td>
</tr>
<tr>
<td>24. PHOTORECEPTORS</td>
<td>Light sensitive nerve cells (rods &amp; cons) located in the retina</td>
</tr>
<tr>
<td>25. SCOTOMA</td>
<td>A blind or dark spot in the visual field</td>
</tr>
<tr>
<td>26. CATARACT</td>
<td>Clouding of the lens preventing passage of light</td>
</tr>
<tr>
<td>27. UVEITIS</td>
<td>Iritis</td>
</tr>
<tr>
<td>28. RETINALDETACHMENT</td>
<td>&quot;Curtain falling over the eye&quot;-Most serious retinal symptom leads to blindness</td>
</tr>
</tbody>
</table>
20.4 Lower Extremities Crossword Puzzle

Solution:

```
  F  F
E I S C H I O F E M O R A L
M B Y
U U A S
L A T E R A L  G L U T E A L S
A I R
C E S N T
T O A E T
A K A C L Q I T H N R
B E U U E A
H T I B I A H A M S T R I N G
L I T T H R O R
M E D I A L S Y N O V I A L R R S
M I N I M U S E M E N I S C I
M E P
R E C T U S F E M O R I S
O S
I N
```
20.5 Gastrointestinal Crossword Puzzle

Gastrointestinal Puzzle

Solution:

IMA

CHOLERA

HMEST

RAP

ONSH

CECUM

M

SHTRG

APPCL

OREPN

TUPE

JERTIC

STIR

JUINS

CECUM

DILEUM

V

DUODENUM

LRCPT

ROCR

EPCDN

ACP

C

GIARDIASIS

TEX T

CEM

TWENTY

PANCREATITIS

GASTRIN

CELIACDISEASE

M

O

N

S

I

R

Z

E

153
20.6 Anatomy and Common Problems of the Skin Crossword Puzzle

- WART
- PACINIAN CORPUSCLE
- STRATUM CORNEUM
- Eczema
- MEISSNER'S CORPUSCLE
- Pilosebaceous Unit
- HAIRFOLLICLE
- SWEATGLAND
- HYPODERMIS
- STRATUM GERMINATIVUM
Anatomy and Common Problems of the Skin

Crossword Puzzle Answer Key

Across
1. WART—Small & usu. painless skin growth caused by some type of virus called HPV
3. PACINIANCORPUSCLE—“Lamellar corpuscle”; mechanoreceptor responsible for sensitivity to touch/vibration & pressure
9. ECZEMA—Form of dermatitis/inflammation causing an itchy rash; “Atopic dermatitis” (to boil over) most common form
10. STRATUMCORNEUM—“Horned or corneal layer”; outermost layer of the epidermis providing vital barrier function
14. MEISSNERSCORPUSCLE—Touch receptors located near the skin surface; “Tactile corpuscle”
17. EPIDERMIS—Upper/outer, nonvascular, nonsensitive layer of the skin made up of squamous cells, basal cells, & melanocytes
21. HAIRFOLLICLE—Tubular infolding of the epidermis containing root of a hair
22. SWEATGLAND—Coiled tubular subcutaneous gland that secretes sweat; “Sudoriferous gland”
24. HYPODERMIS—“Subcutis”; innermost & thickest layer of the skin containing nerves, blood vessels, & fibroblasts; cushions the body & regulates skin & body temperature
25. STRATUMGERMINATIVUM—“Basal layer”; deepest layer of the epidermis, providing germinal cells for regeneration

Down
2. ROSACEA—Very common skin condition characterized by (a) redness on nose, cheeks, forehead, & chin; (b) small visible blood vessels on the face; (c) bumps/pimples on the face; & (d) watery, irritated eyes
4. MELANOMA—Most dangerous type of skin cancer; begins in a mole or other pigmented tissue—i.e., eyes
5. ARRECTORPILI—Microscopic band of muscle tissue connecting a hair follicle to the dermis; contraction causes the hair to stand on end
6. SEBACEOUSGLAND—Gland that secretes oily/waxy matter (“sebum”) that lubricates & waterproofs the skin
7. BASALCELLCARCINOMA—Most common form of skin cancer that begins in the basal cell; appears as shiny, pearly nodule; almost never metastasizes
8. PSORIASIS—Chronic skin problem which causes cells to grow too quickly resulting in thick, white, silvery or red patches
11. RINGWORM—“Dermatophytosis”; skin infection caused by fungus, easily spread from person to person
12. **ACNE**—Occurs when hair follicles become plugged with oil & dead skin cells

13. **SQUAMOUS CELL CARCINOMA**—Non-melanoma type of skin cancer; earliest form is called "Bowen's Disease"

15. **DERMATITIS**—Inflammation of the skin

16. **HIVES**—"Urticaria"; sudden outbreak of swollen, itchy, pale red bumps/plaques resulting from allergic or non-allergic cause

18. **SHINGLES**—"Zona"; painful skin rash with blisters caused by varicella zoster virus, usually appearing as a band/strip or small area on one side of the body or face

19. **MELANOCYTES**—Specialized skin cells that produce skin-darkening pigment (melanin), located in the bottom layer of the epidermis

20. **DANDRUFF**—Chronic scalp condition marked by itching & flaking of the skin; shedding of dead skin all from the scalp

23. **DERMIS**—Inner layer of the skin containing blood & lymph vessels, hair follicles, sweat & sebaceous glands
20.7 Urinary Tract Crossword Puzzle
Answer Key

HYDRONEPHROSIS
Renal Pelvis
Urethritis
Nephritis
Nocturnal enuresis
Urinary tract infection
Urine
Urethra
Urethra
Cystoscopy
Uremia
Urinary bladder
Renal artery
Urinary incontinence
Vesicoureteral reflux
Renal vein
Lithotripsy
Urinary tract infection
Across

2. HYDRONEPHROSIS—Dilation & swelling of the kidney(s); can be due to a medical condition which decreases the kidney function, or can be a normal variant

4. RENALPELVIS—Enlarged / dilated funnel-like proximal part of the ureter in the kidney; cuplike extensions are called "calyces" (where urine collects before it flows to the urinary bladder)

8. URETHRITIS—Swelling & inflammation of the urethra; can be caused by bacteria or virus, injury & sensitivity to chemicals; main symptom is dysuria

10. NOCTURNALENURESIS—Bed wetting

13. URINE—Made up of water, urea, electrolytes and other waste products; contents vary depending of the amount of fluid & salt intake in the body as well as drugs that are excreted in the kidneys

14. URETHRA—Membranous tube that serves as a passage of urine from the bladder to the outside of the body; about 1.5" in women & 8" in men

16. NEPHRON—Basic structural and functional unit of the kidney; removes waste and excess substances from the blood in the process of producing urine

17. UREMIA—Serious complication of Chronic Kidney Disease & Acute Renal Failure; inability of the kidneys to eliminate urea & other waste products in the body; dialysis is done to relieve it's symptoms until normal kidney function is restored

19. CYSTOSCOPY—Procedure using a cystoscope to examine the inside of the bladder

22. DIALYSIS—Procedure performed when the kidneys fail to remove the waste products in the body; done in end stage renal failure

23. STRESS—Form of urinary incontinence caused by an anatomic weakness in the structures that prevent bladder leaking; more common in women; can be triggered by laughing, sneezing, heavy lifting or running

24. RENALARTERY—Blood vessel (pair) that branch off/arisce from the abdominal aorta and supply the kidneys

25. URINARYBLADDER—Elastic muscular sac located in the pelvis that stores urine; normal capacity of 400-600 ml

27. VESICOURETERALREFLUX—Abnormal flow of urine from the bladder to the upper urinary tract; UTI is most common when symptoms are present; 2 types (primary & secondary); International Classification (Grade I-V)

29. RENALVEIN—Blood vessel (pair) that branch off from the inferior vena cava and drain deoxygenated blood from the kidneys

30. LITHOTRIPSY—Procedure using shock waves to break stones in the urinary tract; ESWL

31. URINARYINCONTINENCE—"Involuntary urination", "Loss of bladder control"

Down

1. URINALYSIS—Basic test done routinely to check for problems in the urinary tract

3. INTERSTITIALCYSTITIS—"Painful Bladder Syndrome"; chronic condition characterized by pain & discomfort in the bladder & surrounding pelvic area; a diagnosis of exclusion

5. INTRAVENOUSPYELOGRAPHY—Special x-ray exam of the kidney, bladder & ureter; injection of an iodine-contrast dye into the arm vein & serial x-rays are taken at timed intervals to check the functioning capacity of the kidneys
6. **URETER**—Tube that carries urine from the kidney to the bladder; originates from the renal pelvis & ends in the vesicoureteric junction of the urinary bladder

7. **PYELONEPHRITIS**—Type of UTI that affects one or both kidneys; causes include bacterial infection, urinary stones, or masses in pelvis or abdomen; symptoms are back/flank pain, fever, nausea & vomiting, hematuria, dysuria, or frequency

9. **NEPHROLITHIASIS**—Kidney stone

11. **LITTRE**—Gland that branches off from the urethral wall (male); secretes mucus to the seminal vesicle & to protect the urethral wall against urine

12. **KIDNEY**—Pair of organs located in the abdomen; function in removing waste products from the blood, production of hormone renin (regulates the blood pressure) and erythropoetin (stimulates the bone marrow to produce red blood cells)

15. **RENALMEDULLA**—"Pyramid"; innermost part of the kidney; contains the structure of the nephrons that is responsible for water & salt balance

18. **HEMATURIA**—Blood in the urine

20. **POLYURIA**—Excessive excretion of urine; seen in conditions like Diabetes Mellitus & Insipidus

21. **DYSURIA**—Painful urination

26. **RENALCORTEX**—Outer portion of the kidney containing mostly nephrons & blood vessels; where ultrafiltration takes place

28. **URGE**—"Overactive bladder"; form of urinary incontinence resulting in an urge to
20.8 Obstetrics and Gynecology
Crossword Puzzle Answer Key

Obstetrics and Gynecology

Solution:

VENTOUSE

DYSTOCIA

PUERPERAL

POSTPARTUM

INTER

ITI

ETY

DYSENORRHOEA

PUERPERAL

HEMORRHAGE

INDUCTION

ABRUPTION

INCONTINENCE

DISTRESS
End of Document