

AAPC ICD10 Physician Coding for CPC Preparation (All Exams) with rationale

A PATIENT IS ADMITTED TO THE HOSPITAL FOR REPAIR OF AN OPEN FRACTURE, TYPE I, OF THE HEAD OF THE LEFT FEMUR. THE PATIENT HAS BEEN PREVIOUSLY DIAGNOSED WITH SYMPTOMATIC HIV. APPLYING THE CODING CONCEPT FROM ICD-10-CM GUIDELINES I.C.1.a.2.b, WHAT ICD-10-CM CODE(S) IS/ARE REPORTED FOR THE ADMISSION?

- A. B20
- B. S72.052B
- C. B20, S72.052B
- D. S72.052B, B20 - ✓✓ANSW✓✓..Answer: D. S72.052B, B20

Rationale: ICD-10-CM guideline I.C.1.a.2.b. states, "If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (eg, the nature of the injury code) should be the principal diagnosis. Other diagnoses would be B20 followed by additional diagnosis codes for all reported HIV-related conditions." The open fracture of the head of the femur (S72.052B) is reported first as the reason for the visit because it is unrelated to HIV. To locate the diagnosis, look in the ICD-10-CM Alphabetic Index for Fracture, traumatic/femur, femoral/upper end/head referring you to subcategory code S72.05-. In the Tabular List, 6th character 2 indicates the left femur. 7th character B indicates the initial encounter for a type 1 open fracture. HIV is symptomatic so it is reported secondarily with B20.

A 22-YEAR-OLD FEMALE IS ADMITTED TO ICU FOR ACUTE RENAL (KIDNEY) FAILURE DUE TO SEPSIS (CASUAL ORGANISM UNKNOWN). APPLYING THE CODING CONCEPT FORM ICD-10-CM GUIDELINE I.C.1.d.1.b WHAT ICD-10-CM CODES ARE REPORTED (IN THE CORRECT SEQUENCING)?

- A. A41.9, R65.20, N17.9
- B. N17.9, R65.20, A41.9
- C. R65.21, A41.9, N17.9
- D. N17.9, R65.21, A41.01 - ✓✓ANSW✓✓..Answer: A. A41.9, R65.20, N17.9

Rationale: ICD-10-CM guideline I.C.1.d.1.b indicates: The coding of severe sepsis requires a minimum of two codes. First, a code for the underlying systemic infection, followed by a code from subcategory R65.2, Severe sepsis. If the causal organism is not documented, assign code A41.9, Sepsis, unspecified organism, for the infection. Additional code(s) for the associated acute organ dysfunction are also required (if present). The first code to report is sepsis; look for the main term Sepsis in the ICD-10-CM Alphabetic Index referring you to code A41.9. Next, look for Sepsis/with organ dysfunction (acute) (multiple)

referring you to code R65.20. For the last code, look for Failure/renal/acute referring you to code N17.9. In the Tabular List, you will find an instructional note under subcategory R65.2 indicating what codes should be reported first and what codes should be reported as additional codes.

A 32 year old female had a mastectomy for breast cancer. The mastectomy completely removed the breast cancer with no further treatment. On a follow up visit to her oncologist, it is determined the cancer has metastasized to the right lung. The patient is now undergoing a lung resection for the lung cancer. What codes are reported?

A. C50.911, C78.01,

B. Z85.3, C78.01

C. C78.01, C50.911

D. C78.01, Z85.3 - ✓✓ANSW✓✓..Answer: D. C78.01, Z85.3

Rationale: According to ICD-10-CM guidelines 1.C.2.d., when a primary malignancy has been previously excised and there is no evidence of any existing primary malignancy, a code from category Z85.-, Personal history of malignant neoplasm should be used. Any mention of metastasis to another site is coded as a secondary malignant neoplasm to that site and the secondary site may be the first-listed with the Z85- code used as a secondary code. For the metastasized lung cancer, look in the Table of Neoplasms for lung and use the code from the Malignant Secondary column (C78.0-). In the Tabular List, C78.01 is selected for the right lung. For the history of breast cancer, look in the ICD-10-CM Alphabetic Index for History/personal (of)/malignant neoplasm (of)/breast Z85.3. The correct codes and sequencing are C78.01 and Z85.3.

A PATIENT IS ADMITTED TO THE HOSPITAL WITH PNEUMONIA. TESTING INDICATES THE PATIENT'S PNEUMONIA IS DUE TO STAPHYLOCOCCUS AUREUS AND IS METHICILLIN RESISTANT (MRSA). APPLYING THE CODING CONCEPT FROM ICD-10-CM GUIDELINES I.C.1.e.1.a, WHAT ICD-10-CM CODES ARE REPORTED?

A. J18.9

B. J15.212

C. J15.212, A49.02

D. J18.9, A49.02 - ✓✓ANSW✓✓..Answer: B. J15.212

Rationale: Look in the ICD-10-CM Alphabetic Index for Pneumonia/in (due to)/staphylococcus/aureus/methicillin resistant (MRSA) J15.212. According to ICD-10-CM guideline 1.C.1.e.1.(a), when a combination code exists for MRSA and the infection, only the combination code should be reported. Pneumonia due to Methicillin-resistant Staphylococcus aureus is reported with J15.212.

A 45 year old female with ovarian cancer visits her oncologist to receive an injection of Procrit. The procrit has been prescribed to her for treatment of her anemia resulting from antineoplastic chemotherapy treatment. What codes should be reported?

A. D64.81, C56.9, T45.1X5A

B. D64.81, C56.9

C. C56.9, D64.81

D. T45.1X5A, D64.81, C56.9 - ✓✓ANSW✓✓..Answer: A. D64.81, C56.9, T45.1X5A

Rationale: According to ICD-10-CM guidelines 1.C.2.c.2., because the treatment is directed at the anemia associated with chemotherapy, and the treatment is only for the anemia, the anemia should be sequenced first, followed by the appropriate codes for the neoplasm and the adverse effect (T45.1X5). Look in the ICD-10-CM Alphabetic Index for Anemia/due to (in) (with)/antineoplastic chemotherapy (D64.81). According to guideline 1.C.2.c.2. the malignancy is reported secondarily followed by code T45.1X5. Look in the ICD-10-CM Table of Neoplasms for ovary and report the code from the Malignant Primary column (C56.-). In the Tabular List, C56.9 is reported because the laterality is not stated. Next, to locate T45.1X5, look in the Table of Drugs and Chemicals for Antineoplastic NEC and selecting the code from the Adverse effect column (T45.1X5). In the Tabular List, T45.1X5 requires a 7th character extender. A is selected because this is considered active treatment.

Mr. Mcfarland visits his oncologist for prostate cancer. He is reporting more fatigue than usual. Lab test determine the patient has anemia due to cancer. Applying the coding concept from ICD-10-CM guideline I.C.2.c.1, What codes should be reported?

A. C61, D63.0

B. C61, D64.81

C. D63.0, C61

D. D64.81, C61 - ✓✓ANSW✓✓..Answer: A. C61, D63.0

Rationale: ICD-10-CM Official Coding Guidelines, Section I.C.2.c.1, states when the admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for the anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by the appropriate code for the anemia. The patient visited the oncologist for the prostate cancer and the lab tests indicate anemia due to cancer. According to the guidelines, the primary diagnosis reported for the visit, is prostate cancer. Look in the Table of Neoplasms for prostate (gland) and select the code from the Malignant Primary column C61. Then look in the Alphabetic Index for Anemia/in (due to) (with)/neoplastic disease D63.0. Verify codes in the Tabular List.

CASE 2

PREOPERATIVE DIAGNOSIS: Bilateral profound sensorineural hearing loss.

POSTOPERATIVE DIAGNOSIS: Bilateral profound sensorineural hearing loss.(Report the postoperative diagnosis.)

PROCEDURES PERFORMED: 1. Placement of left Nucleus cochlear implant. 2. Facial nerve monitoring for an hour. 3. Microscope use.

ANESTHESIA: General.

INDICATIONS: This is a 69-year-old woman who has had progressive hearing loss (The diagnosis is documented as the indication for the surgery.) over the

last 10-15 years. Hearing aids are not useful for her. She is a candidate for cochlear implant by FDA standards. The risks, benefits, and alternatives of procedure were described to the patient, who voiced understanding and wished to proceed. PROCEDURE: After properly identifying the patient, she was taken to the main operating room, where general anesthetic was induced. The table was turned to 180 degrees and a standard left-sided p - ✓✓ANSW✓✓..H90.3

CASE 3

CC: HTN

INTERVAL HISTORY: No new complaints.

EXAM: NAD. 130/80, 84, 22. Lungs are clear. Heart RRR, no MRGs. Abdomen is soft, non-tender. No peripheral edema.

IMPRESSION: Stable HTN(Patient is diagnosed with hypertension.) on current meds.

PLAN: No changes needed. RTC in six months with labs.

What diagnosis code(s) are reported? [a] - ✓✓ANSW✓✓..I10

CASE 4

SUBJECTIVE: Low-grade fever at home. She has had some lumps in the abdominal wall and when she injects her insulin; it does seem to hurt there. She stopped four of her medications including Neurontin, Depakote, Lasix, and Premarin, and overall she feels quite well. Unfortunately, she has put on 20 pounds since our last visit.

OBJECTIVE:

HEENT: Tympanic membranes are retracted but otherwise clear. The nose shows significant green rhinorrhea present. Throat is mildly inflamed with moderate postnasal drainage.

Neck: No significant adenopathy.

Lungs: Clear.

Heart: Regular rate and rhythm.

Abdomen: Soft, obese, and nontender. Multiple lipomas are palpated.

ASSESSMENT 1. Diabetes mellitus, type 1. 2. Diabetic neuropathy. 3. Acute sinusitis. (The definitive diagnoses are reported.)

PLAN: At this time, I have recommended the addition of some Keflex for her acute sinusitis.(Provider treated the acute sinusitis - ✓✓ANSW✓✓..[a] E10.40 [b] J01.90

CASE 5

PREOPERATIVE DIAGNOSIS: Cataract, left eye

POSTOPERATIVE DIAGNOSIS: Cataract left eye, Presbyopia(Report the postoperative diagnosis.) PROCEDURE: 1. Cataract extraction with IOL implant 2. Correction of presbyopia(Patient is also diagnosed with presbyopia.) with lens implantation

PROCEDURE DETAIL: The patient was brought to the operating room under neuroleptic anesthesia monitoring. A topical anesthetic was placed within the operative eye and the patient was prepped and draped in usual manner for