ICD-10-CM and PCS Coding Readiness Assessment

Measure coding skills
and focus your preparation efforts for ICD-10

2016

Contents

ICD-10-CM Coding Assessment—Intermediate Level Test Answers

1. The patient presents with an overdose due to "Vanilla Sky" bath salts abuse, smoked during a party at a friend's home with patient experiencing agitation and tachycardia and comatose on arrival to emergency room with Glasgow Coma Scale 8 E2 V2 M4, opens eyes to sternal rub, moans, withdraws from painful stimuli. How many codes are required to appropriately report this encounter?

A Eight

B One

C Four

D Two

Rationale

The ICD-1Ø-CM guideline 1.C.19.e states that T36–T65 are combination codes that include the drug that was taken as well as the intent; therefore, no additional external cause code is necessary. Bath salts are a psychostimulant and are indexed as "specified" in the Table of Drugs and Chemicals, code T43.691. Guideline I.C.19.e.5.b directs the user to first assign a code from category T36–T5Ø, followed by additional codes for all manifestations. In this example, the manifestations are agitation (R45.1), tachycardia (RØØ.Ø), and three separate codes for the coma (R4Ø.2*). ICD-1Ø-CM guideline 1.C.18.e states that the coma scale codes are sequenced after the diagnosis code, one from each subcategory (R4Ø.21-, R4Ø.22-, and R4Ø.23-). Code R4Ø.24 is used only when the total score is documented and not the individual information for each subcategory. ICD-1Ø-CM guideline 1.C.19.e.5.b also instructs the user to code drug abuse or dependence as an additional diagnosis when documented. The code for place of occurrence would be assigned since the place is documented and this is the initial encounter. According to ICD-1Ø-CM guidelines I.C.2Ø.a.8., I.C.2Ø.b and I.C.2Ø.c, an activity code and status code would not be assigned.

2. How is a full-term delivery of a single stillborn complicated by prolonged second stage of labor and a second-degree perineal laceration coded?

A O63.1 Prolonged second stage of labor, O7Ø.9 Perineal laceration during delivery, unspecified

B O7Ø.1 Second degree perineal laceration during delivery, O63.1 Prolonged second state of labor, Z38.ØØ Single liveborn infant, delivered vaginally

C O63.1 Prolonged second stage of labor, Z37.9 Outcome of delivery, unspecified

D O63.1 Prolonged second stage of labor, O7Ø.1 Second degree perineal laceration during delivery, Z37.1 Single stillbirth

Rationale

In the ICD-1Ø-CM alphabetic index, the main term "Labor" directs the user to the term "Delivery" and the subterms "complicated by prolonged labor," then "second stage," which references subcategory O63.1. Under the same main terms, "Delivery" and then "complicated by," "laceration," "perineal," "second degree," the user is directed to category O7Ø.1. Confirmation of these codes in the tabular list verifies that both codes have been coded to the highest degree of specificity available.

It should be noted that an Excludes1 note at category O7Ø.1 directs the coder to category O7Ø.2 for perineal lacerations involving the anal sphincter.

It would not be appropriate, in this situation, to code O36.4 Maternal care for intrauterine death. Although the fetus was found to be stillborn, upon delivery there is no indication in the scenario that the fetal death was the reason the labor was prolonged. ICD-1Ø-CM guideline I.C.15.e.1 outlines the use of codes from categories O35 and O36 by stating that these codes should be assigned "only when the fetal condition is actually responsible for modifying the management of the mother, i.e., by requiring diagnostic studies, additional observation, special care, or termination of pregnancy. The fact that the fetal condition exists does not justify assigning a code from this series to the mother's record."

ICD-1Ø-CM guideline I.C.15.b.5 instructs the user to code the outcome of delivery (Z37.-) on every maternal record when a delivery has occurred. In this case, the delivery resulted in a single stillborn represented by code Z37.1.

3. What is the appropriate external cause code assignment for the initial encounter of a man with a self-inflicted accidental GSW to the left thigh secondary to cleaning a collector pistol in the kitchen of the man's house?

A W34.ØØXA Accidental discharge from unspecified firearms or gun, initial encounter, Y92.Ø19 Unspecified place in single-family (private) house as the place of occurrence of the external cause, Y93.89 Activity, other specified, Y99.8 Other external cause status

B W34.ØØXA Accidental discharge from unspecified firearms or gun, initial encounter, Y92.Ø1Ø Kitchen of single-family (private) house as the place of occurrence of the external cause, Y93.E9 Activity, other interior property and clothing maintenance

C W32.ØXXA Accidental handgun discharge, initial encounter, Y92.Ø1Ø Kitchen of single-family (private) house as the place of occurrence of the external cause, Y93.89 Activity, other specified, Y99.8 Other external cause status

D W32.ØXXA Accidental handgun discharge, initial encounter, Y92.Ø1Ø Kitchen of single-family (private) house as the place of occurrence of the external cause, Y93.89 Activity, other specified, Y22.XXXA Handgun discharge, undetermined intent, initial encounter

Rationale

The gunshot wound was self-inflicted, but it was accidental and it was caused by a pistol, making subcategory W32.Ø the most appropriate selection for the injury as cited in the ICD-1Ø-CM Index to External Causes under "Discharge," "firearm," "pistol." It is specified that the patient is in a private residence (house) in the kitchen, making the code assigned for the place of occurrence very specific, Y92.Ø1Ø. Lastly, the patient is specified as collecting pistols, making this a hobby for the patient. This identifies the status as Y99.8 according to the includes note of "hobby not done for income" or "leisure activity."

4. What code or codes should be reported for an old plastic foreign body in the vitreous of the left eye?

A H44.752 Retained (nonmagnetic) (old) foreign body in vitreous body, left eye

B HØ5.52 Retained (old) foreign body following penetrating wound of left orbit, and Z18.2 Retained plastic fragments

C H44.752 Retained (nonmagnetic) (old) foreign body in vitreous body, left eye, and Z18.2 Retained plastic fragments

D SØ5.51 Penetrating wound with foreign body of left eyeball, and Z18.89 Other specified retained foreign body fragments

Rationale

The correct code choice for foreign bodies of the eye is driven by the following questions:

- Is the foreign body magnetic or not?
- Is the foreign body old or an acute injury?
- Which eye is affected—left, right, both, or unspecified?
- Where in the eye is the foreign body (e.g., lens, posterior wall of globe) or is the foreign body in multiple or unspecified sites?
- What is the composition of the foreign body material (e.g., metal, glass, plastic)?

Two codes are required to report this diagnosis in entirety. The "code also" note under subcategory H44.7 Retained (old) intraocular foreign body, directs the user to report an additional code from category Z18 to identify the nonmagnetic foreign body material. The Excludes1 note at the subcategory level instructs the user not to use codes from category SØ5 for current acute injuries of the eye and orbit when reporting retained (old) foreign bodies. The Excludes2 note indicates that retained foreign bodies in other ocular sites may also be reported, with separate codes, if there are more foreign bodies in separate sites. ICD-1Ø-CM guideline I.A.12.b interprets Excludes2 notes as "not included here," indicating that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

5. What code would be reported when a newborn is seen in the pediatrician's office because of a white coating on the inside of the mouth? Physician documentation indicates a diagnosis of candidiasis.

A P37.5 Neonatal candidiasis

B B37.Ø Candidal stomatitis

C B37.9 Candidiasis, unspecified

D None of the above

Rationale

Under the main term "Candidiasis, candidal" in the alphabetic index, the first subterm is "mouth B37.Ø." In this example, the candidiasis is of the mouth. An Excludes1 note in the tabular list under category B37 Candidiasis, indicates that neonatal candidiasis (even of the mouth) is not coded with a code from category B37 and instead the coder should refer to code P37.5.

Alternatively, under the main term "Candidiasis, candida," the user could choose the subterm "neonatal," which leads directly to code P37.5. It is important always to refer to the tabular list to confirm code assignment.

When a newborn has a condition the documentation does not specify as due to the birth process or community acquired, guideline I.C.16.a.5 states that the default is due to the birth process and a code from chapter 16 should be assigned. Since the diagnostic statement above does not indicate whether the condition is related to the birth process or is community acquired, code P37.5 is the default. For the most complete patient record, the provider could be queried to ensure the most accurate code or codes are being used.