Solution and Answer Guide

Green, 3-2-1 Code It! 2024, 9780357932209; Chapter 3: Chapter-Specific Coding
Guidelines: ICD-10-CM Chapters 1–10

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# Exercises

## Exercise 3.1: Certain Infectious and Parasitic Diseases

1. Human immunodeficiency disease

**Answer:** B20

*Analysis: For code B20, go to ICD-10-CM index main term Human and subterm immunodeficiency virus (HIV) disease (infection). Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 2 Certain Infectious and Parasitic Diseases chapter-specific guideline “Code only confirmed cases of HIV infection/illness,” this is an exception to the hospital inpatient guideline Section II, H (Uncertain Diagnosis). In this context, “confirmation” does not require documentation of positive serology or culture for HIV; the provider’s diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.*

1. Asymptomatic human immunodeficiency virus

**Answer:** Z21

*Analysis: For code Z21, go to ICD-10-CM index main term Human, subterm immunodeficiency virus (HIV) disease (infection), and second qualifier asymptomatic status. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 2 Certain Infectious and Parasitic Diseases chapter-specific guideline “Asymptomatic human immunodeficiency virus,” code Z21, Asymptomatic human immunodeficiency virus [HIV] infection, is to be applied when the patient without any documentation of symptoms is listed as being “HIV positive,” “known HIV,” “HIV test positive,” or similar terminology. Do not use this code if the term AIDS or HIV disease is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from their HIV-positive status; use B20 in these cases.*

1. Urinary tract infection due to *Enterococcus* complicated by vancomycin-resistant *Enterococci* (VRE) infection

**Answer:** N39.0, B95.2, Z16.21

*Analysis: For code N39.0, go to ICD-10-CM index main term Infection, infected, infective, subterm urinary (tract). Verify the code in the tabular list.*

*For code B95.2, go to ICD-10-CM index main term Infection, infected, infective, subterm bacterial NOS, second qualifier as cause of disease elsewhere classified, and third qualifier* Enterococcus*. Verify the code in the tabular list. This code is assigned as supplementary or additional code to identify the infectious agent in diseases classified elsewhere.*

*According to ICD-10-CM Chapter 2 Certain Infectious and Parasitic Diseases chapter-specific guideline “Infectious agents as the cause of diseases classified to other chapters,” certain infections are classified in chapters other than ICD-10-CM Chapter 1 and no organism is identified as part of the infection code. In these instances, it is necessary to use an additional code from ICD-10-CM Chapter 1 to identify the organism. A code from category B95, Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified to other chapters, B96, Other bacterial agents as the cause of diseases classified to other chapters, or B97, Viral agents as the cause of diseases classified to other chapters, is to be used as an additional code to identify the organism. An instructional note will be found at the infection code advising that an additional organism code is required.*

*For code Z16.21, go to ICD-10-CM index main term Resistance, resistant (to), subterm organism(s), second qualifier to, third qualifier drug, and fourth qualifier vancomycin. Verify the code in the tabular list. This code is assigned as an additional code to identify the resistance and non-responsiveness of a condition to an antimicrobial drug. According to ICD-10-CM chapter-specific guideline, “Infections resistant to antibiotics,” many bacterial infections are resistant to current antibiotics. It is necessary to identify all infections documented as antibiotic resistant. Assign a code from category Z16, Resistance to antimicrobial drugs.*

*According to CDC.gov, “Enterococci are bacteria (germs) that are normally present in the human intestines and in the female genital tract, and are often found in the environment, like in soil and water. These bacteria can cause infections. Enterococci bacteria are constantly finding new ways to avoid the effects of the antibiotics used to treat the infections they cause. Antibiotic resistance occurs when the germs no longer respond to the antibiotics designed to kill them. If these germs develop resistance to vancomycin, an antibiotic that is used to treat some drug-resistant infections, they become vancomycin-resistant enterococci (VRE).”*

1. Severe sepsis due to *Staphylococcus aureus* with septic shock and hepatorenal failure

**Answer:** A41.01, R65.21, K76.7

*Analysis: For code A41.01, go to ICD-10-CM index main term Sepsis, subterm* Staphylococcus, staphylococcal*, and second qualifier* aureus*. Notice that “methicillin susceptible” and “MSSA” are enclosed in parentheses, which means they are nonessential modifiers that can be present in or absent from the diagnostic statement. Verify the code in the tabular list.*

*For code R65.21, go to ICD-10-CM index main term Shock, subterm septic (due to severe sepsis). Verify the code in the tabular list. Notice the “Code first underlying infection, such as sepsis NOS” instruction, which indicates the septic shock code is not reported first.*

*For code K76.7, go to ICD-10-CM index main term Failure, failed, subterm hepatorenal. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 2 Certain Infectious and Parasitic Diseases chapter-specific coding guideline “Septic shock generally refers to circulatory failure associated with severe sepsis, and therefore, it represents a type of acute organ dysfunction,” for cases of septic shock, the code for the systemic infection should be sequenced first, followed by code R65.21, Severe sepsis with septic shock or code T81.12, Postprocedural septic shock. Any additional codes for the other acute organ dysfunctions should also be assigned. As noted in the sequencing instructions in the ICD-10-CM tabular list, the code for septic shock cannot be assigned as the principal diagnosis.*

1. Pneumonia due to COVID-19

**Answer:** U07.1, J12.82

*Analysis: For code U07.1, go to ICD-10-CM index main term COVID-19. Verify the code in the tabular list. Notice the “Use additional code to identify pneumonia or other manifestations, such as: pneumonia due to COVID-19 (J12.82).”*

*For code J12.82, go to ICD-10-CM index main term Pneumonia and subterm COVID-19. Verify the code in the tabular list. Notice the “Code first COVID-19 (U07.1)” instruction.*

*According to ICD-10-CM Chapter 2 Certain Infectious and Parasitic Diseases chapter-specific coding guideline “Acute respiratory manifestations of COVID-19,” when the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses. The following condition is an example of common respiratory manifestations of COVID-19: Pneumonia, For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.82, Pneumonia due to coronavirus disease 2019.*

## Exercise 3.2: Neoplasms

1. Carcinoma *in situ*, cervix uteri

**Answer:** D06.9

*Analysis: For code D06.9, go to ICD-10-CM index main term Carcinoma-in-situ* –see also *Neoplasm,* in situ*, by site. Then, go to ICD-10-CM Table of Neoplasms main term Neoplasm, neoplastic and subterm cervix (cervical) (uteri) (uterus). Locate the code in the Ca* in situ *column. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 2 Neoplasms “General Guidelines,” ICD-10-CM chapter 2 contains codes for most benign and all malignant neoplasms. To code a neoplasm, it is necessary to determine from the patient record if the neoplasm is benign,* in situ*, malignant, or of uncertain histologic behavior. (If malignant, any secondary (metastatic) sites should also be determined.) The diagnostic statement includes in situ to describe the carcinoma of the cervix uteri.*

1. Adenocarcinoma, left breast (male patient), extending from lower-outer quadrant into adjacent axillary tail

**Answer:** C50.822

*Analysis: For code C50.822, go to ICD-10-CM index main term Adenocarcinoma* –see also *Neoplasm, malignant, by site. Then, go to ICD-10-CM Table of Neoplasms main term Neoplasm, neoplastic, subterm breast, and second qualifier overlapping lesion. Verify the code in the tabular list. Add fifth-character 2 for male and sixth-character 2 for left breast.*

*According to ICD-10-CM Chapter 2 Neoplasms “General Guidelines,” a primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 (‘overlapping lesion’), unless the combination is specifically indexed elsewhere.* Contiguous sites *(or* overlapping sites*) occur when the origin of the tumor (primary site) involves two adjacent sites.*

1. Treatment of secondary liver cancer due to metastatic colorectal cancer

**Answer:** C78.7, C19

*Analysis: For code C78.7, go to ICD-10-CM index main term Cancer* –see *Neoplasm, malignant, by site. Then, go to ICD-10-CM Table of Neoplasms main term Neoplasm, neoplastic, subterm liver, and locate the code in the Malignant Secondary column. Verify the code in the tabular list. Notice the use of “and” in the code description, which means “and/or.”*

*For code C19 go to ICD-10-CM index main term Cancer* –see *Neoplasm, malignant, by site. Then, go to ICD-10-CM Table of Neoplasms main term Neoplasm, neoplastic, subterm colon, second qualifier with rectum, and locate the code in the Malignant Primary column. C19. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 2 Neoplasms chapter-specific coding guideline “Treatment of secondary site,” when a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis even though the primary malignancy is still present.*

1. Anemia due to primary brain cancer involving the basal ganglia

**Answer:** C71.0, D63.0

*Analysis: For code C71.0, go to ICD-10-CM index main term Cancer* –see *Neoplasm, malignant, by site. Then, go to ICD-10-CM Table of Neoplasms main term Neoplasm, neoplastic, subterm brain NEC, second qualifier basal ganglia, and locate the code in the Malignant Primary column. Verify the code in the tabular list.*

*For code D63.0, go to ICD-10-CM index main term Anemia, subterm in (due to) (with), and second qualifier neoplastic disease* –see also *Neoplasm D63.0. Verify the code in the tabular list. Notice the “Code first neoplasm (C00-D49)” instruction, which provides direction to sequence the primary brain cancer code first.*

*According to ICD-10-CM Chapter 2 Neoplasms chapter-specific coding guideline “Anemia associated with malignancy,” when admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by the appropriate code for the anemia (such as code D63.0, Anemia in neoplastic disease).*

1. Personal history of malignant melanoma

**Answer:** Z85.820

*Analysis: For code Z85.820, Go to ICD-10-CM index main term History, subterm personal (of), and second qualifier melanoma, and third qualifier malignant (skin). Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 2 Neoplasms chapter-specific coding guideline “Current malignancy versus personal history of malignancy,” when a primary malignancy (1) has been previously excised or eradicated from its site, (2) there is no further treatment (of the malignancy) directed to that site, and (3) there is no evidence of any existing primary malignancy at that site, a code from category Z85, Personal history of malignant neoplasm, is assigned to indicate the former site of the malignancy. Codes from subcategories Z85.0–Z85.85 are assigned for the former site of a primary malignancy,* not the site of a secondary malignancy*. Code Z85.89 may be assigned for the former site(s) of either a primary or a secondary malignancy.*

## Exercise 3.3: Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism

1. Acquired polycythemia

**Answer:** D75.1

*Analysis: For code D75.1, go to ICD-10-CM index main term Polycythemia (secondary) and subterm acquired. Next to the index main term, the word “secondary” is in parentheses, identifying it as a nonessential modifier that may be present or absent from the diagnostic statement. Verify the code in the tabular list. (There is no ICD-10-CM Chapter 3 chapter-specific coding guideline.)*

1. Acute posthemorrhagic anemia

**Answer:** D62

*Analysis: For code D62, go to ICD-10-CM index main term Anemia (essential) (general) (hemoglobin deficiency) (infantile) (primary) (profound), subterm posthemorrhagic (chronic), and second qualifier acute. Next to the index main term are many terms in parentheses, which are nonessential modifiers that may be present or absent from the diagnostic statement. Verify the code in the tabular list. (There is no ICD-10-CM Chapter 3 chapter-specific coding guideline.)*

1. Secondary agranulocytosis

**Answer:** D70.4

*Analysis: For code D70.4, go to ICD-10-CM index main term Agranulocytosis (chronic) (cyclical) (genetic) (infantile) (periodic) (pernicious) and subterm secondary. Next to the index main term are many terms in parentheses, which are nonessential modifiers that may be present or absent from the diagnostic statement. Verify the code in the tabular list. Notice the “Use additional code for any associated: fever (R50.81), mucositis (J34.81, K12.3-, K92.81, N76.81)” below the category description. The diagnostic statement does not document either condition, so an additional code is not assigned. (There is no ICD-10-CM Chapter 3 chapter-specific coding guideline.)*

1. Chronic simple anemia

**Answer:** D53.9

*Analysis: For code D53.9, go to ICD-10-CM Index main term anemia and subterm simple chronic. Verify D53.9 in Chapter 3 of the Tabular List. There is no indication that additional characters are needed so D53.9 Nutritional anemia, unspecified, is the correct code. (There is no ICD-10-CM Chapter 3 chapter-specific coding guideline.)*

1. Chronic congestive splenomegaly

**Answer:** D73.2

*Analysis: For code D73.2, go to ICD-10-CM index main term Splenomegaly, splenomegalia (Bengal) (cryptogenic) (idiopathic) (tropical) and subterm congestive, chronic. Next to the index main term are many terms in parentheses, which are nonessential modifiers that may be present or absent from the diagnostic statement. Verify the code in the tabular list. (There is no ICD-10-CM Chapter 3 chapter-specific coding guideline.)*

## Exercise 3.4: Endocrine, Nutritional, and Metabolic Diseases

1. Diabetes mellitus, type 1, with hyperglycemia

**Answer:** E10.65

*Analysis: For code E10.65, go to ICD-10-CM index main term Diabetes, diabetic (mellitus) (sugar), subterm type 1, second qualifier with, and third qualifier hyperglycemia. (Notice that ICD-10-CM index main term diabetes and subterm uncontrolled contains second and third qualifiers for hyperglycemia and hypoglycemia by type. Cross-reference* –see *provides direction to the code.) Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 4 Endocrine, Nutritional, and Metabolic Diseases chapter-specific guideline “Type of diabetes,” the age of a patient is not the sole determining factor, although most type 1 diabetics develop the condition before reaching puberty. For this reason, type 1 diabetes mellitus is also referred to as juvenile diabetes.*

1. Diabetes mellitus with amyotrophy

**Answer:** E11.44

*Analysis: For code E11.44, go to ICD-10-CM index main term Diabetes, diabetic (mellitus) (sugar), subterm type 2, second qualifier with, and third qualifier amyotrophy. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 4 chapter-specific guideline “Type of diabetes mellitus not documented,” if the type of diabetes mellitus is not documented in the patient record, the default is E11.-, Type 2 diabetes mellitus. This means that ICD-10-CM index main term Diabetes, diabetic and subterm type 2 are used to locate the “with amyotrophy” code.*

1. Type 2 diabetes mellitus with long term (current) use of insulin

**Answer:** E11.9, Z79.4

*Analysis: For code E11.9, go to ICD-10-CM index main term Diabetes, diabetic (mellitus) (sugar) and subterm type 2. Verify the code in the tabular list. Notice the “Use additional code to identify control using: insulin (Z79.4)” instruction. For code Z79.4, go to ICD-10-CM index main term Long-term (current) (prophylactic) drug therapy (use of) and subterm insulin. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 4 Endocrine, Nutritional, and Metabolic Diseases chapter-specific guideline “Diabetes mellitus and the use of insulin, oral hypoglycemics, and injectable non-insulin drugs, additional code(s) should be assigned from category Z79 to identify the long term (current) use of insulin, oral hypoglycemic drugs, or injectable non-insulin antidiabetic [drugs].” The diagnostic statement includes “with long term (current) use of insulin,” which provides documentation for the code assigned.*

1. Postpancreatectomy hypoinsulinemia (total), diabetes mellitus with hyperglycemia, requiring long term (current) insulin use, and status post pancreatectomy

**Answer:** E89.1, E13.65, Z79.4, Z90.410

*Analysis: For code E89.1, go to ICD-10-CM index main term Postpancreatectomy hyperglycemia E89.1. Verify the code in the tabular list. Notice the “Use additional code, if applicable, to identify: acquired absence of pancreas (Z90.41-), diabetes mellitus (postpancreatectomy) (postprocedural) (E13.-), insulin use (Z79.4).” The diagnostic statement documents all three conditions. (Postpancreatectomy is an acquired absence of the pancreas.)*

*For code E13.65, go to ICD-10-CM index main term Diabetes, diabetic (mellitus) (sugar), subterm specified type NEC, second qualifier with, and third qualifier hyperglycemia. Verify the code in the tabular list. The code description states, “Other specified diabetes mellitus with hyperglycemia;” this patient’s diabetes mellitus is not type 1 or type 2 because it is the result of a total pancreatectomy (e.g., due to cancer).*

*For code Z79.4, go to ICD-10-CM index main term Long-term (current) (prophylactic) drug therapy (use of) and subterm insulin. Verify the code in the tabular list.*

*For code Z90.410, go to ICD-10-CM index main term Status (post), subterm pancreatectomy, and second qualifier total. Verify the code in the tabular list. Notice the “Code also exocrine pancreatic insufficiency (K86.81).” The diagnostic statement does not include mention of “exocrine pancreatic insufficiency (EPI),” which results in digestive malabsorption. A physician query can be generated to obtain more information to determine if the code is to be assigned.*

*According to ICD-10-CM Chapter 4 Endocrine, Nutritional, and Metabolic Diseases chapter-specific guideline “Secondary diabetes mellitus due to pancreatectomy,” for postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code E89.1, Postsurgical hypoinsulinemia. Assign a code from category E13 (Other specified diabetes mellitus) and a code from subcategory Z90.41-, Acquired absence of pancreas, as additional codes. (The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on ICD-10-CM tabular list instructions for category E13.)*

1. Streptococcal acute thyroiditis

**Answer:** E06.0, B95.5

*Analysis: For code E06.0, go to ICD-10-CM index main term Thyroiditis and subterm acute. Verify the code in the tabular list. Notice the “Use additional code (B95-B97) to identify infectious agent.” instruction.* *(There is no ICD-10-CM Chapter 4 chapter-specific coding guideline.)*

*For code B95.5, go to ICD-10-CM index main term Infection, infected, infective (opportunistic), subterm streptococcal NEC, and second qualifier as cause of disease classified elsewhere. Verify the code in the tabular list. Notice the use of the “unspecified” in the code description, which means a physician query can be generated to obtain more information about the condition to assign a more specific code.*

*According to ICD-10-CM Chapter 2 Certain Infectious and Parasitic Diseases chapter-specific guideline “Infectious agents as the cause of diseases classified to other chapters,” certain infections are classified in chapters other than ICD-10-CM Chapter 1, and no organism is identified as part of the infection code. In these instances, it is necessary to use an additional code from ICD-10-CM Chapter 1 to identify the organism. A code from category B95, Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified to other chapters, B96, Other bacterial agents as the cause of diseases classified to other chapters, or B97, Viral agents as the cause of diseases classified to other chapters, is to be used as an additional code to identify the organism. An instructional note will be found at the infection code advising that an additional organism code is required.*

## Exercise 3.5: Mental, Behavioral, and Neurodevelopmental Disorders

1. Opioid use, abuse, and dependence with intoxication and delirium

**Answer:** F11.221

*Analysis: For code F11.221, go to ICD-10-CM index main term Dependence (on) (syndrome) and subterm opioid –*see *Dependence, drug, opioid. Then, go to ICD-10-CM index main term Dependence (on) (syndrome), subterm drug, second qualifier opioid, third qualifier with, fourth qualifier intoxication, and fifth qualifier delirium. Verify the code in the tabular list. Notice the “Excludes1: opioid abuse (F11.1-), opioid use, unspecified (F11.9-)” note, which indicates opioid dependence is not reported with opioid abuse or opioid use.*

*According to ICD-10-CM Chapter 5 Mental, Behavioral, and Neurodevelopmental Disorders chapter-specific coding guideline “Psychoactive substance use, abuse and dependence,” when the provider documentation refers to use, abuse and dependence of the same substance (e.g., alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:*

* *If both use and abuse are documented, assign only the code for abuse.*
* *If both abuse and dependence are documented, assign only the code for dependence.*
* *If use, abuse and dependence are all documented, assign only the code for dependence.*
* *If both use and dependence are documented, assign only the code for dependence.*

Note: *For this diagnostic statement, a code for dependence only is assigned.*

1. Paranoid schizophrenia

**Answer:** F20.0

*Analysis: For code F20.0, go to ICD-10-CM index main term Schizophrenia, schizophrenic, and subterm paranoid (type). Verify the code in the tabular list. Notice this is a combination code, which is a single code that is assigned to classify two conditions. (There is no ICD-10-CM Chapter 5 chapter-specific coding guideline for this condition.)*

1. Alcoholic delirium tremens

**Answer:** F10.921

*Analysis: For code F10.921, go to ICD-10-CM index main term Alcohol, alcoholic, alcohol-induced, and subterm delirium (acute) (tremens) (withdrawal). Verify the code in the tabular list. The code description is “alcohol use, unspecified with intoxication delirium.” Do not report a code for alcohol abuse or dependence because neither is documented in the diagnostic statement.* *(There is no ICD-10-CM Chapter 5 chapter-specific coding guideline for this condition.)*

*Notice the “Use additional code for blood alcohol level, if applicable (Y90.-)” instruction, which does not apply to this diagnostic statement. (General coding guideline “Documentation by Clinicians Other Than the Patient’s Provider” states that there are exceptions when code assignment may be based on medical record documentation from clinicians who are* not *the patient’s provider. Such clinicians refer to health care professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient’s official medical record. These exceptions include a code reported for blood alcohol level [Z02.83].)*

1. Factitious disorder, imposed on self, with predominantly physical signs and symptoms

**Answer:** F68.12

*Analysis: For code F68.12, go to ICD-10-CM index main term Disorder (of), subterm factitious, second qualifier imposed on self, third qualifier with predominantly, and fourth qualifier physical symptoms.*

*According to ICD-10-CM Chapter 5 Mental, Behavioral, and Neurodevelopmental Disorders chapter-specific guideline “Factitious Disorder,”* factitious disorder imposed on self *(or* Munchausen’s syndrome*) is a disorder in which a person falsely reports or causes their own physical or psychological signs or symptoms. For patients with documented factitious disorder on self or Munchausen’s syndrome, assign the appropriate code from subcategory F68.1-, Factitious disorder imposed on self.*

1. Major depressive disorder, recurrent, with psychotic features

**Answer:** F33.3

*Analysis: For code F33.3, go to ICD-10-CM index main term Disorder (of), subterm depressive, second qualifier major, third qualifier recurrent, and fourth qualifier with psychotic features. Verify the code in the tabular list. Notice that an inclusion term matches diagnostic statement “Major depressive disorder, recurrent, with psychotic features,” which means the code is assigned even though “severe” and “symptoms” are included in the code description. (There is no ICD-10-CM Chapter 5 chapter-specific coding guideline for this condition.)*

## Exercise 3.6: Diseases of the Nervous System

1. Flaccid hemiplegia, left dominant side

**Answer:** G81.02

*Analysis: For code G81.02, go to ICD-10-CM index main term Hemiplegia and subterm flaccid. Verify the code in the tabular list. Add fifth-character 2 for left dominant side.*

*According to ICD-10-CM Chapter 6 Diseases of the Nervous System chapter-specific guideline “Dominant/nondominant side,” codes from category G81, Hemiplegia and hemiparesis, and subcategories, G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant or nondominant side is affected. Should the affected side be documented, but not specified as 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.*
1. Chronic pain syndrome (admission for pain management)

**Answer:** G89.4

*Analysis: For code G89.4, go to ICD-10-CM index main term Syndrome and subterm chronic, and second qualifier pain. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 6 Diseases of the Nervous System chapter-specific guideline “Category G89 codes as principal or first-listed diagnosis,” category G89 codes are acceptable as principal diagnosis or the first-listed code when pain control or pain management is the reason for the admission/encounter. The underlying cause of the pain should be reported as an additional diagnosis, if known. (In this case, the underlying cause of the pain is not included in the diagnostic statement.)*

1. Acute pain due to trauma; cervicalgia (admission for pain control)

**Answer:** G89.11, M54.2

*Analysis: For code G89.11, go to ICD-10-CM index main term Pain, subterm acute, and second qualifier due to trauma. Verify the code in the tabular list. Notice the “Excludes2: spine pain (M54.-)” note, which indicates that a second is to be assigned. For code M54.2, go to ICD-10-CM index main term Cervicalgia. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 6 Diseases of the Nervous System chapter-specific guideline “Use of category G89 codes in conjunction with site-specific pain codes, assigning category G89 codes and site-specific pain codes,” codes from category G89 may be used in conjunction with codes that identify the site of pain (including codes from ICD-10-CM Chapter 18) if the category G89 code provides additional information. In addition, chapter-specific guideline “Sequencing of category G89 codes with site-specific pain codes,” states that the sequencing of category G89 codes with site-specific pain codes (including Chapter 18 codes), is dependent on the circumstances of the encounter/admission as follows: If the encounter is for pain control or pain management, assign the code from category G89 followed by the code identifying the specific site of pain.*

1. Acute transverse myelopathy

**Answer:** G37.3

*Analysis: For code G37.3, go to ICD-10-CM index main term Myelopathy (spinal cord) and subterm transverse, acute. Verify the code in the tabular list. Notice that the diagnostic statement is included in the list of inclusion terms/phrases below the code description. (There is no chapter-specific guideline for this condition.)*

1. Obstructive sleep apnea with hypopnea; morbid obesity with 51.4 BMI (adult patient)

**Answer:** G47.33, E66.01, Z68.43

*Analysis: For code G47.33, go to ICD-10-CM index main term Apnea, apneic (of) (spells), subterm sleep, second qualifier obstructive (adult) (pediatric), and third qualifier hypopnea. Verify the code in the tabular list. Notice the “Code also any associated underlying condition” instruction, such as morbid obesity. (There is no chapter-specific guideline for this condition.)*

*For code E66.01, go to ICD-10-CM index main term Obesity and subterm morbid. Verify the code in the tabular list. Notice the “Use additional code to identify body mass index (BMI), if known (Z68.-)” below the category description. For code Z68.43, go to ICD-10-CM index main term BMI* –see *Body, mass index. Then, go to ICD-10-CM index main term Body, subterm mass index (BMI), second qualifier adult, and third qualifier 50.0–59.9. Verify the code in the tabular list.*

## Exercise 3.7: Diseases of the Eye and Adnexa

1. Primary open-angle glaucoma, right eye, with progression from mild to moderate stage during hospitalization, right eye

**Answer:** H40.1112

*Analysis: For code H40.1112, go to ICD-10-CM index main term Glaucoma, subterm open angle, and second qualifier primary. Verify the code in the tabular list. Add sixth-character 1 for right eye and seventh-character 2 for moderate stage.*

*According to ICD-10-CM Chapter 7 Diseases of the Eye and Adnexa chapter-specific guidelines, “Patient admitted with glaucoma and stage evolves during the admission,” if a patient is admitted with glaucoma and the stage progresses during the admission, assign the code for the highest stage documented.*

1. Blindness, left eye, category 5; right eye normal

**Answer:** H54.42A5

*Analysis: For code H54.42A5, go to ICD-10-CM index main term Blindness, subterm one eye (other eye normal), and second qualifier left (normal vision on right). Verify the code in the tabular list. Add sixth-character A for category 3–5 and seventh-character 5 for category 5.*

*According to ICD-10-CM chapter-specific guideline “Blindness,” if “blindness” or “low vision” of both eyes is documented but the visual impairment category is not documented, assign code H54.3, Unqualified visual loss, both eyes. If “blindness” or “low vision” in one eye is documented but the visual impairment category is not documented, assign a code from H54.6-, Unqualified visual loss, one eye. If “blindness” or “visual loss” is documented without any information about whether one or both eyes are affected, assign code H54.7, Unspecified visual loss. For this diagnostic statement, the category is documented.*

1. Degenerative myopia, bilateral eyes

**Answer:** H44.23

*Analysis: For code H44.23, go to ICD-10-CM index main term Myopia (axial) (congenital), subterm degenerative (malignant), and second qualifier bilateral. Verify the code in the tabular list. (There is no chapter-specific guideline for this condition.)*

1. Alternating exotropia

**Answer:** H50.15

*Analysis: For code H50.15, go to ICD-10-CM index main term Exotropia* –see *Strabismus, divergent concomitant. Then, go to ICD-10-CM index main term Strabismus (congenital) (nonparalytic), subterm divergent concomitant, and second qualifier alternating. Verify the code in the tabular list. Notice that the code description matches the diagnostic statement. (There is no chapter-specific guideline for this condition.)*

1. Cystoid macular degeneration, bilateral eyes

**Answer:** H35.353

*Analysis: For code H35.353, go to ICD-10-CM index main term Degeneration, degenerative, subterm macula, macular (acquired) (age-related) (senile), and second qualifier cystoid. Verify the code in the tabular list. Add sixth-character 3 for bilateral. (There is no chapter-specific guideline for this condition.)*

## Exercise 3.8: Diseases of the Ear and Mastoid Process

1. Swimmer’s ear, right ear

**Answer:** H60.331

*Analysis: For code H60.331, go to ICD-10-CM index main term Swimmer’s and subterm ear. Verify the code in the tabular list. Add sixth-character 1 for right ear. (There is no chapter-specific guideline for this condition.)*

1. Acute serous otitis media, left ear

**Answer:** H65.02

*Analysis: For code H65.02, go to ICD-10-CM index main term Otitis (acute), subterm media, and second qualifier serous* –see *Otitis, media, nonsuppurative. Then, go to ICD-10-CM index main term Otitis (acute), subterm media, second qualifier nonsuppurative, third qualifier acute or subacute NEC, and fourth qualifier serous. Locate the code in the tabular list, and add fifth-character 2 for left ear. Notice the “Use additional code for any associated perforated tympanic membrane (H72.-)” below the category description, which does not apply to this diagnostic statement. (There is no chapter-specific guideline for this condition.)*

1. Central perforation of tympanic membrane, left ear

**Answer:** H72.02

*Analysis: For code H72.02, go to ICD-10-CM index main term Perforation, perforated (nontraumatic) (of), subterm tympanum, tympanic (membrane) (persistent post-traumatic) (postinflammatory), and second qualifier central. Verify the code in the tabular list. Add fifth-character 2 for left ear. Notice the “Includes: persistent post-traumatic perforation of ear drum; postinflammatory perforation of ear drum” note below the category description. Also, notice the “Code first any associated otitis media” instruction below the category description, which does not apply to this diagnostic statement. (There is no chapter-specific guideline for this condition.)*

1. Vertigo of central origin

**Answer:** H81.4

*Analysis: For code H81.4, go to ICD-10-CM index main term Vertigo, subterm central (origin). Verify the code in the tabular list.*

1. Granulation of postmastoidectomy cavity, left ear

**Answer:** H95.122

*Analysis: For code H95.122, go to ICD-10-CM index main term Granulation tissue (abnormal) (excessive) and subterm postmastoidectomy cavity* –see *Complications, postmastoidectomy, granulation. Then, go to ICD-10-CM index main term Complication(s) (from) (of), subterm postmastoidectomy NEC, and second qualifier granulation. Verify the code in the tabular list. Add sixth-character 2 for left ear. (There is no chapter-specific guideline for this condition.)*

## Exercise 3.9: Diseases of the Circulatory System

1. Non-ST elevation myocardial infarction (NSTEMI), inferolateral wall, initial episode of care

**Answer:** I21.4

*Analysis: For code I21.4 , go to ICD-10-CM index main term Infarct, infarction, subterm myocardium, myocardial (acute) (with stated duration of 4 weeks or less), second qualifier non-ST elevation (NSTEMI). Verify the code in the tabular list. Notice the “Use additional code, if applicable, to identify:” instruction below the category description, which lists additional codes that can be assigned because they are associated with the condition. (None of the codes are assigned because the diagnostic statement does not document any of them.)*

*According to ICD-10-CM chapter-specific Chapter 9 Diseases of the Circulatory System guideline, “Type 1 ST elevation myocardial infarction (STEMI) and non-ST elevation myocardial infarction (NSTEMI),” the ICD-10-CM codes for type 1 acute myocardial infarction (AMI) identify the site, such as anterolateral wall or true posterior wall. Subcategories I21.0-I21.2 and code I21.3 are used for type 1 ST elevation myocardial infarction (STEMI). Code I21.4, Non-ST elevation myocardial infarction (NSTEMI), is used for type 1 non-SUBTERM elevation myocardial infarction (NSTEMI) and nontransmural MIs.*

1. Type 1 acute inferoposterior transmural ST elevation myocardial infarction (STEMI), and subsequent type 1 acute inferior STEMI three days later (during same inpatient admission)

**Answer:** I21.11, I22.1

*Analysis: For code I21.11, go to ICD-10-CM index main term Infarct, infarction, subterm myocardium, myocardial (acute) (with stated duration of 4 weeks or less), second qualifier ST elevation (STEMI), and third qualifier inferoposterior transmural (Q wave). Verify the code in the tabular list. Notice inclusion term (phrase), inferolateral transmural (Q wave) infarction (acute), is listed below the code description.*

*For code I22.1, go to ICD-10-CM index main term Infarct, infarction, subterm myocardium, myocardial (acute) (with stated duration of 4 weeks or less), subterm ST elevation (STEMI), second qualifier inferior (diaphragmatic) (inferolateral) (inferoposterior) (wall), and third qualifier subsequent. Verify the code in the tabular list.*

*According to ICD-10-CM chapter-specific Chapter 9 Diseases of the Circulatory System guideline, “Subsequent acute myocardial infarction,” a code from category I22, Subsequent ST elevation (STEMI) and non-ST elevation myocardial infarction (NSTEMI), is to be used when a patient who has suffered an acute myocardial infarction (AMI) has a new AMI within the 4-week time frame of the initial AMI.* A code from category I22 must be used in conjunction with a code from category I21. *The sequencing of the I22 and I21 codes depends on the circumstances of the encounter. Do not assign code I22 for subsequent myocardial infarctions other than type 1 or unspecified. Codes from category I22 should only be assigned if both the initial and subsequent myocardial infarctions are type 1 or unspecified.*

1. Aphasia as sequela of cerebral infarction

**Answer:** I69.320

*Analysis: For code I69.320, go to ICD-10-CM index main term Aphasia, subterm following, second qualifier cerebrovascular disease, and third qualifier cerebral infarction. Verify the code in the tabular list. A note located below the category description states “Category I69 is to be used to indicate conditions in I60–I67 as the cause of sequelae. The ‘sequelae’ include conditions specified as such or as residuals which may occur at any time after the onset of the causal condition.” For this diagnostic statement, the patient had been treated for a cerebral infarction (assigned a code from category I63) and is treated for the sequela (or late effect), which is aphasia.*

*According to ICD-10-CM chapter-specific Chapter 9 Diseases of the Circulatory System guideline, “Sequelae of cerebrovascular disease, Category I69, sequelae of cerebrovascular disease,” category I69 is used to indicate conditions classifiable to categories I60–I67 as the causes of sequela (neurologic deficits), which were classified elsewhere (at the time of initial treatment). These “late effects” include neurologic deficits that persist after initial onset of conditions classifiable to categories I60–I67. The neurologic deficits caused by cerebrovascular disease may be present from the onset or may arise at any time after the onset of the condition classifiable to categories I60–I67.*

1. Hypertension and stage 4 chronic kidney disease

**Answer:** I12.9, N18.4

*Analysis: For code I12.9, go to ICD-10-CM index main term Hypertension, hypertensive, subterm with, and second qualifier kidney involvement* –see *Hypertension, kidney. Then, go to ICD-10-CM index main term Hypertension, hypertensive, subterm kidney, and second qualifier stage 1 through stage 4 chronic kidney disease. Notice the “Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)” instruction below the code description, which means an additional code is assigned.*

*For code N18.4, go to ICD-10-CM index main term Disease, diseased, subterm kidney, second qualifier chronic, and third qualifier stage 4. Verify the code in the tabular list. Notice the “Code first any associated: hypertensive chronic kidney disease (I12.-, I13.-),” which provides code sequencing guidance.*

*According to ICD-10-CM chapter-specific Chapter 9 Diseases of the Circulatory System guideline, “Hypertensive chronic kidney disease,” assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present. CKD should not be coded as hypertensive if the provider indicates the CKD is not related to the hypertension. The appropriate code from category N18 should be used as a secondary code with a code from category I12 to identify the stage of chronic kidney disease.*

1. Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

**Answer:** I25.110

*Analysis: For code I25.110, go to ICD-10-CM index Atherosclerosis* –see *also Arteriosclerosis, coronary, artery, with angina pectoris* –see *Arteriosclerosis, coronary (artery). Then, go to ICD-10-CM index main term Arteriosclerosis, arteriosclerotic, subterm coronary (artery), second qualifier native vessel, third qualifier with, fourth qualifier angina pectoris, and fifth qualifier unstable. Verify the code in the tabular list. Notice the “Use additional code, if applicable, to identify: coronary atherosclerosis due to calcified coronary lesion (I25.84), coronary atherosclerosis due to lipid rich plaque (I25.83)” if documented in the diagnostic statement.*

*According to ICD-10-CM chapter-specific Chapter 9 Diseases of the Circulatory System guideline, “Atherosclerotic coronary artery disease and angina, ICD-10-CM has combination codes for atherosclerotic heart disease with angina pectoris. The subcategories for these codes are I25.11, Atherosclerotic heart disease of native coronary artery with angina pectoris and I25.7, Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris.* When using one of these combination codes it is not necessary to use an additional code for angina pectoris. *A causal relationship can be assumed in a patient with both atherosclerosis and angina pectoris, unless the documentation indicates the angina is due to something other than the atherosclerosis.”*

## Exercise 3.10: Diseases of the Respiratory System

1. Acute exacerbation of chronic obstructive pulmonary disease (COPD)

**Answer:** J44.1

*Analysis: For code J44.1, go to ICD-10-CM index main term Disease, diseased, and subterm pulmonary* –see also *Disease, lung. Then, go to ICD-10-CM index main term Disease, diseased, subterm lung, second qualifier obstructive (chronic), third qualifier with, fourth qualifier acute, and fifth qualifier exacerbation. Verify the code in the tabular list. Notice the “Use additional code to identify:” instruction for codes that are associated with the condition in the diagnostic statement, none of which were included in the statement.*

*According to ICD-10-CM Chapter 10 Diseases of the Respiratory System chapter-specific guideline “Chronic obstructive pulmonary disease [COPD] and asthma, acute exacerbation of chronic obstructive bronchitis and asthma,” the codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An* 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, though an exacerbation may be triggered by an infection.*

1. Human immunodeficiency virus disease and subsequent acute respiratory failure with hypoxia

**Answer:** B20, J96.01

*Analysis: For code B20, go to ICD-10-CM index main term HIV, and verify the code in the tabular list. Notice the “Use additional code(s) to identify all manifestations of HIV infection,” which in this case is “acute respiratory failure.”*

*For code J96.01, go to ICD-10-CM index main term Failure, failed, subterm respiration, respiratory, second qualifier acute, third qualifier with, and fourth qualifier hypoxia. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 10 Diseases of the Respiratory System chapter-specific guideline “*Acute respiratory failure as secondary diagnosis, respiratory failure may be listed as a secondary diagnosis if it occurs after admission*, or if it is present on admission but does not meet the definition of principal diagnosis.”*

1. Influenza due to identified novel influenza A virus

**Answer:** J09.X2

*Analysis: For code J09.X2, go to ICD-10-CM index main term Influenza, subterm due to, and second qualifier identified novel influenza A virus. Notice the “Use additional code, if applicable, for associated: pleural effusion (J91.8), sinusitis (J01.-),” which are not assigned because they are not included in the diagnostic statement.*

*According to ICD-10-CM Chapter 10 Diseases of the Respiratory System chapter-specific guideline “Influenza due to certain identified influenza viruses,”* code only confirmed cases of influenza due to certain identified influenza viruses (category J09)*, and due to other identified influenza virus (category J10). (This is an exception to the hospital inpatient coding guideline about Uncertain Diagnosis.)* In this context, “confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus. *However,* coding should be based on the provider’s diagnostic statement that the patient has avian influenza, or other novel influenza A*, for category J09, or has another particular identified strain of influenza, such as H1N1 or H3N2, but not identified as novel or variant, for category J10. (If the provider records “suspected” or “possible” or “probable” avian influenza, or novel influenza, or other identified influenza, then the appropriate influenza code from category J11, Influenza due to unidentified influenza virus, should be assigned. A code from category J09, Influenza due to certain identified influenza viruses, should not be assigned nor should a code from category J10, Influenza due to other identified influenza virus.)*

1. Acute adenoviral pneumonia with development of ventilator-associated pneumonia after admission

**Answer:** J12.0, J95.851

*Analysis: For code J12.0, go to ICD-10-CM index main term Pneumonia, subterm viral, and second qualifier adenoviral. Verify the code in the tabular list. Notice the “Code first associated influenza, if applicable (J09.X1, J10.0-, J11.0-) and Code also associated abscess, if applicable (J85.1)” instructions, which are not coded because the conditions are not included in the diagnostic statement.*

*For code J95.851, Pneumonia and subterm ventilator assisted. Verify the code in the tabular list. Verify the code in the tabular list. Notice the “Use additional code to identify the organism, if known (B95.-, B96.-, B97.-)” instruction, which is not coded because the cause is not included in the diagnostic statement. Review of the patient record or generating a physician query may identify the causative organism.*

*According to ICD-10-CM Chapter 10 Diseases of the Respiratory System chapter-specific guideline “Ventilator associated pneumonia (VAP) develops after admission,” a patient may be admitted with one type of pneumonia (e.g., acute adenoviral pneumonia) and subsequently develop VAP. In this instance, the principal diagnosis would be the appropriate code from categories J12–J18 for the pneumonia diagnosed at the time of admission. Code J95.851, Ventilator associated pneumonia, would be assigned as an additional diagnosis when the provider has also documented the presence of ventilator associated pneumonia.*

1. Lung damage due to vaping; acute respiratory distress syndrome

**Answer:** U07.0, J80

*Analysis: For code U07.0, go to ICD-10-CM index main term Damage, subterm lung, and second qualifier vaping. Verify the code in the tabular list. Notice the “Use additional code to identify manifestations, such as: acute respiratory distress syndrome (J80),” which is assigned because it is included in the diagnostic statement. Also, notice that code U07.0 is classified to ICD-10-CM Chapter 22 Codes for Special Purposes (U00–U85).*

*For code J80, go to ICD-10-CM index main term Distress, subterm acute respiratory, and second qualifier syndrome. Verify the code in the tabular list.*

*According to ICD-10-CM Chapter 10 Diseases of the Respiratory System chapter-specific guideline “Vaping-related disorders, for patients presenting with condition(s) related to vaping, assign code U07.0, Vaping-related disorder, as the principal diagnosis. For lung injury due to vaping, assign only code U07.0. Assign additional codes for other manifestations, such as acute respiratory failure (subcategory J96.0-) or pneumonitis (code J68.0). Associated respiratory signs and symptoms due to vaping, such as cough, shortness of breath, etc., are not coded separately when a definitive diagnosis has been established. However, it would be appropriate to code separately any gastrointestinal symptoms, such as diarrhea and abdominal pain.”*

# Review

## 3.1: Multiple Choice

1. Sepsis due to *E. coli.*
	1. A41.4
	2. A41.50
	3. A41.51
	4. A41.9

**Answer:** c

*Analysis:*

1. *Incorrect. Code A41.51 is correct. Go to ICD-10-CM index main term Sepsis and subterm* Escherichia coli (E. coli)*. (Or, go to ICD-10-CM index main term Sepsis and subterm Gram-negative (organism). Verify the code in the tabular list. Add fifth-character 1 for* Escherichia coli (E. coli)*.* *Notice that subcategory states, “Sepsis due to Gram-negative organisms,” but the code description specifies E. coli.*
2. *Incorrect. Code A41.51 is correct. Go to ICD-10-CM index main term Sepsis and subterm* Escherichia coli (E. coli)*. (Or, go to ICD-10-CM index main term Sepsis and subterm Gram-negative (organism). Verify the code in the tabular list. Add fifth-character 1 for* Escherichia coli (E. coli)*.* *Notice that subcategory states, “Sepsis due to Gram-negative organisms,” but the code description specifies E. coli.*
3. ***Correct****. Code A41.51 is correct. Go to ICD-10-CM index main term Sepsis and subterm* Escherichia coli (E. coli)*. (Or, go to ICD-10-CM index main term Sepsis and subterm Gram-negative (organism). Verify the code in the tabular list. Add fifth-character 1 for* Escherichia coli (E. coli)*.* *Notice that subcategory states, “Sepsis due to Gram-negative organisms,” but the code description specifies E. coli.*
4. *Incorrect. Code A41.51 is correct. Go to ICD-10-CM index main term Sepsis and subterm* Escherichia coli (E. coli)*. (Or, go to ICD-10-CM index main term Sepsis and subterm Gram-negative (organism). Verify the code in the tabular list. Add fifth-character 1 for* Escherichia coli (E. coli)*.* *Notice that subcategory states, “Sepsis due to Gram-negative organisms,” but the code description specifies E. coli.*
5. Metastatic carcinoma from the lung.
	1. C34.90, C79.9
	2. C79.9, D49.1
	3. D49.9, C34.90
	4. D49.9, C80.1

**Answer:** a

*Analysis:*

1. ***Correct****. Codes C34.90, C79.9 are correct. For code C34.90, go to ICD-10-CM index Table of Neoplasms main term Neoplasm, neoplastic, subterm lung, and locate the code below the Malignant Primary column. Verify the code in the tabular list. Add fifth-character 0 for unspecified part of unspecified bronchus or lung. For code C79.9, go to ICD-10-CM index Table of Neoplasms main term Neoplasm, neoplastic, subterm unknown site or unspecified, and locate the code in the Malignant Secondary column. Verify the code in the tabular list. (Review of the patient record or generating a physician query to assign more specific codes is recommended.)*
2. *Incorrect. Codes C34.90, C79.9 are correct. For code C34.90, go to ICD-10-CM index Table of Neoplasms main term Neoplasm, neoplastic, subterm lung, and locate the code below the Malignant Primary column. Verify the code in the tabular list. Add fifth-character 0 for unspecified part of unspecified bronchus or lung. For code C79.9, go to ICD-10-CM index Table of Neoplasms main term Neoplasm, neoplastic, subterm unknown site or unspecified, and locate the code in the Malignant Secondary column. Verify the code in the tabular list. (Review of the patient record or generating a physician query to assign more specific codes is recommended.)*
3. *Incorrect. Codes C34.90, C79.9 are correct. For code C34.90, go to ICD-10-CM index Table of Neoplasms main term Neoplasm, neoplastic, subterm lung, and locate the code below the Malignant Primary column. Verify the code in the tabular list. Add fifth-character 0 for unspecified part of unspecified bronchus or lung. For code C79.9, go to ICD-10-CM index Table of Neoplasms main term Neoplasm, neoplastic, subterm unknown site or unspecified, and locate the code in the Malignant Secondary column. Verify the code in the tabular list. (Review of the patient record or generating a physician query to assign more specific codes is recommended.)*
4. *Incorrect. Codes C34.90, C79.9 are correct. For code C34.90, go to ICD-10-CM index Table of Neoplasms main term Neoplasm, neoplastic, subterm lung, and locate the code below the Malignant Primary column. Verify the code in the tabular list. Add fifth-character 0 for unspecified part of unspecified bronchus or lung. For code C79.9, go to ICD-10-CM index Table of Neoplasms main term Neoplasm, neoplastic, subterm unknown site or unspecified, and locate the code in the Malignant Secondary column. Verify the code in the tabular list. (Review of the patient record or generating a physician query to assign more specific codes is recommended.)*
5. Type 2 diabetes mellitus with diabetic macular edema and retinopathy, right eye, resolved following treatment.
	1. E08.371
	2. E09.371
	3. E10.371
	4. E11.371

**Answer:** d

*Analysis:*

1. *Incorrect. Code E11.371 is correct. Go to ICD-10-CM index main term Retinopathy* –see *Diabetes, retinopathy. Then, go to ICD-10-CM index main term Diabetes, diabetic, subterm type 2, second qualifier with, third qualifier retinopathy, and fourth qualifier resolved following treatment.. Verify the code in the tabular list.*
2. *Incorrect. Code E11.371 is correct. Go to ICD-10-CM index main term Retinopathy* –see *Diabetes, retinopathy. Then, go to ICD-10-CM index main term Diabetes, diabetic, subterm type 2, second qualifier with, third qualifier retinopathy, and fourth qualifier resolved following treatment. Verify the code in the tabular list.*
3. *Incorrect. Code E11.371 is correct. Go to ICD-10-CM index main term Retinopathy –see Diabetes, retinopathy. Then, go to ICD-10-CM index main term Diabetes, diabetic, subterm type 2, second qualifier with, third qualifier retinopathy, and fourth qualifier resolved following treatment. Verify the code in the tabular list.*
4. ***Correct****. Code E11.371 is correct. Go to ICD-10-CM index main term Retinopathy* –see *Diabetes, retinopoathy. Then, go to ICD-10-CM index main term Diabetes, diabetic, subterm type 2, second qualifier with, third qualifier retinopathy, and fourth qualifier resolved following treatment. Verify the code in the tabular list.*
5. Anemia, neutropenia, and thrombocytopenia.
	1. D61.09
	2. D61.9
	3. D64.9, D70.9, D69.6
	4. P61.4, D70.4, D69.3

**Answer:** c

*Analysis:*

1. *Incorrect. Codes D64.9, D70.9, D69.6 are correct. For code D64.9, go to ICD-10-CM index main term Anemia, and verify the code in the tabular list. For code D70.9, go to ICD-10-CM index main term Neutropenia, and verify the code in the tabular list. For code D69.6, go to ICD-10-CM index main term Thrombocytopenia. (Review of the patient record or generating a physician query to assign more specific codes is recommended.)*
2. *Incorrect. Codes D64.9, D70.9 D69.6 are correct. For code D64.9, go to ICD-10-CM index main term Anemia, and verify the code in the tabular list. For code D70.9, go to ICD-10-CM index main term Neutropenia, and verify the code in the tabular list. For code D69.6, go to ICD-10-CM index main term Thrombocytopenia. (Review of the patient record or generating a physician query to assign more specific codes is recommended.)*
3. ***Correct****. Codes D64.9, D70.9 D69.6 are correct. For code D64.9, go to ICD-10-CM index main term Anemia, and verify the code in the tabular list. For code D70.9, go to ICD-10-CM index main term Neutropenia, and verify the code in the tabular list. For code D69.6, go to ICD-10-CM index main term Thrombocytopenia. (Review of the patient record or generating a physician query to assign more specific codes is recommended.)*
4. *Incorrect. Codes D64.9, D70.9 D69.6 are correct. For code D64.9, go to ICD-10-CM index main term Anemia, and verify the code in the tabular list. For code D70.9, go to ICD-10-CM index main term Neutropenia, and verify the code in the tabular list. For code D69.6, go to ICD-10-CM index main term Thrombocytopenia. (Review of the patient record or generating a physician query to assign more specific codes is recommended.)*
5. Alcohol dependence with withdrawal delirium.
	1. F10.121, F10.20
	2. F10.231
	3. F10.96, F10.26
	4. G25.1, F10.20

**Answer:** b

*Analysis:*

1. *Incorrect. Code F10.231 is correct. Go to ICD-10-CM index main term Dependence, subterm alcohol, second qualifier with, third qualifier withdrawal, fourth qualifier with, and fifth qualifier delirium. Verify the code in the tabular list.*
2. ***Correct****. Code F10.231 is correct. Go to ICD-10-CM index main term Dependence, subterm alcohol, second qualifier with, third qualifier withdrawal, fourth qualifier with, and fifth qualifier delirium. Verify the code in the tabular list.*
3. *Incorrect. Code F10.231 is correct. Go to ICD-10-CM index main term Dependence, subterm alcohol, second qualifier with, third qualifier withdrawal, fourth qualifier with, and fifth qualifier delirium. Verify the code in the tabular list.*
4. *Incorrect. Code F10.231 is correct. Go to ICD-10-CM index main term Dependence, subterm alcohol, second qualifier with, third qualifier withdrawal, fourth qualifier with, and fifth qualifier delirium. Verify the code in the tabular list.*
5. Flaccid hemiplegia affecting right dominant side due to old spinal cord injury, lumbar region.
	1. G81.01, S34.01XS
	2. G81.01, S30.9XXS
	3. G81.01, S34.109S
	4. G81.01, S34.119S

**Answer:** c

Analysis:

1. *Incorrect. Codes G81.01, S34.109S are correct. For code G81.01, go to ICD-10-CM index main term Hemiplegia and subterm flaccid. Verify the code in the tabular list. Add fifth-character 0 for affecting right dominant side. For code S34.109S, go to ICD-10-CM index main term Injury, subterm spinal (cord) and second qualifier lumbar. Verify the code in the tabular list. Add seventh character S for sequela. Notice the use of the “unspecified” in the code description, which means a physician query can be generated to obtain more information about the condition to assign a more specific code.*
2. *Incorrect. Codes G81.01, S34.109S are correct. For code G81.01, go to ICD-10-CM index main term Hemiplegia and subterm flaccid. Verify the code in the tabular list. Add fifth-character 0 for affecting right dominant side. For code S34.109S, go to ICD-10-CM index main term Injury, subterm spinal (cord) and second qualifier lumbar. Verify the code in the tabular list. Add seventh character S for sequela. Notice the use of the “unspecified” in the code description, which means a physician query can be generated to obtain more information about the condition to assign a more specific code.*
3. ***Correct****. Codes G81.01, S34.109S are correct. For code G81.01, go to ICD-10-CM index main term Hemiplegia and subterm flaccid. Verify the code in the tabular list. Add fifth-character 0 for affecting right dominant side. For code S34.109S, go to ICD-10-CM index main term Injury, subterm spinal (cord) and second qualifier lumbar. Verify the code in the tabular list. Add seventh character S for sequela. Notice the use of the “unspecified” in the code description, which means a physician query can be generated to obtain more information about the condition to assign a more specific code.*
4. *Incorrect. Codes G81.01, S34.109S are correct. For code G81.01, go to ICD-10-CM index main term Hemiplegia and subterm flaccid. Verify the code in the tabular list. Add fifth-character 0 for affecting right dominant side. For code S34.109S, go to ICD-10-CM index main term Injury, subterm spinal (cord) and second qualifier lumbar. Verify the code in the tabular list. Add seventh character S for sequela. Notice the use of the “unspecified” in the code description, which means a physician query can be generated to obtain more information about the condition to assign a more specific code.*
5. Bilateral anterior cerebral artery thrombosis.
	1. I66.03
	2. I66.13
	3. I66.23
	4. I66.8

**Answer:** b

*Analysis:*

1. *Incorrect. Code I66.13 is correct. Go to ICD-10-CM index main term Thrombosis, thrombotic, subterm artery, and third qualifier cerebral* –see *Occlusion, artery, cerebral. Then, go to ICD-10-CM index main term Occlusion, occluded, subterm artery, second qualifier cerebral, and third qualifier anterior. Verify the code in the tabular list. Add fifth-character 3 for bilateral anterior cerebral arteries.*
2. ***Correct****. Code I66.13 is correct. Go to ICD-10-CM index main term Thrombosis, thrombotic, subterm artery, and third qualifier cerebral* –see *Occlusion, artery, cerebral. Then, go to ICD-10-CM index main term Occlusion, occluded, subterm artery, second qualifier cerebral, and third qualifier anterior. Verify the code in the tabular list. Add fifth-character 3 for bilateral anterior cerebral arteries.*
3. *Incorrect. Code I66.13 is correct. Go to ICD-10-CM index main term Thrombosis, thrombotic, subterm artery, and third qualifier cerebral* –see *Occlusion, artery, cerebral. Then, go to ICD-10-CM index main term Occlusion, occluded, subterm artery, second qualifier cerebral, and third qualifier anterior. Verify the code in the tabular list. Add fifth-character 3 for bilateral anterior cerebral arteries.*
4. *Incorrect. Code I66.13 is correct. Go to ICD-10-CM index main term Thrombosis, thrombotic, subterm artery, and third qualifier cerebral* –see *Occlusion, artery, cerebral. Then, go to ICD-10-CM index main term Occlusion, occluded, subterm artery, second qualifier cerebral, and third qualifier anterior. Verify the code in the tabular list. Add fifth-character 3 for bilateral anterior cerebral arteries.*
5. Asymptomatic human immunodeficiency virus disease.
	1. B20
	2. R75
	3. Z20.6
	4. Z21

**Answer:** d

*Analysis:*

1. *Incorrect. Code Z21 is correct. Go to ICD-10-CM index main term Human, subterm immunodeficiency virus (HIV) disease, and second qualifier asymptomatic status. Verify the code in the tabular list.*
2. *Incorrect. Code Z21 is correct. Go to ICD-10-CM index main term Human, subterm immunodeficiency virus (HIV) disease, and second qualifier asymptomatic status. Verify the code in the tabular list.*
3. *Incorrect. Code Z21 is correct. Go to ICD-10-CM index main term Human, subterm immunodeficiency virus (HIV) disease, and second qualifier asymptomatic status. Verify the code in the tabular list.*
4. ***Correct****. Code Z21 is correct. Go to ICD-10-CM index main term Human, subterm immunodeficiency virus (HIV) disease, and second qualifier asymptomatic status. Verify the code in the tabular list.*
5. Primary open-angle glaucoma, right eye, mild stage.
	1. H40.1111
	2. H44.511
	3. P15.3
	4. Q15.0

**Answer:** a

*Analysis:*

1. ***Correct****. Code H40.1111 is correct. Go to ICD-10-CM index main term Glaucoma, subterm open angle, and second qualifier primary. Verify the code in the tabular list. Add sixth-character 1 for right eye and seventh-character 1 for mild stage.*
2. *Incorrect. Code H40.1111 is correct. Go to ICD-10-CM index main term Glaucoma, subterm open angle, and second qualifier primary. Verify the code in the tabular list. Add sixth-character 1 for right eye and seventh-character 1 for mild stage.*
3. *Incorrect. Code H40.1111 is correct. Go to ICD-10-CM index main term Glaucoma, subterm open angle, and second qualifier primary. Verify the code in the tabular list. Add sixth-character 1 for right eye and seventh-character 1 for mild stage.*
4. *Incorrect. Code H40.1111 is correct. Go to ICD-10-CM index main term Glaucoma, subterm open angle, and second qualifier primary. Verify the code in the tabular list. Add sixth-character 1 for right eye and seventh-character 1 for mild stage.*
5. Acute nasopharyngitis.
	1. J00
	2. J02.9
	3. J31.1
	4. J31.2

**Answer:** a

*Analysis:*

1. ***Correct****. Code J00 is correct. Go to ICD-10-CM index main term Nasopharyngitis. Verify the code in the tabular list.*
2. *Incorrect. Code J00 is correct. Go to ICD-10-CM index main term Nasopharyngitis. Verify the code in the tabular list.*
3. *Incorrect. Code J00 is correct. Go to ICD-10-CM index main term Nasopharyngitis. Verify the code in the tabular list.*
4. *Incorrect. Code J00 is correct. Go to ICD-10-CM index main term Nasopharyngitis. Verify the code in the tabular list.*
5. Acute suppurative otitis media, left ear, with central perforated eardrum.
	1. H65.02, S09.22XA
	2. H66.012
	3. H66.012, H72.02
	4. H67.2, S09.22XA

**Answer:** b

*Analysis:*

1. *Incorrect. Code H66.012 is correct. For code H66.012, go to ICD-10-CM index main term Otitis (acute), subterm media, second qualifier suppurative, third qualifier acute, and fourth qualifier with rupture of ear drum. (A ruptured ear drum is a perforated ear drum, which is the result of inflammation.) Verify the code in the tabular list. Add sixth-character 2 for left ear.*
2. ***Correct****. Code H66.012 is correct. For code H66.012, go to ICD-10-CM index main term Otitis (acute), subterm media, second qualifier suppurative, third qualifier acute, and fourth qualifier with rupture of ear drum. (A ruptured ear drum is a perforated ear drum, which is the result of inflammation.) Verify the code in the tabular list. Add sixth-character 2 for left ear.*
3. *Incorrect. H66.012 is correct. For code H66.012, go to ICD-10-CM index main term Otitis (acute), subterm media, second qualifier suppurative, third qualifier acute, and fourth qualifier with rupture of ear drum. (A ruptured ear drum is a perforated ear drum, which is the result of inflammation.) Verify the code in the tabular list. Add sixth-character 2 for left ear.*
4. *Incorrect. Code H66.012 is correct. For code H66.012, go to ICD-10-CM index main term Otitis (acute), subterm media, second qualifier suppurative, third qualifier acute, and fourth qualifier with rupture of ear drum. (A ruptured ear drum is a perforated ear drum, which is the result of inflammation.) Verify the code in the tabular list. Add sixth-character 2 for left ear.*
5. Central pain syndrome.
	1. F45.41
	2. G89.0
	3. G89.4
	4. R52

**Answer:** b

*Analysis:*

1. *Incorrect. Code G89.0 is correct. Go to ICD-10-CM index main term Syndrome and subterm central pain. Verify the code in the tabular list.*
2. ***Correct****. Code G89.0 is correct. Go to ICD-10-CM index main term Syndrome and subterm central pain. Verify the code in the tabular list.*
3. *Incorrect. Code G89.0 is correct. Go to ICD-10-CM index main term Syndrome and subterm central pain. Verify the code in the tabular list.*
4. *Incorrect. Code G89.0 is correct. Go to ICD-10-CM index main term Syndrome and subterm central pain. Verify the code in the tabular list.*
5. Spastic hemiplegia affecting left dominant side.
	1. G80.9
	2. G81.02
	3. G81.12
	4. G81.92

**Answer:** c

*Analysis:*

1. *Incorrect. Code G81.12 is correct. Go to ICD-10-CM index main term Hemiplegia and subterm spastic. Verify the code in the tabular list. Add fourth-character 2 for affecting left dominant side. Below the category description, notice the “Note: This category is to be used only when hemiplegia (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause. The category is also for use in multiple coding to identify these types of hemiplegia resulting from any cause.” This diagnostic statement does not provide further specification.*
2. *Incorrect. Code G81.12 is correct. Go to ICD-10-CM index main term Hemiplegia and subterm spastic. Verify the code in the tabular list. Add fourth-character 2 for affecting left dominant side. Below the category description, notice the “Note: This category is to be used only when hemiplegia (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause. The category is also for use in multiple coding to identify these types of hemiplegia resulting from any cause.” This diagnostic statement does not provide further specification.*
3. ***Correct****. Code G81.12 is correct. Go to ICD-10-CM index main term Hemiplegia and subterm spastic. Verify the code in the tabular list. Add fourth-character 2 for affecting left dominant side. Below the category description, notice the “Note: This category is to be used only when hemiplegia (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause. The category is also for use in multiple coding to identify these types of hemiplegia resulting from any cause.” This diagnostic statement does not provide further specification.*
4. *Incorrect. Code G81.12 is correct. Go to ICD-10-CM index main term Hemiplegia and subterm spastic. Verify the code in the tabular list. Add fourth-character 2 for affecting left dominant side. Below the category description, notice the “Note: This category is to be used only when hemiplegia (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause. The category is also for use in multiple coding to identify these types of hemiplegia resulting from any cause.” This diagnostic statement does not provide further specification.*
5. Factitious disorder by proxy.
	1. F45.9
	2. F54
	3. F68.A
	4. Z76.5

**Answer:** c

*Analysis:*

1. *Incorrect. Code F68.A is correct. For code F68.A, go to ICD-10-CM index main term Disorder (of), subterm factitious, and second qualifier by proxy. Verify the code in the tabular list.*
2. *Incorrect. Code F68.A is correct. For code F68.A, go to ICD-10-CM index main term Disorder (of), subterm factitious, and second qualifier by proxy. Verify the code in the tabular list.*
3. ***Correct****. Code F68.A is correct. For code F68.A, go to ICD-10-CM index main term Disorder (of), subterm factitious, and second qualifier by proxy. Verify the code in the tabular list.*
4. *Incorrect. Code F68.A is correct. For code F68.A, go to ICD-10-CM index main term Disorder (of), subterm factitious, and second qualifier by proxy. Verify the code in the tabular list.*
5. Type 2 diabetes mellitus with ketoacidosis and coma, requiring long term (current) insulin use.
	1. E08.11, T38.3X6A, Z79.4
	2. E09.11, T38.3X5A, Z79.4
	3. E10.11, Z79.4
	4. E11.11, Z79.4

**Answer:** d

*Analysis:*

1. *Incorrect. Codes E11.11, Z79.4 are correct. For code E11.11, go to ICD-10-CM index main term Diabetes, diabetic, subterm type 2, second qualifier with, third qualifier ketoacidosis, and fourth qualifier with coma. Verify the code in the tabular list. Notice the “Use additional code to identify control using: insulin (Z79.4)” instruction. For code Z79.4, go to ICD-10-CM index main term Long-term (current) (prophylactic) drug therapy (use of) and subterm insulin. Verify the code in the tabular list.*
2. *Incorrect. Codes E11.11, Z79.4 are correct. For code E11.11, go to ICD-10-CM index main term Diabetes, diabetic, subterm type 2, second qualifier with, third qualifier ketoacidosis, and fourth qualifier with coma. Verify the code in the tabular list. Notice the “Use additional code to identify control using: insulin (Z79.4)” instruction. For code Z79.4, go to ICD-10-CM index main term Long-term (current) (prophylactic) drug therapy (use of) and subterm insulin. Verify the code in the tabular list.*
3. *Incorrect. Codes E11.11, Z79.4 are correct. For code E11.11, go to ICD-10-CM index main term Diabetes, diabetic, subterm type 2, second qualifier with, third qualifier ketoacidosis, and fourth qualifier with coma. Verify the code in the tabular list. Notice the “Use additional code to identify control using: insulin (Z79.4)” instruction. For code Z79.4, go to ICD-10-CM index main term Long-term (current) (prophylactic) drug therapy (use of) and subterm insulin. Verify the code in the tabular list.*
4. ***Correct****. Codes E11.11, Z79.4 are correct. For code E11.11, go to ICD-10-CM index main term Diabetes, diabetic, subterm type 2, second qualifier with, third qualifier ketoacidosis, and fourth qualifier with coma. Verify the code in the tabular list. Notice the “Use additional code to identify control using: insulin (Z79.4)” instruction. For code Z79.4, go to ICD-10-CM index main term Long-term (current) (prophylactic) drug therapy (use of) and subterm insulin. Verify the code in the tabular list.*

## 3.2: Coding Practice - Diseases

1. Classical hemophilia

**Answer:** D66

*Analysis: For code D66, go to ICD-10-CM index main term Hemophilia (classical) (familial) (hereditary). Verify the code in the tabular list. Notice that “classical hemophilia” is listed among the inclusion terms below the code description.*

1. Adenocarcinoma, lower-outer quadrant of right breast (male)

**Answer:** C50.521

*Analysis: For code C50.521, go to ICD-10-CM index main term Adenocarcinoma* –see *also Neoplasm, malignant, by site. Then, go to ICD-10-CM Table of Neoplasms main term Neoplasm, neoplastic, subterm breast, second qualifier lower-outer quadrant, and locate the code in the Malignant Primary column. Verify the code in the tabular list. Add fifth-character 2 for male and seventh-character 1 for right male breast.*

1. Multiple personality disorder

**Answer:** F44.81

*Analysis: For code F44.81, go to ICD-10-CM index main term Disorder (of) and subterm multiple personality. (Alternatively, go to ICD-10-CM index main term Multiple and subterm personality.) Verify the code in the tabular list.*

1. Pneumonia due to *Streptococcus*, group B

**Answer:** J15.3

*Analysis: For code J15.3, go to ICD-10-CM index main term Pneumonia, subterm* streptococcal *NEC, second qualifier group, and third qualifier B. Verify the code in the tabular list.*

1. Postsurgical hypothyroidism

**Answer:** E89.0

*Analysis: For code E89.0, go to ICD-10-CM index main term Hypothyroidism and subterm postsurgical. Verify the code in the tabular list. Notice that “postsurgical hypothyroidism” is listed as an inclusion term below the code description.*

1. Pulmonary arteriosclerosis

**Answer:** I27.0

*Analysis: For code I27.0, go to ICD-10-CM index main term Arteriosclerosis, arteriosclerotic, and subterm pulmonary. Verify the code in the tabular list. Notice that the diagnostic statement is not included in the code description or list of inclusion terms. This is an example of “trust the index,” where a condition is specifically listed in the index, and the code description in the tabular list is more general. This is done in ICD-10-CM to save space; otherwise, the tabular list would be much larger.*

1. Sandflea infestation

**Answer:** B88.1

*Analysis: For code B88.1, go to ICD-10-CM index main term Infestation and subterm sandflea. Verify the code in the tabular list. Notice that the diagnostic statement appears in square brackets next to the code description.*

1. Cholera due to *Vibrio cholerae* 01, biovar eltor

**Answer:** A00.1

*Analysis: For code A00.1, go to ICD-10-CM index main term Cholera, subterm due to* Vibrio cholera *01, and second qualifier biovar eltor. Verify the code in the tabular list.*

1. Arachnoid cyst (acquired)

**Answer:** G93.0

*Analysis: For code G93.0, go to ICD-10-CM index main term Cyst and subterm arachnoid, brain. Verify the code in the tabular list. Notice that the diagnostic statement is included among the list of inclusion terms below the code description.*

1. Hypertensive emergency due to uncontrolled hypertension

**Answer:** I16.1, I10

*Analysis: For code I16.1, go to ICD-10-CM index main term Hypertension, hypertensive, and subterm emergency. Verify the code in the tabular list. Notice the “Code also any identified hypertensive disease (I10-I15)” instruction.*

*For code I10, go to ICD-10-CM index main term Hypertension, hypertensive. Verify the code in the tabular list. Notice that the diagnostic statement describes the hypertension as “uncontrolled,” but ICD-10-CM does not classify it as such.*

1. Day blindness

**Answer:** H53.11

*Analysis: For code H53.11, go to ICD-10-CM index main term Blindness and subterm day. Verify the code in the tabular list.*

1. Chronic mucoid otitis media, left ear

**Answer:** H65.32

*Analysis: For code H65.32, go to ICD-10-CM index main term Otitis, subterm media, second qualifier nonsuppurative, third qualifier chronic, and fourth qualifier mucoid. Verify the code in the tabular list. Add fifth-character 2 for left ear.*

1. Chronic hypertensive systolic (congestive) heart failure

**Answer:** I11.0, I50.22

*Analysis: For code I11.0, go to ICD-10-CM index main term Hypertension, hypertensive, subterm with, and second qualifier heart failure. Verify the code in the tabular list. Notice the “Use additional code to identify type of heart failure (I50.-)” instruction.*

*For code 150.22, go to ICD-10-CM index main term Failure, failed, subterm heart, second qualifier systolic, and third qualifier chronic. Verify the code in the tabular list. Notice the “Code first heart failure due to hypertension (I11.0)” instruction below the category description.*

1. Hypertensive end-stage renal disease

**Answer:** I12.0, N18.6

*Analysis: For code I12.0, go to ICD-10-CM index main term Disease, diseased, subterm end stage renal (ESRD), and second qualifier due to hypertension. Verify the code in the tabular list. Notice the “Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)” instruction below the code description.*

*For code N18.6, go to ICD-10-CM index main term Disease, diseased, and subterm end stage renal (ESRD). Verify the code in the tabular list. Notice the “Code first any associated hypertensive chronic kidney disease (I12.-, I13.-)” instruction below the category description.*

1. Acute respiratory failure with hypercapnia \_\_\_\_\_\_\_\_\_\_

**Answer:** J96.02

*Analysis: For code J96.02, go to ICD-10-CM index main term Failure, failed, subterm respiration, respiratory, second qualifier acute, third qualifier with, and fourth qualifier hypercapnia. Verify the code in the tabular list.*