

VI. ICD-9-CM Coding

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Infectious and Parasitic Diseases

1. A patient is admitted with a left ankle fracture. The patient also has AIDS with Kaposi's sarcoma of the skin. He had a closed reduction with internal fixation of the ankle fracture.
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| A. 042, 176.0, 824.8, 79.16 | C. 176.1, 824.8, V08, 79.16 |
| B. 824.8, 176.0, V08, 79.16 | D. 824.8, 042, 176.0, 79.16 |

REFERENCE: Brown, pp 115–116, 413–408, 416–417
 Schraffenberger, pp 82–84
 Ingenix, pp 617–618

2. A patient was admitted with septicemia due to methicillin-resistant *Staphylococcus aureus*. The patient also was admitted with septic shock and decubitus ulcer of the sacrum. She had a central line inserted and infusion of drotrecogin alfa.
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| A. 038.19, 785.59, 707.02, 38.91 |
| B. 038.12, 707.03, 995.92, 785.52, 707.20, 38.93, 00.11 |
| C. 707.00, 038.11, 785.59, 38.93, 00.11 |
| D. 038.11, 785.59, 995.92, 38.93 |

REFERENCE: Bowie and Shaffer, pp 92–93
 Brown, pp 109–113, 241–242
 Schraffenberger, pp 80–82
 Ingenix, pp 47, 348

3. A patient was diagnosed with nephropathy due to tuberculosis (confirmed histologically) of the kidney. He had a right nephrectomy performed.
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| A. 016.05, 583.81, 55.51 | C. 016.02, 583.81, 55.51 |
| B. 583.81, 016.06, 55.52 | D. 016.02, 583.81, 55.52 |

REFERENCE: Brown, pp 108–109, 220–222
 Schraffenberger, p 78
 Ingenix, pp 466–467

4. A patient is admitted with fever and severe headache. The diagnostic workup revealed viral meningitis. She also has asthma with acute exacerbation and hypertension, both of which are treated.
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| A. 047.9, 780.60, 784.0, 493.90, 401.9 | C. 047.9, 493.92, 401.9 |
| B. 047.8, 493.92, 401.1 | D. 780.60, 784.0, 047.9, 493.90, 401.9 |

REFERENCE: Brown, pp 107, 161–162, 186–187, 347–349
 Schraffenberger, pp 78, 181–182, 184–186

5. Nurse Jones suffers a needlestick and presents for HIV testing. She sees her physician for the test results and counseling.
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| A. V72.60, 795.71 | C. V08, V72.60, V65.44 |
| B. 795.71, V65.8 | D. V73.89, V65.44, V01.79 |

REFERENCE: Brown, pp 115–116
 Schraffenberger, p 84

6. A patient presents with right arm paralysis due to poliomyelitis that the patient suffered from as a child.
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| A. 045.11, 342.81 | C. 344.40, 138 |
| B. 138, 344.41 | D. 138, 344.41 |

REFERENCE: Brown, pp 108–109

Neoplasms

7. A patient is admitted for chemotherapy for treatment of breast cancer with liver metastasis. She had a mastectomy 4 months ago. Chemotherapy is given today.
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| A. 197.7, V10.3, 99.25 | C. V58.11, V10.3, 197.7, 99.25 |
| B. 174.9, 197.7, 99.25 | D. V58.11, 174.9, V45.71, 197.7, 99.25 |

REFERENCE: Bowie and Schaffer, pp 119–120
Brown, pp 380–381, 383–385, 391–395
Schraffenberger, pp 94–98
Ingenix, pp 807–808

8. A patient with a history of malignant neoplasm of the lung is admitted with seizures. The workup revealed metastasis of the lung cancer to the brain.
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| A. 780.39, V10.11, 198.3 | C. 198.3, 780.39, V10.11 |
| B. 162.9, V10.11, 198.3, 780.39 | D. 198.3, 780.39, 162.9 |

REFERENCE: Bowie and Schaffer, p 116
Brown, pp 380–381, 383–385
Schraffenberger, pp 107–109

9. A patient is admitted to the hospital for treatment of dehydration following chemotherapy as treatment for ovarian cancer.
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| A. 276.51, 183.0 | C. 276.50, 183.0, 99.25 |
| B. 183.0, 276.51, 99.25 | D. 183.0, 276.51 |

REFERENCE: Bowie and Schaffer, p 118
Brown, pp 391–395

10. A patient has malignant melanoma of the skin of the back. She undergoes a radical excision of the melanoma with full-thickness skin graft.
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| A. 173.59, 86.4, 86.63 | C. 173.59, 86.3, 86.63 |
| B. 172.5, 86.4, 86.63 | D. 172.5, 86.3, 86.63 |

REFERENCE: Brown, p 377
Schraffenberger, p 94
Ingenix, p 718

11. A patient is admitted with abdominal pain. The needle biopsy of the liver reveals secondary malignancy of the liver. The patient has an exploratory laparotomy to determine the primary site. The primary site is unknown at the time of discharge.
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|--------------------------------|---------------------------------------|
| A. 197.7, 199.1, 54.11, 50.12 | C. 197.7, 199.1, 54.11, 50.11 |
| B. 197.7, 789.00, 54.11, 50.11 | D. 197.7, 199.1, 789.00, 54.11, 50.12 |

REFERENCE: Brown, pp 383–385
Ingenix, pp 431, 452

12. A patient with a history of cancer of the colon and status postcolostomy is admitted for closure of the colostomy. The patient is also being treated for chronic obstructive pulmonary disease and diastolic heart failure. He has a takedown of the colostomy.
- A. 153.2, 496, 428.30, 46.52
 - B. V55.3, 496, V10.05, 428.30, 46.52
 - C. V55.3, 496, V10.05, 428.0, 46.52, 45.79
 - D. V10.05, 492.8, 428.30, 46.52

REFERENCE: Brown, pp 187, 339–340, 391
 Schraffenberger, pp 436, 447–448
 Ingenix, pp 409–410, 414

Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders

13. A female, 68 years old, was admitted with type 2 diabetes mellitus with a diabetic ulcer of the left heel. The patient was taken to the operating room for excisional debridement of the ulcer.
- A. 250.80, 707.14, 86.22
 - B. 707.14, 250.80, 86.22
 - C. 250.81, 707.13, 86.22
 - D. 250.82, 707.14, 86.28

REFERENCE: Brown, pp 119–126, 242–243
 Schraffenberger, pp 122–124, 294
 Ingenix, pp 715–716

14. A 67-year-old man is admitted with acute dehydration secondary to nausea and vomiting that is due to acute gastroenteritis. He is treated for dehydration. An esophagogastroduodenoscopy is performed.
- A. 558.9, 787.01, 276.51, 45.13
 - B. 558.9, 787.01, 276.51, 45.16
 - C. 276.51, 787.01, 558.9, 45.13
 - D. 276.51, 558.9, 45.13

REFERENCE: Schraffenberger, pp 126, 236
 Ingenix, pp 404–405

15. A patient was found at home in a hypoglycemic coma. This patient had never been diagnosed as being diabetic.
- A. 250.30
 - B. 251.0
 - C. 251.1
 - D. 251.2

REFERENCE: Brown, p 128

16. A patient is admitted with aplastic anemia secondary to chemotherapy administered for multiple myeloma.
- A. 284.89, 203.00, E933.1
 - B. 203.00, 284.81, E933.1
 - C. 284.9, 203.00, E933.1
 - D. 203.01, 284.89, E933.1

REFERENCE: Bowie and Schaffer, p 145
 Brown, pp 153–154, 445–446

17. A male patient is admitted with gastrointestinal hemorrhage resulting in acute blood-loss anemia. A colonoscopy and esophagogastroduodenoscopy fail to reveal the source of the bleed.
- A. 285.9, 578.1, 45.13, 45.23
 - B. 578.1, 285.1, 45.13, 45.23
 - C. 578.9, 285.1, 45.13, 45.23
 - D. 578.9, 280.0, 45.13, 45.23

REFERENCE: Brown, pp 152–153, 199–200
 Ingenix, pp 404–407

18. A patient is admitted with severe malnutrition. The physician performs a percutaneous endoscopic gastrostomy.
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| A. 263.9, 43.11 | C. 261, 43.19 |
| B. 261, 43.11 | D. 263.8, 43.11 |

REFERENCE: Brown, p 129
Ingenix, pp 392–393

Diseases of the Blood and Blood-Forming Organs

19. A patient is admitted with thrombocytopenia and purpura. A splenectomy is performed.
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| A. 287.49, 41.5 | C. 287.9, 41.42 |
| B. 287.8, 41.5 | D. 287.30, 41.5 |

REFERENCE: Schraffenberger, p 136
Ingenix, pp 379–380

20. A patient is admitted with sickle cell anemia with crisis.
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| A. 282.61 | C. 282.63 |
| B. 282.62 | D. 282.69 |

REFERENCE: Brown, p 154
Schraffenberger, p 134

21. A patient is admitted with sickle cell pain crisis.
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| A. 282.62 | C. 282.5 |
| B. 282.60 | D. 282.42 |

REFERENCE: Bowie and Schaffer, p 145
Brown, p 154
Schraffenberger, p, 134

22. A patient is admitted with Cooley’s anemia.
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| A. 282.41 | C. 282.49 |
| B. 282.0 | D. 282.44 |

REFERENCE: Brown, p 151
Schraffenberger, p 134

23. A patient is admitted with anemia due to end-stage renal disease. The patient is treated for anemia.
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| A. 285.8 | C. 285.22, 585.6 |
| B. 285.21, 585.6 | D. 285.9 |

REFERENCE: Brown, p 151
Schraffenberger, p 135

24. A patient is admitted with pernicious anemia.
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| A. 280.9 | C. 281.1 |
| B. 280.8 | D. 281.0 |

REFERENCE: Brown, p 151
Schraffenberger, pp 133–134

Mental Disorders

25. A patient is admitted with mild mental retardation due to an old viral encephalitis.
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| A. 319,049.8 | C. 317,047.8 |
| B. 317,326 | D. 317,139.0 |

REFERENCE: Brown, p 108

26. A patient is admitted with anxiety with depression.
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|----------------|----------------|
| A. 300.11, 311 | C. 309.28 |
| B. 300.4 | D. 300.00, 311 |

REFERENCE: Brown, p 139

27. A patient is admitted with delirium tremens with alcohol dependence.
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| A. 291.0, 303.90 | C. 291.3, 303.90 |
| B. 303.91, 291.0 | D. 291.0, 303.00 |

REFERENCE: Brown, pp 141–142
Schraffenberger, pp 143, 146–149

28. A patient is admitted with latent schizophrenia, chronic with acute exacerbation.
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| A. 295.52 |
| B. 295.55 |
| C. 295.54 |
| D. 295.53 |

REFERENCE: Bowie and Schaffer, pp 157–158
Brown, p 137

29. A patient with chronic paranoia due to continuous cocaine dependence is admitted. Drug rehabilitation is provided.
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| A. 301.0, 305.61, 94.63 | C. 297.1, 305.61, 94.64 |
| B. 297.1, 304.21, 94.64 | D. 297.1, 304.21, 94.63 |

REFERENCE: Brown, p 143
Schraffenberger, pp 143, 146–149
Ingenix, pp 784–786

30. A patient is diagnosed with psychogenic paroxysmal tachycardia.
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| A. 427.2, 316 | C. 427.1, 306.2 |
| B. 306.2, 427.1 | D. 316, 427.2 |

REFERENCE: Brown, p 139

Diseases of the Nervous System and Sense Organs

31. A 5-year-old female is admitted to ambulatory surgery with chronic otitis media. She has bilateral myringotomy with insertion of tubes.
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| A. 381.20, 20.01 | C. 382.9, 20.01, 20.01 |
| B. 381.3, 20.01 | D. 381.89, 20.01 |

REFERENCE: Schraffenberger, p 165
Ingenix, pp 208–209

32. A patient is a type 2 diabetic with a diabetic cataract. He has phacoemulsification of the cataract with synchronous insertion of the lens.
- A. 250.51, 366.42, 13.59, 13.71 C. 250.52, 366.41, 13.41, 13.71
 B. 250.50, 366.41, 13.41, 13.71 D. 366.41, 250.50, 13.41, 13.71

REFERENCE: Brown, pp 125, 172
 Schraffenberger, pp 122–124, 164
 Ingenix, pp 171–174

33. A patient has epilepsy and paraplegia as residuals of a head injury he suffered 5 years ago.
- A. 345.90, 344.1, 907.0
 B. 345.91, 344.1, 907.0
 C. 959.01, 345.90, 344.1
 D. 345.81, 344.2, 907.0

REFERENCE: Brown, pp 164–165
 Schraffenberger, pp 161–162

34. A patient is diagnosed with Alzheimer's disease with dementia.
- A. 331.0, 294.8 C. 331.0, 294.10
 B. 294.8 D. 331.0

REFERENCE: Brown, p 136

35. A patient is admitted with meningitis sarcoidosis.
- A. 321.2, 136.1 C. 136.1, 321.2
 B. 135, 321.4 D. 321.4, 135

REFERENCE: Brown, p 162

36. A patient with carpal tunnel syndrome is admitted for arthroscopic release of the carpal tunnel.
- A. 354.0, 04.43
 B. 354.1, 80.23
 C. 354.1, 04.43, 80.23
 D. 354.0, 04.43, 80.23

REFERENCE: Brown, p 167
 Ingenix, pp 110–111, 623

Diseases of the Circulatory System

37. A patient is admitted with acute cerebral infarction with left hemiparesis. The hemiparesis resolved by discharge.
- A. 342.90 C. 436, 342.90
 B. 434.91 D. 434.91, 342.90

REFERENCE: Brown, pp 343–344

38. A patient is admitted with multiple problems. He has hypertensive kidney disease, congestive heart failure, and acute systolic heart failure.
- A. 593.9, 401.9, 482.0, 428.21
 B. 404.11, 428.0, 428.21
 C. 403.90, 428.0, 428.21
 D. 404.91

REFERENCE: Brown, pp 348–349
 Schraffenberger, pp 182, 192–193

39. A patient is admitted with acute inferior wall myocardial infarction with unstable angina. He also has coronary artery disease and atrial fibrillation.
- A. 410.41, 411.1, 414.01, 427.31 C. 410.40, 414.00, 427.31
 B. 410.41, 414.00, 411.1, 427.31 D. 410.41, 414.00, 427.31

REFERENCE: Bowie and Schaffer, pp 197–199
 Brown, pp 333–339
 Schraffenberger, pp 186–191, 194

40. A patient with a diagnosis of aortic valve stenosis and mitral valve regurgitation is admitted for aortic valve replacement. The patient is also under treatment for congestive heart failure. He undergoes the placement of aortic valve prosthesis with cardiopulmonary bypass.
- A. 396.2, 398.91, 35.22, 39.61 C. 396.2, 428.0, 35.22, 39.61
 B. 424.1, 424.0, 428.0, 35.22 D. 424.1, 424.0, 428.0, 35.21, 39.61

REFERENCE: Brown, pp 329–332
 Schraffenberger, p 179
 Ingenix, pp 303–304, 357–358

41. A patient with atherosclerotic peripheral vascular disease of the lower leg with claudication is admitted for angioplasty of the lower leg artery.
- A. 440.20, 39.50 C. 444.22, 38.08
 B. 440.21, 39.50 D. 443.9, 39.50

REFERENCE: Brown, pp 351–352
 Ingenix, pp 340–342, 355

Diseases of the Respiratory System

42. A patient presents to the outpatient department for a chest x-ray. The physician's order lists the following reasons for the chest x-ray: fever and cough, rule out pneumonia. The radiologist reports that the chest x-ray is positive for pneumonia.
- A. 486 C. 780.61, 786.2
 B. 486, 780.61, 786.2, V72.5 D. V72.5, 780.60, 786.2

REFERENCE: Brown, pp 179–184
 Schraffenberger, p 219

43. A patient has aspiration pneumonia with pneumonia due to *Staphylococcus aureus*. The patient also has emphysema.
- A. 507.0, 482.9, 496 C. 507.0, 491.21
 B. 507.0, 482.41, 496 D. 507.0, 482.41, 492.8

REFERENCE: Brown, pp 179–183
 Schraffenberger, pp 218–219

44. A patient is admitted with acute respiratory failure due to congestive heart failure. The patient is placed on the ventilator for 3 days following insertion of the endotracheal tube.
- A. 518.81, 428.0, 96.71, 96.04 C. 428.0, 518.81, 96.71, 96.04
 B. 518.81, 428.0, 96.72, 96.04 D. 428.0, 518.83, 96.72, 96.04

REFERENCE: Brown, pp 157–159, 189–191, 339–340
 Schraffenberger, pp 192–194, 223–226
 Ingenix, pp 793, 798

45. A child has hypertrophic tonsillitis and is admitted for bilateral tonsillectomy and adenoidectomy.
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| A. 463, 28.3, 28.3 | C. 474.02, 28.3, 28.3 |
| B. 474.00, 28.3 | D. 463, 28.3 |

REFERENCE: Schraffenberger, p 218
Ingenix, p 257

46. A patient is admitted with chronic obstructive pulmonary disease with an exacerbation of acute bronchitis.
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| A. 491.22 | C. 466.0, 496 |
| B. 496, 466.0 | D. 491.22, 466.0 |

REFERENCE: Brown, pp 186–187
Schraffenberger, p 218

47. A patient is admitted with extrinsic asthma with status asthmaticus.
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| A. 493.11 | C. 493.01 |
| B. 493.90 | D. 493.81 |

REFERENCE: Brown, pp 186–188
Schraffenberger, pp 222–223

48. A patient is experiencing exacerbation of myasthenia gravis resulting in acute respiratory failure. The patient required mechanical ventilation for 10 hours, following endotracheal intubation.
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| A. 358.00, 518.81, 96.71, 96.04 | C. 358.00, 581.89, 96.71, 96.05 |
| B. 518.81, 358.01, 96.71, 96.04 | D. 518.82, 358.00, 96.72, 96.04 |

REFERENCE: Brown, pp 189–191, 194–195
Schraffenberger, pp 223–226
Ingenix, pp 793–794, 798

Diseases of the Digestive System

49. A patient is admitted to the hospital for repair of a ventral hernia. The surgery is canceled after the chest x-ray revealed lower lobe pneumonia. The patient is placed on antibiotics to treat the pneumonia.
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| A. 553.20, 486, V64.1 | C. 486, 553.20 |
| B. 486, 553.20, V64.3 | D. 553.20, 486 |

REFERENCE: Brown, pp 72–73, 181–182, 208–210
Schraffenberger, pp 45–46, 220, 235

50. A patient is admitted with gastric ulcer with hemorrhage resulting in acute blood-loss anemia. An esophagogastroduodenoscopy is performed.
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| A. 531.20, 285.1, 45.13 | C. 531.40, 280.0, 45.14 |
| B. 285.1, 531.20, 45.13 | D. 531.40, 285.1, 45.13 |

REFERENCE: Bowie and Schaffer, pp 218–219
Brown, pp 116–117, 203
Schraffenberger, pp 135, 234
Ingenix, pp 404–405

51. A patient has diverticulitis of the large bowel with abscess. The physician performs a right hemicolectomy with colostomy.
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| A. 562.10, 45.74, 46.03 | C. 562.11, 569.5, 45.73, 46.10 |
| B. 562.11, 45.73, 46.10 | D. 562.11, 569.5, 45.74, 46.11 |

REFERENCE: Brown, p 205
Ingenix, pp 109, 411

52. A patient is admitted with acute and chronic cholecystitis with cholelithiasis. A laparoscopic cholecystectomy was attempted, and then it was converted to an open procedure.
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| A. 574.00, 574.10, V64.41, 51.22 | C. 574.00, 51.22, 51.23 |
| B. 574.00, 574.10, 51.22, 51.23 | D. 574.00, V64.41, 51.22 |

REFERENCE: Brown, pp 206–207
Schraffenberger, p 224
Ingenix, p 437

53. A patient is admitted with bleeding esophageal varices with alcoholic liver cirrhosis and portal hypertension. The patient is alcohol dependent. An esophagogastroduodenoscopy is performed for control of the hemorrhage.
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| A. 456.20, 571.2, 303.90, 42.33 | C. 572.3, 571.2, 303.90, 456.20, 42.33 |
| B. 571.2, 456.20, 303.90, 280.0, 42.33 | D. 303.90, 456.20, 303.90, 42.33 |

REFERENCE: Brown, pp 141–145, 203
Ingenix, pp 385–386

54. A patient is admitted for workup for melena. The laboratory results reveal chronic blood-loss anemia. The colonoscopy with biopsy reveals Crohn's disease of the descending colon.
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| A. 578.1, 555.1, 45.25, 45.43 | C. 555.1, 578.1, 45.25 |
| B. 555.1, 45.25 | D. 555.1, 578.1, 45.25, 45.23 |

REFERENCE: Brown, p 151
Schraffenberger, p 236
Ingenix, pp 405–408

Diseases of the Genitourinary System

55. A patient is admitted with acute urinary tract infection due to *E. coli*.
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| A. 599.0, 041.49 | C. 041.49, 599.0 |
| B. 599.0 | D. 590.2, 041.49 |

REFERENCE: Brown, p 112
Schraffenberger, pp 250–251

56. A patient presents with complaints of gross hematuria. The diagnosis is benign prostatic hypertrophy and the patient undergoes a transurethral prostatectomy.
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| A. 600.01, 60.21 | C. 600.00, 599.71, 60.29 |
| B. 600.00, 60.29 | D. 600.00, 599.71, 60.21 |

REFERENCE: Brown, pp 225–226
Ingenix, p 507

57. A male patient presents to the ED with acute renal failure. He is also being treated for hypertension.

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| A. 410.00, 586 | C. 585.9, 401.1 |
| B. 401.9, 584.9 | D. 584.9, 401.9 |

REFERENCE: Brown, pp 219–221

58. A patient is admitted with hemorrhagic cystitis. A cystoscopy with biopsy of the bladder is performed.

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| A. 595.9, 57.33 | C. 595.82, 57.33 |
| B. 595.9, 041.49, 57.32 | D. 596.7, 57.33 |

REFERENCE: Brown, p 217
Schraffenberger, p 251
Ingenix, p 484

59. A patient is admitted with chronic kidney disease due to hypertension and type 1 diabetes mellitus.

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| A. 250.41, 403.90, 585.9 | C. 403.90, 250.41, 585.9, V58.67 |
| B. 250.40, 403.10, 585.1 | D. 403.10, 250.41, 585.2 |

REFERENCE: Brown, p 220

60. A patient has end-stage kidney disease, which resulted from malignant hypertension.

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| A. 403.01, 585.6 | C. 403.00 |
| B. 585.9, 401.0 | D. 401.0, 585.9 |

REFERENCE: Brown, pp 219–220
Schraffenberger, pp 182, 250

Complications of Pregnancy, Childbirth, and the Puerperium

61. A woman has a vaginal delivery of a full-term liveborn infant. She undergoes an episiotomy with repair and post delivery elective tubal ligation.

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| A. 650, V25.2, V27.0, 73.6, 66.32 | C. 650, V27.0, 66.32 |
| B. 648.91, V27.0, 73.6, 66.32 | D. 650, V27.0 |

REFERENCE: Bowie and Schaffer, p 260
Brown, pp 269–271, 282–283
Schraffenberger, pp 272–274
Ingenix, pp 540–541, 585–586

62. A woman has an incomplete spontaneous abortion complicated by excessive hemorrhage. The physician performs a dilation and curettage.

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| A. 634.12, 69.09 | C. 634.11, 69.02 |
| B. 634.12, 285.1, 69.09 | D. 634.91, 69.02 |

REFERENCE: Brown, pp 293–295
Schraffenberger, pp 264–265
Ingenix, p 562

63. A patient has obstructed labor due to breech presentation. A single liveborn infant was delivered via cesarean section.

- A. 660.81, 74.1
 B. 660.01, 652.21, V27.0, 74.99
 C. 660.01, V27.0, 74.1
 D. 660.81, 652.21, 74.99

REFERENCE: Brown, pp 269–271, 283
 Ingenix, pp 587–588

64. A woman was admitted for delivery of a single newborn at 43 weeks gestation. It was a manually assisted delivery.

- A. 650, V27.0, 73.59
 B. 645.20, V27.0, 73.59
 C. 644.21, V27.0, 73.59
 D. 645.21, V27.0, 73.59

REFERENCE: Brown, pp 280–283
 Schraffenberger, pp 274–275
 Ingenix, p 585

65. A female who is 26 weeks pregnant is treated for a fractured distal radius and ulna. A closed reduction of the fracture is performed.

- A. 813.44, 79.02
 B. 648.93, 813.44, 79.02
 C. 813.44, V22.2, 79.02
 D. V22.2, 813.44, 79.02

REFERENCE: Brown, pp 269–270
 Schraffenberger, pp 275–277, 353
 Ingenix, p 617

66. A patient is diagnosed with a tubal pregnancy. She undergoes a unilateral salpingectomy for removal of the tubal pregnancy.

- A. 633.20, 66.63
 B. 633.11, 66.62
 C. 633.00, 66.61
 D. 633.10, 66.62

REFERENCE: Brown, pp 298–299
 Schraffenberger, pp 270–273
 Ingenix, p 542

Diseases of the Skin and Subcutaneous Tissue

67. A patient is admitted with an abscess with cellulitis of the abdominal wall. The culture is positive for *Staphylococcus aureus*.

- A. 682.8, 041.11
 B. 682.2, 041.11
 C. 682.2, 707.8
 D. 682.2

REFERENCE: Brown, p 292
 Schraffenberger, p 244

68. A patient had a cholecystectomy 6 days ago and is now coming back with evidence of staphylococcal cellulitis at the site of operative incision.

- A. 958.3, 682.2, 041.19
 B. 998.51, 682.8, 041.11
 C. 958.3, 682.8, 041.11
 D. 998.59, 682.2, 041.10

REFERENCE: Brown, pp 242–243

69. A patient has chronic ulcers of the calf and the back. Both ulcers are excisionally debrided and the ulcer on the back has a split-thickness skin graft.
- A. 707.12, 707.8, 86.22, 86.22, 86.69 C. 707.8, 86.22, 86.69
B. 707.12, 707.8, 86.22 D. 707.8, 86.22, 86.22, 86.69

REFERENCE: Brown, pp 242–244
 Schraffenberger, pp 294, 296–297
 Ingenix, pp 717, 719

70. A patient presents with dermatitis due to prescription topical antibiotic cream used as directed by physician.
- A. 692.4 C. 692.3
B. 692.3, E930.9 D. 692.3, E930.1

REFERENCE: Brown, pp 239–240
 Schraffenberger, p 292

71. A patient developed a boil on the left side of the face. An incision and drainage was performed.
- A. 680.0, 86.04 C. 680.8, 86.11
B. 680.0, 86.09 D. 680.0, 86.04, 86.11

REFERENCE: Brown, p 239
 Ingenix, p 712–715

72. A patient has an abscessed pilonidal cyst. An excision of the cyst was performed.
- A. 685.1, 86.04 C. 685.0, 86.21
B. 686.09, 86.04 D. 686.01, 86.22

REFERENCE: Brown, p 239
 Ingenix, pp 712–713, 715

Diseases of the Musculoskeletal System and Connective Tissue

73. A patient has a pathological fracture of the femur due to metastatic bone cancer. He has a history of lung cancer.
- A. 198.5, 733.14, V10.11 C. 733.19, 198.5, V10.11
B. 733.14, 198.5, V10.11 D. 821.00, 162.9

REFERENCE: Brown, p 255
 Schraffenberger, pp 108, 305–306

74. A 69-year-old man has a herniated lumbar intervertebral disc with paresthesia. A lumbar laminectomy with diskectomy is performed.
- A. 722.11, 80.51, 03.09 C. 722.10, 80.59, 03.09
B. 839.20, 80.51 D. 722.10, 80.51

REFERENCE: Brown, pp 251–252
 Schraffenberger, pp 304–305
 Ingenix, pp 99–100, 624–626

75. A patient developed pyogenic arthritis of the hip due to Group A *Streptococcus*. An arthrocentesis was done.

- A. 716.95, 041.01, 81.91 C. 711.05, 041.01, 81.91
 B. 715.95, 041.01, 81.92 D. 711.05, 81.91

REFERENCE: Brown, p 253
 Schraffenberger, pp 79–80, 304–305
 Ingenix, p 655

76. A patient is admitted with a bunion of the left foot and a hammertoe of the right foot. Keller procedure and hammer toe repair were performed.

- A. 727.1, 735.4, 77.59, 77.56 C. 727.2, 735.4, 77.52, 77.58
 B. 727.1, 735.8, 77.52, 77.59 D. 727.1, 735.3, 77.56, 77.59

REFERENCE: Schraffenberger, pp 304–305
 Ingenix, pp 608–610

77. A patient developed a malunion of the humeral fracture. The original injury occurred 1 year ago. Open reduction with internal fixation was performed.

- A. 812.20, 79.39 C. 733.81, 905.2, 79.31
 B. 733.82, 905.2, 79.31 D. 733.94, 905.2, 79.32

REFERENCE: Schraffenberger, p 306
 Ingenix, pp 618–619

78. A patient has recurrent internal derangement of the left knee. A diagnostic arthroscopy of the knee is performed.

- A. 715.96, 80.26 C. 836.2, 80.26
 B. 718.36, 80.26 D. 718.36, 80.6

REFERENCE: Brown, p 254
 Ingenix, pp 623, 626

Congenital Anomalies

79. A liveborn infant is born in hospital with a cleft palate and cleft lip.

- A. 749.00, 749.10 C. V30.00, 749.20
 B. 749.20 D. V30.00, 749.00, 749.10

REFERENCE: Bowie and Schaffer, pp 290–291
 Brown, pp 307, 314
 Schraffenberger, pp 320, 442–443

80. A newborn is born in the hospital with tetralogy of Fallot.

- A. 745.8 C. 745.2
 B. V30.01, 746.09 D. V30.00, 745.2

REFERENCE: Brown, pp 307, 314

81. A newborn infant is transferred to Manasota Hospital for treatment of an esophageal atresia. What is the code for Manasota Hospital?

- A. V30.00 C. V30.00, 750.3
 B. 750.3 D. 750.3, V30.00

REFERENCE: Brown, p 307

82. A patient presents with cervical spina bifida with hydrocephalus.

- A. 741.02
- B. 741.93
- C. 741.01
- D. 741.91

REFERENCE: Brown, p 307
Schraffenberger, pp 316–317

83. An infant is seen with clubfoot, which is corrected by the Evans operation.

- A. 754.70, 83.84
- B. 754.71, 83.84
- C. 736.71, 83.84
- D. 736.79, 83.84

REFERENCE: Brown, p 307
Schraffenberger, p 322
Ingenix, p 667

84. A full-term infant born in hospital is diagnosed with polycystic kidneys.

- A. 753.12
- B. V30.00, 753.12
- C. V30.00
- D. 753.12, V30.00

REFERENCE: Brown, pp 307, 314
Schraffenberger, pp 317, 321, 442–443

Certain Conditions Originating in the Perinatal Period

85. A full-term newborn is born in hospital to a mother who is addicted to cocaine; however, the infant tested negative.

- A. V30.00, 760.75
- B. 779.5 V29.8
- C. V30.00, 779.5
- D. V30.00, V29.8

REFERENCE: Brown, pp 314, 318–319
Schraffenberger, pp 317, 442–443

86. A preterm infant is born via cesarean section and has severe birth asphyxia.

- A. V30.01, 765.10, 768.5
- B. 765.10, 768.5, V30.01
- C. 768.5, 765.10
- D. 768.5

REFERENCE: Brown, pp 315–316

87. A preterm infant born in the hospital has neonatal jaundice. Phototherapy is done to treat the jaundice.

- A. V30.00, 774.2, 99.83
- B. 774.2, 99.83
- C. V30.00, 99.83
- D. V30.00, 774.2

REFERENCE: Brown, p 314
Ingenix, p 811

88. A 1-week-old infant is admitted to the hospital with a diagnosis of urinary tract infection contracted prior to birth. The urine culture is positive for *E. coli*.

- A. V30.00, 599.0
- B. 599.0, 041.49
- C. V30.00, 599.0, 041.49
- D. 771.82, 041.49

REFERENCE: Brown, pp 107, 319

89. An infant has hypoglycemia with a mother with diabetes.

- A. 251.2
- B. 775.1
- C. 775.0
- D. 251.1

REFERENCE: Brown, p 313, 320–321

90. A full-term infant is born in the hospital. The birth is complicated by cord compression, which affected the newborn.

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|------------------|------------------|
| A. V30.00, 762.5 | C. 762.5 |
| B. V30.00 | D. 762.6, V30.00 |

REFERENCE: Bowie and Schaffer, pp 300–301
Brown, pp 314, 319
Schraffenberger, pp 317, 442–443

Symptoms, Signs, and Ill-Defined Conditions

91. A patient is admitted with abdominal pain. The discharge diagnosis is listed as abdominal pain due to gastroenteritis or diverticulosis.

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|------------------|--------------------------|
| A. 789.00 | C. 789.00, 558.9, 562.10 |
| B. 562.10, 558.9 | D. 558.9, 562.10, 789.00 |

REFERENCE: Bowie and Schaffer, pp 317–318
Brown, pp 97–99
Schraffenberger, pp 236, 338–340

92. A patient has a lung mass. A diagnostic bronchoscopy is performed.

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|------------------|------------------|
| A. 518.89, 33.23 | C. 793.19, 33.27 |
| B. 786.6, 33.23 | D. 786.6, 33.27 |

REFERENCE: Brown, pp 97–99
Ingenix, pp 278–280

93. A woman has a Pap smear that detected cervical high-risk human papillomavirus (HPV). The DNA test was positive.

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|-----------|-----------|
| A. 795.05 | C. 795.04 |
| B. 795.09 | D. 795.02 |

REFERENCE: Brown, pp 97–99

94. A patient presents to the emergency department with ascites. A paracentesis was done.

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|------------------|------------------|
| A. 789.30, 54.91 | C. 789.59, 54.91 |
| B. 789.51, 54.91 | D. 782.3, 54.91 |

REFERENCE: Brown, pp 97–99
Ingenix, p 456

95. A patient is admitted with fever due to bacteremia.

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|------------------|------------------|
| A. 780.61, 790.7 | C. 780.61 |
| B. 038.9 | D. 790.7, 780.61 |

REFERENCE: Brown, pp 97–99

96. A patient has urinary retention requiring the insertion of a Foley catheter.

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|------------------|------------------|
| A. 788.21, 57.94 | C. 788.20, 57.94 |
| B. 788.20, 57.93 | D. 788.29, 57.93 |

REFERENCE: Brown, pp 97–99
Ingenix, p 489

Injury and Poisoning

97. A patient has a fracture of the medial malleolus due to a fall down some steps. The fracture was treated with a closed reduction procedure.

- A. 824.1, E880.9, 79.05 C. 824.0, 79.09
B. 824.0, E880.9, 79.06 D. 824.1, E880.1, 79.05

REFERENCE: Bowie and Schaffer, pp 325–328
 Brown, pp 413–414, 416
 Schraffenberger, pp 354–355
 Ingenix, p 617

98. A patient experienced a closed head injury. He was a passenger in a motor vehicle involved in a head-on collision with another motor vehicle.

- A. 959.01, E812.1 C. 959.01, E813.1
B. 959.09, E812.2 D. 959.09, E813.1

REFERENCE: Brown, pp 405–408
 Schraffenberger, pp 367–368

99. A man appears with a gunshot wound to the abdomen. There is a moderate laceration of the liver. The patient stated that he was assaulted with a pistol.

- A. 864.00, E965.1 C. 864.13, E965.1
B. 864.10, E965.0 D. 864.13, E965.0

REFERENCE: Brown, pp 405–408
 Schraffenberger, pp 359–360

100. A patient was admitted with third-degree burns to his upper back, which involved 20% of his body surface. There was an explosion and fire at his home.

- A. 942.25, 948.22, E890.2 C. 942.34, 948.22, E890.3
B. 942.44, 948.21, E895 D. 942.24, 949.3, E897

REFERENCE: Brown, pp 433–436
 Schraffenberger, pp 363–364

101. A woman experienced third-degree burns to her thigh and second-degree burns to her foot. She stated that the burns were from hot liquid.

- A. 945.36, 945.22, E924.0 C. 945.22, E924.0
B. 945.22, 945.36, E924.0 D. 945.29, 945.39, E924.0

REFERENCE: Brown, pp 433–436
 Schraffenberger, pp 363–364

102. A patient presents with a laceration of left wrist with injury to the radial nerve as a result of an accident, with embedded glass. The wrist laceration was repaired with sutures.

- A. 881.02, 86.59 C. 955.3, E920.8, 86.59
B. 881.12, E920.8, 86.59 D. 881.12, 955.3, E920.8, 86.59

REFERENCE: Brown, pp 405–408, 421
 Schraffenberger, p 352
 Ingenix, pp 717–718

103. A 76-year-old female is admitted with tachycardia due to theophylline toxicity.

- | | |
|-------------------|-------------------|
| A. 785.0, E942.1 | C. 785.0, E944.1 |
| B. 995.20, E942.1 | D. 995.20, E944.1 |

REFERENCE: Brown, pp 443–446
Schraffenberger, pp 338–339

104. A patient suffered dizziness as a result of taking prescribed phenobarbital. The patient took his medication with beer.

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|--------------------------------------|
| A. 780.4, 980.0, E860.0 |
| B. 967.0, 980.0, 780.4, E851, E860.0 |
| C. 967.0, 708.4, E851 |
| D. 780.4, E851, E860.0 |

REFERENCE: Brown, pp 443–446
Schraffenberger, pp 382–383

105. A patient is experiencing pain in the hip due to a displaced hip prosthesis. The patient is admitted and undergoes a revision of the hip prosthesis.

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|------------------|--------------------------|
| A. 996.49, 81.53 | C. 719.45, 81.53 |
| B. 996.77, 81.53 | D. 996.49, 719.45, 81.53 |

REFERENCE: Schraffenberger, pp 386–388
Ingenix, p 645

106. A patient has postoperative hemorrhage, resulting in acute blood-loss anemia.

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|------------------|------------------|
| A. 997.72, 285.1 | C. 998.11, 285.1 |
| B. 999.1, 285.1 | D. 998.11 |

REFERENCE: Brown, pp 152, 462
Schraffenberger, p 389

V-Codes

107. A patient is admitted for colostomy takedown. The takedown procedure is performed.

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|------------------|------------------|
| A. V44.3, 46.52 | C. 997.49, 46.52 |
| B. 569.60, 46.52 | D. V55.3, 46.52 |

REFERENCE: Brown, pp 83–85
Schraffenberger, pp 447–448
Ingenix, p 414

108. The patient is being admitted for a preoperative EKG on an outpatient basis. He is scheduled to have an elective cholecystectomy tomorrow for chronic cholecystitis and cholelithiasis. The EKG reveals atrial flutter.

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|------------------|---------------------------|
| A. 574.10 | C. V72.81, 574.10, 427.32 |
| B. V72.81, 51.23 | D. 427.32 |

REFERENCE: Brown, p 88
Schraffenberger, pp 457–459

109. The patient presents for a screening examination for lung cancer.

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|-----------|----------|
| A. V72.82 | C. V72.5 |
| B. 162.9 | D. V76.0 |

REFERENCE: Brown, p 89
Schraffenberger, p 459

110. A patient is admitted for observation for a head injury following a fall. The patient also suffered a minor laceration to the forehead. Head injury was ruled out.
- A. V71.4, 873.42, E888.9 C. 959.01, 873.42, E888.9
 B. 873.42, E888.9 D. V71.4, E888.9

REFERENCE: Brown, pp 86–87
 Schraffenberger, pp 260–361, 457

When the question has the ICD-9-CM codes and their respective narrative description, you should practice answering the question without using your coding book.

111. An elderly man was admitted through the emergency department for severe urinary retention. Upon study, it was determined that his hypertension was uncontrolled (215/108). Prior medical records show admission 8 weeks ago for the same problem. As per conditions on previous admission, his BPH is complicated by acute cystitis. He is noncompliant with medications. Medication for the hypertension was immediately started and his hypertension was quickly brought under control. Urinary retention was relieved by placement of a Foley catheter. Transurethral resection of the prostate was done.

401.0	Essential hypertension, malignant
401.9	Essential hypertension, unspecified benign or malignant
595.0	Acute cystitis
595.9	Cystitis, unspecified
600.00	Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptoms (LUTS)
600.01	Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS)
600.3	Cyst of prostate
788.20	Retention of urine, unspecified
V15.81	Personal history of noncompliance with medical treatment
57.92	Dilation of bladder neck
57.94	Insertion of indwelling urinary catheter
60.29	Other transurethral prostatectomy
60.61	Local excision of lesion of prostate

- A. 600.01, 595.0, 788.20, 401.9, V15.81, 57.94, 60.29
 B. 600.3, 595.0, 401.0, V15.81, 57.92, 60.61
 C. 600.00, 595.9, 788.20, 401.9, V15.81, 57.94, 60.61
 D. 600.3, 595.0, 788.20, 401.0, V15.81, 57.94, 60.61

REFERENCE: Brown, pp 83–84, 97–98, 347–348
 Schraffenberger, pp 180–181, 251–252, 338–339

112. A 32-year-old female known to be HIV positive was admitted with lesions of the anterior trunk. Excisional biopsies of the skin lesions were positive for Kaposi's sarcoma. Further examination revealed thrush.

042	Human Immunodeficiency Virus (HIV) Disease
112.0	Candidiasis of mouth
176.0	Kaposi's sarcoma of skin
528.9	Other and unspecified diseases of the oral soft tissues
686.00	Pyoderma, unspecified
795.71	Nonspecific serological evidence of Human Immunodeficiency Virus (HIV)
86.11	Closed biopsy of skin and subcutaneous tissue
86.22	Excisional debridement of wound, infection, or burn

- A. 042, 686.00, 112.0, 86.22 C. 795.71, 176.0, 528.9, 86.11
 B. 042, 176.0, 112.0, 86.11 D. 795.71, 686.00, 528.9, 86.22

REFERENCE: Brown, pp 115–117
 Schraffenberger, pp 82–84

113. A female patient was admitted with uncontrolled type 2 diabetes. She also had an abscessed diabetic ulcer of the foot that was treated with incision and drainage. The culture and sensitivity of the abscess shows growth of methicillin-resistant *Staphylococcus aureus*. The patient was started on the appropriate antibiotic. The patient is on oral as well as injectational insulin for control of her diabetes.

041.11	Bacterial infection in conditions classified elsewhere and of unspecified site, methicillin-susceptible <i>staphylococcus aureus</i> (MSSA)
041.12	Methicillin-resistant <i>staphylococcus aureus</i> (MSRA)
041.19	Bacterial infection in conditions classified elsewhere and of unspecified site, other staphylococcus
250.82	Diabetes mellitus with other specified manifestations, type 2 or unspecified type, uncontrolled
250.83	Diabetes mellitus with other specified manifestations, type 1 (juvenile type), uncontrolled
682.7	Other cellulitis and abscess of foot, except toes
682.8	Other cellulitis and abscess of other specified sites
707.00	Chronic ulcer of skin, pressure ulcer, unspecified site
707.15	Ulcer of lower limbs, except pressure ulcer, of other part of foot (toes)
707.8	Chronic ulcer of other specified sites
V09.0	Infection with microorganisms resistant to penicillins
86.01	Aspiration of skin and subcutaneous tissue
86.04	Other incision with drainage of skin and subcutaneous tissue

- A. 250.83, 682.8, V09.0, 86.04
 B. 682.7, 682.8, 707.15, 041.19, 86.01
 C. 682.8, 041.19, 250.82, 707.00, 86.04,
 D. 250.82, 682.7, 707.15, 041.12, V09.0, 86.04

REFERENCE: Brown, pp 112, 121–126, 239–242
 Schraffenberger, pp 79–80, 112–124, 292–294
 Ingenix, p 712

114. A patient was admitted to a nursing home with acute respiratory failure due to congestive heart failure. Chest x-ray also showed pulmonary edema. Patient was intubated and placed on mechanical ventilation and expired the day after admission.

428.0	Congestive heart failure, unspecified
428.1	Left heart failure
428.20	Systolic heart failure, unspecified as to acute, chronic, or acute on chronic
518.4	Acute edema of lung, unspecified
518.81	Acute respiratory failure
518.84	Acute and chronic respiratory failure
96.71	Continuous invasive mechanical ventilation for less than 96 consecutive hours
96.04	Insertion of endotracheal tube

- A. 428.1, 518.84, 518.4, 96.71, 96.04
 B. 428.20, 428.0, 518.81, 518.4, 96.71, 96.04
 C. 518.81, 428.0, 96.71, 96.04
 D. 428.0, 518.4, 96.04, 96.71

REFERENCE: Brown, pp 189–192, 194–195
 Schraffenberger, pp 192–194, 224–226
 Ingenix, pp 793, 798

115. The patient has hypertensive heart disease and nephrosclerosis with end-stage renal disease. The patient had placement of arteriovenous fistula in his left wrist to prepare for the hemodialysis. Dialysis was also performed on this admission.

404.92	Hypertensive heart and chronic kidney disease, unspecified as malignant or benign, without heart failure and with chronic kidney disease Stage V or end-stage renal disease
404.93	Hypertensive heart and chronic kidney disease unspecified as malignant or benign, with heart failure and chronic kidney disease Stage V or end-stage renal disease
585.6	End-stage renal disease
585.9	Chronic kidney disease, unspecified
V56.0	Encounter for extracorporeal dialysis
39.27	Arteriovenostomy for renal dialysis
38.95	Venous catheterization for renal dialysis
39.95	Hemodialysis
54.98	Peritoneal dialysis

- A. 404.93, 585.9, 54.98, 39.27
 B. 404.92, 585.6, 39.95, 39.27
 C. 404.93, 585.6, 39.95, 39.27
 D. 404.92, 585.9, 38.95, 39.27

REFERENCE: Brown, pp 221–222
 Ingenix, pp 348–349, 352, 365

116. The patient has had abnormal heavy uterine bleeding and abdominal pain. There was bright red blood in the vagina and the right adnexa was enlarged. The woman was admitted. During surgery, a laparoscopy revealed a right follicular ovarian cyst. A laparoscopic ovarian cystectomy was performed. Following surgery, she was transfused two units of packed red blood cells for acute blood-loss anemia.

280.0	Iron-deficiency anemia secondary to blood loss (chronic)
285.1	Acute posthemorrhagic anemia
620.0	Follicular cyst of ovary
65.25	Other laparoscopic local excision or destruction of ovary
65.39	Other unilateral oophorectomy

- A. 620.0, 285.1, 65.25 C. 620.0, 285.1, 65.39
 B. 620.0, 280.0, 65.39 D. 620.0, 280.0, 65.25

REFERENCE: Brown, p 153
 Schraffenberger, pp 135, 253
 Ingenix, pp 530–531

117. Jane Doe is 6 weeks post mastectomy for carcinoma of the breast. She is admitted for chemotherapy. What is the correct sequencing of the codes?

- A. V58.11 (chemotherapy), 174.9 (malignant neoplasm of the breast), V45.71 (acquired absence of breast)
 B. V58.11 (chemotherapy), V10.3 (personal history of malignant neoplasm of breast), V45.71 (acquired absence of breast)
 C. V67.00 (follow-up exam after surgery), V58.11 (chemotherapy)
 D. V10.3 (personal history of malignant neoplasm of breast)

REFERENCE: Brown, pp 391–396
 Schraffenberger, pp 445–446, 449–450

118. The patient was admitted due to increasingly severe pain in his right arm, shoulder, and neck for the past 6 weeks. MRI tests showed herniation of the C5-C6 disc. Patient underwent cervical laminotomy and discectomy for C5-C6 disc. The patient is currently being treated for COPD and CAD with a history of a PTCA.

414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft
414.01	Coronary atherosclerosis of native coronary artery
492.8	Other emphysema
496	Chronic airway obstruction, not elsewhere classified
722.0	Displacement of cervical intervertebral disc without myelopathy
722.11	Displacement of thoracic intervertebral disc without myelopathy
V45.82	Percutaneous transluminal coronary angioplasty status
80.51	Excision of intervertebral disc
03.09	Other exploration and decompression of spinal canal

- A. 722.0, 492.8, 414.01, V45.82, 80.51
 B. 722.11, 496, 414.01, V45.82, 03.09, 80.51
 C. 722.11, 492.8, 414.00, 03.09, 80.51
 D. 722.0, 496, 414.01, V45.82, 80.51

REFERENCE: Brown, pp 186, 251–252, 337, 355
 Schraffenberger, pp 190–193, 224, 304, 445–446
 Ingenix, pp 99–100, 624–625

119. A 75-year-old man is admitted with acute cerebral embolism with infarction. He had hemiplegia and dysphagia. Physical therapy was given for the hemiplegia. The hemiplegia was resolved at the time of discharge.

342.90	Hemiplegia, unspecified, affecting unspecified side
434.11	Cerebral embolism with cerebral infarction
787.20	Dysphagia, unspecified
V57.1	Other physical therapy

- A. 434.11, 342.90, V57.1 C. 434.11, 342.90
 B. 434.11, 342.90, 787.20 D. 434.11, 342.90, 787.20, V57.1

REFERENCE: Brown, pp 343–345

Infectious and Parasitic Diseases

120. Patient is admitted to St. Mary's Hospital with hyperthermia, tachycardia, hypoxemia, and altered mental status. Urinalysis is positive for *E. coli* and blood cultures are negative. Patient is immediately started on broad-spectrum IV antibiotics. Physician documents urosepsis as the final diagnosis. The coder should

- A. report 599.0 (UTI) and 041.4 (*E. coli*).
 B. report 038.42 (septicemia due to *E. coli*) and 995.91 (SIRS-sepsis).
 C. report 038.42 (septicemia due to *E. coli*), 599.0 (UTI) and 995.91 (SIRS-sepsis).
 D. confer with physician for reporting 038.9 (unspecified septicemia) based on the clinical findings with 041.4 (*E. coli*) and 995.91 (SIRS-sepsis).

REFERENCE: Brown, pp 109–110
 Schraffenberger, pp 80–82

121. Six-year-old Alex attended a birthday party where hot dogs and potato salad were served for lunch. Several hours after returning home, Alex began vomiting and having severe diarrhea. Alex was admitted to the hospital for treatment of his vomiting and diarrhea and was diagnosed with salmonella food poisoning. Alex was given IV fluids for dehydration. Alex also has asthma, so he was given respiratory treatments while in the hospital.

003.9	Salmonella infection, unspecified
005.9	Food poisoning, unspecified
276.51	Dehydration
493.90	Asthma, unspecified, unspecified as to with status asthmaticus or with acute exacerbation
787.03	Vomiting alone
787.91	Diarrhea

- A. 003.9, 276.51, 493.90 C. 005.9, 276.51, 493.90
 B. 005.9, 003.9, 276.51, 493.90 D. 005.9, 003.9, 276.51, 787.03, 787.91, 493.90

REFERENCE: Schraffenberger, pp 78–79, 126, 222–224

122. A patient is admitted to the hospital with listlessness, fever, and persistent cough. Workup reveals HIV infection with HIV-related pneumonia. The patient is treated for pneumonia.

042	Human Immunodeficiency Virus (HIV) disease
486	Pneumonia, organism unspecified
795.71	Nonspecific serologic evidence of Human Immunodeficiency Virus (HIV)
V08	Asymptomatic Human Immunodeficiency Virus (HIV) infection status

- A. 486, 042
 B. 042, 486
 C. 486, 795.71
 D. 486, V08

REFERENCE: Brown, p 115
 Schraffenberger, pp 82–85, 220

123. David was experiencing chronic fatigue and was experiencing flulike symptoms. Blood testing indicated that he had hepatitis C. A percutaneous liver biopsy was performed to determine the stage of the disease.

070.41	Acute viral hepatitis C with hepatic coma
070.51	Acute viral hepatitis C without mention of hepatic coma
487.1	Influenza with other respiratory manifestations
780.79	Other malaise and fatigue
50.11	Closed (percutaneous) (needle) biopsy of liver
50.12	Open biopsy of liver

- A. 070.51, 487.1, 780.79, 50.12
 B. 070.41, 50.11
 C. 070.51, 487.1, 50.11
 D. 070.51, 50.11

REFERENCE: Brown, pp 70–71, 107
 Schraffenberger, p 79
 Ingenix, p 491

124. A 40-year-old female suddenly develops a painful rash. A visit to her physician reveals she has shingles. She is experiencing a great amount of anxiety and stress, so her physician prescribes medication for the shingles and for the anxiety that occurred as a reaction to the stress.

053.8	Herpes zoster with unspecified complication
053.9	Herpes zoster without mention of complication
300.00	Anxiety state, unspecified
308.0	Predominant disturbance of emotions
308.3	Other acute reactions to stress

- A. 053.9, 308.0
 B. 053.9, 308.3, 300.00
 C. 053.8, 300.00
 D. 053.8, 308.0

REFERENCE: Brown, pp 107, 139–140
 Schraffenberger, pp 79, 143

Neoplasms

125. James is admitted to the hospital for severe anemia that is a result of the chemotherapy treatments he is receiving for metastatic prostate cancer to bone. James receives blood transfusions and is discharged home.

185	Malignant neoplasm of prostate
198.5	Secondary malignant neoplasm, bone and bone marrow
285.22	Anemia in neoplastic disease
E933.1	Adverse effect of antineoplastic and immunosuppressive drugs

- A. 185, 198.5, 285.22, E933.1 C. 285.22, E933.1
 B. E933.1, 285.22 D. 285.22, 185, 198.5, E933.1

REFERENCE: Brown, pp 151, 153, 383–385
 Schraffenberger, pp 103–111, 135

126. Mary had resection of the large bowel for carcinoma of the colon. She is admitted for further staging of her cancer and receives radiation therapy during this admission.

153.9	Malignant neoplasm of colon, unspecified
V10.05	Personal history of malignant neoplasm of large intestine
V58.0	Encounter for radiotherapy
V67.09	Follow-up examination following other surgery
92.29	Other radiotherapeutic procedure

- A. 153.9, 92.29 C. V67.09, V58.0
 B. V58.0, V10.05 D. V10.05, V58.0

REFERENCE: Brown, pp 382–383, 391–392

127. Jackie has developed a lesion on her right shoulder. A biopsy was obtained and was positive for malignant melanoma. She is now admitted for radical excision of the melanoma lesion and full-thickness skin graft.

172.6	Malignant melanoma of skin, upper limb, including shoulder
173.69	Malignant neoplasm of skin of upper limb, including shoulder
86.3	Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue
86.4	Radical excision of skin lesion
86.63	Full-thickness skin graft to other sites

- A. 172.6, 86.4, 86.63 C. 173.69, 86.3, 86.63
 B. 173.69, 86.4, 86.63 D. 172.6, 86.3, 86.63

REFERENCE: Brown, pp 243, 377–379
 Schraffenberger, p 103
 Ingenix, pp 716–718

128. Richard is admitted for chemotherapy for leukemia. Chemotherapy is administered. Given this information,
- A. the leukemia code and a procedure code for the chemotherapy will be assigned.
 - B. an admission for chemotherapy code and a chemotherapy procedure code will be assigned.
 - C. an admission for chemotherapy code, a leukemia code, and a procedure code for the chemotherapy should be assigned and the principal diagnosis will be the admission for chemotherapy V code.
 - D. an admission for chemotherapy code, a leukemia code, and a procedure code for the chemotherapy should be assigned and the principal diagnosis will be the leukemia code.

REFERENCE: Brown, pp 382–385
Schraffenberger, p 111

129. Sophia has been diagnosed with metastatic carcinoma of lung, primary site breast. Simple mastectomy performed 2 years ago. What is the principal diagnosis?
- A. metastatic carcinoma of the lung
 - B. carcinoma of breast
 - C. history of carcinoma of breast
 - D. status post mastectomy

REFERENCE: Brown, pp 382–385
Schraffenberger, pp 108–109

130. Given the following diagnosis: “Carcinoma of axillary lymph nodes and lungs, metastatic from breast.” What is the primary cancer site(s)?
- A. axillary lymph nodes
 - B. lungs
 - C. breast
 - D. both A and B

REFERENCE: Brown, pp 382–385
Schraffenberger, pp 107–109

131. When is it appropriate to use category V10, history of malignant neoplasm?
- A. Primary malignancy recurred at the original site and adjunct chemotherapy is directed at the site.
 - B. Primary malignancy has been eradicated and no adjunct treatment is being given at this time.
 - C. Primary malignancy is eradicated and the patient is admitted for adjunct chemotherapy to primary site.
 - D. Primary malignancy is eradicated; adjunct treatment is refused by the patient even though there is some remaining malignancy.

REFERENCE: Brown, pp 89–90
Schraffenberger, pp 102–104

Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders

132. Ralph is a 96-year-old nursing home resident who is admitted for malnutrition. He has suffered a previous stroke that has left him with dysphagia. He is treated for malnutrition with hyperalimentation. He was also found to have hypokalemia that was treated with IV potassium replacement. On the day prior to discharge, Ralph underwent a PEG tube insertion.

263.9	Unspecified protein-calorie malnutrition
276.8	Hypopotassemia (Hypokalemia)
438.82	Dysphagia, late effect of cerebrovascular disease
787.20	Dysphagia, unspecified
43.11	Percutaneous endoscopic gastrostomy (PEG) insertion

- A. 438.82, 263.9, 787.20, 43.11 C. 263.9, 276.8, 438.82, 43.11
 B. 787.20, 276.8, 43.11 D. 263.9, 787.20, 276.8, 43.11

REFERENCE: Brown, pp 129, 343–344
 Schraffenberger, pp 122, 126, 198
 Ingenix, pp 391–392

133. Jessica has been diagnosed with hyperthyroidism due to toxic multinodular goiter with crisis. She also has hypertension and has a history of sick sinus syndrome with pacemaker insertion. Jessica has a partial thyroidectomy on this admission.

240.9	Goiter, unspecified
241.1	Nontoxic multinodular goiter
242.21	Toxic multinodular goiter with mention of thyrotoxic crisis or storm
401.0	Essential hypertension, malignant
401.9	Essential hypertension, unspecified benign or malignant
427.81	Sinoatrial node dysfunction
V45.01	Other postprocedural states, cardiac pacemaker
06.39	Other partial thyroidectomy
06.4	Complete thyroidectomy

- A. 240.9, 401.0, 427.81, 06.4
 B. 242.21, 401.9, 427.81, V45.01, 06.39
 C. 240.9, 242.21, 401.9, V45.01, 06.4
 D. 242.21, 401.9, V45.01, 06.39

REFERENCE: Brown, p 347
 Schraffenberger, pp 121–122, 180–182, 445–446
 Ingenix, p 120

134. Laura is 7 years old and has acute bronchitis and cystic fibrosis. She is admitted to ambulatory surgery for bronchoscopy.

277.00	Cystic fibrosis without mention of meconium ileus
277.01	Cystic fibrosis with meconium ileus
466.0	Acute bronchitis
33.23	Other bronchoscopy
33.24	Closed (endoscopic) biopsy of bronchus
96.56	Other lavage of bronchus and trachea

- A. 466.0, 277.00, 33.23 C. 277.00, 96.56, 33.23
 B. 466.0, 277.01, 33.24 D. 277.00, 33.23, 33.24, 96.56

REFERENCE: Brown, p 129
 Schraffenberger, pp 113, 181
 Ingenix, pp 378–379, 797

135. Estelle has had nausea and vomiting and is unable to eat. She develops dehydration and is subsequently admitted for rehydration with intravenous fluids.

276.51	Dehydration
787.01	Nausea with vomiting
787.02	Nausea alone
787.03	Vomiting alone

- A. 276.51, 787.01 C. 276.51, 787.02
 B. 276.51 D. 276.51, 787.02, 787.03

REFERENCE: Schraffenberger, p 112

136. A patient is admitted for treatment of peripheral vascular disease, renal failure, and diabetes mellitus. The coder would

- A. assign codes for PVD, renal failure, and diabetes.
 B. assign codes for diabetes with peripheral vascular and renal manifestations.
 C. query physician for causal relationship between the PVD, renal failure, and diabetes.
 D. assign codes of diabetes with PVD and a code for renal failure.

REFERENCE: Brown, pp 123–126

137. Lucy is admitted because of diabetic coma. She has type 2 diabetes with nephritic syndrome and gangrene of her toes, all due to her diabetes.

250.30	Diabetes mellitus with other coma, type 2 or unspecified type, not stated as uncontrolled
250.31	Diabetes mellitus with other coma, type 1 (juvenile type), not stated as uncontrolled
250.40	Diabetes mellitus with renal manifestations, type 2 or unspecified type, not stated as uncontrolled
250.41	Diabetes mellitus with renal manifestations, type 1 (juvenile type), not stated as uncontrolled
250.70	Diabetes mellitus with peripheral circulatory disorders, type 2 or unspecified type, not stated as uncontrolled
581.81	Nephrotic syndrome in diseases classified elsewhere (manifestation)
785.4	Gangrene

- A. 250.30, 250.40, 581.81, 250.70, 785.4
- B. 250.31, 581.81, 785.4
- C. 250.30, 250.40, 581.81
- D. 250.30, 250.41, 785.4

REFERENCE: Brown, pp 121–126
Schraffenberger, pp 122–124, 250

138. George has type 2 diabetes and is admitted in a coma with blood glucose of 876. He is diagnosed with diabetic ketoacidosis. George also has a diabetic cataract.

250.10	Diabetes mellitus with ketoacidosis, type 2 or unspecified type, not stated as uncontrolled
250.11	Diabetes mellitus with ketoacidosis, type 1 (juvenile type), not stated as uncontrolled
250.30	Diabetes mellitus with other coma, type 2 or unspecified type, not stated as uncontrolled
250.31	Diabetes mellitus with other coma, type 1 (juvenile type), not stated as uncontrolled
250.32	Diabetes mellitus with other coma, type 2 or unspecified type, uncontrolled
250.50	Diabetes mellitus with ophthalmic manifestations, type 2 or unspecified type, not stated as uncontrolled
250.51	Diabetes mellitus with ophthalmic manifestations, type 1 (juvenile type), not stated as uncontrolled
250.52	Diabetes mellitus with ophthalmic manifestations, type 2 or unspecified type, uncontrolled
366.41	Diabetic cataract (manifestation)
366.9	Unspecified cataract

- A. 250.11, 250.31, 366.9
- B. 250.10, 250.30, 250.50, 366.9
- C. 250.32, 250.52, 366.41
- D. 250.31, 250.51, 366.41

REFERENCE: Brown, pp 121–126
Schraffenberger, pp 122–124, 164

139. Spencer has hypercholesterolemia and is treated with medication.

- | | | | |
|-------|-------------------------------------|----|-------|
| 272.0 | Pure hypercholesterolemia | | |
| 272.1 | Pure hyperglyceridemia | | |
| 272.3 | Hyperchylomicronemia | | |
| 272.8 | Other disorders of lipid metabolism | | |
| A. | 272.0 | C. | 272.3 |
| B. | 272.1 | D. | 272.8 |

REFERENCE: Schraffenberger, p 121

140. Edward is diagnosed with syndrome of inappropriate antidiuretic hormone with resultant electrolyte imbalance.

- | | | | |
|--------|--|----|--------------|
| 253.6 | Other disorders of neurophyophys (syndrome of inappropriate secretion of antidiuretic hormone—ADH) | | |
| 272.9 | Unspecified disorder of lipid metabolism | | |
| 276.50 | Volume depletion, unspecified | | |
| 276.8 | Hypopotassemia (hypokalemia) | | |
| 276.9 | Electrolyte and fluid disorders, not elsewhere classified | | |
| A. | 276.50 | C. | 253.6, 276.9 |
| B. | 276.9, 272.9 | D. | 253.6, 276.8 |

REFERENCE: Schraffenberger, pp 121–126

Diseases of the Blood and Blood-Forming Organs

141. Ruth is admitted for an axillary lymph node biopsy to determine the cause of her chronic lymphadenitis. She is on medication for gout and atrial fibrillation.

- | | |
|--------|--|
| 274.9 | Gout, unspecified |
| 289.1 | Chronic lymphadenitis |
| 289.2 | Nonspecific mesenteric lymphadenitis |
| 427.31 | Atrial fibrillation |
| 40.11 | Biopsy of lymphatic structure |
| 40.23 | Excision of axillary lymph node |
| 40.51 | Radical excision of axillary lymph nodes |

- | | | | |
|----|-----------------------------|----|-----------------------------|
| A. | 289.1, 274.9, 427.31, 40.11 | C. | 289.1, 427.31, 40.23 |
| B. | 274.9, 289.2, 427.31, 40.11 | D. | 289.1, 427.31, 274.9, 40.51 |

REFERENCE: Brown, pp 70–71
Schraffenberger, pp 126, 137–138, 194
Ingenix, pp 368–369, 371

142. Elizabeth has a history of von Willebrand's disease and frequently requires transfusions for chronic blood-loss anemia associated with her condition. She presents to the outpatient department for routine blood transfusion.

280.0	Iron-deficiency anemia secondary to blood loss (chronic)
280.1	Iron-deficiency anemia secondary to inadequate dietary iron intake
285.1	Acute posthemorrhagic anemia
286.4	Von Willebrand's disease
286.7	Acquired coagulation factor deficiency

- A. 285.1, 286.4
 B. 286.7, 286.4
 C. 286.4, 280.1
 D. 280.0, 286.4

REFERENCE: Brown, pp 151–153
 Schraffenberger, pp 132–136

143. Steven, a 7-year-old, is seen in the emergency department with severe joint pain. Following workup, it is discovered that he is having a severe crisis due to sickle cell anemia.

282.61	Sickle cell disease (Hb-SS disease without crisis)
282.62	Sickle cell disease (Hb-SS disease with crisis)
282.63	Sickle cell/Hb-C disease without crisis
282.69	Other sickle cell disease with crisis

- A. 282.61
 B. 282.62
 C. 282.63
 D. 282.69

REFERENCE: Bowie and Schaffer, p 145
 Brown, p 154
 Schraffenberger, p 132

144. Angela has just undergone orthopedic surgery. Documentation indicates that she lost 700 cc of blood during surgery. Her hemoglobin and hematocrit are monitored following surgery. Subsequently, she is transfused. The physician documents anemia as a secondary diagnosis. The coder would

- A. query the physician to clarify the type of anemia as acute blood loss.
 B. assign a code for unspecified anemia.
 C. assign a code for acute blood-loss anemia.
 D. not assign a code for anemia.

REFERENCE: Brown, p 152

145. Liza has been diagnosed with anemia. She is being admitted for a bone marrow aspiration to determine the specific type of anemia. The pathology report indicates that she has iron-deficiency anemia.

280.0 Iron-deficiency anemia secondary to blood loss (chronic)
 280.8 Other specified iron-deficiency anemias
 280.9 Iron-deficiency anemia, unspecified
 41.31 Biopsy of bone marrow
 41.38 Other diagnostic procedures on bone marrow
 41.91 Aspiration of bone marrow from donor for transplant

A. 280.0, 41.38 C. 280.9, 41.91
 B. 280.9, 41.31 D. 280.8, 41.38

REFERENCE: Bowie and Schaffer, pp 144–145
 Brown, p 151
 Ingenix, pp 377–378, 380

146. Peggy has thymic dysplasia with immunodeficiency.

254.0 Persistent hyperplasia of thymus
 254.8 Other specified diseases of thymus gland
 254.9 Unspecified disease of thymus gland
 279.2 Combined immunity deficiency (thymic aplasia or dysplasia with immunodeficiency)
 279.3 Unspecified immunity deficiency

A. 279.3, 254.8 C. 279.2
 B. 254.0 D. 279.2, 254.9

REFERENCE: Brown, p 130

147. Aaron has suffered a hypoglycemic reaction due to alcohol intoxication. Hypoglycemia is treated.

250.80 Diabetes mellitus with other specified manifestations, type 2 or unspecified type, not stated as uncontrolled
 251.2 Hypoglycemia, unspecified
 303.90 Other and unspecified alcohol dependence, unspecified
 305.00 Alcohol abuse, unspecified
 995.29 Unspecified adverse effect of other drug, medicinal, and biological substance

A. 251.2, 305.00 C. 995.29, 303.90
 B. 251.2, 303.90 D. 250.80, 305.00

REFERENCE: Brown, pp 128, 141–142

Mental Disorders

148. Joe is being admitted for treatment of chronic alcoholism. As a result of Joe's drinking he also has chronic alcoholic gastritis for which he receives medication. Joe is scheduled to spend 30 days in the inpatient rehab unit of Sunshine Hospital.

303.01	Acute alcoholic intoxication, continuous
303.90	Other and unspecified alcohol dependence, unspecified
303.91	Other and unspecified alcohol dependence, continuous
535.00	Acute gastritis without mention of hemorrhage
535.30	Alcoholic gastritis without mention of hemorrhage
535.31	Alcoholic gastritis with hemorrhage
94.61	Alcohol rehabilitation
94.62	Alcohol detoxification
94.63	Alcohol rehabilitation and detoxification

- A. 303.01, 535.00, 94.63 C. 303.90, 535.30, 94.61
 B. 303.91, 535.00, 94.63 D. 303.01, 303.90, 535.30, 94.63

REFERENCE: Brown, pp 141–142, 201
 Schraffenberger, pp 234–235
 Ingenix, pp 786–787

149. Sheila has paranoid alcoholic psychosis with chronic alcoholism, continuous. She is admitted for treatment of her psychosis.

291.5	Alcohol-induced psychotic disorder with delusions
303.91	Other and unspecified alcohol dependence, continuous
V57.89	Other specified rehabilitation procedure

- A. 291.5, 303.91 C. V57.89, 303.91
 B. 303.91, 291.5 D. 291.5, 303.91, V57.89

REFERENCE: Brown, pp 135, 141–142
 Schraffenberger, pp 143, 148

150. Sybil has been admitted to Shady Acres Psychiatric facility for treatment of schizophrenia. Sybil is also manic depressive and has been noncompliant with her medications.

295.40	Schizophreniform disorder, unspecified
295.41	Schizophreniform disorder, subchronic
295.90	Unspecified schizophrenia, unspecified
296.7	Bipolar I disorder, most recent episode (or current) unspecified
296.80	Bipolar disorder, unspecified
296.89	Other bipolar disorders (manic-depressive psychosis, mixed type)
V15.81	Personal history, presenting hazards to health (noncompliance with medical treatment)

- A. V15.81, 296.89, 295.40 C. 296.7, 295.90
 B. 296.89, 295.41, V15.81 D. 295.90, 296.80, V15.81

REFERENCE: Brown, p 137

151. Allen is addicted to Vicodin. He has stopped taking the drug and is now having withdrawal symptoms. Allen has chronic back pain for which he has been prescribed the medication. He is admitted for treatment of his withdrawal symptoms.

292.0	Drug withdrawal
292.11	Drug-induced psychotic disorder with delusions
292.2	Pathological drug intoxication
304.00	Drug dependence, opioid type dependence, unspecified
304.91	Unspecified drug dependence, continuous
724.5	Backache, unspecified

- A. 292.2, 724.5
 B. 292.11, 292.2, 304.91
 C. 292.0, 304.00, 724.5
 D. 292.11, 304.91, 724.5

REFERENCE: Brown, pp 141–142
 Schraffenberger, pp 143, 147–148

152. Acute epileptic twilight state with delirium.

293.0	Delirium due to conditions classified elsewhere (epileptic twilight state)
293.1	Subacute delirium
294.0	Amnestic disorder in conditions classified elsewhere
345.00	Generalized nonconvulsive epilepsy without mention of intractable epilepsy
780.02	Transient alteration of awareness

- A. 293.0
 B. 780.02
 C. 293.1
 D. 294.0, 345.00

REFERENCE: Brown, pp 164–165

153. Sally has been diagnosed with panic attacks and is prescribed Xanax. She has been taking the medication as prescribed by her physician for 3 days and is now having hallucinations. Her physician advises her to stop taking the medication and her symptoms abate. Her doctor determines that the hallucinations were due to the Xanax.

292.12	Drug-induced psychotic disorder with hallucinations
300.01	Panic disorder without agoraphobia
E939.4	Benzodiazepine-based tranquilizers

- A. 292.12, E939.4, 300.01
 B. 292.12
 C. E939.4, 292.12
 D. 300.01, 292.12

REFERENCE: Brown, pp 443–446
 Schraffenberger, p 143

154. Lou has profound mental retardation due to mongolism.

- 317 Mild intellectual abilities
- 318.0 Moderate intellectual abilities
- 318.2 Profound intellectual abilities
- 758.0 Down's syndrome
- 759.0 Congenital anomaly of spleen

- A. 318.2, 758.0
- B. 318.0, 759.0
- C. 758.0, 318.2
- D. 317, 758.0

REFERENCE: Schraffenberger, pp 130, 283–284

Diseases of the Nervous System and Sense Organs

155. Mark has a long history of epilepsy. He is brought to the emergency department and is admitted with intractable epileptic seizures. Mark's epilepsy is the result of a head injury he suffered several years ago.

- 345.11 Generalized convulsive epilepsy with intractable epilepsy
- 345.10 Generalized convulsive epilepsy, without mention of intractable epilepsy
- 345.3 Grand mal status
- 345.91 Epilepsy, unspecified, with intractable epilepsy
- 780.39 Other convulsions
- 907.0 Late effect of intracranial injury without mention of skull fracture

- A. 780.39, 907.0
- B. 345.91, 907.0
- C. 345.3
- D. 345.10, 780.39

REFERENCE: Brown, pp 59–60, 164–165
Schraffenberger, pp 161–162

156. Jeff was in a car accident when he was 25 years old and suffered a spinal cord injury. As a result, he is a paraplegic and has neurogenic bladder. Jeff also has chronic ulcers of the buttocks. He is being seen for evaluation of his paraplegia.

- 344.1 Paraplegia
- 344.60 Cauda equina syndrome without mention of neurogenic bladder
- 596.53 Paralysis of bladder
- 596.54 Neurogenic bladder, not otherwise specified
- 707.00 Chronic pressure ulcer of skin, unspecified site
- 707.8 Chronic ulcer of other specified sites
- 907.2 Late effect of spinal cord injury

- A. 344.1, 907.2, 596.54, 707.8
- B. 344.60, 596.53, 707.00, 907.2
- C. 344.1, 596.53, 907.2
- D. 344.1, 596.54, 707.8

REFERENCE: Brown, pp 60, 425

157. Josephine has developed senile cataracts in both eyes. She is admitted for right extracapsular cataract extraction with synchronous lens insertion.

- 366.10 Senile cataract, unspecified
- 366.9 Unspecified cataract
- 13.59 Other extracapsular extraction of lens
- 13.71 Insertion of intraocular lens prosthesis at time of cataract extraction, one stage

- A. 366.9, 13.71 C. 366.9, 13.59, 13.71
 B. 366.10, 13.59, 13.71 D. 366.10, 13.59

REFERENCE: Brown, p 172
 Schraffenberger, p 164
 Ingenix, pp 172–174

158. A patient presents with diabetic macular or retinal edema.

- 250.50 Diabetes mellitus with ophthalmic manifestations, type 2 or unspecified type, not stated as uncontrolled
- 250.51 Diabetes mellitus with ophthalmic manifestations, type 1 (juvenile type), not stated as uncontrolled
- 362.01 Background diabetic retinopathy (manifestation)
- 362.02 Proliferative diabetic retinopathy (manifestation)
- 362.07 Diabetic macular edema

- A. 250.51, 362.07, 360.02 C. 250.50, 362.07, 362.01
 B. 362.07, 250.51, 362.02 D. 362.02, 362.07, 250.50

REFERENCE: Schraffenberger, pp 122–124, 163–164

159. A patient presents with bilateral sensorineural conductive hearing loss.

- 389.20 Mixed hearing loss, unspecified
- 389.21 Mixed hearing loss, unilateral
- 389.22 Mixed hearing loss, bilateral
- 389.9 Unspecified hearing loss

- A. 389.22 C. 389.9
 B. 389.21 D. 389.20

REFERENCE: Schraffenberger, p 165

Diseases of the Circulatory System

160. Madeline is diagnosed with bilateral carotid stenosis. She is being admitted for a bilateral endarterectomy. Madeline is also treated for Parkinson’s disease and glaucoma.

- 332.0 Paralysis agitans (Parkinson’s disease)
- 365.9 Unspecified glaucoma
- 433.30 Occlusion and stenosis of precerebral arteries, multiple and bilateral, without mention of cerebral infarction
- 38.12 Endarterectomy, other vessels of head and neck

- A. 433.30, 38.12 C. 433.30, 332.0, 365.9, 38.12
 B. 433.30, 38.12, 38.12 D. 433.30, 332.0, 365.9, 38.12, 38.12

REFERENCE: Brown, pp 172–173, 343–344
 Schraffenberger, p 159, 164, 197
 Ingenix, pp 341–342

161. Jonathan is admitted with bleeding prolapsed internal hemorrhoids and chronic constipation. The physician performed a rubber band ligation of the internal hemorrhoids.

455.1	Internal thrombosed hemorrhoids
455.2	Internal hemorrhoids with other complication
564.09	Other constipation
49.44	Destruction of hemorrhoids by cryotherapy
49.45	Ligation of hemorrhoids
49.46	Excision of hemorrhoids

- A. 455.1, 564.09, 49.44
 B. 455.1, 49.45
 C. 455.2, 564.09, 49.45
 D. 455.1, 455.2, 49.45

REFERENCE: Schraffenberger, p 234
 Ingenix, p 428

162. Frank has been diagnosed with sick sinus syndrome and is being admitted for dual chamber pacemaker and leads insertion. Frank also has type 2 diabetes on oral medication as well as insulin regimen. Surgery is carried out without complication.

250.00	Diabetes mellitus without mention of complication, type 2 or unspecified type, not stated as uncontrolled
250.01	Diabetes mellitus without mention of complication, type 1 (juvenile type), not stated as uncontrolled
427.81	Sinoatrial node dysfunction
V58.67	Long-term (current) use of insulin
37.70	Initial insertion of lead (electrode), not otherwise specified
37.71	Initial insertion of transvenous lead (electrode) into ventricle
37.72	Initial insertion of transvenous leads (electrode) into atrium and ventricle
37.82	Initial insertion of single-chamber device, rate responsive
37.83	Initial insertion of dual chamber device

- A. 427.81, 250.00, V58.67, 37.72, 37.83
 B. 427.81, 250.01, 37.71, 37.83
 C. 427.81, 37.70, 37.83
 D. 427.81, 250.00, 250.01, 37.72, 37.83

REFERENCE: Brown, pp 121–122, 358
 Ingenix, pp 335–338

163. A patient is treated for congestive heart failure with pleural effusion. A therapeutic thoracentesis is performed.

428.0	Congestive heart failure, unspecified
511.9	Unspecified pleural effusion
34.04	Insertion of intercostal catheter for drainage
34.91	Thoracentesis

- A. 511.9, 34.91
 B. 428.0, 34.04
 C. 428.0, 511.9
 D. 428.0, 511.9, 34.91

REFERENCE: Brown, pp 189, 339–340
 Schraffenberger, pp 192–193
 Ingenix, pp 287–288, 296

164. A patient presents to the emergency department complaining of a severe headache. Workup revealed a ruptured berry aneurysm.

430	Subarachnoid hemorrhage
437.3	Cerebral aneurysm, nonruptured
784.0	Headache

- | | |
|----------|---------------|
| A. 430 | C. 784.0, 430 |
| B. 784.0 | D. 437.3 |

REFERENCE: Brown, pp 343–344

Diseases of the Respiratory System

165. Joseph has had cough, fever, and painful respirations for 2 days. He also has congestive heart failure and COPD. Joseph presents to the emergency department with severe shortness of breath, using accessory muscles to assist with breathing. Upon examination, Joseph is diagnosed with acute respiratory failure, congestive heart failure, pneumonia, and exacerbation of COPD. Joseph is intubated and placed on mechanical ventilation. He is weaned from the ventilator on the third day of admission. Two days later, he again goes into respiratory failure, requiring reintubation and placement on the ventilator. Fortunately, he is able to breathe on his own the following day, so was extubated.

428.0	Congestive heart failure, unspecified
486	Pneumonia, organism unspecified
491.21	Obstructive chronic bronchitis with (acute) exacerbation
496	Chronic airway obstruction, not elsewhere classified
518.81	Acute respiratory failure
96.04	Insertion of endotracheal tube
96.71	Continuous invasive mechanical ventilation for less than 96 consecutive hours
96.72	Continuous invasive mechanical ventilation for 96 consecutive hours or more

- | |
|---|
| A. 428.0, 486, 496, 518.81, 96.04, 96.71 |
| B. 518.81, 428.0, 491.21, 96.04, 96.71 |
| C. 486, 428.0, 518.81, 491.21, 96.04, 96.72 |
| D. 518.81, 486, 428.0, 491.21, 96.04, 96.71, 96.04, 96.71 |

REFERENCE: Bowie and Schaffer, p 216
 Brown, pp 189–191, 194–195, 339–340
 Schraffenberger, pp 192–193, 219, 223–224
 Ingenix, pp 793, 798

166. Ronald is admitted for stenosis of his tracheostomy. He is a quadriplegic, C1-C4 secondary to spinal cord injury suffered in a diving accident. He has chronic respiratory failure and is maintained on mechanical ventilation. He undergoes revision of his tracheostomy.

344.00	Quadriplegia, unspecified
344.01	Quadriplegia, C1-C4, complete
518.83	Chronic respiratory failure
519.02	Mechanical complication of tracheostomy
519.09	Other tracheostomy complications
907.2	Late effect of spinal cord injury
V46.11	Dependence on respirator status (ventilator)
31.74	Revision of tracheostomy
31.79	Other repair and plastic operations on trachea
96.71	Continuous invasive mechanical ventilation for less than 96 consecutive hours
96.72	Continuous invasive mechanical ventilation for 96 consecutive hours or more

- A. 518.83, 519.09, 907.2, 31.74
 B. 344.01, 518.83, 519.02, 31.79, V46.11
 C. 519.02, 344.01, 518.83, 907.2, V46.11, 31.74, 96.72
 D. 519.02, 518.83, 907.2, 31.74

REFERENCE: Brown, pp 189–191, 194–195
 Schraffenberger, pp 161, 224–226, 446
 Ingenix, pp 270, 798–799

167. Jennifer presents to the emergency department with severe chest pain and shortness of breath. Chest x-ray revealed a secondary spontaneous pneumothorax. Jennifer also has acute bronchitis. The emergency department physician inserts a chest tube and Jennifer is admitted.

466.0	Acute bronchitis
491.20	Obstructive chronic bronchitis without exacerbation
491.21	Obstructive chronic bronchitis with (acute) exacerbation
512.0	Spontaneous tension pneumothorax
512.1	Iatrogenic pneumothorax
512.81	Primary spontaneous pneumothorax
512.82	Secondary spontaneous pneumothorax
34.01	Incision of chest wall
34.04	Insertion of intercostal catheter for drainage

- A. 466.0, 512.82, 34.04
 B. 512.0, 491.21, 34.01
 C. 466.0, 491.21, 512.1, 34.04
 D. 491.20, 466.0, 512.82, 34.01

REFERENCE: Schraffenberger, pp 217–218
 Ingenix, pp 287–288

168. Dale is admitted with emphysematous nodules. He undergoes, without complication, a wedge resection of the right upper lobe. Dale developed atelectasis postoperatively that required monitoring with portable chest x-rays and extended his length of stay.

492.8	Other emphysema
518.0	Pulmonary collapse (atelectasis)
518.89	Other diseases of lung, not elsewhere classified
997.39	Respiratory complications
32.29	Other local excision or destruction of lesions or tissue of lung
32.30	Thoracoscopic segmental resection of lung

- A. 518.89, 997.39, 32.30 C. 492.8, 997.39, 518.0, 32.29
 B. 997.39, 518.0, 518.89, 32.29 D. 518.89, 518.0, 32.29

REFERENCE: Brown, pp 188–189
 Schraffenberger, pp 223, 387–390
 Ingenix, pp 274–275

169. Agnes is admitted with cough, fever, and dysphagia. Chest x-ray shows infiltrates in both lower lobes. Sputum culture is positive for *Staphylococcus aureus*. Swallow study indicates that Agnes aspirates. Physician documents aspiration pneumonia and *Staphylococcus aureus* pneumonia. As a coder, you would assign codes for the following conditions in this proper sequence.

- A. *Staphylococcus aureus* pneumonia, dysphagia
 B. *Staphylococcus aureus* pneumonia, aspiration pneumonia
 C. Aspiration pneumonia, dysphagia
 D. Aspiration pneumonia, *Staphylococcus aureus* pneumonia, dysphagia

REFERENCE: Bowie and Schaffer, p 212
 Brown, pp 181–183
 Schraffenberger, p 219

170. This patient has pneumonia. She also has acute exacerbation of COPD.

486	Pneumonia, organism unspecified
491.20	Obstructive chronic bronchitis, without exacerbation
491.21	Obstructive chronic bronchitis, with (acute) exacerbation

- A. 491.21 C. 491.20, 486
 B. 486, 491.21 D. 486

REFERENCE: Brown, pp 181–182, 186
 Schraffenberger, p 219

171. Matthew has acute and chronic maxillary sinusitis. He had a maxillary sinusotomy performed.

461.0	Acute maxillary sinusitis
461.2	Acute ethmoidal sinusitis
473.0	Chronic maxillary sinusitis
22.62	Excision of lesion of maxillary sinus with other approach

- A. 461.0, 22.62 C. 461.0, 473.0, 22.62
 B. 473.0, 22.62 D. 461.2, 22.62

REFERENCE: Schraffenberger, p 217
 Ingenix, p 234

Diseases of the Digestive System

172. Grace has been having abdominal pain for several weeks and has been vomiting blood for 2 days. Her physician performs an esophagogastroduodenoscopy and biopsies a lesion in the duodenum. The pathology report indicates Grace has acute and chronic gastritis.

532.00	Acute duodenal ulcer with hemorrhage without mention of obstruction
535.01	Acute gastritis with hemorrhage
535.11	Chronic (atrophic) gastritis with hemorrhage
789.00	Abdominal pain, unspecified site
45.13	Esophagogastroduodenoscopy (EGD)
45.16	Esophagogastroduodenoscopy with closed biopsy

- A. 532.00, 789.00, 45.13 C. 535.01, 535.11, 789.00, 45.13
 B. 535.01, 789.00, 45.16 D. 535.01, 535.11, 45.16

REFERENCE: Brown, p 201
 Ingenix, pp 404–405

173. Mary presents to the emergency department with complaints of chest pain. Myocardial infarction is ruled out; however, gastrointestinal studies indicate Mary is suffering from gastroesophageal reflux disease (GERD). Mary is given medication to relieve her symptoms and instructed to follow up with her physician.

410.91	Acute myocardial infarction, unspecified site, initial episode of care
530.81	Gastroesophageal reflux (GERD)
786.50	Chest pain, unspecified

- A. 530.81 C. 530.81, 410.91
 B. 786.50 D. 410.91, 786.50

REFERENCE: Brown, p 203

174. Crystal has been vomiting for 24 hours with complaint of right lower quadrant pain. Examination is suspicious for acute appendicitis. Crystal is taken to surgery and laparoscopic appendectomy is carried out. Pathological diagnosis is consistent with acute appendicitis. Crystal developed postoperative paralytic ileus.

540.0	Acute appendicitis with generalized peritonitis
540.9	Acute appendicitis without mention of peritonitis
560.1	Paralytic ileus
997.49	Digestive system complications
47.01	Laparoscopic appendectomy
47.09	Other appendectomy
47.11	Laparoscopic incidental appendectomy

- A. 540.0, 997.49, 47.11 C. 540.9, 997.49, 560.1, 47.01
 B. 540.0, 997.49, 47.09 D. 997.49, 560.1, 540.9, 47.09

REFERENCE: Brown, pp 210–211
 Ingenix, pp 417–418

175. A patient presents with intestinal obstruction due to adhesions. He also has peripheral vascular disease and chronic urinary tract infections; both conditions were treated with oral medication.

443.9 Peripheral vascular disease, unspecified
 560.81 Intestinal or peritoneal adhesions with obstruction (postoperative) (post infection)
 560.89 Other specified intestinal obstruction
 560.9 Unspecified intestinal obstruction
 599.0 Urinary tract infection, site not specified

- A. 560.81, 443.9, 599.0 C. 560.9, 443.9, 599.0
 B. 560.9 D. 560.89, 443.9, 599.0

REFERENCE: Brown, pp 208, 217

176. This patient has chronic diarrhea associated with Crohn's disease. She also has protein-calorie malnutrition. She is admitted for bowel resection of the diseased colon.

263.9 Unspecified protein-calorie malnutrition
 555.1 Regional enteritis, large intestine (Crohn's disease)
 556.9 Ulcerative colitis, unspecified
 787.91 Diarrhea
 45.79 Other and unspecified partial excision of large intestine
 45.94 Large-to-large intestinal anastomosis

- A. 556.9, 263.9, 45.79, 45.94 C. 555.1, 787.91, 263.9, 45.79
 B. 555.1, 263.9, 45.79 D. 556.9, 263.9, 45.79, 45.94

REFERENCE: Schraffenberger, p 236
 Ingenix, pp 409–410

177. A patient is admitted with hepatic coma with ascites due to Laennec's cirrhosis.

571.2 Alcoholic cirrhosis of liver (Laennec's cirrhosis)
 572.2 Hepatic encephalopathy (hepatic coma)
 789.59 Other ascites

- A. 572.2, 571.2, 789.59 C. 789.59, 572.2
 B. 571.2, 789.59 D. 789.59, 572.2, 571.2

REFERENCE: Schraffenberger, p 234

Diseases of the Genitourinary System

178. Chantel is admitted with infertility secondary to pelvic peritoneal adhesions. She had a laparoscopic lysis of adhesions performed.

614.6 Pelvic peritoneal adhesions, female (postoperative) (post infection)
 628.2 Infertility, female, of tubal origin
 54.21 Laparoscopy
 65.81 Laparoscopic lysis of adhesions of ovary and fallopian tube

- A. 628.2, 614.6, 65.81 C. 614.6, 65.81, 54.21
 B. 628.2, 54.21, 65.81 D. 614.6, 54.21

REFERENCE: Brown, p 208
 Ingenix, pp 453, 535–536

179. Betsy has chronic pelvic inflammatory disease with dysmenorrhea. She undergoes a diagnostic laparoscopy.

614.4	Chronic or unspecified parametritis and pelvic cellulitis
625.3	Dysmenorrhea
54.21	Laparoscopy
54.4	Excision or destruction of peritoneal tissue

- A. 625.3, 54.21
 B. 614.4, 54.4
 C. 625.3, 614.4, 54.21
 D. 614.4, 625.3, 54.21

REFERENCE: Schraffenberger, p 253
 Ingenix, pp 453–454

180. David has chronic interstitial cystitis. The physician performs a cystoscopy with biopsy.

595.1	Chronic interstitial cystitis
595.2	Other chronic cystitis
599.0	Urinary tract infection, site not specified
57.32	Other cystoscopy
57.33	Closed (transurethral) biopsy of bladder

- A. 599.0, 57.32
 B. 595.1, 57.33
 C. 595.2, 57.32, 57.33
 D. 595.1, 599.0, 57.32

REFERENCE: Brown, p 217

181. Cynthia has fibrocystic disease of the breast and undergoes a needle biopsy of the breast.

610.1	Diffuse cystic mastopathy (fibrocystic disease of breast)
610.2	Fibroadenosis of breast
610.3	Fibrosclerosis of breast
610.9	Benign mammary dysplasia, unspecified
85.11	Closed (percutaneous) (needle) biopsy of breast
85.12	Open biopsy of breast

- A. 610.1, 85.11
 B. 610.3, 85.12
 C. 610.2, 85.11
 D. 610.9, 85.12

REFERENCE: Brown, p 229
 Ingenix, pp 702–703

Complications of Pregnancy, Childbirth, and the Puerperium

182. Tammy has an intrauterine pregnancy and delivers a set of twins at 33 weeks. She had premature rupture of membranes. The spontaneous delivery of the premature twins was via a vertex presentation, and both infants were born alive.

644.20	Early onset of delivery, unspecified episode of care
644.21	Early onset of delivery, delivered, with or without mention of antepartum condition
651.01	Twin pregnancy, delivered, with or without mention of antepartum condition
658.11	Premature rupture of membranes, delivered, with or without mention of antepartum condition
659.11	Failed medical or unspecified induction, delivered, with or without mention of antepartum condition
V27.2	Outcome of delivery, twins, both live born
73.59	Other manually assisted delivery

- A. 644.21, 658.11, 651.01, V27.2, 73.59
- B. 644.20, 659.11, V27.2
- C. 644.20, 658.11, 651.02, 73.59
- D. 658.11, 651.01, V27.2, 73.59

REFERENCE: Brown, pp 269–275
 Schraffenberger, pp 223, 230, 235–236
 Ingenix, p 585

183. A pregnant patient was admitted to the hospital with uncontrolled diabetes mellitus. She has type 1 diabetes and was brought under control. The following code was assigned:

648.03	Other current conditions in the mother classifiable elsewhere but complicating pregnancy, childbirth or the puerperium, diabetes mellitus, antepartum condition, or complication
--------	--

Which of the following describe why the coding is in error?

- A. The incorrect fifth digit was used.
- B. The condition should have been coded as gestational diabetes because she is pregnant.
- C. An additional code describing the diabetes mellitus should be used.
- D. Only the code for the diabetes mellitus should be used.

REFERENCE: Brown, pp 126–127, 276–277
 Schraffenberger, pp 108–110

Disease of the Skin and Subcutaneous Tissue

184. Max is 80% bald. He is admitted for a hair transplant, which he undergoes without complication. Max is also treated for congestive heart failure and hypertension for which he is on medication.

401.9	Essential hypertension, unspecified benign or malignant
402.91	Hypertensive heart disease unspecified as to malignant or benign, with heart failure
428.0	Congestive heart failure, unspecified
704.00	Alopecia, unspecified
704.8	Other specified diseases of hair and hair follicles
86.64	Hair transplant

- A. 704.00, 402.91, 86.64 C. 704.00, 401.9, 428.0, 86.64
 B. 704.8, 401.9, 428.0, 86.64 D. 704.8, 402.91, 86.64

REFERENCE: Brown, pp 278, 339–340
 Schraffenberger, pp 180–181, 192–194, 291
 Ingenix, p 712

185. Melissa is status post mastectomy due to breast cancer. There has been no recurrence of the disease. She is admitted for insertion of unilateral breast implant.

174.9	Malignant neoplasm of breast (female), unspecified
V10.3	Personal history of malignant neoplasm of breast
V45.71	Acquired absence of breast and nipple
V51.0	Encounter for breast reconstruction following mastectomy
V58.42	Aftercare following surgery for neoplasm
85.53	Unilateral breast implant
85.54	Bilateral breast implant

- A. V51.0, V10.3, 85.54
 B. V58.42, V51.0, V45.71, V10.3, 85.53
 C. V45.71, 174.9, 85.53
 D. V51.0, V45.71, V10.3, 85.53

REFERENCE: Brown, pp 83–84, 89–90
 Ingenix, p 707

186. Roscoe is 57 years old and has been diagnosed with gynecomastia. Roscoe also is on medication for temporal arteritis. Roscoe is admitted and bilateral mammectomy is performed. Roscoe's intravenous catheter infiltrates and he develops cellulitis at the IV site in the arm. This condition requires additional treatment.

446.5	Giant cell arteritis
611.1	Hypertrophy of breast
682.3	Other cellulitis and abscess upper arm and forearm
999.39	Infection following other infusion, injection, transfusion, or vaccination
85.34	Other unilateral subcutaneous mammectomy
85.36	Other bilateral subcutaneous mammectomy

- A. 611.1, 85.36, 85.36 C. 611.1, 999.39, 682.3, 446.5, 85.36
 B. 611.1, 999.39, 446.5, 85.36 D. 611.1, 682.3, 446.5, 85.34

REFERENCE: Brown, pp 462–464
 Schraffenberger, pp 252, 292, 389–390
 Ingenix, p 705

187. Brandon has an infected ingrown toenail that his physician removes.

681.11 Onychia and paronychia of toe
 703.0 Ingrowing nail
 77.89 Other partial ostectomy, other site
 86.23 Removal of nail, nail bed, or nail fold
 86.27 Debridement of nail, nail bed, or nail fold

- A. 703.0, 86.23
 B. 681.11, 86.23
 C. 681.11, 86.27
 D. 703.0, 86.23, 77.89

REFERENCE: Schraffenberger, p 291
 Ingenix, pp 715–716

Disease of the Musculoskeletal System and Connective Tissue

188. Julia is an 80-year-old female with osteoporosis. She presents to the emergency department complaining of severe back pain. X-rays revealed pathological compression fractures of several vertebrae.

721.90 Spondylosis of unspecified site without mention of myelopathy
 733.00 Osteoporosis, unspecified
 733.13 Pathological fracture of vertebrae
 805.8 Fracture of vertebral column without mention of spinal cord injury, unspecified, closed

- A. 733.13, 733.00
 B. 805.8, 733.00
 C. 721.90, 733.13
 D. 733.00, 733.13

REFERENCE: Brown, pp 255–256, 415
 Schraffenberger, pp 305–306

189 Scott has a deformity of his left ring finger, due to an old tendon injury. He is admitted and undergoes a transfer of the flexor tendon from the distal phalanx to the middle phalanx.

727.82 Calcium deposits in tendon and bursa
 736.20 Unspecified deformity of finger (acquired)
 834.02 Closed dislocation of finger, interphalangeal (joint), hand
 905.8 Late effect of tendon injury
 82.55 Other change in hand muscle or tendon length
 82.56 Other hand tendon transfer or transportation

- A. 727.82, 82.56
 B. 736.20, 905.8, 82.56
 C. 834.02, 82.55
 D. 727.82, 82.55

REFERENCE: Schraffenberger, p 305
 Ingenix, p 664

190. Sara has Dupuytren's contracture of the right middle finger. She has an incision and division of the palmar fascia.

728.6	Contracture of palmar fascia (Dupuytren's contracture)
728.71	Plantar fascial fibromatosis
728.86	Necrotizing fasciitis
82.12	Fasciotomy of hand
82.19	Other division of soft tissue of hand

- A. 728.6, 82.12 C. 728.6, 82.19
 B. 728.71, 82.19 D. 728.86, 82.12

REFERENCE: Schraffenberger, pp 304–305
 Ingenix, pp 659–660

191. Cheryl has had chronic worsening pain of her left knee from rheumatoid arthritis. She has decided to undergo a total knee replacement as recommended by her physician. The surgery goes well; however, she develops a urinary tract infection that requires an additional day of stay in the hospital.

599.0	Urinary tract infection, site not specified
714.0	Rheumatoid arthritis
714.31	Polyarticular juvenile rheumatoid arthritis, acute
715.96	Osteoarthritis, unspecified whether generalized or localized, low leg
81.53	Revision of hip replacement, not otherwise specified
81.54	Total knee replacement

- A. 715.96, 599.0, 81.54 C. 714.31, 81.53
 B. 714.0, 599.0, 81.54 D. 714.31, 81.54

REFERENCE: Brown, pp 218, 251–252, 256–257
 Schraffenberger, pp 250–251, 303
 Ingenix, pp 645–650

Injury and Poisoning

192. A patient who is HIV positive and currently asymptomatic is admitted with a compound fracture of the tibia. The patient was treated previously for *Pneumocystis carinii* pneumonia. Given the following codes, which is the correct coding and sequencing?

042	Human Immunodeficiency Virus (HIV) disease
136.3	Pneumocystosis (pneumonia due to <i>Pneumocystis carinii</i>)
V08	Asymptomatic HIV infection status
823.80	Fracture of tibia alone, unspecified part, closed
823.90	Fracture of tibia alone, unspecified part, open

- A. 823.90, V08 C. 823.80, V08, 136.3
 B. 823.90, 042 D. 823.80, 042

REFERENCE: Brown, pp 115–116
 Schraffenberger, pp 80–81, 291

193. The diagnosis reads "first-, second-, and third-degree burns of the right arm." You would code:

- A. the first degree only. C. the third degree only.
 B. the second degree only. D. each degree of burn separately.

REFERENCE: Brown, pp 433–434
 Schraffenberger, pp 363–364

V Codes

194. A patient is admitted for elective cholecystectomy to treat chronic cholecystitis with cholelithiasis. Prior to administration of general anesthesia, the patient suffers cerebral thrombosis. The surgery is subsequently canceled. Code and sequence appropriately the codes.

434.00	Cerebral thrombosis, without mention of cerebral infarction
574.10	Calculus of gallbladder with other cholecystitis without mention of obstruction
V64.1	Surgical or other procedure not carried out because of contraindication
997.02	Iatrogenic cerebrovascular infarction or hemorrhage
51.22	Cholecystectomy

- A. 997.02, 574.10, 51.22 C. 997.02, 434.00, V64.1
 B. 574.10, 434.00, V64.1 D. 434.00, V64.1

REFERENCE: Brown, pp 72–73
 Schraffenberger, pp 45–47, 197, 237
 Ingenix, p 437

And Just a Few More Coding Questions for Practice

195. A physician lists the final diagnosis as diarrhea and constipation due to either irritable bowel syndrome or diverticulitis. The following codes are assigned:

562.10	Diverticulosis of colon without mention of hemorrhage
562.11	Diverticulitis of colon without mention of hemorrhage
564.00	Constipation, unspecified
564.1	Irritable bowel syndrome
787.91	Diarrhea

- A. 564.1, 562.11 C. 564.00, 787.91, 564.1, 562.11
 B. 562.10, 564.1 D. 564.1, 562.10, 564.00, 787.91

REFERENCE: Brown, pp 28–29
 Schraffenberger, pp 234, 338–339

196. When an open biopsy is followed by a more extensive definitive procedure the coder reports

- A. the open biopsy.
 B. the extensive definitive procedure and the open biopsy.
 C. no procedures.
 D. the extensive definitive procedure.

REFERENCE: Brown, pp 70–71

197. In ICD-9-CM, when an exploratory laparotomy is performed followed by a therapeutic procedure, the coder reports

- A. therapeutic procedure first, exploratory laparotomy second.
 B. exploratory laparotomy, therapeutic procedure, closure of wound.
 C. exploratory laparotomy first, therapeutic procedure second.
 D. therapeutic procedure only.

REFERENCE: Brown, p 68

198. Codes from category 655, known or suspected fetal abnormality affecting the mother, should
- A. be assigned if the fetal conditions are documented.
 - B. be assigned at the discretion of the physician.
 - C. be assigned when they affect the management of the mother.
 - D. never be assigned.

REFERENCE: Brown, p 276

199. There are a limited number of late effect codes in ICD-9-CM. When coding a residual condition where there is no applicable late effect code, one should code
- A. the residual condition followed by its cause.
 - B. the cause followed by the residual condition.
 - C. only the residual condition.
 - D. only the cause of the residual condition.

REFERENCE: Brown, pp 59–60

200. A patient is admitted for a total hip replacement because of rheumatoid arthritis. Following admission, but prior to surgery, the patient develops congestive heart failure, which necessitates transfer to ICU. The hip replacement is canceled and the patient is treated for the heart failure. What is the principal diagnosis?
- A. congestive heart failure
 - B. rheumatoid arthritis
 - C. hip replacement
 - D. canceled surgical procedure

REFERENCE: Brown, pp 72–73

201. According to the UHDDS guidelines, the principal procedure is performed for _____ rather than for _____.
- A. diagnostic or exploratory purposes; definitive treatment
 - B. exploratory purposes; complications
 - C. definitive treatment; diagnostic or exploratory purposes
 - D. complications; definitive treatment

REFERENCE: Schraffenberger, p 65

202. A patient with diabetes is admitted to the hospital with acute gastrointestinal hemorrhage due to ulcer disease. In this case, the diabetes would be
- A. the principal diagnosis.
 - B. a comorbid condition.
 - C. a complication.
 - D. irrelevant and not coded.

REFERENCE: Brown, pp 27–28
Schraffenberger, p 65

203. Which of the following are considered late effects regardless of time?
- A. congenital defect
 - B. nonunion, malunion, scarring
 - C. fracture, burn
 - D. poisoning

REFERENCE: Brown, p 425

204. When a patient is admitted in respiratory failure due to a chronic nonrespiratory condition
- A. the respiratory failure is the principal diagnosis.
 - B. the chronic nonrespiratory problem is the principal diagnosis.
 - C. only the respiratory failure is coded.
 - D. only the chronic nonrespiratory condition is coded.

REFERENCE: Brown, pp 189–191
Schraffenberger, pp 188–190

205. When Robert was discharged, his physician listed his diagnoses as congestive heart failure with acute pulmonary edema. You will code
- A. the CHF only.
 - B. the edema only.
 - C. both the CHF and the edema; sequence the CHF first.
 - D. both the CHF and the edema; sequence the edema first.

REFERENCE: Brown, pp 27, 31

206. A patient was admitted with severe abdominal pain, elevated temperature, and nausea. The physical examination indicated possible cholecystitis. Acute and chronic pancreatitis secondary to alcoholism was recorded on the face sheet as the final diagnosis. The principal diagnosis is
- A. alcoholism.
 - B. abdominal pain.
 - C. cholecystitis.
 - D. acute pancreatitis.

REFERENCE: Brown, pp 27, 30

207. A patient was admitted to the hospital with hemiplegia and aphasia. The hemiplegia and aphasia were resolved before discharge and the patient was diagnosed with cerebral thrombosis. What is the correct coding and sequencing?
- A. Hemiplegia; aphasia
 - B. Cerebral thrombosis
 - C. Cerebral thrombosis; hemiplegia; aphasia
 - D. Hemiplegia; cerebral thrombosis; aphasia

REFERENCE: Brown, pp 27–28, 342–344

Use this information to answer questions 208–210:

Present on admission (POA) guidelines were established to identify and report diagnoses that are present at the time of a patient's admission. The reporting options for each ICD-9-CM code are

- A. Y = Yes
- B. N = No
- C. U = Unknown
- D. W = clinically undetermined
- E. Unreported/Not Used (Exempt from POA) reporting

208. The physician explicitly documents that a condition is not present at the time of admission.

- A. Y = Yes
- B. N = No
- C. U = Unknown
- D. W = clinically undetermined
- E. Unreported/Not Used (Exempt from POA) reporting

REFERENCE: Brown, pp 541–544

209. The physician documents that the patient has diabetes that was diagnosed prior to admission.

- A. Y = Yes
- B. N = No
- C. U = Unknown
- D. W = clinically undetermined
- E. Unreported/Not Used (Exempt from POA) reporting

REFERENCE: Brown, pp 541–544

210. The medical record documentation is unclear as to whether the condition was present on admission.

- A. Y = Yes
- B. N = No
- C. U = Unknown
- D. W = clinically undetermined
- E. Unreported/Not Used (Exempt from POA) reporting

REFERENCE: Brown, pp 541–544

Answer Key for ICD-9-CM Coding

- | | | | | | |
|-----|---|---|-----|---|---|
| 1. | D | | 40. | A | |
| 2. | B | | 41. | B | |
| 3. | A | | 42. | A | |
| 4. | C | | 43. | D | |
| 5. | D | | 44. | A | |
| 6. | C | | 45. | B | |
| 7. | D | | 46. | A | |
| 8. | C | | 47. | C | |
| 9. | A | | 48. | B | |
| 10. | B | | 49. | A | |
| 11. | C | | 50. | D | |
| 12. | B | | 51. | C | |
| 13. | A | | 52. | A | |
| 14. | D | | 53. | C | |
| 15. | B | | 54. | B | The physician should be asked if the blood loss should be added as a discharge diagnosis. |
| 16. | A | | | | |
| 17. | C | | | | |
| 18. | B | | 55. | A | |
| 19. | D | | 56. | C | |
| 20. | B | | 57. | D | |
| 21. | A | Pain is a symptom that is integral to the sickle cell crisis and therefore is not coded. | 58. | A | |
| | | | 59. | C | |
| 22. | D | | 60. | A | |
| 23. | B | | 61. | A | |
| 24. | D | | 62. | C | |
| 25. | D | | 63. | B | |
| 26. | B | | 64. | D | |
| 27. | A | | 65. | B | |
| 28. | C | | 66. | D | |
| 29. | B | | 67. | B | |
| 30. | D | | 68. | D | |
| 31. | C | | 69. | A | |
| 32. | B | | 70. | B | |
| 33. | A | | 71. | A | |
| 34. | C | | 72. | C | |
| 35. | B | | 73. | B | |
| 36. | D | | 74. | D | |
| 37. | D | Effective October 1, 2010 the <i>Official ICD-9-CM Coding Guidelines</i> state, "Additional codes should be assigned for any neurologic deficits associated with the acute CVA, regardless of whether or not the neurologic deficit resolves prior to discharge." | 75. | C | |
| | | | 76. | D | |
| | | | 77. | C | |
| | | | 78. | B | |
| | | | 79. | C | |
| | | | 80. | D | |
| | | | 81. | B | Newborn V-code is not assigned by the receiving facility when a newborn is transferred. |
| 38. | C | | 82. | C | |
| 39. | D | | 83. | A | |

Answer Key for ICD-9-CM Coding

- | | | |
|--------|--------|--|
| 84. B | 124. A | |
| 85. D | 125. D | |
| 86. A | 126. A | |
| 87. A | 127. A | |
| 88. D | 128. C | |
| 89. C | 129. A | |
| 90. A | 130. C | |
| 91. C | 131. B | |
| 92. B | 132. C | |
| 93. A | 133. D | SSS would not be reported as a current condition because the pacemaker would have taken care of this condition. |
| 94. C | | |
| 95. D | | |
| 96. C | | |
| 97. B | 134. A | |
| 98. A | 135. B | |
| 99. D | 136. C | The coder cannot assume a causal relationship between the diabetes and conditions that are usually related to the diabetes unless a physician confirms this relationship. |
| 100. C | | |
| 101. A | | |
| 102. D | | |
| 103. C | | |
| 104. B | 137. A | |
| 105. A | 138. C | Diabetic ketoacidosis by definition is uncontrolled. |
| 106. C | | |
| 107. D | 139. A | |
| 108. C | 140. C | |
| 109. D | 141. A | |
| 110. A | 142. D | |
| 111. A | 143. B | |
| 112. B | 144. A | |
| 113. D | 145. B | |
| 114. C | 146. C | |
| 115. B | 147. A | |
| 116. A | 148. C | The term “continuous” refers to daily intake of large amounts of alcohol, or regular heavy drinking on weekends or days off. The coder should not assume to use the fifth digit “1” unless documented as continuous. |
| 117. A | | |
| 118. D | | |
| 119. D | | Effective October 1, 2010, the <i>Official ICD-9-CM Coding Guidelines</i> state, “Additional codes should be assigned for any neurologic deficits associated with the acute CVA, regardless of whether or not the neurologic deficit resolves prior to discharge.” |
| 120. D | 149. A | |
| 121. A | 150. D | |
| 122. B | 151. C | |
| 123. D | 152. A | Fatigue and flulike symptoms/signs of hepatitis would not be coded. |
| | 153. A | |
| | 154. A | |

Answer Key for ICD-9-CM Coding

155. B
 156. A
 157. B
 158. C
 159. A
 160. D
 161. C
 162. A
 163. D
 164. A
 165. D COPD (496) is a general term. It will present as chronic obstructive bronchitis.
 166. C
 167. A
 168. C The atelectasis is coded because it required monitoring and extended his length of stay
 169. D
 170. B
 171. C The alphabetic index is misleading and directs the coder to use one code for acute and chronic sinusitis. The Tabular List, however, directs the coder to use two separate codes.
 172. D
 173. A
 174. C The note under category 997 instructs the coder to "use additional code to identify complication."
 175. A
 176. B
 177. A
 178. A
 179. D
 180. B
 181. A
 182. A
 183. C
 184. C
 185. B
 186. C
 187. A
 188. A
 189. B
 190. A
 191. B
 192. B A "compound" fracture is considered an "open" fracture.
 193. C Code the highest degree burn ONLY of the same site.
 194. B
 195. C
 196. B
 197. D
 198. C
 199. C
 200. B
 201. C
 202. B
 203. B
 204. A
 205. A
 206. D
 207. C Effective October 1, 2010, the *Official ICD-9-CM Coding Guidelines* state, "Additional codes should be assigned for any neurologic deficits associated with the acute CVA, regardless of whether or not the neurologic deficit resolves prior to discharge."
 208. B
 209. A
 210. C

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ICD-9-CM Chapter Competencies

Question	CCA Domain
1-182	1