Part A: Inpatient Coding:

1.) Indicate how many ICD-9-CM codes it takes to correctly code Chronic Renal Failure due to Hypertension and Diabetes Mellitus.

A) 4  
B) 2  
C) 1  
D) 3

2.) A patient is admitted to the hospital with severe dehydration, due to malnutrition. Blood sugar levels were elevated. The patient is a known alcohol abuser. IV fluid replacement is given to the patient to re-hydrate. The final diagnosis documented by the physician is: dehydration with malnutrition; adult onset diabetes; early cirrhosis associated with alcoholism. What code would be assigned as the principal diagnosis?

A) Malnutrition  
B) Severe Dehydration  
C) Adult onset Diabetes Mellitus  
D) Cirrhosis of the liver due to alcohol

3.) If an inpatient was on the following medications Cardizem and Isordil, which of following condition(s) would the physician be treating?

A) Angina  
B) CHF  
C) ASHD  
D) Pneumonia  
E) Angina & CHF

4.) The UHDDS definition of Principal diagnosis is:

A) The condition documented in the discharge summary  
B) The reason the patient was admitted  
C) The condition found after study to be chiefly responsible for occasioning the admission ion of the patient to the hospital for care  
D) The most serious condition for which the patient was treated

5.) A patient is admitted with a pulmonary infiltrate per chest x-ray, SOB, fever, and with mental confusion. The WBC is elevated and blood & sputum cultures are
drawn. An overnight in ICU is ordered to monitor the patient closely. The H&P states an impression of “pneumonia” with “possible septic syndrome”, “cause of mental confusion not known”. After two days the culture results come back negative. The sputum culture grows 2+ gram positive cocci. The progress note on the day of discharge listed the impression as “pneumonia with probable sepsis”. What is your Principal Diagnosis?

A) Pneumonia, 486  
B) Sepsis, 038.9, 995.91  
C) Gram Positive Pneumonia  
D) Mental Confusion

6.) A patient comes to the ER with fever, SOB, cough of three days and the chest x-ray indicates acute exacerbation of CHF and pneumonia. The patient is admitted and treated with IV antibiotics and Lasix. The patient is continued on IV antibiotics and Lasix during the hospital stay. The final/principal diagnosis is documented as Pneumonia. The patient is discharged to continue antibiotics for another seven days and resume p.o. Lasix, which the dose was increased. What would you query the physician for?

A) Fluid Overload  
B) Pneumonia  
C) Specificity of CHF  
D) Origin of fever  
E) None of the above

7.) With Medicare inpatients there are specific discharge disposition codes that should be assigned. What is the correct Medicare discharge disposition (UB-04) if a patient is discharged to Home Health services?

A) 01  
B) 03  
C) 62  
D) 06

8.) When reporting secondary diagnoses/conditions, the UHDDS guidelines state that a condition is reportable if the condition required:

A) Increased monitoring and Nursing Care  
B) An Extended LOS  
C) Clinical Evaluation and Therapeutic Treatment  
D) Diagnostic studies  
E) All of the above

9.) A patient is being treated for fever 102, confusion, abdominal pain of two days, antibiotics and UA are ordered for the patient. The physician on the admit order
states “Urosepsis/UTI”, drawn blood cultures, history of COPD. On the progress note on the third day the impression is “sepsis/UTI” with fever. The discharges summary narrative includes a diagnosis of “Urosepsis/Sepsis with UTI. What is the most appropriate sequencing?

A) UTI, 599.0, 496, 038.9, 995.91  
B) Sepsis, 038.9, 995.91, 599.0, 496  
C) Need to Query for Clarification

10.) If a laboratory report indicating an elevation in the A1c this would in indicative of what disease process?

A) Cirrhosis  
B) Gout  
C) Rheumatoid Arthritis  
D) Diabetes Mellitus

11.) Oxygen is distributed throughout the body by the:

A) Nervous system  
B) Blood  
C) Lungs  
D) Heart

12.) The diagnosis of septicemia may not be coded if the blood culture(s) are negative?

A) True  
B) False

13.) A patient is admitted with diabetes out of control. The medical record documentation by the physician documents the final diagnosis as insulin dependent diabetes out of control. Select the correct ICD-9-CM code assignment.

A) 250.00  
B) 250.02  
C) 250.82  
D) 250.03  
E) 250.01

14.) In order to code hypertensive renal disease as listed in category 403. A cause and effect relationship must be clearly documented in the record by the physician.

A) True  
B) False
15.) A 77 year-old male is seen in the ER with a chief complaint of epistaxis. The record documents the patient has a history of atrial fibrillation and is on Coumadin therapy. On discharge, the attending documents the final diagnosis as “Epistaxis” secondary to Coumadin. Assign the most appropriate principal diagnosis.

A) 784.7, E934.2  
B) 286.5  
C) 286.7  
D) 286.9

16.) A 76 year-old female is admitted with a decubitus ulcer and cellulites of the left heel. The patient also complained of pain and swelling. The ulcer is open and draining purulent material. After IV antibiotic therapy and wound cleansing for three days the decision was made to have the wound care nurse perform excisional debridement at bedside. The debridement was performed using a scalpel, removing non-viable tissue and skin. The depth of the debridement was subcutaneous. The wound was cleansed and a dressing was applied. What ICD-9-CM diagnosis and procedure codes would be assigned based on this information?

A) 707.07, 682.7, 86.22  
B) 707.07, 86.22  
C) 707.07, 682.7, 86.28  
D) 682.7, 707.07, 86.28

17.) The patient is admitted with severe Staphylococcus aureus sepsis and acute respiratory failure. The patient was in ICU for three days on mechanical ventilation for four days. Patient also has history of CHF and receives Lasix during this hospitalization, has type II diabetes with nephropathy. The final diagnosis documented by the attending physician is Sepsis due to Staphylococcus. Procedures are mechanical ventilation for 97 hours. Assign the correct ICD-9-CM diagnosis and procedure codes.

A) 038.11, 995.92, 518.81, 428.0, 250.40, 583.81, 96.04, 96.72  
B) 038.12, 995.91, 518.81, 250.00 96.04, 96.71  
C) 038.10, 995.91, 428.0, 250.40, 583.81, 94.04, 96.72

18.) A 32 year-old female is admitted with burning on urination and inability to urinate. The patient is treated with IV antibiotics and is discharged after three days. The history and physical documents the patient is in her third trimester of pregnancy. The final diagnosis is UTI. Assign the correct ICD-9-CM diagnosis codes.

A) 646.63, 599.0  
B) 599.0, V22.0  
C) 646.53, 599.0  
D) 599.0, 646.63, V22.0
19.) Mrs. Smith is admitted to the hospital through the Emergency Room with a chief complaint of decubitus of the right hip with a foul smelling order. The physician orders 1 gram Rocephin every eight hours x three hours. Patient was seen in consultation by surgery. The surgeon orders the wound care staff to see the patient and treat accordingly. On the second day of hospitalization the wound is debrided by the wound care nurse. Documentation notes the wound was debrided down to the subcutaneous level with a sharp instrument until there was evidence of healthy tissue. The patient tolerated the procedure well without complications. Select the most appropriate ICD-9-CM procedure code.

A) 86.28  
B) 86.04  
C) 86.22  
D) None of the above

20.) A 79 year old male is admitted through the ER with hypotension and tachycardia. Upon exam, the patient’s condition was determined to be a result of a tetanus toxoid injection that was administered by his physician four hours earlier. Which of the following diagnoses is the appropriate sequencing?

A) Hypotension, tachycardia, accidental poisoning due to tetanus toxoid  
B) Unspecified adverse reaction and undetermined E code  
C) Poisoning due to tetanus toxoid and therapeutic use “E” code for tetanus toxoid  
D) Hypotension, tachycardia, therapeutic use “E” code for tetanus toxoid