



STUDY SESSIONS

WEEK 4 - ICD-10-CM

SCRATCH WEEK 2



1. CHIEF COMPLAINT: Abdominal pain

HISTORY: This is a 70-year-old man who had a diagnostic sigmoidoscopy done 3 days ago for rectal bleeding. He is having some abdominal pain. He has noted some nausea and pain when he eats solid food. He says he feels better if he has only liquids, and once he has a bowel movement he feels better. When asked if he knew the results of his sigmoidoscopy, he replied that the doctor had told him he had some diverticula within the sigmoid colon. He denies any diarrhea but said there is some constipation. He also denies chest pain or shortness of breath. He has had some coughing, but no other symptoms are noted. All other reviews of systems are noted as normal.

PAST MEDICAL HISTORY: Positive for diverticulosis. No known allergies, no diabetes. Patient had thyroidectomy 25 years ago.

EXAM:

HEENT: Normal

MOUTH: Partially edentulous; gums look healthy.

HEART: Regular sinus rate and rhythm; heart sounds are good.

LUNGS: Clear to auscultation and percussion.

ABDOMEN: Soft; slight tenderness on palpation in lower left quadrant; no organomegaly; no masses palpable; bowel sounds good.

GENITALIA: Normal male

RECTAL: Good sphincter tone; guaiac testing shows occult blood; blood is noted upon visual exam.

EXTREMITIES: No edema, ulceration, or discoloration; pedal pulses are normal.

NEUROLOGICAL: Normal

IMPRESSION: Diverticulitis with hemorrhage

PLAN: We will begin antibiotic therapy with Flagyl.

ICD-10-CM: _____

2. S: A 15-year-old male presents with acne. Patient says that he has had continual breakouts over the last 6 months, which appear, to the patient, to be getting worse. He tries not to touch his face and washes it three or four times a day.

O: Examination reveals a well-nourished, well-developed 15-year-old male with acne lesions on the face. There are also a few lesions on the chest and back. The rest of the skin exam is unremarkable.

A: Cystic acne

P: I explained to patient that washing the face too much is just as harmful as not washing enough.

Patient will wash once in the morning and then again before bed with a mild soap, followed by Differin q.h.s., and will start doxycycline once a day, 100 mg p.o. q.d. He will return in 1 month for follow-up.

ICD-10-CM: _____

3. Skilled Nursing Facility Note

Mary was admitted in June with a diagnosis of dementia and osteoporosis. She is seen today at the request of the charge nurse because she is complaining of pain in her right midthigh area. She has not fallen or injured herself.

EXAM:

EXTREMITIES: When the patient's right leg is moved, she complains of pain in her thigh. She does not complain of pain in her left leg.

Onsite x-ray was ordered, which showed a fracture of the shaft of the femur.

Patient was sent to hospital for treatment.

CLINICAL IMPRESSION: Fracture due to postmenopausal osteoporosis.

ICD-10-CM: _____

4. Skilled Nursing Facility Progress Note

VITAL SIGNS: BP: 120/80, Weight: 165 pounds, Temperature: 100.1

This 84-year-old man was seen today at the request of the charge nurse. The patient is experiencing urinary retention. No other complaints were noted by patient.

EXAM:

HEENT: Normal

CHEST: Lungs are clear.

HEART: Normal sinus rhythm. No murmurs noted.

ABDOMEN: Soft, nontender. No masses noted.

RECTAL: Smooth enlarged prostate, no other findings noted.

Because of the enlarged prostate I ordered a PSA to rule out prostate cancer because the patient has not had a previous PSA completed. The following tests were also ordered: urinalysis and urine culture.

Patient will be seen again when results are received.

ICD-10-CM: _____, _____

5. Physician Office Visit

This 25-year-old, 29-weeks-pregnant patient presents to the office today stating that she is experiencing urinary urgency, dysuria, and low back pain. Urinalysis and C/S confirmed UTI due to E. coli. A prescription for antibiotics was written.

ICD-10-CM: _____, _____, _____

6. Emergency Department

This 37-year-old female patient presents to the ED with abdominal pain. The pain is present in the right lower quadrant. The patient says she is having nausea and has vomited four times in the last 3 hours. The vomiting has been occurring since last night. Laboratory tests were performed and all were within normal limits. The ED physician wrote "nausea and vomiting, possible appendicitis."

ICD-10-CM: _____, _____

7. Physician Office Note

CHIEF COMPLAINT: Pain in right arm.

HISTORY OF PRESENT ILLNESS: This 39-year-old female was carrying groceries into her house when she slipped on ice and fell. She landed on her right side and on her arm.

EXAM: EXTREMITIES: Her right arm is swollen, and it appears to be broken due to its abnormal appearance.

An in-office x-ray was completed that showed a complete fracture of the shaft of the humerus. Patient was referred to Dr. Break, the orthopedic surgeon on call. Patient was sent to Dr. Break's office.

ICD-10-CM: _____

8. Clinic Visit Note

This is a 63-year-old type II diabetic male who presents 4 weeks after left foot amputation due to his diabetes. The patient presented to this office at the time of the injury due to concerns he had regarding possible complications stemming from his amputation, as his stump is quite red.

Upon examination, there was no streaking at this time, but some clear drainage is noted. The patient is afebrile, and other vital signs are within normal limits.

The diagnosis at this time is infection of amputation stump, left lower leg. We are starting the patient on antibiotics and have also treated and dressed the wound.

ICD-10-CM: _____

9. Emergency Department Note

This 6-year-old male patient sustained a second-degree burn of right index finger when he was playing with the candles on his birthday cake while having his party at his home in the dining room. I am requesting a dermatology consult.

ICD-10-CM: _____, _____, _____, _____

10. Emergency Department Case

This 39-year-old male was working on the exterior of his single-family home when he fell from a ladder. He is complaining of pain in his left shoulder area. X-rays confirm a displaced fracture of the left acromial process of the scapula. Orthopedic consult to occur.

ICD-10-CM: _____, _____, _____, _____

Answer Key

1. CHIEF COMPLAINT: Abdominal pain

HISTORY: This is a 70-year-old man who had a diagnostic sigmoidoscopy done 3 days ago for rectal bleeding. He is having some abdominal pain. He has noted some nausea and pain when he eats solid food. He says he feels better if he has only liquids, and once he has a bowel movement he feels better. When asked if he knew the results of his sigmoidoscopy, he replied that the doctor had told him he had some diverticula within the sigmoid colon. He denies any diarrhea but said there is some constipation. He also denies chest pain or shortness of breath. He has had some coughing, but no other symptoms are noted. All other reviews of systems are noted as normal.

PAST MEDICAL HISTORY: Positive for diverticulosis. No known allergies, no diabetes. Patient had thyroidectomy 25 years ago.

EXAM:

HEENT: Normal

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ABDOMEN: Soft; slight tenderness on palpation in lower left quadrant; no organomegaly; no masses palpable; bowel sounds good.

GENITALIA: Normal male

RECTAL: Good sphincter tone; guaiac testing shows occult blood; blood is noted upon visual exam.

EXTREMITIES: No edema, ulceration, or discoloration; pedal pulses are normal.

NEUROLOGICAL: Normal

IMPRESSION: Diverticulitis with hemorrhage

PLAN: We will begin antibiotic therapy with Flagyl.

ICD-10-CM: K57.33

Rationale: The patient presents today for symptoms of rectal bleeding and abdominal pain. After the sigmoidoscopy is reviewed thoroughly with the patient, the impression for the encounter states diverticulitis with hemorrhage.

Alphabetic Index:

- Diverticulitis → intestine → large → with → bleeding

2. S: A 15-year-old male presents with acne. Patient says that he has had continual breakouts over the last 6 months, which appear, to the patient, to be getting worse. He tries not to touch his face and washes it three or four times a day.

O: Examination reveals a well-nourished, well-developed 15-year-old male with acne lesions on the face. There are also a few lesions on the chest and back. The rest of the skin exam is unremarkable.

A: Cystic acne

P: I explained to patient that washing the face too much is just as harmful as not washing enough.

Patient will wash once in the morning and then again before bed with a mild soap, followed by Differin q.h.s., and will start doxycycline once a day, 100 mg p.o. q.d. He will return in 1 month for follow-up.

ICD-10-CM: L70.9

Rationale: The patient presents today with acne and no other complications. The provider documents that the patient has cystic acne, therefore this should be coded versus unspecified acne.

Alphabetic Index:

- Acne → cystic

3. Skilled Nursing Facility Note

Mary was admitted in June with a diagnosis of dementia and osteoporosis. She is seen today at the request of the charge nurse because she is complaining of pain in her right midthigh area. She has not fallen or injured herself.

EXAM:

EXTREMITIES: When the patient's right leg is moved, she complains of pain in her thigh. She does not complain of pain in her left leg.

Onsite x-ray was ordered, which showed a fracture of the shaft of the femur.

Patient was sent to hospital for treatment.

CLINICAL IMPRESSION: Fracture due to postmenopausal osteoporosis.

ICD-10-CM: M80.051A

Rationale: The patient was seen today complaining of pain in the right midthigh area. After exam, it was noted that the pain was due to a femoral shaft fracture that was related postmenopausal osteoporosis. Since the fracture is being actively treated, the appropriate 7th character of A should be assigned.

Alphabetic Index:

- Osteoporosis → postmenopausal → with pathological fracture → femur

4. Skilled Nursing Facility Progress Note

VITAL SIGNS: BP: 120/80, Weight: 165 pounds, Temperature: 100.1

This 84-year-old man was seen today at the request of the charge nurse. The patient is experiencing urinary retention. No other complaints were noted by patient.

EXAM:

HEENT: Normal

CHEST: Lungs are clear.

HEART: Normal sinus rhythm. No murmurs noted.

ABDOMEN: Soft, nontender. No masses noted.

RECTAL: Smooth enlarged prostate, no other findings noted.

Because of the enlarged prostate I ordered a PSA to rule out prostate cancer because the patient has not had a previous PSA completed. The following tests were also ordered: urinalysis and urine culture.

Patient will be seen again when results are received.

ICD-10-CM: N40.1, R33.8

Rationale: Patient was seen for a complaint of urinary retention. After the rectal exam, it is noted that the prostate is enlarged, which supports code N40.1, since the urinary retention is a lower urinary tract symptom (LUTS). There is a code also note in the Tabular List that indicates to use an additional note for the associated symptom, R33.8, for the urinary retention

Alphabetic Index:

- Enlargement, enlarged → prostate → with lower urinary tract symptom (LUTS)
- Retention → urinary

5. Physician Office Visit

This 25-year-old, 29-weeks-pregnant patient presents to the office today stating that she is experiencing urinary urgency, dysuria, and low back pain. Urinalysis and C/S confirmed UTI due to *E. coli*. A prescription for antibiotics was written.

ICD-10-CM: O23.43, B96.20, Z3A.29

Rationale: Pregnant patient presents today with a UTI due to *E. coli*. Since the patient is pregnant, this will be considered a complication of the pregnancy. The patient is in the 3rd trimester (indicated by the 29th week of gestation). There is a note under category O23 to also identify the organism, when known. When the weeks of gestation are documented, the appropriate code should be assigned for that.

Alphabetic Index:

- Pregnancy → complicated by → infection → urinary tract
- Infection → *Escherichia (e.) coli* → as cause of disease classified elsewhere
- Pregnancy → weeks of gestation → 29 weeks

6. Emergency Department

This 37-year-old female patient presents to the ED with abdominal pain. The pain is present in the right lower quadrant. The patient says she is having nausea and has vomited four times in the last 3 hours. The vomiting has been occurring since last night. Laboratory tests were performed and all were within normal limits. The ED physician wrote "nausea and vomiting, possible appendicitis."

ICD-10-CM: R10.31, R11.2

Rationale: The patient presents with abdominal pain in the RLL as well as nausea and vomiting. Although documented "possible appendicitis", if it is not confirmed, it cannot be coded. Therefore, the signs and symptoms should be reported instead.

Alphabetic Index:

- Pain → abdominal → lower → right quadrant
- Nausea → with vomiting

7. Physician Office Note

CHIEF COMPLAINT: Pain in right arm.

HISTORY OF PRESENT ILLNESS: This 39-year-old female was carrying groceries into her house when she slipped on ice and fell. She landed on her right side and on her arm.

EXAM: EXTREMITIES: Her right arm is swollen, and it appears to be broken due to its abnormal appearance.

An in-office x-ray was completed that showed a complete fracture of the shaft of the humerus. Patient was referred to Dr. Break, the orthopedic surgeon on call. Patient was sent to Dr. Break's office.

ICD-10-CM: S42.301

Rationale: Patient presented to the office today with pain the right arm. After the x-ray is performed and interpreted, the confirmed diagnosis is a fracture of the shaft of the right humerus. Since this is actively being treated, it is considered the initial encounter, therefore 7th character A should be assigned.

Alphabetic Index:

- Fracture (traumatic) → humerus → shaft

8. Clinic Visit Note

This is a 63-year-old type II diabetic male who presents 4 weeks after left foot amputation due to his diabetes. The patient presented to this office at the time of the injury due to concerns he had regarding possible complications stemming from his amputation, as his stump is quite red.

Upon examination, there was no streaking at this time, but some clear drainage is noted. The patient is afebrile, and other vital signs are within normal limits.

The diagnosis at this time is infection of amputation stump, left lower leg. We are starting the patient on antibiotics and have also treated and dressed the wound.

ICD-10-CM: T87.44

Rationale: Patient presented after an amputation with redness. It is documented that an infection is present and patient is started on antibiotics. This infection is considered a complication of the amputation.

Alphabetic Index:

- Complication → amputation stump → infection → lower limb

9. Emergency Department Note

This 6-year-old male patient sustained a second-degree burn of right index finger when he was playing with the candles on his birthday cake while having his party at his home in the dining room. I am requesting a dermatology consult.

ICD-10-CM: T23.221A, X08.8xxA, Y92.001, Y93.89

Rationale: The patient has a second degree burn on the right index finger. He is actively being treated for the burn, therefore it should be assigned 7th character A. This is the injury itself; therefore it should be coded first. We know the cause of the burn (the candles), the place (home), and the activity (birthday party).

Alphabetic Index:

- Burn → finger → right → second degree
- External Cause Index → Burn → candle
- External Cause Index → place of occurrence → residence
- External Cause Index → activity → specific NEC

10. Emergency Department Case

This 39-year-old male was working on the exterior of his single-family home when he fell from a ladder. He is complaining of pain in his left shoulder area. X-rays confirm a displaced fracture of the left acromial process of the scapula. Orthopedic consult to occur.

ICD-10-CM: S42.122A, W11.xxxA, Y92.018, Y93.H9

Rationale: The patient presents to the ER for a displaced fracture of the left acromial process of the scapula. It is actively being treated, therefore 7th character A should be assigned. This is the injury, therefore should be coded first. The external causes are the cause (the fall from a ladder), the place (exterior of the home), and the activity (home maintenance).

Alphabetic Index:

- Fracture → scapula → acromial process (displaced)
- External Cause Index → Fall → from → ladder
- External Cause Index → Place of occurrence → residence → house, single family → specified NEC
- Activity → property maintenance → exterior NEC