1. What ICD-10-CM code is reported for pneumonia due to adenovirus?
   a. B34.0
   b. J12.0
   c. B97.0
   d. B30.1

2. What is the ICD-10-CM code for a patient with postoperative anemia due to acute blood loss during the surgery who needs a blood transfusion?
   a. D50.0
   b. D62
   c. D64.9
   d. D53.0

3. When it is documented that the patient is both using tobacco and has a dependence on tobacco, how is this reported in ICD-10-CM?
   a. The use of tobacco is the only code reported because it is considered acute.
   b. The dependence on tobacco is the only code reported based on the hierarchy in the ICD-10-CM guidelines.
   c. The use of tobacco and the dependence on tobacco are both reported.
   d. The use of tobacco is reported with a code for history of tobacco use to report the dependence on tobacco.

4. Patient is admitted to the hospital with streptococcal group B severe sepsis which has caused pneumonia and acute renal failure. What codes are assigned?
   a. A41.9, R65.21, N17.9
   b. A40.1, J15.3, R65.20, N17.9
   c. A40.1, J15.3
   d. A41.9, J15.3, R65.21, N17.9

5. A 23-year-old patient presents to the emergency department (ED) with a cut on his leg. He is a confirmed AIDS patient as documented in the record. What ICD-10-CM codes should be reported?
   a. S81.819A, B20
   b. S81.819A, Z11.4
   c. S81.819A, R75
   d. S81.819A, Z71.7

6. A 50-year-old patient has a mass removed from his chest. The surgeon sends it to pathology. The pathology report indicates the mass is a benign tumor. What ICD-10-CM code is reported?
   a. C79.89
   b. D36.7
   c. C49.3
   d. D49.2

7. A 32-year-old patient with hyperthyroidism has an ultrasound to determine why her neck is enlarged. The results of the ultrasound reveal a uninodular goiter. What ICD-10-CM code is reported?
   a. E04.1
   b. E05.10
   c. E05.11
   d. E05.20

8. A lab screening shows congenital iodine-deficiency hypothyroidism for an infant with identified intellectual disability. What ICD-10-CM code(s) is/are reported?
   a. E00.9, F79
   b. E03.8, F79
   c. E00.9
   d. F79, E00.9

9. A 32-year-old male was seen in the ambulatory surgery center ASC for removal of two lipomas. One was located on his back and the other was located on the right forearm. Both involved subcutaneous tissue. What ICD-10-CM code(s) is/are reported?
   a. D17.39
   b. D17.21, D17.1
   c. D17.1, D17.23
   d. D17.30

10. A male patient is seen by his primary care provider for rectal bleeding and persistent intestinal cramps. After a colonoscopy with biopsy, the results come back and the provider documents that the patient has malignant neoplasm in his sigmoid colon. What ICD-10-CM code(s) is/are reported?
   a. C18.7
   b. C18.9
   c. K62.5, R10.9
   d. K62.5, R10.9, C18.9

1. What ICD-10-CM code is reported for pneumonia due to adenovirus?

a. B34.0
b. J12.0
c. B97.0
d. B30.1

ANS: B

Rationale: In the ICD-10-CM Alphabetic Index look for Pneumonia/adenoviral and you are directed to code J12.0. Verification in the Tabular List confirms code selection.

2. What is the ICD-10-CM code for a patient with postoperative anemia due to acute blood loss during the surgery who needs a blood transfusion?

a. D50.0
b. D62
c. D64.9
d. D53.0

ANS: B

Rationale: In the ICD-10-CM Alphabetic Index look for Anemia/postoperative (postprocedural)/due to (acute) blood loss guiding you to code D62. Verify code selection in the Tabular List.

3. When it is documented that the patient is both using tobacco and has a dependence on tobacco, how is this reported in ICD-10-CM?

a. The use of tobacco is the only code reported because it is considered acute.
b. The dependence on tobacco is the only code reported based on the hierarchy in the ICD-10-CM guidelines.
c. The use of tobacco and the dependence on tobacco are both reported.
d. The use of tobacco is reported with a code for history of tobacco use to report the dependence on tobacco.

ANS: B

Rationale: In ICD-10-CM guideline I.C.5.b.2, there are codes for use, abuse, and dependence. Only one code is assigned to identify the pattern of use. This is based on the following hierarchy, listed in order of priority: dependence, abuse, use. If the documentation shows both use and dependence, only dependence is reported.

4. Patient is admitted to the hospital with streptococcal group B severe sepsis which has caused pneumonia and acute renal failure. What codes are assigned?

a. A41.9, R65.21, N17.9
b. A40.1, J15.3, R65.20, N17.9
c. A40.1, J15.3
d. A41.9, J15.3, R65.21, N17.9

ANS: B

Rationale: Per ICD-10-CM guideline I.C.1.d.4 if the reason for admission is both sepsis or severe sepsis and a localized infection, such as pneumonia or cellulitis, a code for the systemic infection is assigned first, followed by the code for the localized infection. To find the codes in the ICD-10-CM

Alphabetic Index, look for Sepsis/Streptococcus, streptococcal/group/ B which directs the coder to A40.1 for the systemic infection.

To locate the code for sepsis, look for Sepsis/severe which directs the coder to R65.20. Pneumonia can be found in the Alphabetic Index by looking for Pneumonia/in (due to)/Streptococcus/group B which directs the coder to J15.3. Also report the organ failure. Look in the Alphabetic Index for Failure/renal/acute referring you to N17.9. Verify all codes in the Tabular List. Pay careful attention to the instructional notes in the Tabular List to help with sequencing.

5. A 23-year-old patient presents to the emergency department (ED) with a cut on his leg. He is a confirmed AIDS patient as documented in the record. What ICD-10-CM codes should be reported?

a. S81.819A, B20
b. S81.819A, Z11.4
c. S81.819A, R75
d. S81.819A, Z71.7

ANS: A

Rationale: Per ICD-10-CM guideline I.C.1.a.2.b, if a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition is the principal diagnosis. In the ICD-10-CM Alphabetic Index, look for Laceration/leg (lower) referring you to S81.819-. Because this is an ED visit, it is considered an initial encounter. In the Tabular List, 7th character A is reported for the initial encounter. AIDS is reported as the secondary diagnosis. Look in the Alphabetic Index for AIDS referring you to B20. Verify code selections in the Tabular List.

6. A 50-year-old patient has a mass removed from his chest. The surgeon sends it to pathology. The pathology report indicates the mass is a benign tumor. What ICD-10-CM code is reported?

a. C79.89
b. D36.7
c. C49.3
d. D49.2

ANS: B

Rationale: In the ICD-10-CM Alphabetic Index, in the Table of Neoplasms, look for Chest (wall) NEC and report the code from the benign column, D36.7. Verify code selection in the Tabular List.

7. A 32-year-old patient with hyperthyroidism has an ultrasound to determine why her neck is enlarged. The results of the ultrasound reveal a uninodular goiter. What ICD-10-CM code is reported?

a. E04.1
b. E05.10
c. E05.11
d. E05.20

ANS: B

Rationale: In the ICD-10-CM Alphabetic Index look for Hyperthyroidism/with/goiter/nodular/uninodular which directs you to E05.10. The code can also be found by looking in the Alphabetic Index for Goiter/uninodular/toxic or with hyperthyroidism which guides you to code E05.10. Verify code selection in the Tabular List.

8. A lab screening shows congenital iodine-deficiency hypothyroidism for an infant with identified intellectual disability. What ICD-10-CM code(s) is/are reported?

a. E00.9, F79
b. E03.8, F79
c. E00.9
d. F79, E00.9

ANS: A

Rationale: In the ICD-10-CM Alphabetic Index look for Hypothyroidism/iodine-deficiency/congenital and you are directed to see Syndrome, iodine-deficiency, congenital. Syndrome/iodine-deficiency, congenital which directs you to code E00.9. In the Tabular List category E00 directs us to use additional code (F70-F79) to identify associated intellectual disabilities. In the Alphabetic Index look for Disability, disabilities/intellectual which guides you to code F79. Confirm code selection in the Tabular List.

9. A 32-year-old male was seen in the ambulatory surgery center ASC for removal of two lipomas. One was located on his back and the other was located on the right forearm. Both involved subcutaneous tissue. What ICD-10-CM code(s) is/are reported?

D17.39 D17.1, D17.23

D17.21, D17.1 D17.30

ANS: B

Rationale: In the ICD-10-CM Alphabetic Index, look for Lipoma/site classification/arms (skin) (subcutaneous) D17.2-. In the Tabular List, a 5th character 1 is selected to indicate the right arm. Next, look for Lipoma/site classification/trunk (skin) (subcutaneous) D17.1. Verify code selection in the Tabular List.

10. A male patient is seen by his primary care provider for rectal bleeding and persistent intestinal cramps. After a colonoscopy with biopsy, the results come back and the provider documents that the patient has malignant neoplasm in his sigmoid colon. What ICD-10-CM code(s) is/are reported?

a. C18.7
b. C18.9
c. K62.5, R10.9
d. K62.5, R10.9, C18.9

ANS: A

Rationale: According to the ICD-10-CM guideline when a definitive diagnosis is known, the related symptoms are not coded. In this case, only the malignant neoplasm of the sigmoid colon is reported. Look in the ICD-10-CM Table of Neoplasms for Colon and you are directed to see also Neoplasm, intestine, large. Look for intestine, intestinal/large/colon/sigmoid (flexure) and use the code from the Malignant Primary column C18.7. Verify code selection in the Tabular List.

1. According to ICD-10-CM guidelines, what is the maximum length of time for a myocardial infarction to be considered acute?
   a. One week
   b. Four weeks (28 days)
   c. Eight weeks
   d. Only at the time of occurrence

2. What ICD-10-CM code is used for the first episode of an acute myocardial infarction?
   a. I21
   b. I22
   c. I25.3
   d. I21.9

3. A 70-year-old patient with decompensated COPD is admitted to the hospital with acute exacerbation of bronchial asthma. What diagnosis(es) code(s) is (are) reported?
   a. J44.1, J45.901
   b. J44.9
   c. J44.0
   d. J47.9

4. Patient with coronary arteriosclerosis disease (CAD) sees his cardiologist to discuss a coronary artery bypass graft (CABG). This will be the patient's first CABG. What ICD-10-CM code is reported?
   a. I25.810
   b. I25.720
   c. I25.759
   d. I25.10

5. A 32-year-old patient with an ophthalmoplegic migraine is not responding to medication and is admitted to the observation unit. What ICD-10-CM code is reported?
   a. G43.101
   b. G43.B0
   c. G43.B1
   d. G43.119

6. A pediatrician sees an 8-month-old patient for ear pulling and excessive crying. The infant is diagnosed with bilateral chronic and acute serous otitis media. What ICD-10-CM code(s) is/are reported?
   a. H65.20
   b. H65.21, H65.22
   c. H65.03, H65.23
   d. H65.93

7. A 9-year-old with a history of reactive airway disease (RAD) was admitted into overnight observation with complaints of a two-day history of increased wheezing. Parents stated that nebulizer treatments were not helping. After monitoring and additional treatments given while in observation, breathing was stabilized. Documented diagnosis is RAD exacerbation. What ICD-10-CM code(s) is/are reported?
   a. J45.901, R06.2
   b. J45.901
   c. J45.909, R06.2
   d. R06.2

8. A patient has been diagnosed with CAD of his bypass graft with angina. The patient had a CABG one year ago. What diagnosis codes are reported?
   a. I25.10, Z95.1
   b. I25.709
   c. I77.9, Z95.1
   d. I67.9

9. What codes, according to ICD-10-CM guidelines, describe a patient that has hypertension with left heart failure?
   a. I10, I50.1
   b. I11.0, I50.1
   c. I11.9, I50.1
   d. I50.1, I11.0

10. A 58-year-old patient sees the provider for confusion and loss of memory. The provider diagnoses the patient with early onset stages of Alzheimer's disease with dementia. What ICD-10-CM codes are reported?
   a. G30.0, F02.80, F29, R41.3
   b. F02.80, G30.0
   c. G30.0, F02.80
   d. F02.80, G30.0, F29, R41.3

ANSWER KEY

1. According to ICD-10-CM guidelines, what is the maximum length of time for a myocardial infarction to be considered acute?
   a. One week
   b. Four weeks (28 days)
   c. Eight weeks
   d. Only at the time of occurrence

   ANS: B
   Rationale: In ICD-10-CM guideline I.C.9.e.1, myocardial infarctions are classified as acute if the duration is four weeks (28 days) or less from onset. In the Tabular List the Includes note also lists this under category code I21.

2. What ICD-10-CM code is used for the first episode of an acute myocardial infarction?
   a. I21
   b. I22
   c. I25.3
   d. I21.9

   ANS: D
   Rationale: In the ICD-10-CM Alphabetic Index, look for Infarct, infarction/myocardium, myocardial (acute) (with stated duration of 4 weeks or less) guiding you to I21.9. Verify code selection in the Tabular List.

3. A 70-year-old patient with decompensated COPD is admitted to the hospital with acute exacerbation of bronchial asthma. What diagnosis(es) code(s) is (are) reported?
   a. J44.1, J45.901
   b. J44.9
   c. J44.0
   d. J47.9

   ANS: A
   Rationale: COPD stands for Chronic Obstructive Pulmonary Disease. In the ICD-10-CM Alphabetic Index look for Asthma, asthmatic (bronchial)(catarrh)(spasmodic)/with/chronic obstructive pulmonary disease/with/exacerbation (acute) referring you to J44.1. The code can also be located by looking for Disease/lung/obstructive (chronic)/with/acute/exacerbation NEC guiding you to code J44.1. There is an instructional note for category J44 to code also type of asthma, if applicable. Asthma J45.901 is reported. Verify code selection in the Tabular List.

4. Patient with coronary arteriosclerosis disease (CAD) sees his cardiologist to discuss a coronary artery bypass graft (CABG). This will be the patient's first CABG. What ICD-10-CM code is reported?
   a. I25.810
   b. I25.720
   c. I25.759
   d. I25.10

   ANS: D
   Rationale: A patient with CAD and no history of a previous CABG indicates it would be the patient's native coronary artery (it has not been replaced or bypassed). In the ICD-10-CM Alphabetic Index look for Disease/coronary (artery) and you are directed to see Disease, heart, ischemic, atherosclerotic. Go to Disease/heart/ischemic/atherosclerotic (of), which directs you to code I25.10. Verify code selection in the Tabular List.

5. A 32-year-old patient with an ophthalmoplegic migraine is not responding to medication and is admitted to the observation unit. What ICD-10-CM code is reported?
   a. G43.101
   c. G43.B1

b. G43.B0
d. G43.119

ANS: C
Rationale: When a migraine does not respond to medication it is considered intractable. In the ICD-10-CM Alphabetic Index, look for Migraine/ophthalmoplegic/intractable referring you to G43.B1. Verify code selection in the Tabular List. The note under category code G43 Migraine confirms that pharmacoresistant is considered intractable.

6. A pediatrician sees an 8-month-old patient for ear pulling and excessive crying. The infant is diagnosed with bilateral chronic and acute serous otitis media. What ICD-10-CM code(s) is/are reported?
   a. H65.20
   b. H65.21, H65.22
   c. H65.03, H65.23
   d. H65.93

ANS: C
Rationale: Per ICD-10-CM guideline I.B.8, when a condition is diagnosed as acute and chronic and there are different codes for each, report both codes sequencing the acute code first. In the ICD-10-CM Alphabetic Index, look for Otitis/media/serous which directs you to see Otitis media, nonsuppurative. Otitis/media/nonsuppurative/acute/serous leads you to H65.0-. Otitis/media/nonsuppurative/chronic/serous leads you to H65.2-. The hyphen after both codes indicates you will need additional character(s). In the Tabular List a 5th character 3 is selected for both codes to indicate the condition is bilateral.

7. A 9-year-old with a history of reactive airway disease (RAD) was admitted into overnight observation with complaints of a two-day history of increased wheezing. Parents stated that nebulizer treatments were not helping. After monitoring and additional treatments given while in observation, breathing was stabilized. Documented diagnosis is RAD exacerbation. What ICD-10-CM code(s) is/are reported?
   a. J45.901, R06.2
   b. J45.901
   c. J45.909, R06.2
   d. R06.2

ANS: B
Rationale: RAD is an acronym for Reactive Airway Disease. Look in the ICD-10-CM Alphabetic Index for Disease, diseased/reactive airway and you are directed to see Asthma. Look for Asthma, asthmatic/with/exacerbation (acute) J45.901. Verify code selection in the Tabular List. According to the ICD-10-CM guidelines, when a definitive diagnosis is known, the related symptoms are not coded.

8. A patient has been diagnosed with CAD of his bypass graft with angina. The patient had a CABG one year ago. What diagnosis codes are reported?
   a. I25.10, Z95.1
   b. I25.709
   c. I77.9, Z95.1
   d. I67.9

ANS: B
Rationale: CAD is an abbreviation for Coronary Artery Disease. CABG is an abbreviation for Coronary Artery Bypass Graft. Look in the ICD-10-CM Alphabetic Index for
Disease/artery/coronary/with angina pectoris and you are directed to see Arteriosclerosis, coronary (artery). Arteriosclerosis, arteriosclerotic/coronary (artery)/bypass graft/with/angina pectoris which directs the coder to I25.709. Code Z95.1 is not reported in this case, because according to ICD-10-CM coding guidelines, I.C.21.c.3, A status code should not be used with a diagnosis code from one of the body system chapters, if the diagnosis code includes the information provided by the status code. Verify code selection in the Tabular List.

9. What codes, according to ICD-10-CM guidelines, describe a patient that has hypertension with left heart failure?
   a. I10, I50.1
   b. I11.0, I50.1
   c. I11.9, I50.1
   d. I50.1, I11.0

ANS: B

Rationale: According to ICD-10-CM guideline I.C.9.a, there is a presumed causal relationship between hypertension and heart involvement. In this case, the patient has hypertension and left heart failure. In the ICD-10-CM Alphabetic Index look for Hypertension, hypertensive/heart/with heart failure (congestive) I11.0. Verify the code in the Tabular List. There is an instructional note under code I11.0 that tells us to use an additional code to identify the type of heart failure (ICD-10-CM guideline I.C.9.a.1). The additional code is sequenced second. The patient has left heart failure. Look in the ICD-10-CM Alphabetic Index for Failure/heart/left (ventricular) and you are directed to see Failure, ventricular, left which directs you to code I50.1. Verify the code in the Tabular List. Under code section I50 there is an instructional note telling us to code first heart failure due to hypertension. This confirms our sequencing.

10. A 58-year-old patient sees the provider for confusion and loss of memory. The provider diagnoses the patient with early onset stages of Alzheimer's disease with dementia. What ICD-10-CM codes are reported?
    a. G30.0, F02.80, F29, R41.3
    b. F02.80, G30.0
    c. G30.0, F02.80
    d. F02.80, G30.0, F29, R41.3

ANS: C

Rationale: In the ICD-10-CM Alphabetic Index, look for Alzheimer's diseases or sclerosis and you are directed to see Disease, Alzheimer's. Look for Disease, diseased/Alzheimer's/early onset which directs you to G30.0 [F02.80]. The code in brackets indicates a manifestation code. When we verify the G30.0 code in the Tabular List there is an instructional note under code section G30 that confirms that we should also code the dementia. F02.80 is the correct code because the provider does not mention any behavioral disturbances. Sequencing rules tell us that the manifestation code always follows the etiology code. Codes F29 Psychosis and R41.3 Memory loss are not reported because these are signs and symptoms of Alzheimer's. See ICD-10-CM guideline I.B.4.

ICD-10-CM CHAPTERS 11-15

CPC® STUDY GROUP WITH LEGACY EDUCATION

1. The provider documents CKD stage 5 and ESRD. What ICD-10-CM code(s) is/are reported?
   a. N18.5
   b. N18.4, N18.6
   c. N18.6, N18.5
   d. N18.6

2. A female patient has osteoarthritis localized in the left hip joint due to senile osteoporosis. What ICD-10-CM codes are reported?
   a. M16.7, M81.0
   b. M16.12, M81.8
   c. M16.12, M81.6
   d. M16.7, M16.12, M81.0

3. A patient is having surgery to repair a recurrent left inguinal hernia without obstruction. What ICD-10-CM code is reported?
   a. K40.90
   b. K40.21
   c. K40.91
   d. K40.20

4. What ICD-10-CM codes are reported on the maternal record for a delivery of triplets that are all liveborn at 32 weeks of pregnancy?
   a. O30.103, Z37.51, Z3A.32
   b. Z37.9, Z3A.32
   c. Z37.61, O30.103, Z3A.32
   d. O30.109, Z37.9, Z3A.00

5. A patient was referred to the radiology department for chronic low back pain. The radiology report indicated there was no marrow abnormality identified and the conus medullaris was unremarkable. Additional findings include: L4–L5: There is a minor diffusely bulging annulus at L4–L5. A small focal disc bulge is seen in far lateral position on the left at L4–L5 within the neural foramen. No definite encroachment on the exiting nerve root at this site is seen. No significant spinal stenosis is identified. L5–S1: There is a diffusely bulging annulus at L5–S1, with a small focal disc bulge centrally at this level. There is minor disc desiccation and disc space narrowing at L5–S1. No significant spinal stenosis is seen at L5–S1. The final diagnosis is minor degenerative disc disease at L4–L5 and L5–S1, as described. What ICD-10-CM code(s) is/are reported?
   a. M51.36, M51.37
   b. M51.37, M54.50
   c. M51.36
   d. M51.36, M54.50

6. A 55-year-old has developed a pressure ulcer on her right hip. The base of the ulcer is covered in eschar and the provider documents that the stage of the ulcer cannot be determined. What ICD-10-CM code is reported?
   a. L89.219
   b. L89.310
   c. L89.210
   d. L89.319

7. A woman with a long history of rectocele has perineal scarring from multiple episiotomies and has developed a rectovaginal fistula with perineal body relaxation. She has transperineal repair with perineal body reconstruction and plication of the levator muscles to correct these conditions. What ICD-10-CM codes are reported?
   a. N81.6, N90.9, N82.5
   b. N82.3, N90.89
   c. N82.5, N90.89
   d. N90.89, N81.6, N90.9

8. A 70-year-old female patient presents with a complaint of left knee pain with weight bearing activities. She is also developing pain at rest. She denies any recent injury. There is pain with stair climbing and start up pain. AP, lateral and sunrise views of the left knee are ordered and interpreted. The diagnosis is left knee pain secondary to underlying primary degenerative arthritis. What ICD-10-CM code(s) is/are reported?
   a. M17.12
   b. M17.9, M25.561
   c. M17.9
   d. M17.12, M25.561

9. A 40-year-old woman who is 25 weeks pregnant with her second child, is seeing her obstetrician. She is worried about decreased fetal movement. During the examination the obstetrician detects bradycardia in the fetus. What ICD-10-CM codes are reported?

a. O36.8320, Z33.1, Z3A.25
b. O36.8390, Z34.82, Z3A.25
c. P29.12, Z3A.25
d. O36.8320, O09.522, Z3A.25

10. At 39 weeks gestation, a 26-year-old woman is admitted for precipitous labor and vaginally delivers a healthy baby girl. What ICD-10-CM codes are reported on the maternal record?
a. O80, Z38.00, Z3A.39
b. O80, 062.3, Z38.00, Z3A.39
c. O62.3, Z37.0, Z3A.39
d. O62.3, O80, Z37.0, Z3A.39

11. A 43-year-old female presents to the provider for a diabetic ulcer of the right ankle. What ICD-10-CM codes are reported?
a. E11.622, L97.319
b. L97.319, E11.622
c. L97.319, E11.9
d. L97.319

ANSWER KEY

1. The provider documents CKD stage 5 and ESRD. What ICD-10-CM code(s) is/are reported?
   a. N18.5
   b. N18.4, N18.6
   c. N18.6, N18.5
   d. N18.6

   ANS: D
   Rationale: According to ICD-10-CM guideline I.C.14.a.1 when both a stage of CKD and ESRD are documented, you assign only code N18.6. Verify code selection in the Tabular List.

2. A female patient has osteoarthritis localized in the left hip joint due to senile osteoporosis. What ICD-10-CM codes are reported?
   a. M16.7, M81.0
   b. M16.12, M81.8
   c. M16.12, M81.6
   d. M16.7, M16.12, M81.0

   ANS: A
   Rationale: In the ICD-10-CM Alphabetic Index, look for Osteoarthritis/secondary/hip, guiding you to code M16.7. Secondary localized osteoarthritis is reported when the osteoarthritis develops as a result of an injury or disease (for example osteoporosis). The osteoporosis is coded as an additional code. In the Alphabetic Index, look for Osteoporosis (female) (male)/senile – see Osteoporosis, age related. Osteoporosis/age-related guides you to M81.0. Verify code selection in the Tabular List.

3. A patient is having surgery to repair a recurrent left inguinal hernia without obstruction. What ICD-10-CM code is reported?
   a. K40.90
   b. K40.21
   c. K40.91
   d. K40.20

   ANS: C
   Rationale: In the ICD-10-CM Alphabetic Index look for Hernia/inguinal/unilateral/recurrent referring you to K40.91. Verify code selection in the Tabular List.

4. What ICD-10-CM codes are reported on the maternal record for a delivery of triplets that are all liveborn at 32 weeks of pregnancy?
   a. O30.103, Z37.51, Z3A.32
   b. Z37.9, Z3A.32
   c. Z37.61, O30.103, Z3A.32
   d. O30.109, Z37.9, Z3A.00

   ANS: A
   Rationale: Look in the ICD-10-CM Alphabetic Index for Pregnancy/triplet O30.10-. In the Tabular List, additional characters are required to indicate the number of placenta and the number of amniotic sacs. Because you do not have that documentation, 0 for unspecified is reported as the 5th character. The 6th character 3 is reported to indicate the 3rd trimester (trimesters are listed at the beginning of Chapter 15 in the ICD-10-CM codebook). The complete code is O30.103. Next, look in the Alphabetic Index for Outcome of Delivery/multiple births/all liveborn/triplets Z37.51. The last code indicates the weeks of gestation. Documentation indicates she delivered at her 32nd week. Look in the Alphabetic Index for Pregnancy/weeks of gestation/32 weeks Z3A.32. Verify code selection in the Tabular List.

5. A patient was referred to the radiology department for chronic low back pain. The radiology report indicated there was no marrow abnormality identified and the conus medullaris was unremarkable. Additional findings include: L4–L5: There is a minor diffusely bulging annulus at L4–L5. A small focal disc bulge is seen in far lateral position on the left at L4–L5 within the neural foramen. No definite encroachment on the exiting nerve root at this site is seen. No significant spinal stenosis is identified. L5–S1: There is a diffusely bulging annulus at L5–S1, with a small focal disc bulge centrally at this level. There is minor disc desiccation and disc space narrowing at L5–S1. No significant spinal stenosis is seen at L5–S1. The final diagnosis is minor degenerative disc disease at L4–L5 and L5–S1, as described. What ICD-10-CM code(s) is/are reported?

a. M51.36, M51.37
b. M51.37, M54.50
c. M51.36
d. M51.36, M54.50

ANS: A

Rationale: Look in the ICD-10-CM Alphabetic Index for Degeneration, degenerative/intervertebral disc NOS/lumbar region directing you to code M51.36. Look in the ICD-10-CM Alphabetic Index for Degeneration, degenerative/intervertebral disc NOS/lumbosacral region directing you to code M51.37. Verify code selection in the Tabular List. The low back pain is a symptom of the degenerative disc disease and is not reported separately.

6. A 55-year-old has developed a pressure ulcer on her right hip. The base of the ulcer is covered in eschar and the provider documents that the stage of the ulcer cannot be determined. What ICD-10-CM code is reported?
   a. L89.219
   b. L89.310
   c. L89.210
   d. L89.319

ANS: C

Rationale: Refer to ICD-10-CM guideline I.C.12.a.2. If the pressure ulcer is documented as unstageable, assign L89.--0. Unstageable is when the base of the ulcer is covered in eschar or slough so much that it cannot be determined how deep the ulcer is. This diagnosis is determined based on the clinical documentation. This code should not be used if the stage is not documented. In that instance, report the unspecified code, L89.--9. In the ICD-10-CM Alphabetic Index, look for Ulcer, ulcerated, ulcerating, ulceration, ulcerative/pressure (pressure area)/unstageable/hip which directs you to L89.2-. In the Tabular List the 5th character 1 indicates the right hip and 6th character 0 indicates unstageable.

7. A woman with a long history of rectocele has perineal scarring from multiple episiotomies and has developed a rectovaginal fistula with perineal body relaxation. She has transperineal repair with perineal body reconstruction and plication of the levator muscles to correct these conditions. What ICD-10-CM codes are reported?
   a. N81.6, N90.9, N82.5
   b. N82.3, N90.89
   c. N82.5, N90.89
   d. N90.89, N81.6, N90.9

ANS: B

Rationale: The patient has a history of the rectocele; you will not report code N81.6 because that indicates she has a current rectocele. The first diagnosis is rectovaginal fistula. Look in the ICD-10-CM Alphabetic Index for Fistula/rectovaginal which directs you to N82.3. The second diagnosis is perineal scarring. Look in the Alphabetic Index for Scar, scarring/vulva which directs you to N90.89. Verify code selection in the Tabular List.

8. A 70-year-old female patient presents with a complaint of left knee pain with weight bearing activities. She is also developing pain at rest. She denies any recent injury. There is pain with stair climbing and start up pain. AP, lateral and sunrise views of the left knee are ordered and interpreted. The diagnosis is left knee pain secondary to underlying primary degenerative arthritis. What ICD-10-CM code(s) is/are reported?
   a. M17.12
   b. M17.9, M25.561
   c. M17.9
   d. M17.12, M25.561

ANS: A

Rationale: The scenario is reported with one ICD-10-CM code. In the ICD-10-CM Alphabetic Index look for Arthritis, arthritic/degenerative, which directs you to see Osteoarthritis. Osteoarthritis/primary/knee directing you to M17.1. A 4th character is required to report the laterality. Report code M17.12 for left knee. You do not report the ICD-10-CM code for knee pain as this is a symptom of the degenerative arthritis and is not reported separately.

9. A 40-year-old woman who is 25 weeks pregnant with her second child, is seeing her obstetrician. She is worried about decreased fetal movement. During the examination the obstetrician detects bradycardia in the fetus. What ICD-10-CM codes are reported?
   a. O36.8320, Z33.1, Z3A.25
   b. O36.8390, Z34.82, Z3A.25
   c. P29.12, Z3A.25
   d. O36.8320, O09.522, Z3A.25

ANS: D

Rationale: In the ICD-10-CM Alphabetic Index look for Pregnancy/complicated (by)/abnormal, abnormality/fetal heart rate or rhythm, guiding you to O36.83-. The 6th character is 2 because the patient is in her second trimester at 25 weeks. 7th character 0 is reported for a single gestation. Refer to the beginning of Chapter 15 in the Tabular List that indicates what the certain number of weeks are for the trimesters. Pregnancy after age 35 is considered an elderly pregnancy. In the Alphabetic Index, look for Pregnancy/complicated by/elderly/multigravida (because this is her second pregnancy), guiding you to subcategory code O09.52-. In the Tabular List the 6th character 2 is reported to indicate the patient is in her second trimester. For a listing of trimesters by weeks see the beginning of ICD-10-CM chapter15. There is also a note at the beginning of chapter 15 indicating to use an additional code from category Z3A to identify the specific week of the pregnancy. Locate code Z3A in the Tabular List indicating Z3A.25 is the correct code for 25 weeks' gestation or look in the Alphabetic Index for Pregnancy/weeks of gestation/25 weeks directing you to Z3A.25.Codes Z33.1 and Z34.82 are only reported when there are no complications documented. Code P29.12 is only for use after the baby is born and not on the mother's record. Verify code selection in the Tabular List.

10. At 39 weeks gestation, a 26-year-old woman is admitted for precipitous labor and vaginally delivers a healthy baby girl. What ICD-10-CM codes are reported on the maternal record?

a. O80, Z38.00, Z3A.39
b. O80, 062.3, Z38.00, Z3A.39
c. O62.3, Z37.0, Z3A.39
d. O62.3, O80, Z37.0, Z3A.39

ANS: C

Rationale: The labor is precipitous. In the ICD-10-CM Alphabetic Index, look for Delivery (childbirth) (labor)/complicated/by/precipitate labor directing you to O62.3. ICD-10-CM guideline I.C.15.n.1 states that code O80 is reported for a full-term normal delivery of a single, healthy infant without any complications antepartum, during the delivery, or postpartum during the delivery episode. Code O80 is not to be reported with any other pregnancy complication code from chapter 15. In this case, O62.3 is reported for the complication and the normal delivery code (O80) is not reported. The outcome of delivery is also reported. Look in the Alphabetic Index for Outcome of delivery/single/liveborn directing you to Z37.0. Code Z38.00 is only to be used on the newborn's record, not the maternal record. At the beginning of chapter 15, there is a note to use an additional code to report the weeks of gestation. The patient is 39 weeks gestation. Look in the Alphabetic Index for Pregnancy/weeks of gestation/39 weeks directing you to Z3A.39. Verify the code selection in the Tabular List.

11. A 43-year-old female presents to the provider for a diabetic ulcer of the right ankle. What ICD-10-CM codes are reported?

a. E11.622, L97.319
b. L97.319, E11.622
c. L97.319, E11.9
d. L97.319

ANS: A

Rationale: In the ICD-10-CM Alphabetic Index look for Diabetes, diabetic (mellitus) (sugar)/with/skin ulcer NEC and you are directed to E11.622. In the Tabular List below E11.622 there is a note to use an additional code to identify the site of the ulcer (L97.1-L97.9, L98.41-L98.49). A review of this code range identifies L97.319 Non-pressure chronic ulcer of right ankle with unspecified severity. Look in the Alphabetic Index for Ulcer/lower limb/ankle/right which refers you to code L97.319. In the Tabular List under category code L97 there is a note to code first any associated underlying condition, including diabetic ulcers and their corresponding codes. Verify code selection in the Tabular List.

ICD-10-CM CHAPTERS 16-22

CPC® STUDY GROUP WITH LEGACY EDUCATION

1. An 18-day-old infant develops bradycardia. What ICD-10-CM code is reported?
   a. R00.1
   b. P29.12
   c. I49.49
   d. P29.11

2. An X-ray is performed for pain in the left little finger. This is the initial encounter for this visit. The X-ray report shows a fractured distal phalanx that is dislocated. What ICD-10-CM code(s) is/are reported?
   a. S62.635A
   b. S62.637A, S63.257A
   c. S62.637A
   d. S62.637B, S63.257B

3. The patient is seen for an initial replacement of a leaking dialysis catheter. What ICD-10-CM code is reported?
   a. Z49.02
   b. T82.43XA
   c. T82.41XB
   d. T85.611A

4. A patient has an open displaced sunburst fracture of the second cervical vertebra. This is her fifth visit and the fracture is healing normally. What ICD-10-CM code is reported?
   a. S12.9XXD
   b. S12.190A
   c. S12.190D
   d. S12.9XXS

5. A patient is admitted to surgery to treat an open fracture to the shaft of the right humerus and a simple closed fracture of the left tibia following a side-by-side ATV accident. What ICD-10-CM codes are reported?
   a. S42.311A, S82.201A, V86.99XA
   b. S42.301B, S82.202B, V86.99XA
   c. S42.301B, S82.202A, V86.99XA
   d. S42.301A, S82.202A, V86.99XA

6. The patient has a mass on his forehead; he says it is from a piece of sheet metal from a laceration to his forehead months ago. He has an X-ray showing a foreign body is in the mass. After obtaining consent, the metal fragment foreign body is removed from the subcutaneous tissue. What ICD-10-CM code(s) is/are reported?

   a. S01.82XA
   b. L92.3
   c. M79.5, S01.82XS, Z18.10
   d. Z18.10, S01.82XA

7. A 4-year-old is brought into the ED crying. He cannot bend his left arm after his older sister pulled it. The provider performs an X-ray and it shows the patient has Nursemaid's elbow. The ED provider reduces the elbow successfully. The patient can move his arm again after the reduction. What ICD-10-CM codes are reported?
   a. S53.095A, X50.9XXA
   b. S53.032S, X50.9XXS
   c. S53.095S, X50.9XXS
   d. S53.032A, X50.9XXA

8. A 3-year-old is brought to the burn unit after pulling a pot of hot soup off the stove and spilling it on herself. She sustained 18% second degree burns on her legs and 20% third degree burns on her chest and arms. Total body surface area burned is 38%. What ICD-10-CM codes are reported for the burns (do not include external cause codes for the accident)?
   a. T21.21XA, T22.20XA, T24.209A, T31.23
   b. T21.31, T22.20, T24.209, T31.32
   c. T21.31XA, T22.391A, T22.392A, T24.291A, T24.292A, T31.32
   d. T24.299A, T21.31XA, T22.399A, T31.32

9. Newborn twin girls were delivered in the hospital via cesarean section at 27 weeks, weighing 850 grams for twin A and 900 grams for twin B. Both were diagnosed with extreme immaturity. What ICD-10-CM codes are reported for both twins?
   a. P07.26, Z38.31
   b. Z38.31, P07.03, P07.26
   c. P07.03, P07.26, Z38.31
   d. P07.26, P07.03

10. The diagnostic statement indicates respiratory failure due to administering incorrect medication. Valium was administered instead of Xanax. What ICD-10-CM codes are reported?
   a. T42.4X5A, J96.00
   b. J96.90, T42.4X1A
   c. T42.4X1A, J96.90
   d. T42.4X4B, J96.00

ANSWER KEY

1. An 18-day-old infant develops bradycardia. What ICD-10-CM code is reported?
   a. R00.1
   b. P29.12
   c. I49.49
   d. P29.11

   ANS: B
   Rationale: Per ICD-10-CM guideline I.C.16 the perinatal period is defined as before birth through the 28th day following birth. In the ICD-10-CM Alphabetic Index, look for Bradycardia/neonatal, guiding you to code P29.12. Verify code selection in the Tabular List.

2. An X-ray is performed for pain in the left little finger. This is the initial encounter for this visit. The X-ray report shows a fractured distal phalanx that is dislocated. What ICD-10-CM code(s) is/are reported?
   a. S62.635A
   b. S62.637A, S63.257A
   c. S62.637A
   d. S62.637B, S63.257B

   ANS: C
   Rationale: When a fracture and dislocation occur in the same site, only the fracture code is reported. Look in the ICD-10-CM Alphabetic Index for Dislocation/with fracture and you are referred to see Fracture. Look for Fracture, traumatic/finger (except thumb)/little/distal phalanx (displaced), which leads you to subcategory S62.63-. Refer to the Tabular List. S62.637 is reported for the left little finger and the 7th character A is chosen to indicate this is the initial encounter.

3. The patient is seen for an initial replacement of a leaking dialysis catheter. What ICD-10-CM code is reported?
   a. Z49.02
   b. T82.43XA
   c. T82.41XB
   d. T85.611A

   ANS: B
   Rationale: A leaking dialysis catheter would be a complication. In the ICD-10-CM Alphabetic Index look for Complication/catheter (device) NEC/dialysis (vascular)/mechanical/leakage, guiding you to subcategory code T82.43. The Tabular List indicates seven characters are needed to complete the code. The 6th character is for the placeholder X and the 7th character is A for the initial encounter. T82.43XA is the correct code.

4. A patient has an open displaced sunburst fracture of the second cervical vertebra. This is her fifth visit and the fracture is healing normally. What ICD-10-CM code is reported?
   a. S12.9XXD
   b. S12.190A
   c. S12.190D
   d. S12.9XXS

   ANS: C
   Rationale: In the ICD-10-CM Alphabetic Index look for Fracture, traumatic/neck/cervical vertebra/second (displaced)/specified type NEC (displaced) guiding you to subcategory S12.190- . In the Tabular List this code is for Other displaced fracture of second cervical vertebra. This is chosen because the original fracture was an open displaced fracture. The 7th character D is chosen to indicate that this is the subsequent encounter for fracture with routine healing.

5. A patient is admitted to surgery to treat an open fracture to the shaft of the right humerus and a simple closed fracture of the left tibia following a side-by-side ATV accident. What ICD-10-CM codes are reported?
   a. S42.311A, S82.201A, V86.99XA
   c. S42.301B, S82.202A, V86.99XA

b. S42.301B, S82.202B, V86.99XA
d. S42.301A, S82.202A, V86.99XA

ANS: C

Rationale: This is a traumatic fracture since the patient was in an accident. In the ICD-10-CM Alphabetic Index look for Fracture, traumatic/humerus/shaft, which refers you to subcategory code S42.30-. In the Tabular List, the code needs seven characters. The 6th character 1 indicates the right humerus. The7th character B indicates that this is an initial encounter for an open fracture. The resulting code is S42.301B. The simple fracture is classified as a closed fracture. Look in the Alphabetic Index for Fracture, traumatic/tibia (shaft) which refers you to S82.20-. Verification in the Tabular List shows a 6th character 2 for left tibia and 7th character A for initial encounter for closed fracture. ICD-10-CM guideline I.C.19.C.2 states multiple fractures are sequenced in accordance with the severity of the fracture. For the ATV accident, refer to the ICD-10-CM External Cause of Injuries Index. Look for Accident/transport/all-terrain vehicle occupant (nontraffic)/specified type NEC directing you to subcategory V86.99-. The Tabular List shows this code needs seven characters. A placeholder X is used for the 6th character, and the 7th character is A for the initial encounter. The complete code is V86.99XA.

6. The patient has a mass on his forehead; he says it is from a piece of sheet metal from a laceration to his forehead months ago. He has an X-ray showing a foreign body is in the mass. After obtaining consent, the metal fragment foreign body is removed from the subcutaneous tissue. What ICD-10-CM code(s) is/are reported?

a. S01.82XA
b. L92.3
c. M79.5, S01.82XS, Z18.10
d. Z18.10, S01.82XA

ANS: C

Rationale: ICD-10-CM Coding Guideline I.B.10 indicates: A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has been terminated. Coding sequela generally requires two-codes sequenced in the following order: the condition or nature of the sequela is sequenced first. The sequela code is sequenced second. In the ICD-10-CM Alphabetic Index look for Foreign body/in/soft tissue (residual) referring you to M79.5. Look for Laceration/forehead/foreign body referring you S01.82-. The 6th character is X and the 7th character is S for the sequela. Next, report the type of foreign body. Look for Foreign Body/retained (old) (nonmagnetic) (in)/fragments and you are directed to see Retained, foreign body fragments (type of). In the Alphabetic Index, look for Retained/foreign body fragments (type of)/metal directing you to Z18.10. Verify code selection in the Tabular List. There is no mention of whether the metal is magnetic or not. The patient did not have an acute laceration with a foreign body in an open wound; therefore, code S01.82XA is not reported.

7. A 4-year-old is brought into the ED crying. He cannot bend his left arm after his older sister pulled it. The provider performs an X-ray and it shows the patient has Nursemaid's elbow. The ED provider reduces the elbow successfully. The patient can move his arm again after the reduction. What ICD-10-CM codes are reported?

a. S53.095A, X50.9XXA
b. S53.032S, X50.9XXS
c. S53.095S, X50.9XXS
d. S53.032A, X50.9XXA

ANS: D

Rationale: In the ICD-10-CM Alphabetic Index look for Nursemaid's elbow directing you to S53.03-. In the Tabular List, 6th character 2 is reported for the left elbow and 7th character A is applied for the initial encounter.

The patient's arm was injured due to his sister pulling on it. In the ICD-10-CM External Cause of Injuries Index look for Pulling, excessive which directs you to X50.9-. In the Tabular List, the code needs seven characters. Two Xs are needed as place holders for the 5th and 6th characters. The 7th character is A.

8. A 3-year-old is brought to the burn unit after pulling a pot of hot soup off the stove and spilling it on herself. She sustained 18% second degree burns on her legs and 20% third degree burns on her chest and arms. Total body surface area burned is 38%. What ICD-10-CM codes are reported for the burns (do not include external cause codes for the accident)?

a. T21.21XA, T22.20XA, T24.209A, T31.23
b. T21.31, T22.20, T24.209, T31.32
c. T21.31XA, T22.391A, T22.392A, T24.291A, T24.292A, T31.32
d. T24.299A, T21.31XA, T22.399A, T31.32

ANS: C

Rationale: ICD-10-CM guideline I.C.19.d.1 states to sequence first the code that reflects the highest degree of burn when more than one burn is present. In this case, the burns on her chest and arms are third degree and are reported first. In the ICD-10-CM Alphabetic Index look for Burn/chest wall/third degree, referring you to subcategory T21.31. Because the question indicates arms and legs (plural) we will code multiple sites of the right and left upper and lower limbs. In the Alphabetic Index look for Burn/upper limb/multiple sites/left/third degree directing you to subcategory T22.392-, and Burn/upper limb/multiple sites/right/third degree directing you to T22.391-. Next look for Burn/lower/limb/multiple sites/left/second degree directing you to subcategory T24.292-. Look for Burn/lower/limb/multiple sites/right/second degree directing you to subcategory T24.291- The Tabular List indicates a 7th character is needed for all of these codes; a placeholder X is required for T21.31. The 7th character A is reported for the initial encounter. Refer to ICD-10-CM guideline I.C.19.d.6 for instructions on assigning a code from category T31 to report the extent of body surface involved. The 4th character represents the total body surface area (TBSA) (all degrees) that was burned. The 5th character represents the percentage of third degree burns to the body. In the scenario, 38% is documented as the TBSA making 3 the appropriate 4th character; 20% is third degree burns, making 2 the 5th character. In the Alphabetic Index look for Burn/extent (percentage of body surface)/30-39 percent/with 20-29 percent third degree burns directing you to code T31.32 The external cause codes would also be reported for the accident. Verify code selection in the Tabular List.

9. Newborn twin girls were delivered in the hospital via cesarean section at 27 weeks, weighing 850 grams for twin A and 900 grams for twin B. Both were diagnosed with extreme immaturity. What ICD-10-CM codes are reported for both twins?
   a. P07.26, Z38.31
   b. Z38.31, P07.03, P07.26
   c. P07.03, P07.26, Z38.31
   d. P07.26, P07.03

ANS: B

Rationale: Per ICD-10-CM guideline I.C.16.a.2 indicates when coding the birth episode in a newborn record, assign a code from category Z38 Liveborn infants according to place of birth and type of delivery, as the principal diagnosis. A code from this series is assigned only once to a newborn at the time of birth. In the ICD-10-CM Alphabetic Index look for Newborn/twin/born in hospital/by cesarean, directing you to code Z38.31. In the Alphabetic Index also look for Low/birthweight/extreme/with weight of/750-999 grams directing you to code P07.03. Additionally, look in the Alphabetic Index for Immaturity (less than 37 completed weeks)/extreme of newborn (less than 28 completed weeks of gestation)/gestational age/27 completed weeks directing you to code P07.26. Verify all code selections in the Tabular List. There is also an instructional note under category P07 to code the birth weight before the gestational age.

10. The diagnostic statement indicates respiratory failure due to administering incorrect medication. Valium was administered instead of Xanax. What ICD-10-CM codes are reported?
    a. T42.4X5A, J96.00
    b. J96.90, T42.4X1A
    c. T42.4X1A, J96.90
    d. T42.4X4B, J96.00

ANS: C

Rationale: Poisoning codes are sequenced by 1) the poison code, and 2) the condition or manifestation. ICD-10-CM guideline I.C.19.e.5.b.i states examples of poisoning include “Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person.” In the ICD-10-CM Table of Drugs and Chemicals, find Valium and use the code from the Poisoning, Accidental (unintentional) column which is T42.4X1. In the Tabular List the code requires a 7th character and in this case the A is used for the initial encounter. The manifestation is respiratory failure. In the ICD-10-CM Alphabetic Index, look for Failure, failed/respiration, respiratory directing you to J96.90. Verify the code selection in the Tabular List. Per ICD-10-CM guideline I.C.19.e no additional external cause code is required for poisoning, toxic effects, adverse effects, and underdosing codes.