



## **DPH ICD-10 IMPLEMENTATION PROJECT**



# **ICD-10-CM SPECIALIZED CODING TRAINING WORKBOOK**

***FOR LOCAL HEALTH DEPARTMENTS  
AND RURAL HEALTH CLINICS***

WBS 2.5

Version 1.1

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## Change History

Version Number & Date	Version Description	Version Author
V1.0 – February 24, 2015	Modifications made to coincide with revisions made in training materials wherein training was broken into Units. Instead of separate workbooks for each Specialized course, a single workbook is developed for the Specialized courses.	Sarah Brooks
V1.1 – February 26, 2015	Minor changes – Final copy	Sarah Brooks

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# 1. ICD-10-CM: The Chapters

Chapter #	Description	Range of Codes
1	Certain infectious and parasitic diseases	A00-B99
2	Neoplasms	C00-D49
3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89
4	Endocrine, nutritional and metabolic diseases	E00-E89
5	Mental, Behavioral and Neurodevelopmental disorders	F01-F99
6	Diseases of the nervous system	G00-G99
7	Diseases of the eye and adnexa	H00-H59
8	Diseases of the ear and mastoid process	H60-H95
9	Diseases of the circulatory system	I00-I99
10	Diseases of the respiratory system	J00-J99
11	Diseases of the digestive system	K00-K95
12	Diseases of the skin and subcutaneous tissue	L00-L99
13	Diseases of the musculoskeletal system and connective tissue	M00-M99
14	Diseases of the genitourinary system	N00-N99
15	Pregnancy, childbirth and the puerperium	O00-O9A
16	Certain conditions originating in the perinatal period	P00-P96
17	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99
18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99
19	Injury, poisoning and certain other consequences of external causes	S00-T88
20	External causes of morbidity	V00-Y99
21	Factors influencing health status and contact with health services	Z00-Z99

## 2. ICD-10-CM: The Chapter Blocks

### 2.1 Chapter 1 - Certain infectious and parasitic diseases (A00-B99)

<b>A00-A09</b> Intestinal infectious diseases	<b>B10</b> Other human herpes viruses
<b>A15-A19</b> Tuberculosis	<b>B15-B19</b> Viral hepatitis
<b>A20-A28</b> Certain zoonotic bacterial diseases	<b>B20</b> Human immunodeficiency virus [HIV] disease
<b>A30-A49</b> Other bacterial diseases	<b>B25-B34</b> Other viral diseases
<b>A50-A64</b> Infections with a predominantly sexual mode of transmission	<b>B35-B49</b> Mycoses
<b>A65-A69</b> Other spirochetal diseases	<b>B50-B64</b> Protozoal diseases
<b>A70-A74</b> Other diseases caused by chlamydiae	<b>B65-B83</b> Helminthiases
<b>A75-A79</b> Rickettsioses	<b>B85-B89</b> Pediculosis, acariasis and other infestations
<b>A80-A89</b> Viral and prion infections of the central nervous system	<b>B90-B94</b> Sequelae of infectious and parasitic diseases
<b>A90-A99</b> Arthropod-borne viral fevers and viral hemorrhagic fevers	<b>B95-B97</b> Bacterial and viral infectious agents
<b>B00-B09</b> Viral infections characterized by skin and mucous membrane lesions	<b>B99</b> Other infectious diseases



## 2.2 Chapter 2 - Neoplasms (C00-D49)

<b>C00-C14</b> Malignant neoplasms of lip, oral cavity and pharynx	<b>C73-C75</b> Malignant neoplasms of thyroid and other endocrine glands
<b>C15-C26</b> Malignant neoplasms of digestive organs	<b>C7A</b> Malignant neuroendocrine tumors
<b>C30-C39</b> Malignant neoplasms of respiratory and intrathoracic organs	<b>C7B</b> Secondary neuroendocrine tumors
<b>C40-C41</b> Malignant neoplasms of bone and articular cartilage	<b>C76-C80</b> Malignant neoplasms of ill-defined, other secondary and unspecified sites
<b>C43-C44</b> Melanoma and other malignant neoplasms of skin	<b>C81-C96</b> Malignant neoplasms of lymphoid, hematopoietic and related tissue
<b>C45-C49</b> Malignant neoplasms of mesothelial & soft tissue	<b>D00-D09</b> In situ neoplasms
<b>C50</b> Malignant neoplasms of breast	<b>D10-D36</b> Benign neoplasms, except benign neuroendocrine tumors
<b>C51-C58</b> Malignant neoplasms of female genital organs	<b>D3A</b> Benign neuroendocrine tumors
<b>C60-C63</b> Malignant neoplasms of male genital organs	<b>D37-D48</b> Neoplasms of uncertain behavior, polycythemia vera & myelodysplastic syndromes
<b>C64-C68</b> Malignant neoplasms of urinary tract	<b>D49</b> Neoplasms of unspecified behavior
<b>C69-C72</b> Malignant neoplasms of eye, brain and other parts of central nervous system	

## 2.3 Chapter 3 - Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)

<b>D50-D53</b> Nutritional anemias	<b>D70-D77</b> Other disorders of blood and blood-forming organs
<b>D55-D59</b> Hemolytic anemias	<b>D78</b> Intraoperative and postprocedural complications of the spleen
<b>D60-D64</b> Aplastic and other anemias and other bone marrow failure syndromes	<b>D80-D89</b> Certain disorders involving the immune mechanism
<b>D65-D69</b> Coagulation defects, purpura and other hemorrhagic conditions	

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

<b>E00-E07</b> Disorders of thyroid gland	<b>E40-E46</b> Malnutrition
<b>E08-E13</b> Diabetes mellitus	<b>E50-E64</b> Other nutritional deficiencies
<b>E15-E16</b> Other disorders of glucose regulation and pancreatic internal secretion	<b>E65-E68</b> Overweight, obesity and other hyperalimentation
<b>E20-E35</b> Disorders of other endocrine glands	<b>E70-E88</b> Metabolic disorders
E36 Intraoperative complications of endocrine system	E89 Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified

## 2.5 Chapter 5 - Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

<b>F01-F09</b> Mental disorders due to known physiological conditions	<b>F50-F59</b> Behavioral syndromes associated with physiological disturbances and physical factors
<b>F10-F19</b> Mental and behavioral disorders due to psychoactive substance use	<b>F60-F69</b> Disorders of adult personality and behavior
<b>F20-F29</b> Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	<b>F70-F79</b> Intellectual disabilities
<b>F30-F39</b> Mood [affective] disorders	<b>F80-F89</b> Pervasive and specific developmental disorder
<b>F40-F48</b> Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	<b>F90-F98</b> Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
	<b>F99</b> Unspecified mental disorder

## 2.6 Chapter 6 - Diseases of the Nervous System (G00-G99)

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

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

<b>H00-H05</b> Disorders of eyelid, lacrimal system and orbit	<b>H43-H44</b> Disorders of vitreous body and globe
<b>H10-H11</b> Disorders of conjunctiva	<b>H46-H47</b> Disorders of optic nerve and visual pathways
<b>H15-H22</b> Disorders of sclera, cornea, iris and ciliary body	<b>H49-H52</b> Disorders of ocular muscles, binocular movement, accommodation and refraction
<b>H25-H28</b> Disorders of lens	<b>H53-H54</b> Visual disturbances and blindness
<b>H30-H36</b> Disorders of choroid and retina	<b>H55-H57</b> Other disorders of eye and adnexa

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<b>H40-H42</b> Glaucoma	<b>H59</b> Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified
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## 2.8 Chapter 8 - Diseases of the ear and mastoid process (H60-H95)

<b>H60-H62</b> Diseases of external ear	<b>H90-H94</b> Other disorders of ear
<b>H65-H75</b> Diseases of middle ear and mastoid	<b>H95</b> Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified
<b>H80-H83</b> Diseases of inner ear	

## 2.9 Chapter 9 – Diseases of the circulatory system (I00-I99)

<b>I00-I02</b> Acute rheumatic fever	<b>I30-I52</b> Other forms of heart disease
<b>I05-I09</b> Chronic rheumatic heart diseases	<b>I60-I69</b> Cerebrovascular diseases
<b>I10-I15</b> Hypertensive diseases	<b>I70-I79</b> Diseases of arteries, arterioles and capillaries
<b>I20-I25</b> Ischemic heart diseases	<b>I80-I89</b> Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
<b>I26-I28</b> Pulmonary heart disease and diseases of pulmonary circulation	<b>I95-I99</b> Other and unspecified disorders of the circulatory system

## 2.10 Chapter 10 – Diseases of the respiratory system (J00-J99)

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

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

<b>K00-K14</b> Diseases of oral cavity and salivary glands	<b>K55-K64</b> Other diseases of intestines
<b>K20-K31</b> Diseases of esophagus, stomach and duodenum	<b>K65-K68</b> Diseases of peritoneum and retroperitoneum
<b>K35-K38</b> Diseases of appendix	<b>K70-K77</b> Diseases of liver
<b>K40-K46</b> Hernia	<b>K80-K87</b> Disorders of gallbladder, biliary tract and pancreas
<b>K50-K52</b> Noninfective enteritis and colitis	<b>K90-K95</b> Other diseases of the digestive system

## 2.12 Chapter 12 – Diseases of the skin and subcutaneous tissue (L00-L99)

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

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

<b>M00-M02</b> Infectious arthropathies	<b>M60-M63</b> Disorders of muscles
<b>M05-M14</b> Inflammatory polyarthropathies	<b>M65-M67</b> Disorders of synovium and tendon
<b>M15-M19</b> Osteoarthritis	<b>M70-M79</b> Other soft tissue disorders
<b>M20-M25</b> Other joint disorders	<b>M80-M85</b> Disorders of bone density and structure
<b>M26-M27</b> Dentofacial anomalies [including malocclusion] and other disorders of jaw	<b>M86-M90</b> Other osteopathies
<b>M30-M36</b> Systemic connective tissue disorders	<b>M91-M94</b> Chondropathies
<b>M40-M43</b> Deforming dorsopathies	<b>M95</b> Other disorders of the musculoskeletal system and connective tissue

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<b>M45-M49</b> Spondylopathies	<b>M96</b> Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified
<b>M50-M54</b> Other dorsopathies	<b>M99</b> Biomechanical lesions, not elsewhere classified

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

<b>N00-N08</b> Glomerular diseases	<b>N40-N53</b> Diseases of male genital organs
<b>N10-N16</b> Renal tubulo-interstitial diseases	<b>N60-N65</b> Disorders of breast
<b>N17-N19</b> Acute kidney failure and chronic kidney disease	<b>N70-N77</b> Inflammatory diseases of female pelvic organs
<b>N20-N23</b> Urolithiasis	<b>N80-N98</b> Noninflammatory disorders of female genital tract
<b>N25-N29</b> Other disorders of kidney and ureter	<b>N99</b> Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified
<b>N30-N39</b> Other diseases of the urinary system	



## 2.15 Chapter 15 – Pregnancy, childbirth and the puerperium (O00-O9A)

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

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

<b>P00-P04</b> Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery	<b>P50-P61</b> Hemorrhagic and hematological disorders of newborn
<b>P05-P08</b> Disorders of newborn related to length of gestation and fetal growth	<b>P70-P74</b> Transitory endocrine and metabolic disorders specific to newborn
<b>P09</b> Abnormal findings on neonatal screening	<b>P76-P78</b> Digestive system disorders of newborn
<b>P10-P15</b> Birth trauma	<b>P80-P83</b> Conditions involving the integument and temperature regulation of newborn

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<b>P19-P29</b> Respiratory and cardiovascular disorders specific to the perinatal period	<b>P84</b> Other problems with newborn
<b>P35-P39</b> Infections specific to the perinatal period	<b>P90-P96</b> Other disorders originating in the perinatal period

## 2.17 Chapter 17 – Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

<b>Q00-Q07</b> Congenital malformations of the nervous system	<b>Q50-Q56</b> Congenital malformations of genital organs
<b>Q10-Q18</b> Congenital malformations of eye, ear, face and neck	<b>Q60-Q64</b> Congenital malformations of the urinary system
<b>Q20-Q28</b> Congenital malformations of the circulatory system	<b>Q65-Q79</b> Congenital malformations and deformations of the musculoskeletal system
<b>Q30-Q34</b> Congenital malformations of the respiratory system	<b>Q80-Q89</b> Other congenital malformations
<b>Q35-Q37</b> Cleft lip and cleft palate	<b>Q90-Q99</b> Chromosomal abnormalities, not elsewhere classified
<b>Q38-Q45</b> Other congenital malformations of the digestive system	

## 2.18 Chapter 18 – Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

<b>R00-R09</b> Symptoms and signs involving the circulatory and respiratory systems	<b>R50-R69</b> General symptoms and signs
<b>R10-R19</b> Symptoms and signs involving the digestive system and abdomen	<b>R70-R79</b> Abnormal findings on examination of blood, without diagnosis
<b>R20-R23</b> Symptoms and signs involving the skin and subcutaneous tissue	<b>R80-R82</b> Abnormal findings on examination of urine, without diagnosis
<b>R25-R29</b> Symptoms and signs involving the nervous and musculoskeletal systems	<b>R83-R89</b> Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
<b>R30-R39</b> Symptoms and signs involving the genitourinary system	<b>R90-R94</b> Abnormal findings on diagnostic imaging and in function studies, without diagnosis
<b>R40-R46</b> Symptoms and signs involving cognition, perception, emotional state and behavior	<b>R97</b> Abnormal tumor markers
<b>R47-R49</b> Symptoms and signs involving speech and voice	<b>R99</b> Ill-defined and unknown cause of mortality

## 2.19 Chapter 19 – Injury, poisoning, and certain other consequences of external causes (S00-T88)

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

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

<b>V00-X58</b> Accidents	<b>V70-V79</b> Bus occupant injured in transport accident
<b>V00-V99</b> Transport accidents	<b>V80-V89</b> Other land transport accidents
<b>V00-V09</b> Pedestrian injured in transport accident	<b>V90-V94</b> Water transport accidents
<b>V10-V19</b> Pedal cycle rider injured in transport accident	<b>V95-V97</b> Air and space transport accidents
<b>V20-V29</b> Motorcycle rider injured in transport accident	<b>V98-V99</b> Other and unspecified transport accidents
<b>V30-V39</b> Occupant of three-wheeled motor vehicle injured in transport accident	<b>W00-X58</b> Other external causes of accidental injury
<b>V40-V49</b> Car occupant injured in transport accident	<b>W00-W19</b> Slipping, tripping, stumbling and falls
<b>V50-V59</b> Occupant of pick-up truck or van injured in transport accident	<b>W20-W49</b> Exposure to inanimate mechanical forces
<b>V60-V69</b> Occupant of heavy transport vehicle injured in transport accident	<b>W50-W64</b> Exposure to animate mechanical forces

## 2.21 Chapter 21 – Factors influencing health status and contact with health services (Z00-Z99)

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

## 3. ICD-10-CM: Behavioral Health Course

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

1. Z codes are procedure codes

True     False

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

True     False

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

True     False

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4. If a pediatrician refers an 8 year old because of hyperactivity, disruptive behavior and impulsivity and following examination you determine they are ADHD, the primary reason for the visit will be the examination

True     False

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## 3.2 Behavioral Health Course Unit 1 – Coding Exercise

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

➤ Code the scenario

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### 3.3 Behavioral Health Course Unit 2 - Review Questions

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

True     False

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

True     False

---

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

True     False

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### 3.4 Behavioral Health Course Unit 2 – Coding Exercise

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

## 4. ICD-10-CM: Child Health and Health Check Course

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

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

True     False

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

True     False

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

True     False

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

True     False

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5. Follow up codes are used when treatment for a disease, condition or injury is still ongoing

True     False

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## 4.2 Child Health and Health Check

### Course Unit 1 – Coding Exercises

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

➤ Code the scenario

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

➤ Code the scenario

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## 4.3 Child Health and Health Check

### Course Unit 2 - Review Questions

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

True     False

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

True     False

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

True     False

---

---

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

True     False

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---

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

True     False

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## 4.4 Child Health and Health Check

### Course Unit 2 – Coding Exercise

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

- Code the scenario

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- **Code the following:**

- Juvenile absence epilepsy, not intractable, with status epilepticus

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- Ear Infection

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

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## 4.5 Child Health and Health Check

### Course Unit 3 - Review Questions

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

True  False

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

True  False

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

True  False

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4. Intrinsic asthma and Extrinsic asthma have different codes

True  False

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5. Laboratory results are required before a clinician can confirm the type of flu

True  False

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## 4.6 Child Health and Health Check

### Course Unit 3 - Coding Exercises

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

➤ Code the scenario

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

➤ Code the scenario

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## 4.7 Child Health and Health Check

### Course Unit 4 - Review Questions

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

True     False

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

True     False

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

True     False

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

True     False

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

True     False

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## 4.8 Child Health and Health Check

### Course Unit 4 - Coding Exercises

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

➤ Code the scenario

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

➤ Code the scenario

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## 4.9 Child Health and Health Check

### Course Units 1 - 4 Coding Exercises

#	<b>Diagnoses</b>	<b>Answer</b>
1	5 year old male seen in Child Health clinic today for Chalazion, right upper and lower eyelids.	
2	During a routine Health Check physical exam, an 8 year old white female is discovered to be dehydrated. The mother reports the child has had diarrhea for several days.	
3	4 year old female is experiencing acute pain in both ears. This child has been seen on several occasions for serous otitis media, right ear. Both parents are heavy cigarette smokers. Diagnosis: Acute serous otitis media, left ear; Total perforated tympanic membrane due to chronic serous otitis media, right ear.	
4	A 14 year old female is seen in child health clinic for irregular periods. A pregnancy test is given and it is determined patient is pregnant.	
5	6 year old female diagnosed with Erythema multiforme minor due to azithromycin prescribed for recurrent acute suppurative otitis media, both ears. Client has approximately 9 percent body surface exfoliation, primarily on her arms and legs.	
6	Full term newborn delivered 4 days ago and discharged with no problems. After going home he was jaundiced so the mother brings him to the health department for evaluation. Infant is diagnosed with hyperbilirubinemia and will have phototherapy provided at home.	
7	2 month old male is seen for initial Child Health examination. He has a cleft palate involving both the soft and hard palate, with bilateral cleft lip.	
8	12 year old female complaining of painful urination and an urge to urinate frequently. Diagnosis: Acute suppurative cystitis, with hematuria due to E coli.	

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#	<b>Diagnoses</b>	<b>Answer</b>
9	A 9 year old is seen for sore throat and upper respiratory symptoms with an onset 2 days ago. A rapid strep test is negative and an Albuterol nebulizer treatment is given before sending child out via EMS for acute respiratory distress.	
10	3 year, 8 month old male presents to clinic for ADHD/Behavior issues according to mother; physical exam finds 3cm lymph node below chin—Rx given for Acute Lymphadenitis. Mother states during exam that child has killed multiple small animals and constantly tortures cat. Referral to mental health for Conduct Disorder and possible ADHD; follow up lymphadenitis in 2 weeks	
11	A 3 yr old male with nutritional deficiency was referred from his primary care physician to receive Medical Nutrition Therapy (MNT) from a Registered Dietitian. The child weighed 1000 grams at birth after 32 weeks gestation. He has fetal alcohol syndrome as the mother suffered from alcohol abuse prior to and during the pregnancy. The mother has been in remission for 1 year. The primary care physician ordered 3 visits with a return visit to his office upon completion of the MNT services.	
12	A 2 year old comes in for WCC and it is discovered that child has pink eye and is treated. WCC rescheduled.	
13	A 1 year old Child Health client presents for their annual periodic Child Health visit and receives the following: Bright Futures history, exam, lead level, vision, hearing, developmental screening and is found to have an inner ear infection of the right ear.	

## 5. ICD-10-CM: Family Planning Course

### 5.1 Family Planning Course Unit 1 - Review Questions

1. Z codes are procedure codes

True  False

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

True  False

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

True  False

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4. If family planning counseling routinely occurs during an encounter for surveillance of contraceptive pills, you do not code the counseling

True  False

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## 5.2 Family Planning Course Unit 1 – Coding Exercise

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

➤ Code the scenario

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

➤ Code the scenario

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## 5.3 Family Planning Course Unit 2 - Review Questions

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

True     False

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

True     False

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

True     False

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## 5.4 Family Planning Course Unit 2 – Coding Exercise

#	<b>Diagnoses</b>	<b>Answer</b>
1	16-year old female comes in requesting to get started on oral contraceptives. Her well child visit 3 weeks ago was unremarkable. Menses are regular, no complaints. She is started on Ortho Tri-Cyclen.	
2	A 28 year old with a history of contraceptive failure resulting in a pregnancy while using a diaphragm, comes in to discuss other methods. She decides that she wants to use Nexplanon.	
3	A 16 year old, never seen in the LHD before, comes in seeking a pregnancy test. The test is positive and 8 weeks gestation. She is referred to Maternal Health.	
4	A 32 year old male comes into clinic interested in vasectomy. He has been approved for the FPW (Be Smart Program) but has not had an initial physical. The provider completes the initial exam which was unremarkable and discusses options for scheduling the vasectomy.	
5	Ms. C had an implant inserted 2 weeks ago in her right upper arm and returns to clinic with complaints of pain at insertion site and dizziness; provider examines the insertion site and has a 15 minute discussion re: whether to keep or remove the implant. Ms. C decides not to remove the implant; will return to the office in a month if symptoms continue.	
6	A 17-year-old established patient seen for “check-up” and initiation of contraception; Menses are regular; no complaints; Sexual debut 6 months ago; 2 lifetime partners; BP checked; vaginal swab for Gonorrhea/Chlamydia (NAAT); Given prescription for Ortho-Evra patch.	
7	A 21 year old female presents to FP clinic for Depo Provera injection. She reports increasing feelings of sadness and hopelessness and has gained 8 pounds since her last visit three months ago. The nurse refers the patient to the clinician for evaluation.	



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#	<b>Diagnoses</b>	<b>Answer</b>
8	19 year old female in for family planning annual exam. Breast tenderness x 3 months. Findings include ½ cm fibrocystic nodule in left breast and 1 cm mobile nodule in right breast. Right breast ultrasound ordered—possible breast adenoma	
9	Clinic visit for replacement of intrauterine contraceptive device	
10	A 30 year old on birth control pills comes in for her annual Family Planning physical. Her last Pap test 6 months ago was LSIL, but she has missed her follow up appointments. A pap smear is done.	
11	A 21 year old was seen in the clinic two weeks ago requesting birth control pills so following a normal examination she was prescribed Seasonique. She is seen today because she has been experiencing lower abdominal cramps, and mild nausea since starting the Seasonique. It appears she is having a adverse reaction to the pill so is told to discontinue taking the pill and return in one week.	

## 6. ICD-10-CM: Maternal Health Course

### 6.1 Maternal Health Course Unit 1 - Review Questions

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

True     False

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

True     False

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

True     False

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

True     False

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5. Status codes are used to describe a condition a client had previously that no longer exists

True     False

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## 6.2 Maternal Health Course Unit 1 – Coding Exercises

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

➤ Code the scenario

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

➤ Code the scenario

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## 6.3 Maternal Health Course Unit 2 - Review Questions

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

True     False

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

True     False

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

True     False

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

True     False

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5. If the clinician documents the client is in their 16<sup>th</sup> week of the pregnancy, the client is in their 1<sup>st</sup> trimester

True     False

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6. To code live born infant including place of birth and type of delivery, codes from Chapter 15 are used

True     False

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## 6.4 Maternal Health Course Unit 2 – Coding Exercise

#	<b>Diagnoses</b>	<b>Answer</b>
1	During a routine prenatal visit, a 35 year old woman, G1, P1 at 18 weeks of pregnancy underwent a 1 hour glucose screening test that was found to be abnormal, with a blood sugar level reported to be over 200 mg/dl. The patient was sent to the hospital laboratory for a 3 hour glucose tolerance test. The final diagnosis is Gestational Diabetes.	
2	36 year old G2 P1 female is 28-weeks pregnant and is being seen at the health department for gestational hypertension. At this time she is not having any other problems.	
3	25 year old female admitted to the hospital is G1 P0 at 39 weeks with twin gestation. The C-Section delivery was complicated by nuchal cord, without compression, of fetus 2. Both infants were live born and healthy.	
4	15 year old client is having difficulty breathing. She has AIDS and is 13 weeks pregnant. This is her first pregnancy. Workup reveals Pneumocystitis carinii pneumonia.	
5	A 30-year old female is in the 36 <sup>th</sup> week of pregnancy and comes to the clinic reporting bleeding. Upon examination it is determined that the patient is hemorrhaging due to placenta previa. EMS is called and the patient is sent to the hospital for an emergency C-Section.	
6	A 14 year old prenatal patient returns to clinic a few hours after her initial prenatal workup visit complaining of vaginal bleeding and cramps.	
7	During a routine maternal health clinic visit, a 38 year old G2, P0, at 22 weeks gestation, diagnosed with eclampsia. She is a juvenile diabetic and is nicotine dependent smoking 1 pack of cigarettes per day.	

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#	<b>Diagnoses</b>	<b>Answer</b>
8	Patient presents today for first postpartum exam and birth control. Last sex was one day ago (first sex since delivering a baby girl 6 weeks ago.) She states that she would like to use NuvaRing. A pregnancy test was administered and was negative.	
9	Antepartum supervision of pregnancy in 29 year old patient with history of three previous stillbirths, 24 weeks gestation	
10	A primigravida 15 year old patient at 15 weeks gestation has chronic cystitis and has had recurrent bouts of acute cystitis during her pregnancy.	
11	A 42 year old comes in for her new OB physical exam after a positive home pregnancy test. Pregnancy confirmed at 8 weeks gestation. This is her first pregnancy.	

## 7. ICD-10-CM: Primary Care and Chronic Disease Course

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

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

True  False

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2. BMI codes can be primary or additional

True  False

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

True  False

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

True  False

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5. If a client complains of frequent urination, increased thirst and hunger, and shakiness, and the clinician checks the client’s blood sugar, this will be coded as a screening

True  False

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## 7.2 Primary Care and Chronic Disease

### Course Unit 1 – Coding Exercises

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

➤ Code the scenario

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

➤ Code the scenario

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## 7.3 Primary Care and Chronic Disease

### Course Unit 2 - Review Questions

1. Neoplasms are classified primarily by site

True     False

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

True     False

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

True     False

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

True     False

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---

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

True     False

---

---

## 7.4 Primary Care and Chronic Disease

### Course Unit 2 – Coding Exercise

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

➤ Code the scenario

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

➤ Code the scenario

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## 7.5 Primary Care and Chronic Disease

### Course Unit 3 - Review Questions

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

True     False

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

True     False

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

True     False

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

True     False

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## 7.6 Primary Care and Chronic Disease

### Course Unit 3 - Coding Exercises

- **Code the following:**

➤ Chronic Back Pain

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➤ Ear Infection

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

➤ Code the scenario

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

➤ Code the scenario

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- **Scenario 3:** 5 year old male diagnosed with Severe persistent asthma with acute exacerbation

➤ Code the scenario

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## 7.7 Primary Care and Chronic Disease

### Course Unit 4 - Review Questions

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

True     False

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

True     False

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

True     False

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4. Codes from Chapter 20 are used only with injury codes

True     False

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## 7.8 Primary Care and Chronic Disease

### Course Unit 4 - Coding Exercises

#	<b>Primary Care Scenario/Diagnosis</b>	<b>Answer</b>
1	<b>Primary Care:</b> 4 year old male is brought in by his mother. She states he fell out of a swing at the park and complained of his ankle hurting. Some swelling of the right ankle is noted but no signs of fracture. Diagnosis: Sprained right ankle	
2	<b>Primary Care:</b> 25 year old female complains of persistent, stubborn headache. The client reports she has been taking more than the recommended dose of Tylenol since her surgery 2 months ago. Client was on post-op opiates for one week following the surgery but when the opiates were discontinued, she has continued to experience pain so she has been taking additional doses of Tylenol. The clinician documents that the client has drug-induced, intractable headache due to Tylenol overuse with chronic post-op pain.	
3	<b>Primary Care:</b> Chalazion, right lower and upper eyelid	
4	<b>Primary Care:</b> 4 year old female is experiencing acute pain in both ears. This child has been seen on several occasions for serous otitis media, right ear. Both parents are heavy cigarette smokers. Diagnosis: Acute serous otitis media, left ear; Total perforated tympanic membrane due to chronic serous otitis media, right ear.	
5	<b>Primary Care:</b> A 70 year old female patient is seen in the adult health clinic and has an elevated blood pressure, swelling in both lower extremities and severe headache with light sensitivity. Clinic phones EMS to transport patient to the Emergency Department.	
6	<b>Primary Care:</b> Pregnant female is seen for cough, fever, body aches, sinus pressure. Diagnosis: Upper respiratory infection due to novel influenza A virus and acute frontal sinusitis.	

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#	<b>Primary Care Scenario/Diagnosis</b>	<b>Answer</b>
7	<b>Primary Care:</b> Home Health client with carcinoma of descending colon has extensive cellulitis of the abdominal wall and existing colostomy site is infected. The organism is confirmed as MRSA.	
8	<b>Primary Care:</b> 6 year old female diagnosed with Erythema multiforme minor due to azithromycin prescribed for recurrent acute suppurative otitis media, both ears. Client has approximately 9 percent body surface exfoliation, primarily on her arms and legs.	
9	<b>Primary Care:</b> 75 year old female with senile osteoporosis is seen for severe back pain with no history of trauma. X-ray confirms compression fracture of 4th lumbar vertebra. The client is on Lisinopril for hypertension and Heparin for atrial fibrillation. Client was given a back brace for support and prescriptions for Calcitonin, Lisinopril, Heparin.	
10	<b>Primary Care:</b> 54 year old male with bleeding, pain and swelling in the anal area. He reports having frequent constipation. Diagnosis: External hemorrhoids, chronic constipation	
11	<b>Primary Care:</b> 22 year old female has had a fever as high as 102.5 degrees Fahrenheit with chills and body aches for 3 days. She reports no nausea, vomiting or cough. Lab tests including a CBC and urinalysis were performed with normal results. The physician documented: Fever of undetermined origin with chills, possible viral syndrome.	
12	<b>Primary Care:</b> 28 year old female reports walking her dog on the beach barefooted and stepped on a sharp metal object. There is a 2cm laceration of the left heel with some type of metal lodged in the heel. Metal was removed and wound cleaned and dressed. Tetanus shot given.	

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#	<b>Primary Care Scenario/Diagnosis</b>	<b>Answer</b>
13	<b>Primary Care:</b> A 9-month old girl is seen in the health department. The mother reports the child has been crying inconsolably and tugging at her right ear. On exam, the tympanic membrane of the right ear is noted to be red and inflamed with suppuration behind the tympanic membrane. She has a history of otitis media. Dx: Otitis Media	
14	<b>Primary Care:</b> A 45-year old man is seen at the health department with a temperature of 102. Blood cultures returned positive. The physician documentation included the patient had pneumonia due to staphylococcal aureus and acute renal failure. The physician also documented the patient had tachycardia and hypotension. EMS was called and the patient was sent to the hospital.	
15	<b>Primary Care:</b> A 51-year old male walks into the clinic complaining of chest pain. The physician examines the client and documents a diagnosis of acute coronary insufficiency with a possible impending myocardial infarction. The patient is sent to the hospital emergency room for further evaluation.	

#	<b>Chronic Disease Scenario/Diagnosis</b>	<b>Answer</b>
1	<b>Chronic Disease:</b> 62 year old female was seen last week for annual examination. Blood work is consistent with Hypercholesterolemia. She returns today for follow-up and is given a prescription for Pravastatin. Since she is a Type 2 diabetic on insulin, her blood sugar is checked and is 140. She is obese at 240 pounds with a BMI of 41. Dietary counselling was provided.	
2	<b>Chronic Disease:</b> 43 year old female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300.	



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#	<b>Chronic Disease Scenario/Diagnosis</b>	<b>Answer</b>
3	<b>Chronic Disease:</b> 57 year old male has Hypertension with Stage 4 chronic kidney disease. He walked into clinic reporting blood in urine and severe lower abdominal pain. Urine was positive for heavy blood and abdomen is distended. EMS was called.	
4	<b>Chronic Disease/Primary Care:</b> 45 year old female with Arteriosclerosis of bilateral lower extremities with rest pain. She was dependent on cigarettes for 20+ years but in remission for 6 months.	
5	<b>Chronic Disease:</b> Sickle cell arthropathy of the left knee in Hb-C disease	
6	<b>Chronic Disease:</b> A 69-year old female with chronic asthma presents with difficulty breathing. The physician documents that she has acute respiratory failure due to acute exacerbation of extrinsic asthma. She reports that she smokes cigarettes. She is sent to the hospital via EMS.	

## 8. ICD-10-CM: STD, HIV, Communicable Disease Course

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

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

True     False

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

True     False

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

True     False

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

True     False

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5. If counseling routinely occurs during a screening for HIV, do not code the counseling

True     False

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## 8.2 STD, HIV, Communicable Disease

### Course Unit 1 – Coding Exercise

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

➤ Code the scenario

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

➤ Code the scenario

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## 8.3 STD, HIV, Communicable Disease

### Course Unit 2 - Review Questions

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1. Infectious diseases that occur during pregnancy are coded using Chapter 1.

True     False

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2. Before coding HIV positive, there must be a positive serology or culture for HIV in the client's record.

True     False

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3. If the documentation states the client has AIDS, always code B20, HIV disease.

True     False

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4. All infections are classified using Chapter 1.

True     False

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5. If the clinician suspects influenza but cannot confirm the type, use codes in category J11.

True     False

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

True     False

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## 8.4 STD, HIV, Communicable Disease

### Course Unit 2 – Coding Exercises

#	<b>Diagnoses</b>	<b>Answer</b>
1	A 42 year old woman who was exposed to TB during a family visit comes in for TB screening (PPD) and to begin prophylactic treatment.	
2	A 35 year old male visits the health department to receive results of a TB skin test that is required for employment. When the skin test is read, it is positive 10mm.	
3	A patient presents to the TB Clinic with a note from his Primary Care Physician (PCP) stating he has a 25mm reading of his PPD and requires further evaluation. PCP also reports patient with productive cough x 2 months, 15 lb wt loss over 3 months, fatigue, and night sweats. Sputum sent to State Lab.	
4	Patient presents to STD clinic stating he has been in contact with Chlamydia. Complains of sporadic, mild testicular pain for a couple of days. Denies any penile discharge or dysuria. Partner treated 2-3 weeks ago; no sex since.	
5	<u>Part 1:</u> A 21 year old male comes in to STD clinic complaining of a urethral discharge and wants to be tested for STD. <u>Part 2:</u> Client returns for test results; testing indicates that he has gonorrhea. Dx: Gonococcal urethritis	
6	A 32 year old female is seen in the STD clinic for STD testing. It is discovered the patient has a yeast infection.	
7	33 year old male is seen for with severe nausea and vomiting that started yesterday after eating at a Chinese restaurant. Dx: Acute case of bacterial food poisoning due to Salmonella	
8	A 16 year old female visits the health department and asked “to be tested” because she says she has been told that she has been exposed to an STD but doesn’t know what kind of STD. She tells the nurse that she just wants “to be checked” to be sure she doesn’t have any kind of STD. She has had multiple male partners.	

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#	<b>Diagnoses</b>	<b>Answer</b>
9	Male patient presents to clinic for HIV and STD testing. He reports some mild dysuria and one week ago he had flu –like symptoms with high fever. Reports that he has had multiple unprotected sexual partners and sexual encounters which include same sex partners.	
10	17 year old male presents to the health department stating he has noted some growths on his penis and wants to determine if he has a STD. He reports multiple female partners. During physical exam, provider notes raised veruca cell lesions, .25 cm in diameter with 3-4 inch cluster on penile. Dx: Condyloma treated with Trichloroacetic acid (TCA) and return to clinic in 7 days for retreatment. Safe sex and STD prevention were discussed.	
11	24 year old male walks into the health department complaining of fever, sore throat, muscle pain and headaches. He states he just returned from a business trip to Nigeria. Quarantine protocol is initiated for possible Ebola virus.	
12	An 18 year old female presents to STD clinic complaining of heavy vaginal discharge and lower right abdominal pain for three days. She has only had sexual relations with one male and she is not aware if he has an STD but she wants to be checked. Examination findings consistent with Pelvic Inflammatory Disease. Culture results received 1 week later are consistent with Chlamydia.	

## 9. ICD-10-CM: Women's Health and BCCCP Course

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

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

True     False

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2. BMI codes should only be reported as additional diagnosis

True     False

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

True     False

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

True     False

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

True     False

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## 9.2 Women's Health and BCCCP Course

### Unit 1 – Coding Exercises

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

➤ Code the scenario

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

➤ Code the scenario

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## 9.3 Women's Health and BCCCP Course

### Unit 2 - Review Questions

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

True     False

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

True     False

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

True     False

---

4. A client being seen for her annual exam has a documented diagnosis of Fibromyalgia. The client reports they are having pain related to the Fibromyalgia so a code from category G89, Pain not elsewhere classified, would be used

True     False

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## 9.4 Women's Health and BCCCP Course

### Unit 2 – Coding Exercise

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

➤ Code the scenario

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

➤ Code the scenario

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

➤ Code the scenario

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## 9.5 Women's Health and BCCCP Course

### Unit 3 - Review Questions

1. ICD-10-CM does not contain a code I10

True  False

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

True  False

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

True  False

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4. A code from category M80, not a traumatic fracture code from Chap 19, should be used for any patient with known osteoporosis who suffers a fracture

True  False

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## 9.6 Women’s Health and BCCCP Course

### Unit 3 - Coding Exercises

#	<b>Women’s Health Scenario/Diagnosis</b>	Answer
1	<b>Women’s Health:</b> Postmenopausal osteoporosis in an overweight 59 year old female with a history of healed osteoporotic fracture of the right ankle. BMI is 30.	
2	<b>Women’s Health:</b> A 50-year old female is diagnosed with endometrial carcinoma, primary site. She is referred to a Gynecologist for further evaluation and surgery.	
3	<b>Women’s Health:</b> 20 year old female seen for pelvic pain due to pelvic inflammatory disease. The source of the disease is a result of sexually transmitted Chlamydia.	
4	<b>Women’s Health:</b> 22 year old female complaining of painful urination and an urge to urinate frequently. Diagnosis: Acute suppurative cystitis, with hematuria due to E coli.	
5	<b>Women’s Health:</b> Tubo-ovarian endometriosis	
6	<b>Women’s Health:</b> 35 year old female complains of RUQ abdominal pain with several episodes of nausea and vomiting. Three BP readings during her visit were all elevated with highest being 155/95 but a diagnosis of hypertension is not made at this time. She reports being nervous and worries a lot about finances. Sonogram ordered.	
7	<b>Women’s Health:</b> Female patient presents with brown, vaginal discharge with moderate severity. The discharge is constant and has lasted for 1 week with no modifying factors. Associated symptoms consist of odor. Also, complaining of mild, abdominal pain (one episode last week, “sharp” and lasted a few seconds). Other pertinent information: Unprotected intercourse, multiple male partners and uses oral contraceptives but sometimes takes the oral contraceptives late. Specimen to identify bacteria as well as test for STDs and HIV was sent to State Lab for testing. Dx: Acute Vaginitis, Abdominal Pain, Promiscuous Behavior	

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#	<b>Women's Health Scenario/Diagnosis</b>	<b>Answer</b>
8	<b>Women's Health</b> Patient presents with lumps in both breasts and states they have been present for 8 months. There is spontaneous, nipple discharge coming out of both breasts, but not when squeezed. Patient was scheduled for a mammogram later today. Dx: Lumps in both breasts, Nipple discharge	
9	<b>Women's Health</b> 41 year old female presents to adult health clinic for annual exam. History of left ovary surgically removed; Right tube removed; LMP 6/2011; Positive for hot flashes and vaginal dryness; Desires STD testing; Husband recently diagnosed with Hepatitis B; Thyroid –stimulating hormone (TSH) and Follicle-stimulating hormone (FSH) testing for evaluation of amenorrhea; Will do follow up Gram Culture, Chlamydia, HpAgAb/RPR/HIV; Wet Prep positive - given Flagyl x 7 days; Return to clinic in 2 weeks	
10	<b>Women's Health:</b> Female patient presents to clinic with symptoms of abnormal green foul smelling discharge x 3 days, painful intercourse, and right adnexa tenderness. Reports multiple male partners and unprotected intercourse. Dx: Trichomoniasis	

#	<b>BCCCP Scenario/Diagnosis</b>	<b>Answer</b>
1	<b>BCCCP:</b> 42 year old female diagnosed with cancer of both breasts 4 years ago had a double mastectomy with chemo and radiation therapy. Uneventful yearly checkups. Today client complains of vomiting, dizziness, severe headaches, and blurred vision. Workup reveals metastasis from breast to the brain, accounting for the symptoms.	
2	<b>BCCCP:</b> A 55 year old woman comes in to BCCCP clinic to be screened for breast and cervical cancer; she was told by a friend that at her age she should be screened.	
3	<b>BCCCP:</b> A 42 year old woman with a family history of breast cancer and who found a lump in her right breast during her last self-exam comes in to BCCCP clinic for screening.	

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#	<b>BCCCP Scenario/Diagnosis</b>	<b>Answer</b>
4	<b>BCCCP:</b> A 47 year old woman who was referred by her private provider because of an abnormal pap smear comes in to BCCCP clinic for a diagnostic work-up.	
5	<b>BCCCP:</b> A 50 year old female presents for BCCCP screening examination. On examination the clinician finds her uterus to be enlarged and tender to palpation. Last menstrual period reported as two weeks ago and heavier than usual.	

# 10. Specialized Coding Training – Resource Materials

## 10.1 Coding Steps

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

- A. Locate the main term in the Alphabetic Index
  - a. For Chest Cold, Look up “Cold” then go down list to find “Chest”
- B. Scan the main term entry for any instructional notes
  - a. “*see* Bronchitis” so look up “Bronchitis”
- C. In the diagnosis being coded, identify any terms that modify the main term
  - a. Nothing under “Bronchitis J40” relates back to Chest Cold
- D. Follow any cross-reference notes
- E. Always verify the code in the Tabular List
  - a. **Never** begin code searches using Tabular List – may lead to coding errors
  - b. Go to J40 in the Tabular
- F. Follow any instructional notes
  - a. Do any of the instructions apply to Chest Cold?
- G. Select the code
  - a. J40 is the correct code

## 10.2 Coding Dementia due to early-onset Alzheimer’s Disease



# CODEWRITE

October 2013

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### ICD-10 Checkpoint



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

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

ICD-9-CM	ICD-10-CM/PCS
Code(s) Assigned	
<b>305.1</b> Tobacco use disorder	<b>F17.210</b> Nicotine dependence, cigarettes, uncomplicated
Indexed Terms	
Index: <b>Dependence</b> nicotine 305.1	Index: <b>Dependence</b> (on) (syndrome) -drug NEC --nicotine ---cigarettes F17.210
Code Comparisons	
<ul style="list-style-type: none"> <li>Tobacco abuse, tobacco dependence, and nicotine dependence are all classified to the same code, 305.1 Tobacco use disorder</li> <li>Code assignment is not impacted by the type of tobacco product used</li> <li>Code assignment would be different if the</li> </ul>	<ul style="list-style-type: none"> <li><i>ICD-10-CM Official Guidelines for Coding and Reporting</i> provides guidance when documentation of substance use, abuse, and dependence appears in the same health record</li> <li>Tobacco use is coded Z72.0 but it would not be reported along with a code from F17 for the nicotine/tobacco dependence per official coding</li> </ul>



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<p>patient is pregnant</p> <ul style="list-style-type: none"> <li>Code assignment would be different if the patient has a past history of tobacco use instead of a current tobacco use disorder</li> </ul>	<p>guidelines and Excludes1 note with Z72.0 and F17</p> <ul style="list-style-type: none"> <li>Subcategories under F17 identify specific tobacco products and nicotine-induced disorders</li> <li>Code assignment would be different if the patient is pregnant</li> <li>Code assignment would be different if the patient has a past history of tobacco dependence instead of a current dependence on tobacco</li> <li>There is no code for past history of tobacco use, only a code for past history of tobacco dependence</li> <li>Tobacco dependence in remission is coded differently than past history of tobacco dependence</li> </ul>
<p>Documentation Needed From Physicians</p>	
<ul style="list-style-type: none"> <li>The provider needs to document that the patient smokes tobacco or uses tobacco</li> <li>Coding Clinic articles provide advice to report 305.1 for a patient who is a smoker (CC 4Q 2009, CC 1Q 2009, CC 2Q 1996, and CC 4Q 1994, and CC Nov-Dec 1984)<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>The provider needs to specify if the patient is engaging in the use of tobacco or has developed a dependence on tobacco/nicotine</li> <li>Documentation is needed on the type of tobacco product used and whether or not there are nicotine-induced disorders such as remission or withdrawal</li> </ul>

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

## 10.3 Documenting Autism in ICD-10

### Documenting Autism in ICD-10

Written by Kathy Pride, CPC, RHIT, CCS-P

Comedian Jerry Seinfeld shocked the nation recently when he announced he “might be on the autism spectrum” and subsequently created an uproar in the autism community.

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

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

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

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

Because there is no cure for autism, therapy and behavioral interventions are designed to remedy specific symptoms and can provide substantial improvement in social development and language skills. Other forms of treatment include medications for

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treatment of symptoms such as anxiety, depression, or obsessive-compulsive disorder, and antipsychotic medications to treat severe behavioral problems.

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

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

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

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

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

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

**Sleep problems**

Children with ASD tend to have problems falling asleep or staying asleep, or have other sleep problems. These problems make it harder for them to pay attention, reduce their ability to function, and lead to poor behavior. In addition, parents of children with ASD and sleep problems tend to report greater family stress and poorer overall health among themselves.

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- G47.0 – Insomnia
- F51.05 – Insomnia due to a mental disorder
- G47.01 – Insomnia due to a medical condition; code also associated medical condition

**Intellectual disability**

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

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

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

**Seizures**

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

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

**Fragile X syndrome**

Fragile X syndrome is a genetic disorder and is the most common form of inherited intellectual disability, causing symptoms similar to ASD. The name refers to one part of the X chromosome that has a defective piece that appears pinched and fragile when viewed with a microscope. Fragile X syndrome results from a change, called a mutation, on a single gene. This mutation, in effect, turns off the gene. Some people may have

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only a small mutation and not show any symptoms, while others have a larger mutation and more severe symptoms.

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

- Q99.2 – Fragile X chromosome

**Gastrointestinal problems**

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

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

**About the Author**

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

## 10.4 Clinical Documentation for Autistic Patients

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

Written by [Ellen VanBuskirk](#)

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

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

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

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

#### Autism Spectrum Disorder

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

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

1. Deficits in social-emotional reciprocity, ranging from abnormal social approach and failure of normal back-and-forth conversation through reduced sharing of interests, emotions, and affect, and response to total lack of initiation of social interaction.
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging from poorly integrated verbal and nonverbal communication, through

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abnormalities in eye contact and body language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.

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

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

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

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

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

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

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

D. Symptoms together limit and impair everyday functioning.

I would argue the detail required for autism is vast and the skill needed for medical records review and code assignment requires a knowledge level greater than may be needed for other processes. The results of an inaccurate or inappropriate code applied are far-reaching, and could prevent a child and family from receiving opportunity for treatment and acceptance into the right program geared to the level of need. A child with special needs may not get access to care, as the services are already stretched beyond capacity and only paying customers get into ABA programs and social therapy groups, and receive special help in schools. They cannot get access to providers like dentists for routine dental care for special need patients, ophthalmologists for vision exams, and the list is long.

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Autistic kids and adults are not behavioral or social misfits; they have a neurological deficit with a range of symptoms. Treatment is costly and often falls through the cracks. We as a nation have done poorly with meeting the needs of neurologically low-functioning people. This is not a short-term issue, but as the children are often diagnosed before the age of five and will continue to need many different modalities of treatment until end of life, one inappropriate code could make the difference that would resound over their lifetime.

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

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

**About the Author**

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



## 10.5 Coding Tobacco Use and Nicotine Dependence (ICD-9-CM vs ICD-10-CM)



# CODEWRITE

October 2013

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### ICD-10 Checkpoint



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

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

ICD-9-CM	ICD-10-CM/PCS
Code(s) Assigned	
<b>305.1</b> Tobacco use disorder	<b>F17.210</b> Nicotine dependence, cigarettes, uncomplicated
Indexed Terms	
Index: <b>Dependence</b> nicotine 305.1	Index: <b>Dependence</b> (on) (syndrome) -drug NEC --nicotine ---cigarettes F17.210
Code Comparisons	
<ul style="list-style-type: none"> <li>Tobacco abuse, tobacco dependence, and nicotine dependence are all classified to the same code, 305.1 Tobacco use disorder</li> <li>Code assignment is not impacted by the type of tobacco product used</li> <li>Code assignment would be different if the</li> </ul>	<ul style="list-style-type: none"> <li><i>ICD-10-CM Official Guidelines for Coding and Reporting</i> provides guidance when documentation of substance use, abuse, and dependence appears in the same health record</li> <li>Tobacco use is coded Z72.0 but it would not be reported along with a code from F17 for the nicotine/tobacco dependence per official coding</li> </ul>

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<p>patient is pregnant</p> <ul style="list-style-type: none"> <li>Code assignment would be different if the patient has a past history of tobacco use instead of a current tobacco use disorder</li> </ul>	<p>guidelines and Excludes1 note with Z72.0 and F17</p> <ul style="list-style-type: none"> <li>Subcategories under F17 identify specific tobacco products and nicotine-induced disorders</li> <li>Code assignment would be different if the patient is pregnant</li> <li>Code assignment would be different if the patient has a past history of tobacco dependence instead of a current dependence on tobacco</li> <li>There is no code for past history of tobacco use, only a code for past history of tobacco dependence</li> <li>Tobacco dependence in remission is coded differently than past history of tobacco dependence</li> </ul>
<p>Documentation Needed From Physicians</p>	
<ul style="list-style-type: none"> <li>The provider needs to document that the patient smokes tobacco or uses tobacco</li> <li>Coding Clinic articles provide advice to report 305.1 for a patient who is a smoker (CC 4Q 2009, CC 1Q 2009, CC 2Q 1996, and CC 4Q 1994, and CC Nov-Dec 1984)<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>The provider needs to specify if the patient is engaging in the use of tobacco or has developed a dependence on tobacco/nicotine</li> <li>Documentation is needed on the type of tobacco product used and whether or not there are nicotine-induced disorders such as remission or withdrawal</li> </ul>

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

## 10.6 Documentation Tips: Diabetes

Diabetes documentation and coding will need to include:

- Types or causes of diabetes:
  - Type 1 (Category E10)
  - Type 2 (Category E11)
  - Due to drugs or chemicals (Category E09)
  - Due to underlying condition (Category E08)
  - Other specified diabetes (Category E13)
- Body system complications related to diabetes, such as kidney or neurological complications
- Combination codes include diabetes and the manifestation
- Specific complications, such as:
  - Chronic kidney disease
  - Foot ulcer
  - Hypoglycemia without coma
- If diabetes mellitus is due to the surgical removal of all or part of the pancreas (postpancreatectomy)
  - Assign code E89.1, Postprocedural hypoinsulinemia as first-listed
  - Assign secondary code from category E13, Other specified Diabetes Mellitus
  - Assign secondary code from subcategory Z90.41-, Acquired absence of pancreas
  - Assign secondary code for long term insulin use, Z79.4
- Controlled and Uncontrolled are no longer a factor in Diabetes Mellitus code selection
  - Uncontrolled is now coded Diabetes Mellitus (by type) with hyperglycemia

## 10.7 Documentation Tips: Type 2 Diabetic Gastroparesis



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### ICD-10 CHECKPOINT

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

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

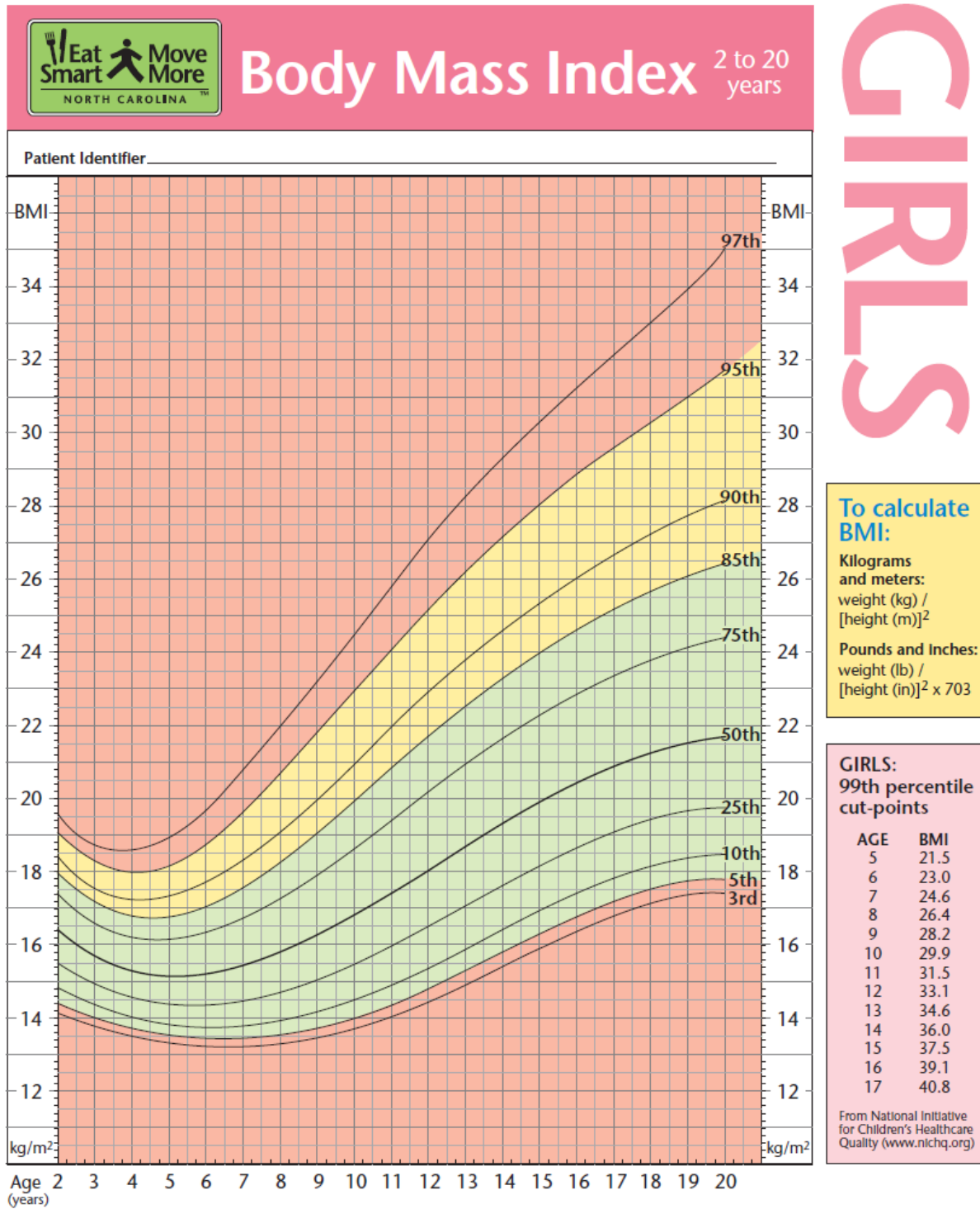
ICD-9-CM	ICD-10-CM/PCS
Code(s) Assigned	
<b>250.60</b> Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled  <b>536.3</b> Gastroparesis  <b>V58.67</b> Long-term (current) use of insulin	<b>E11.43</b> Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy  <b>K31.84</b> Gastroparesis  <b>Z79.4</b> Long term (current) use of insulin
Indexed Terms	
<u>Index:</u> <b>Diabetes, diabetic</b> gastroparesis <b>250.6 [536.3]</b>  <b>Gastroparesis</b> Diabetic <b>250.6 [536.3]</b>	<u>Index:</u> <b>Diabetes, diabetic</b> --type 2 ----with -----gastroparesis <b>E11.43</b>  <b>Gastroparesis K31.84</b>  - diabetic —see Diabetes, by type, with gastroparesis

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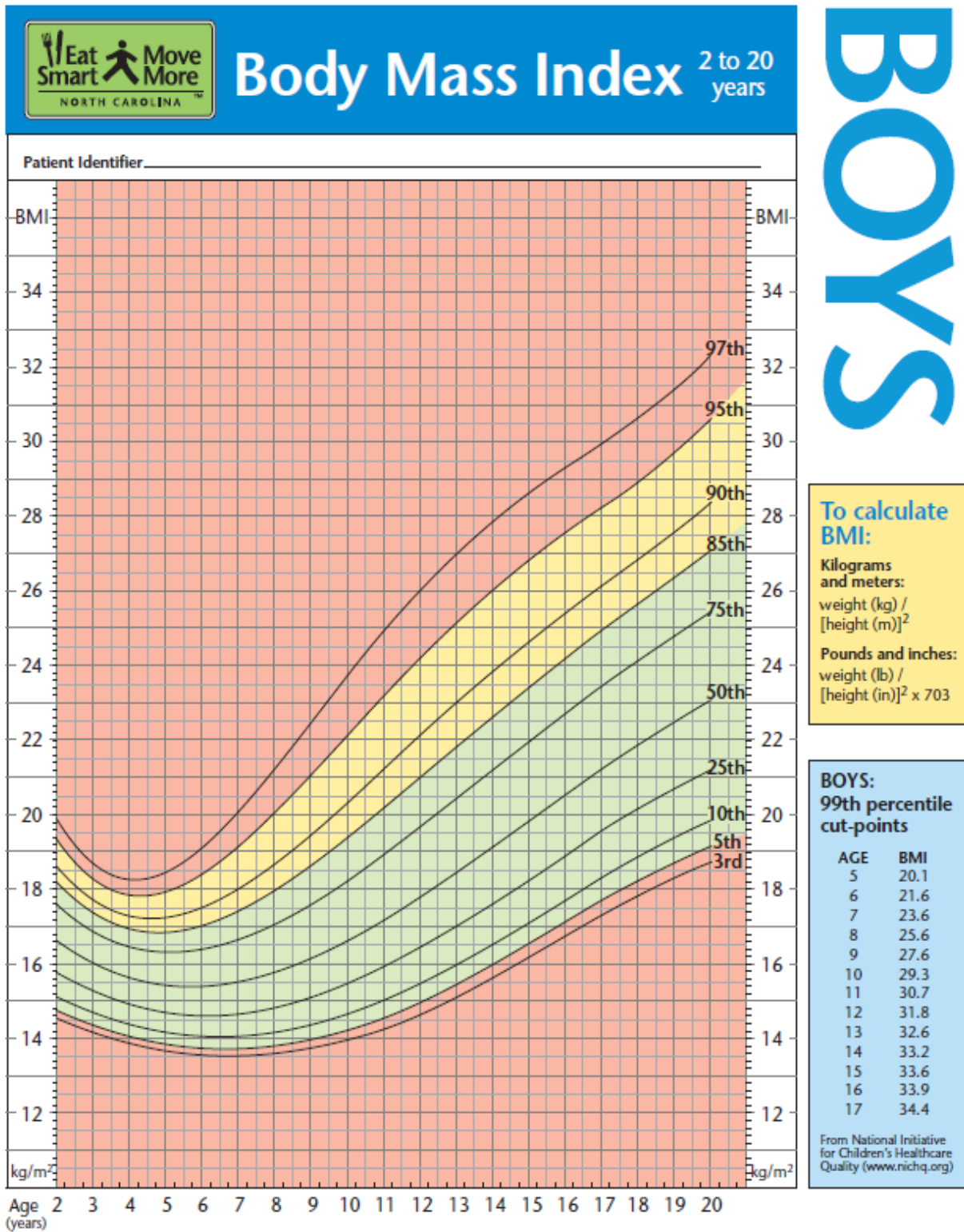
Code Comparisons	
<ul style="list-style-type: none"> <li>• Instructional note under ICD-9-CM code 536.3 to code first the underlying disease, such as diabetes mellitus</li> <li>• Instructional note under ICD-9-CM subcategory 250.6 to report an additional code for the manifestation</li> <li>• Instructional note under ICD-9-CM subcategory 250.6 to use additional code, if applicable, to report long-term (current) insulin use V58.67</li> <li>• Fifth digit needed for ICD-9-CM subcategory 250.6 to report type of diabetes and whether or not the diabetes is controlled.</li> </ul>	<ul style="list-style-type: none"> <li>• Fourth Quarter 2013 Coding Clinic (pages 114-115) advises that it is appropriate to assign first a code for the diabetes and a secondary code, K31.84, to identify the diabetic manifestation as gastroparesis</li> <li>• Instructional note under ICD-10-CM code K31.84 to code first underlying disease, if known</li> <li>• Instructional note under ICD-10-CM category E11 to use additional code to identify any insulin use (Z79.4)</li> </ul>
Documentation Needed From Physicians	
<ul style="list-style-type: none"> <li>• Etiology of gastroparesis</li> <li>• The type of diabetes because it can impact code assignment</li> <li>• Whether or not the patient requires long term insulin use</li> </ul>	<ul style="list-style-type: none"> <li>• Etiology of gastroparesis</li> <li>• The type of diabetes because it can impact code assignment</li> <li>• Whether or not the patient requires long term insulin use</li> </ul>

This ICD-10 Checkpoint was submitted by [Judy Bielby](#), clinical assistant professor at the University of Kansas and a consultant with Durst & Associates in the Kansas City, MO, area.

# 10.8 Body Mass Index - Children



Color coding of the 2000 CDC BMI charts by UNC's Department of Pediatrics and Center for Health Promotion and Disease Prevention (CDC Cooperative agreement U48-DP-000059) for research and clinical purposes



Color coding of the 2000 CDC BMI charts by UNC's Department of Pediatrics and Center for Health Promotion and Disease Prevention (CDC Cooperative agreement U48-DP-000059) for research and clinical purposes

## 10.9 Body Mass Index - Adults

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

		WEIGHT																															
		100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330								
HEIGHT	5'0"	20	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65								
	5'1"	19	21	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62								
	5'2"	18	20	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60								
	5'3"	18	19	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59								
	5'4"	17	19	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57								
	5'5"	17	18	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55								
	5'6"	16	18	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53								
	5'7"	16	17	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52								
	5'8"	15	17	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50								
	5'9"	15	16	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49								
	5'10"	14	16	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47								
	5'11"	14	15	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46								
	6'0"	14	15	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45								
	6'1"	13	15	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44								
	6'2"	13	14	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42								
	6'3"	13	14	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41								
	6'4"	12	13	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40								

<span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; background-color: white;"></span> Underweight	<span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; background-color: #90EE90;"></span> Healthy Weight	<span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; background-color: #FFFACD;"></span> Overweight	<span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; background-color: #FFD700;"></span> Obese	<span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; background-color: #FF0000;"></span> Severely Obese
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## 10.10 Coding Tips – Dominant/Nondominant

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

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

## 10.11 Documentation Tips – Asthma

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

## 10.12 NHLBI Asthma Severity Classification Scale

<b>Presentation of Asthma before (without) Treatment</b>			
<b>Type of Asthma</b>	<b>Symptoms</b>	<b>Nighttime Symptoms</b>	<b>Lung Function</b>
Severe persistent	<ul style="list-style-type: none"> <li>Continual symptoms</li> <li>Limited physical activity</li> <li>Frequent exacerbations</li> </ul>	Frequent	<ul style="list-style-type: none"> <li>FEV<sub>1</sub> or PEF ≤ 60% predicted</li> <li>PEF variability &gt; 30%</li> </ul>
Moderate persistent	<ul style="list-style-type: none"> <li>Daily symptoms</li> <li>Daily use of inhaled short-acting beta<sub>2</sub>-agonist</li> <li>Exacerbation of affect activity</li> <li>Exacerbation ≥ 2 times/week ≥ 1 day(s)</li> </ul>	> 1time/week	<ul style="list-style-type: none"> <li>FEV<sub>1</sub> or PEF 60-80% predicted</li> <li>PEF variability &gt; 30%</li> </ul>
Mild persistent	<ul style="list-style-type: none"> <li>Symptoms &gt; 2 times/week but &lt; 1 time/day</li> <li>Exacerbation may affect activity</li> </ul>	> 2 times/month	<ul style="list-style-type: none"> <li>FEV<sub>1</sub> or PEF ≥ 80% predicted</li> <li>PEF variability 20-30%</li> </ul>
Mild intermittent	<ul style="list-style-type: none"> <li>Symptoms ≤ 2 times/week</li> <li>Asymptomatic and normal PEF between exacerbations</li> <li>Exacerbations of varying intensity are brief (a few hours to a few days)</li> </ul>	≤ 2 times/month	<ul style="list-style-type: none"> <li>FEV<sub>1</sub> or PEF ≥ 80% predicted</li> <li>PEF variability &lt; 20%</li> </ul>

FEV<sub>1</sub> = The maximal amount of air a person can forcefully exhale over one second accounting for the variables of height, weight, and race used to denote the degree of obstruction with asthma  
PEF= Peak Expiratory Flow is the maximum flow of expelled air during expiration following full inspiration (big breath in and then big breath out)  
Source: National Heart, Lung, and Blood Institute - <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>

## 10.13 Injury Coding Tips

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

## 10.14 Guidance on Coding Adverse Effects, Poisoning, Underdosing and Toxic Effect

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

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

– **Underdosing**

- Taking less of a medication than is prescribed by a provider or a manufacturer's instruction
- For underdosing, assign the code from categories T36-T50 (fifth or sixth character “6”)
  - Example: **T38.2X6- Underdosing of antithyroid drugs**
- Codes for underdosing should never be assigned as first-listed codes
  - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded (e.g., Goiter develops)
- Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known

## **10.15 Chapter 15 (Pregnancy, childbirth and the puerperium) - Documentation Tips**

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

## 10.16 ICD-9/ICD-10 Comparison of Gestational Diabetes

ICD-10	ICD-9
<p><b>INDEX:</b></p> <p><b>Diabetes, gestational (in pregnancy) O24.419</b>  affecting newborn P70.0  <b>diet controlled O24.410</b>  in childbirth O24.429  <b>diet controlled O24.420</b>  <b>insulin (and diet) controlled O24.424</b>  puerperal O24.439  <b>diet controlled O24.430</b>  <b>insulin (and diet) controlled O24.434</b></p>	<p><b>INDEX:</b></p> <p><b>Diabetes, gestational 648.8</b>  Complicating pregnancy, childbirth, or puerperium 648.8</p>
<p><b>TABULAR:</b></p> <p><b>O24.4 – Gestational Diabetes Mellitus</b></p> <p>Diabetes mellitus arising in pregnancy  Gestational diabetes mellitus NOS</p> <p><b>O24.41 – Gestational Diabetes in PREGNANCY</b>  O24.410 – ...<b>diet controlled</b>  O24.414 – ...<b>insulin controlled</b>  O24.419 - ...unspecified control</p> <p><b>O24.42 – Gestational Diabetes in CHILDBIRTH</b>  O24.420 – ...<b>diet controlled</b>  O24.424 – ...<b>insulin controlled</b>  O24.429 - ...unspecified control</p> <p><b>O24.43 – Gestational Diabetes in PUERPERIUM</b>  O24.430 – ...<b>diet controlled</b>  O24.434 – ...<b>insulin controlled</b>  O24.439 - ...unspecified control</p>	<p><b>TABULAR:</b></p> <p><b>648.8 – Abnormal Glucose Tolerance</b></p> <p>Conditions classifiable to 790.21-790.29  Gestational Diabetes</p> <p><b>[0-4] (5<sup>th</sup> Digits to Denote Current Episode of Care)</b></p> <p>.0 – unspecified as to episode of care or N/A  .1 – delivered, w/ or w/o mention of antepartum condition  .2 – delivered, with mention of PP complication  .3 – antepartum condition or complication  .4 – postpartum condition or complication</p> <p><b>(NOTE)</b>  790.21 – impaired fasting glucose  790.22 – impaired glucose tolerance test (oral)  790.29 – other abnormal glucose</p>

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

## 10.17 ICD-9/ICD-10 Comparison of Encounter for Screening Mammogram



**CODEWRITE / JUNE 2014**

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### ICD-10 CHECKPOINT

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

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

ICD-9-CM	ICD-10-CM/PCS
Code(s) Assigned	
<p><b>V76.11</b> Screening mammogram for high-risk patient</p> <p><b>V16.3</b> Family history of malignant neoplasm, breast</p>	<p><b>Z12.31</b> Encounter for screening mammogram for malignant neoplasm of breast</p> <p><b>Z80.3</b> Family history of malignant neoplasm of breast</p>
Indexed Terms	
<p><u>Index:</u>  <b>Screening</b> (for)                      malignant neoplasm (of)                      breast                      mammogram NEC                      for high-risk patient <b>V76.11</b></p> <p><b>History</b> (personal) of                      family                      malignant neoplasm (of) NEC                      breast <b>V16.3</b></p>	<p><u>Index:</u>  <b>Screening</b> (for)                      --neoplasm (breast)(of)                      ----breast                      -----routine mammogram <b>Z12.31</b></p> <p><b>History</b>                      --family (of) - see also History, personal (of)                      ----malignant neoplasm NOS (of)                      -----breast <b>Z80.3</b></p>



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Code Comparisons	
<ul style="list-style-type: none"> <li>• Encounter for screening mammogram is indexed to V76.12 unless specified as a screening mammogram for high-risk patient (which is indexed to V76.11)</li> <li>• <i>Coding Clinic for ICD-9-CM, Second Quarter 2003, page 4, advises codes V76.11 and V16.3 for a similar scenario</i></li> <li>• Family history of male breast cancer is indexed to V16.8 instead of V16.3</li> </ul>	<ul style="list-style-type: none"> <li>• Being at high risk for breast cancer does not impact code assignment of the encounter for screening mammogram</li> <li>• There is an instructional note with ICD-10-CM category Z12 to "Use additional code to identify any family history of malignant neoplasm (Z80.-)"</li> <li>• Family history of male breast cancer and family history of female breast cancer are both coded Z80.3</li> </ul>
Documentation Needed From Physicians	
<ul style="list-style-type: none"> <li>• Documentation regarding whether the mammogram is screening or diagnostic</li> <li>• If the patient is at high risk for breast cancer, the provider should document this along with the reason the patient is at high risk for breast cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation regarding whether the mammogram is screening or diagnostic</li> <li>• Documentation regarding any risk factors for breast cancer such as family history of breast cancer</li> </ul>

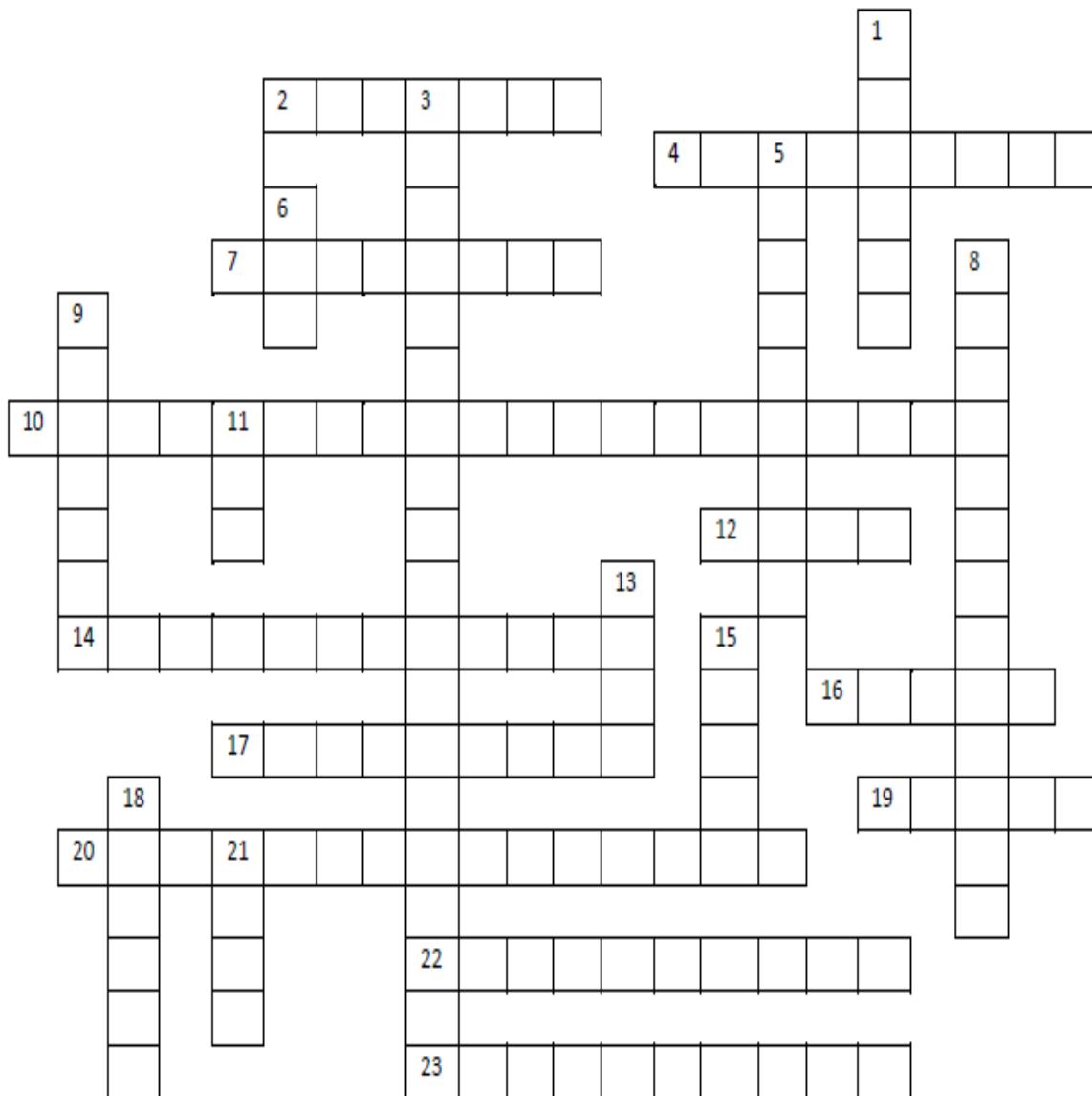
This ICD-10 Checkpoint was submitted by [Judy Bielby](#), a clinical assistant professor at the University of Kansas and a consultant with Durst & Associates in the Kansas City, MO, area.

# 11. Specialized Coding Training – Crossword Puzzles

## 11.1 Childhood Illnesses and Diseases Crossword Puzzle

*Refer to questions on following page*

### CHILDHOOD ILLNESSES AND DISEASES



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## ACROSS

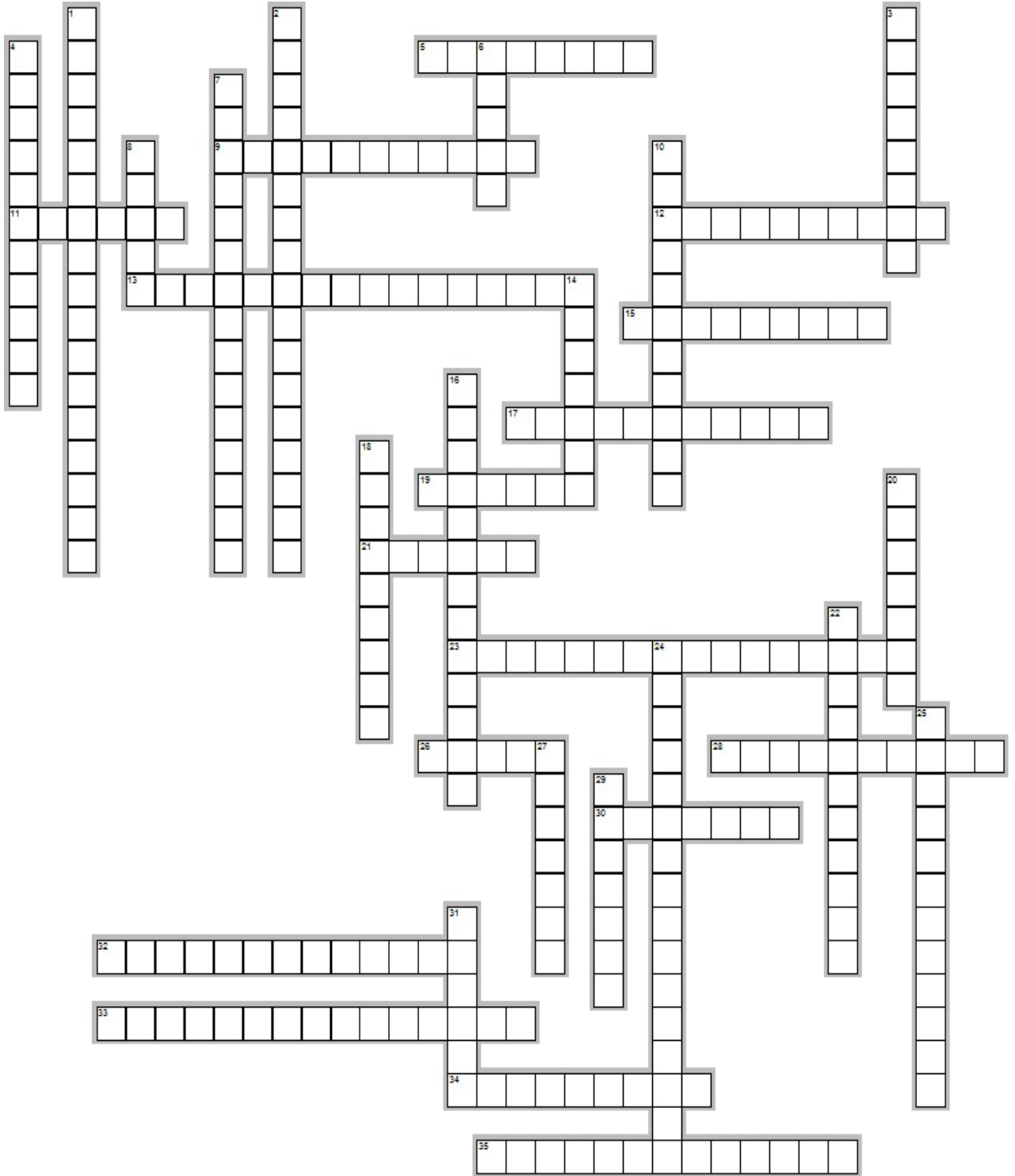
2. Exanthem subitum; Sixth Disease; 3-day fever
4. Irritation and swelling of the liver; most common in children is the “infectious” (type A)
7. “School sores;” blisters with pus on face, neck, and hands; very contagious; caused by staph or strep bacteria
10. Syndrome manifested by fever, blisters/sores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

## DOWN

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

# 11.2 ENT Crossword Puzzle

*Refer to questions on following page*



## Across

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

## Down

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

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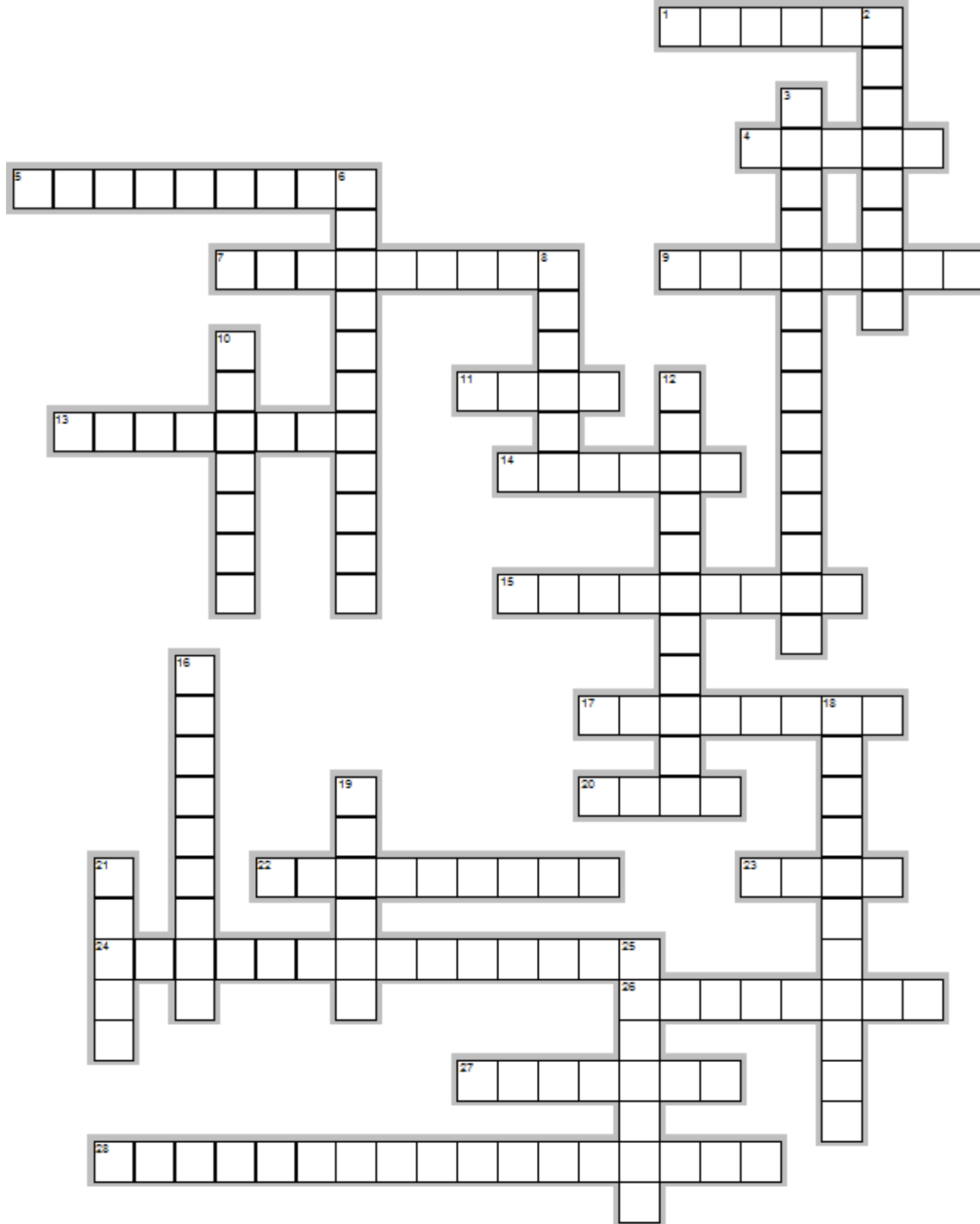
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8. Outer ear/auricle; ridged cartilage, funnels sound to the external auditory canal
10. Most common ear problem due to age
14. Connected system of hollow cavities in the skull; normally empty except for a thin layer of mucus; types include maxillary, frontal, ethmoid & sphenoid
16. "Swimmer's ear"; outer ear infection
18. Central part of the osseous labyrinth, oval in shape; inner organ for balance & equilibrium; houses the utricle & saccule
20. Shell-shaped structure containing receptor (hair) cells; divided into compartments by membranes (basilar & Reissner's)
22. Protruding soft, painless, non-cancerous growth in the lining of the nose or sinus; arise from inflammation in the nose & often related to allergies; large & multiple ones lead to breathing problems & infection; recurs even when treated
24. Built up of earwax in the ear canal leading to hearing loss, pain or dizziness
25. Sensory organ of hearing
27. Horse/harsh sound that occurs when one is sleeping due to partially obstructed breathing; may indicate serious health condition; common in overweight & older people
29. "Hammer"
31. Roof of the mouth; consist of anterior bony (hard) portion & posterior muscular (soft) portion; separates the oral cavity from the nasal cavity

# 11.3 Anatomy of the Eye and Common Disorders Crossword Puzzle

*Refer to questions on following page*



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## Across

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

## Down

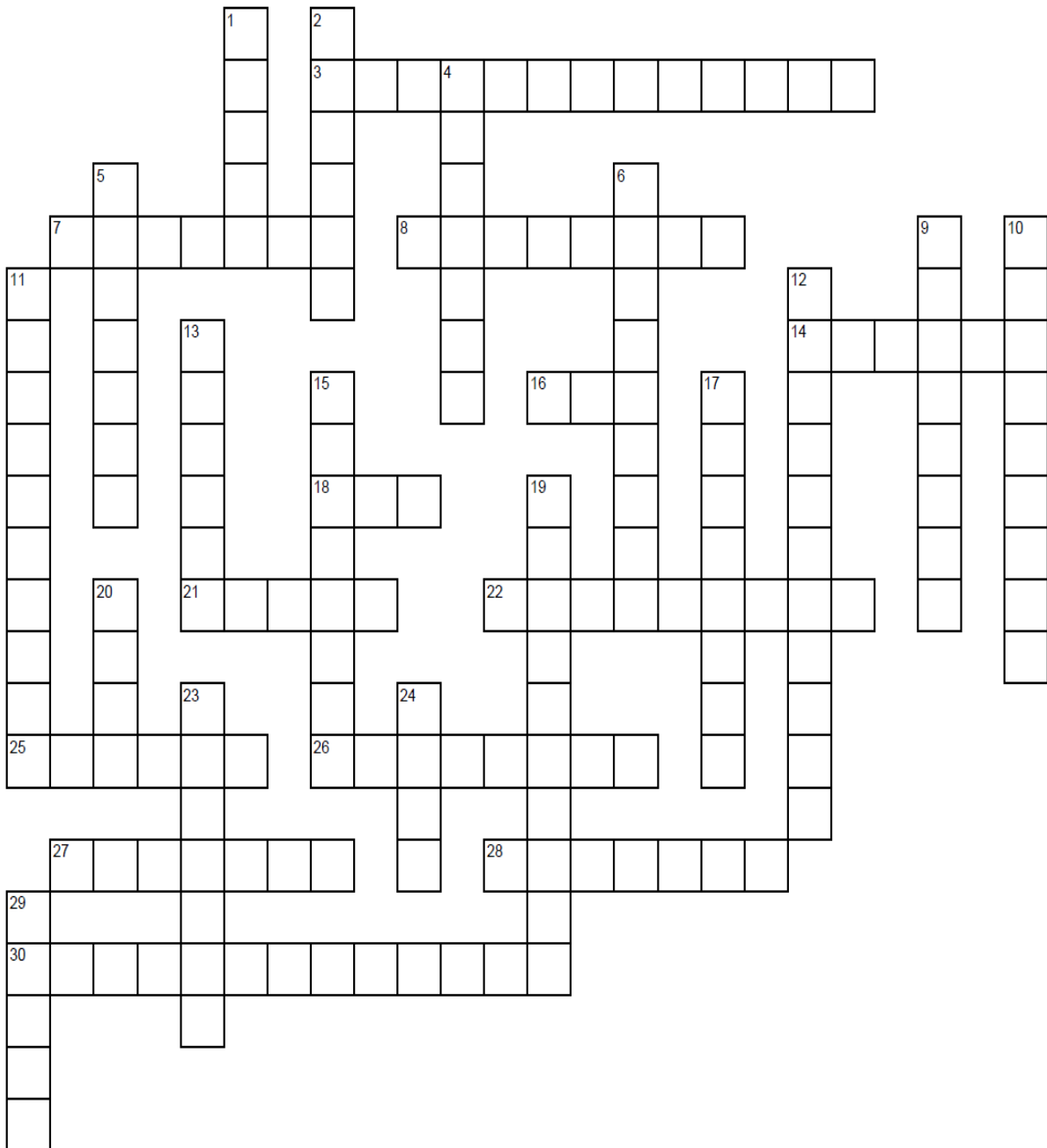
2. Chamber located in the front section of the eye's interior containing the aqueous humor
3. "Pink eye"
6. Error of refraction causing an inability to properly focus light into the retina
8. Light-sensitive layer of tissue (nerve cells) lining the back of the eye
10. Layer behind the retina containing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



# 11.4 Lower Extremities Crossword Puzzle

*Refer to questions on following page*

## Lower Extremities



www.CrosswordWeaver.com

**ACROSS**

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

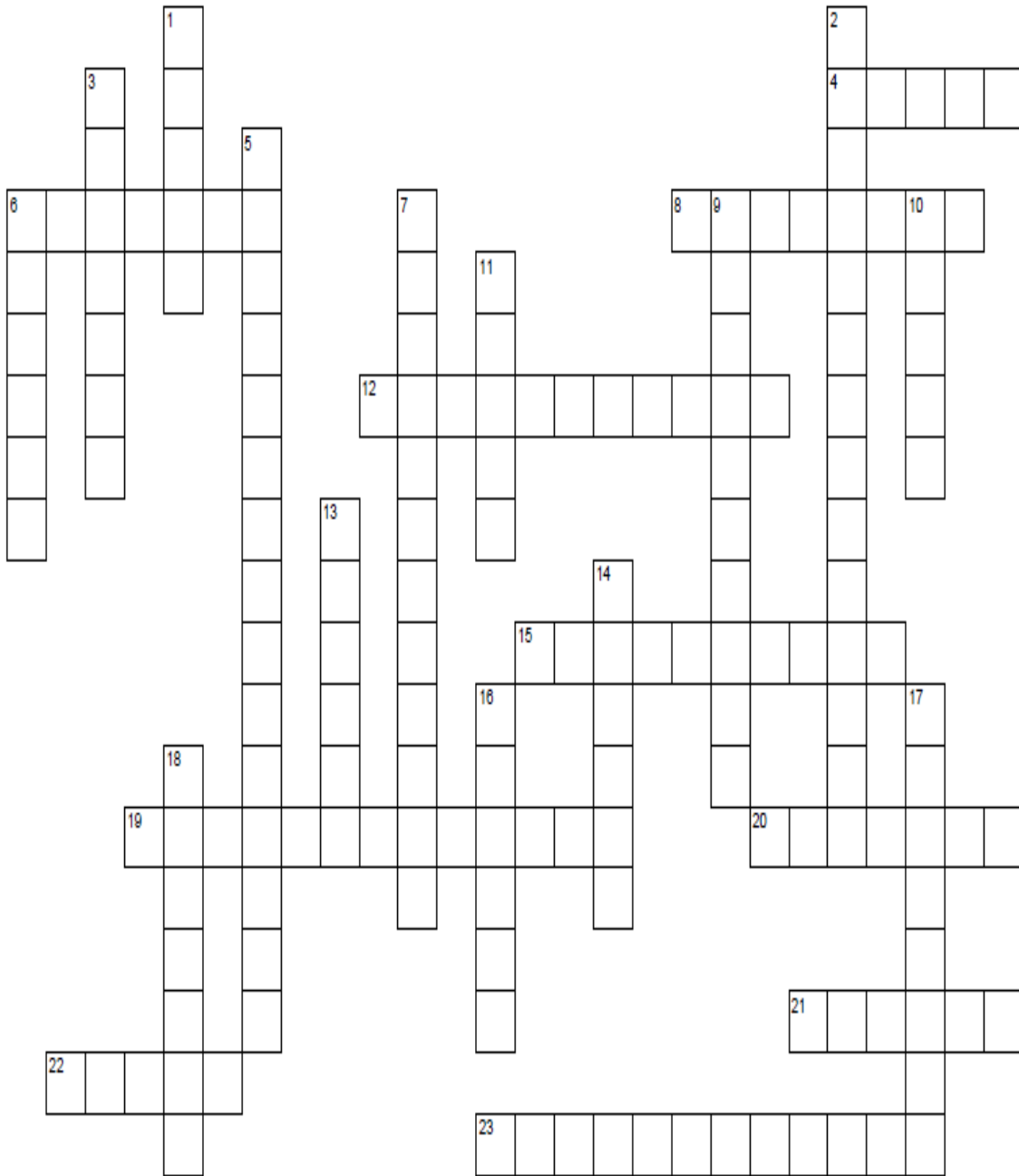
**DOWN**

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

# 11.5 Gastrointestinal Crossword Puzzle

*Refer to questions on following page*

## Gastrointestinal Puzzle



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**ACROSS**

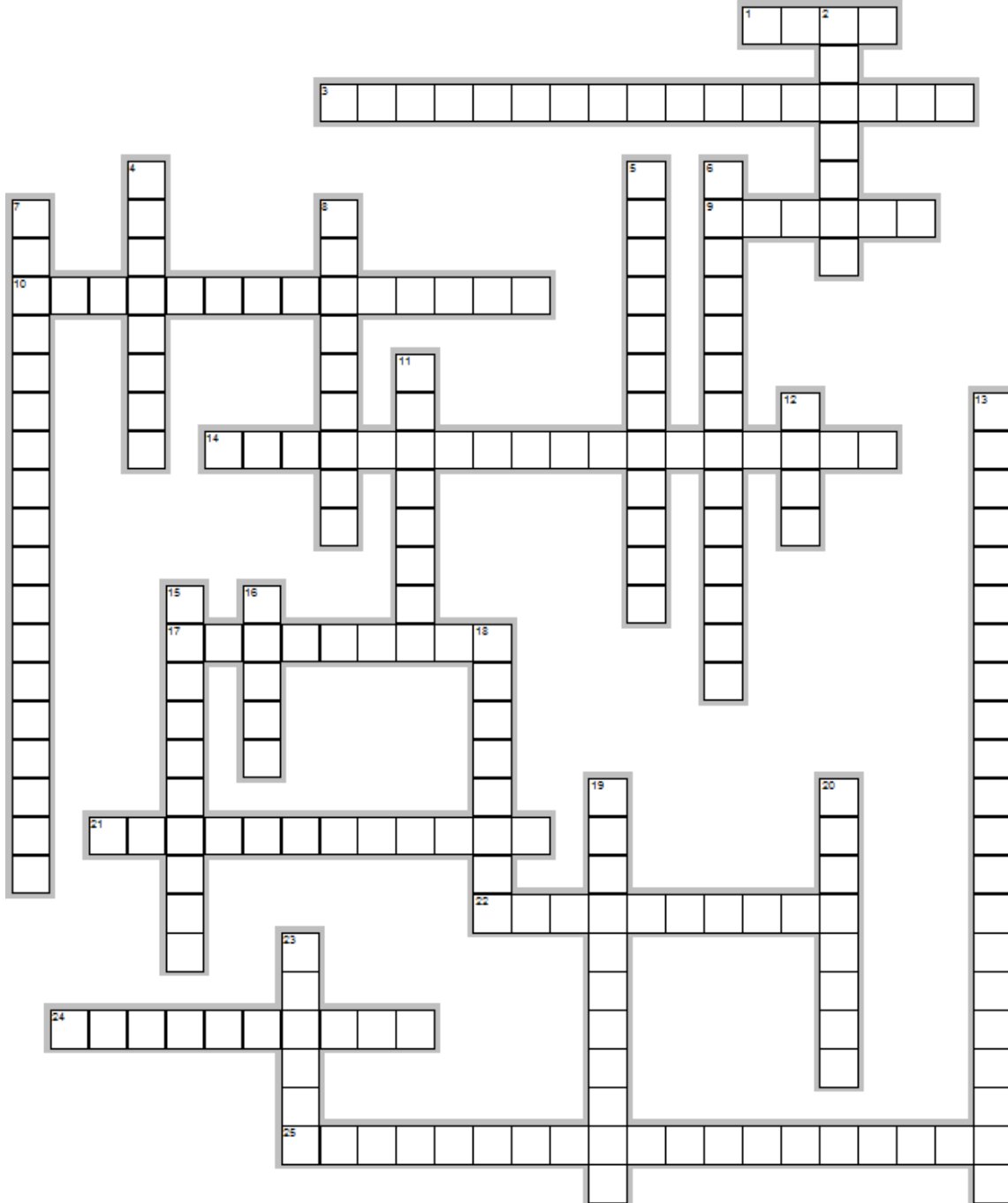
- 4 Absorbs B12 in the small intestine
- 6 An infection of the small intestine caused by the bacteria *Vibrio Cholerea*
- 8 Appears to be a unified organ, but is often divided into two parts
- 12 An acute viral hemorrhagic disease transmitted by female mosquitoes
- 15 Popularly known as beaver fever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

**DOWN**

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

# 11.6 Anatomy and Common Problems of the Skin Crossword Puzzle

*Refer to questions on following page*



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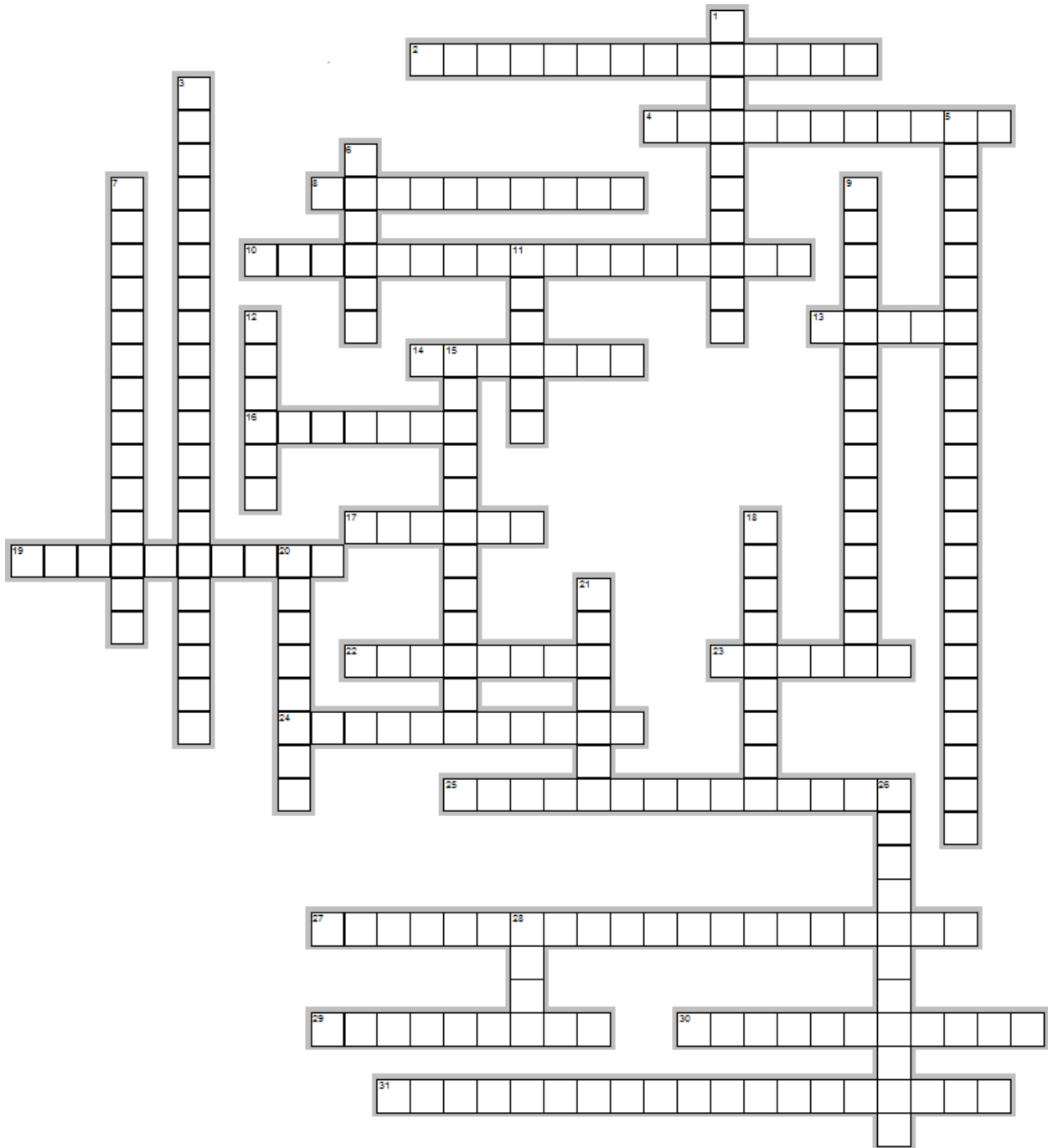
## Across

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

## Down

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

# 11.7 Urinary Tract Crossword Puzzle



[EclipseEducation.com](http://www.EclipseEducation.com)

## Across

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

## Down

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

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

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

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

18. Blood in the urine

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

21. Painful urination

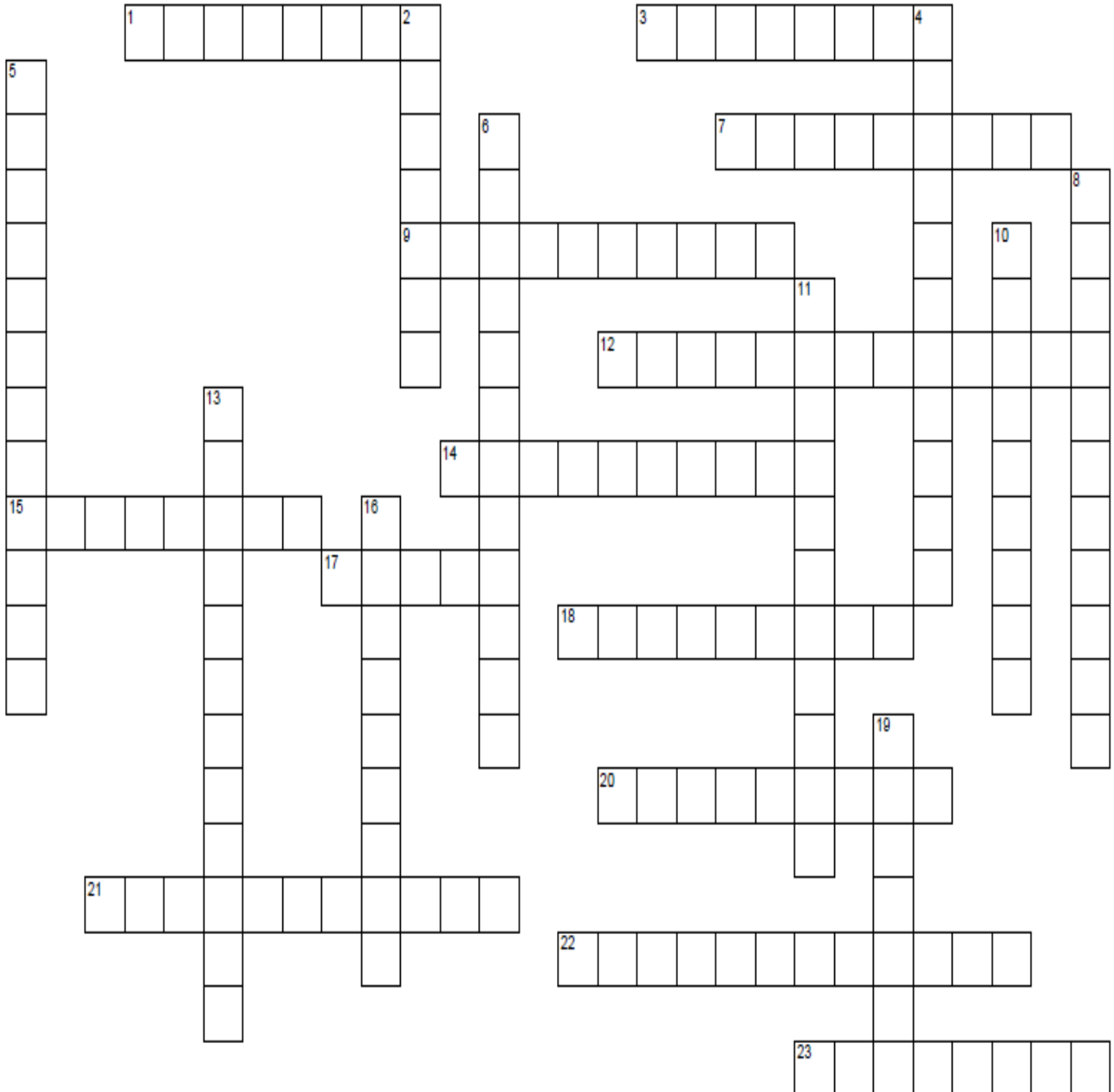
26. Outer portion of the kidney containing mostly nephrons & blood vessels; where ultrafiltration takes place

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

# 11.8 Obstetrics and Gynecology Crossword Puzzle

*Refer to questions on following page*

## Obstetrics and Gynecology



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**ACROSS**

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

**DOWN**

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

# 12. Training Evaluation

## Division of Public Health ICD-10-CM Training Evaluation

1. Please select the category that best describes your profession:

- Physician                       Physician Assistant/FNP                       Nurse                       Other Clinician
- Billing/Accounting     Health Info Management                       Administration                       IT
- Scheduling/Registration                       Consultant                       Business/Financial
- DPH Representative                       ORHCC Representative                       Other

2. Name of course being evaluated:

- Basic ICD-10-CM Coding
- Specialized ICD-10-CM Coding Training – Behavioral Health
- Specialized ICD-10-CM Coding Training – Child Health, Health Check
- Specialized ICD-10-CM Coding Training – Family Planning
- Specialized ICD-10-CM Coding Training – Maternal Health
- Specialized ICD-10-CM Coding Training – Primary Care, Chronic Disease
- Specialized ICD-10-CM Coding Training – Women’s Health, BCCCP
- Specialized ICD-10-CM Coding Training – STD, HIV, Communicable Disease

3. Venue Type:     via Webinar by myself                       via Webinar with others

Comments related to venue-

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4. Will the training help you fulfill your job responsibilities?

- Yes     No    Comments -

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5. Did the combination of lecture, coding exercises and quizzes aid in the learning process?

- Yes     No    Comments -

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6. Any recommendations on how to improve the training?

Yes  No Comments -

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7. Overall, how would you rate the training?

	<b>Great</b>	<b>Good</b>	<b>Average</b>	<b>Fair</b>	<b>Poor</b>
Instructor Knowledge					
Content					
Presentation					

8. Other Comments

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Please submit evaluation form to: [Marty.Melvin@dhhs.nc.gov](mailto:Marty.Melvin@dhhs.nc.gov) or mail to Marty Melvin, 5605 Six Forks Rd., Raleigh, NC 27609

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