

ICD-10 Scenarios

Infectious disease – Chapter 1 Scenario 1

Miss Matilda, an 88 yr old, has cellulitis of right lower leg that is infected with E coli. She is receiving IV antibiotics.

Infectious disease – Chapter 1- Scenario 1
Miss Matilda, an 88 yr old, has cellulitis of right lower leg that is infected with E coli. She is receiving IV antibiotics.

Primary Diagnosis- _____

Secondary Diagnosis-

Infectious disease – Chapter 1- Scenario 1 - ANSWER
Miss Matilda, an 88 yr old, has cellulitis of right lower leg that is infected with E coli. She is receiving IV antibiotics.

Primary Diagnosis- **L03.115 - Cellulitis of right lower limb**

Secondary Diagnosis-

B96.20 - Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere

Z45.2 Encounter for adjustment and management of vascular access device

Z79.2 Long term (current) use of antibiotics

Use B96 codes to identify the organism causing the infection. B96 codes indicate other bacterial infections with the exception of Streptococcal, Staphylococcal, and Enterococcal infections. These codes are always coded after the infection code from other chapters other than chapter 1, for example, UTIs and cellulitis.

Infectious disease – Chapter 1- Scenario 2

Mr. Earl is admitted to home health with a diagnosis of sepsis due to streptococcus, group A. The physician treated her with IV antibiotics in the hospital and she will be taking oral antibiotics at home.

Primary Diagnosis- _____

Secondary Diagnosis-

Infectious disease – Chapter 1- Scenario 2

- ▶ Mr. Earl is admitted to home health with a diagnosis of sepsis due to streptococcus, group A. The physician treated her with IV antibiotics in the hospital and she will be taking oral antibiotics at home.
- ▶ Primary Diagnosis-
- ▶ A40.0 - Sepsis due to streptococcus, group A
- ▶ Only the code for the underlying systemic infection is needed. "A code from subcategory R65.2, Severe sepsis, should not be assigned unless severe sepsis or an associated acute organ dysfunction is documented," according to ICD-10 official guidelines (Section I.C.1.d.1(a)).

Chapter 2- Neoplasms- Scenario 1

Mr Jimmy Lee is admitted to HH following hosp. He has liver mets and a history of lung ca. He continues to smoke! He had blood transfusion in hosp but is not now receiving treatment for anemia. He also has COPD.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 2- Neoplasms- Scenario 1- ANSWER

Mr Jimmy Lee is admitted to HH following hosp. He has liver mets and a history of lung ca. He continues to smoke! He had blood transfusion in hosp but is not now only receiving iron pills for anemia. He also has COPD.

Primary Diagnosis - C78.7 Secondary malignant neoplasm of liver and intrahepatic bile

Secondary Diagnosis-

D63.0- Anemia in neoplastic disease

J44.9- COPD

Z72.0- Tobacco Use

Z85.118- personal hx other malignant neoplasm of bronchus & lung

Anemia is to be coded after the neoplastic disease in ICD-10. Tobacco code is required in ICD-10 with lung disorders. Coding clinic states to code tobacco dependence only if physician states that. if unknown code tobacco use.

Chapter 2- Neoplasms- Scenario 2- Mrs. Smith is admitted after surgery for resection for colon cancer. The supporting documentation states colon cancer is resolved with surgery and no further treatment is planned.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 2- Neoplasms- Scenario 2- ANSWER

Mrs. Smith is admitted after surgery for resection for colon cancer. The supporting documentation states colon cancer is resolved with surgery and no further treatment is planned.

Primary Diagnosis - **Z48.3 Aftercare following surgery for neoplasm**

Secondary Diagnosis- Z85.038 Personal history of other malignant neoplasm of large intestine

When neoplasm is resolved, personal history of cancer code is used.

Chapter 3- Diseases of Blood- Scenario 1

Mr.Z is admitted for anemia due to blood loss from a chronic gastric ulcer.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 3- Diseases of Blood- Scenario 1- ANSWER

Mr.Z is admitted for anemia due to blood loss from a chronic gastric ulcer.

Primary Diagnosis- **D50.0 Iron deficiency anemia secondary to blood loss (chronic)**

Secondary Diagnosis -

K25.7 - Chronic gastric ulcer without hemorrhage or perforation

We don't have info that pt had hemorrhage, so we do not assume hemorrhage with the term blood loss.

Chapter 3- Diseases of Blood- Scenario 2

Miss Daisy admitted to monitor anemia in CKD stage 4.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 3- Diseases of Blood- Scenario 2 - ANSWER

Miss Daisy admitted to monitor anemia in CKD stage 4.

Primary Diagnosis- **N18.4 Chronic kidney disease, stage 4**

Secondary Diagnosis-

D63.1 - Anemia in chronic kidney disease

Coding in ICD-10 reverse of ICD-9. instructions under D63.1 state to 'code first' the underlying chronic kidney disease.

Chapter 4- Endocrine – Scenario 1

Mr Cody is admitted for wound care to left heel diabetic ulcer. He takes insulin for his type 2 diabetes. The nurse documents in her wound assessment that the ulcer is down to the fat layer.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 4- Endocrine – Scenario 1- ANSWER

Mr Cody is admitted for wound care to left heel diabetic ulcer. He takes insulin for his type 2 diabetes. The nurse documents in her wound assessment that the ulcer is down to the fat layer.

Primary Diagnosis - **E11.621- Type 2 diabetes mellitus with foot ulcer**

Secondary Diagnosis-

L97.422 - Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

Z79.4- Long term (current) use of insulin

Z48.00 Encounter for change or removal of nonsurgical wound dressing

Chapter 4- Endocrine – Scenario 2

Ms. Betty states she has poorly controlled diabetes type 2 and shows you her record which shows some high blood sugar results. You call the physician who says that she does have uncontrolled diabetes and he just started her on insulin and drew an A1C.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 4- Endocrine – Scenario 2- ANSWER

Ms. Betty states she has poorly controlled diabetes type 2 and shows you her record which shows some high blood sugar results. You call the physician who says that she does have uncontrolled diabetes and he just started her on insulin and drew an A1C.

Primary Diagnosis - **E11.65 Type 2 diabetes mellitus with hyperglycemia**

Secondary Diagnosis- **Z79.4 Long term (current) use of insulin**

- ▶ Now, in ICD-10, when a patient's diabetes is described as "uncontrolled," you'll capture it as "diabetes with hyperglycemia" with the correct code (E--.65 from categories E08.- to E13.-) for the specific type of diabetes, according to the alphabetic index.
- ▶ Alphabetic index listings for "poorly controlled" diabetes and "out of control" diabetes all lead to the same place — "diabetes, by type, with hyperglycemia."

Chapter 5- Mental & Behavioral Scenario 1

Mr. Zachary has paranoid schizophrenia. He was admitted to HH so the skilled nurse could administer Haldol injection BID as a new treatment and to provide education on the med. The caregiver will be trained by the nurse to administer the drug and be knowledgeable of it.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 5- Mental & Behavioral - Scenario 1- ANSWER

Mr. Zachary has paranoid schizophrenia. He was admitted to HH so the skilled nurse could administer Haldol injection BID as a new treatment and to provide education on the med.

The caregiver will be trained by the nurse to administer the drug and be knowledgeable of it.

Primary Diagnosis - **F20.0 Paranoid schizophrenia**

Secondary Diagnosis- **Z79.899 Other long term (current) drug therapy**

The Z code for long term drug therapy may be added to provide additional information to support the need for skilled care.

Chapter 5- Mental & Behavioral- Scenario 2

95 yr old Mrs. Underwood is admitted to HH for dx of late onset Alzheimer's disease with behavioral disturbances. She has wandering episodes and her husband is unable to provide care.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 5- Mental & Behavioral- Scenario 2- ANSWER

95 yr old Mrs. Underwood is admitted to HH for dx of late onset Alzheimer's disease with behavioral disturbances. She has wandering episodes and her husband is unable to provide care.

Primary Diagnosis- **G30.1 - Alzheimer's disease with late onset**

Secondary Diagnosis-

F02.81 - Dementia in other diseases classified elsewhere with behavioral disturbance

Z91.83 - Wandering in diseases classified elsewhere

Z74.2 - Need for assistance at home and no other household member able to render care

The age of the pt doesn't mean it is late onset alzheimers. This must be stated by the physician. Be sure to code the manifestation code for the dementia (rather than F03.91). If pt wanders in addition to behavioral disorder it must be coded as well.

Z74.2 is useful to explain the circumstances of the patient and/or the caregiver to assist in explanation of the need for skilled care.

Chapter 6- Nervous System- Scenario 1

Miss Judy has MS- HH will have SN, PT, OT. She has had repeated falls and has developed a neurogenic bladder. Physician ordered self catheterization which pt will need to be taught. She has had several recent UTI's as well.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 6- Nervous System- Scenario 1- ANSWER

Miss Judy has MS- HH will have SN, PT, OT. She has had repeated falls and has developed a neurogenic bladder. Physician ordered self catheterization which pt will need to be taught. She has had several recent UTI's as well.

Primary Diagnosis- **G35 - Multiple sclerosis**

Secondary Diagnosis -

N31.9 - Neuromuscular dysfunction of bladder, unspecified

Z46.6 - Encounter for fitting and adjustment of urinary device

Z87.440 -Personal history of urinary (tract) infections

R29.6- Repeated falls

Pts gait issues resulting in falls are integral of MS and are not coded separately

Neurogenic bladder is Not integral to MS so that is coded.

Code Z46.6 includes removal and intermittent catheterization as well as indwelling catheter care

Chapter 6- Nervous System- Scenario 2

- ▶ Code Parkinson's Disease with dementia : _____
- ▶ Code Dementia with Parkinsonism : _____

Chapter 6- Nervous System- Scenario 2- ANSWER

Code Parkinson's Disease with dementia : **G20 Parkinson's disease; F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance**

Code Dementia with Parkinsonism : **G31.83 Dementia with Lewy bodies** (Clarifying Terms: Dementia with Parkinsonism, Lewy body dementia, Lewy body disease)

- ▶ Do not confuse Parkinson's disease with Parkinsonism. Parkinsonism disorders are representative of multiple primary and secondary disorders that result in Parkinsonian traits, but not all patient's with Parkinsonism disorders have Parkinson's disease. Only when the physician specifies Parkinson's disease should G20 be coded. Do not assign code G20 for a patient with a Parkinsonism disorder.
- ▶ When a patient is reported to have Parkinson's disease with related dementia, assign G20 followed by a code from category F02.8-, Dementia in diseases classified elsewhere. The physician must report the dementia as related to the Parkinson's disease in order to code the dementia as a manifestation.

Chapter 7 – Diseases of Eye & Adnexa- Scenarios

- ▶ Code :
- ▶ Glaucoma
- ▶ Macular Degeneration
- ▶ Legal Blindness

Chapter 7 –Diseases of Eye & Adnexa- Scenarios- ANSWER

- ▶ H40.9 Unspecified glaucoma
- ▶ H35.30 Unspecified macular degeneration
- ▶ H54.8 Legal blindness, as defined in USA

Chapter 8- Diseases of Ear & Mastoid- Scenarios

- ▶ Code:
- ▶ Chronic mastoiditis, right ear
- ▶ Benign paroxysmal vertigo, bilateral

Chapter 8- Diseases of Ear & Mastoid- Scenarios- ANSWER

- ▶ H70.11 Chronic mastoiditis, right ear
- ▶ H81.13 Benign paroxysmal vertigo, bilateral

Chapter 9 – Circulatory System- Scenarios 1

Mr. Breezy has been admitted for acute on chronic systolic heart failure. He also has CHF and Afib and is on coumadin.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 9 – Circulatory System- Scenario1- ANSWER

Mr. Breezy has been admitted for acute on chronic systolic heart failure. He also has CHF and Afib and is on coumadin.

Primary Diagnosis- **I50.23 Acute on chronic systolic (congestive) heart failure**

Secondary Diagnosis-

I48.91 Unspecified atrial fibrillation

Z79.01 Long term (current) use of anticoagulants

Chapter 9 – Circulatory System- Scenario 2

Mr. Waters had a CVA and has right sided weakness and dysphagia oral phase. Both are caused by the CVA

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 9 – Circulatory System- Scenario2 - ANSWER

Mr. Waters had a CVA and has right sided weakness and dysphagia oral phase- Both are caused by the CVA.

Primary Diagnosis - **I69.351 Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side**

Secondary Diagnosis -

I69.391 Dysphagia following cerebral infarction

R13.11 Dysphagia, oral phase

- ▶ 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.

- ▶ Code to identify the type of dysphagia, following the CVA (R13.1-)

Chapter 10- Respiratory – Scenarios

Miss Laker Is admitted with acute exacerbation of chronic obstructive asthma. She quit smoking a year ago and she wears oxygen continuously now

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 10- Respiratory – Scenario 1- ANSWER

Miss Laker Is admitted with acute exacerbation of chronic obstructive asthma. She quit smoking a year ago and she wears oxygen continuously now.

Primary Diagnosis- J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

Secondary Diagnosis-

Z99.81- O2

Z87.891 Personal history of nicotine dependence

Chapter 10- Respiratory – Scenario 2

Mr Norman is an Emphysema pt severely decompensated.
Therapy ordered for strengthening and SN for assessment etc.
rest. Pt is on Oxygen.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 10- Respiratory – Scenario- 2

Mr Norman is an Emphysema. Therapy ordered for
strengthening and SN for assessment etc. rest. Pt is on Oxygen.

Primary Diagnosis- J43.9- Emphysema

Secondary Diagnosis- Z99.81- O2

(M62.81- muscle weakness – see below re LCD's)

Emphysema stands by itself as a diagnosis. It is not included in COPD with
decompensation. Excludes 1 note at J44 (COPD) excludes emphysema.

If the reason for the deconditioning (weakness) is known, you should code
the underlying cause, not the code for deconditioning.

CONTROVERSY – due to conflict with LCD's and subsequently billing
companies that state to code for therapy

Chapter 11- Digestive System- Scenario 1

Mr. Sanchez has been admitted with Crohn's disease of large intestine with rectal bleeding and ulcerative colitis with rectal bleeding.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 11- Digestive System- Scenario- 1

Mr. Sanchez has been admitted with Crohn's disease of large intestine with rectal bleeding and ulcerative colitis with rectal bleeding.

Primary Diagnosis-

K50.111 Crohn's disease of large intestine with rectal bleeding

- ▶ **K51.911 Ulcerative colitis, unspecified with rectal bleeding is NOT coded as the excludes 1 note states -Crohn's disease [regional enteritis] (K50.-)**
- ▶ **AND the Crohn's Disease code states, Excludes 1 (K50) ulcerative colitis (K51.-)**
- ▶ **If not clear in physician supporting documentation which of the 2 diseases should be coded, then query the physician to find out**

Chapter 11- Digestive System- Coding

Hiatal hernia with obstruction, without gangrene- _____

Gastroenteritis NOS- _____

Cirrhosis of liver (no detailed info given related to type or alcohol related)- _____

Chapter 11- Digestive System- Coding

- ▶ Code:
- ▶ **K44.0 hiatal hernia- Diaphragmatic hernia with obstruction, without gangrene**
- ▶ **K52.9 Gastroenteritis NOS- Noninfective gastroenteritis and colitis, unspecified**
- ▶ **K74.60 - Cirrhosis of liver - Unspecified cirrhosis of liver**

- ▶ Cirrhosis of the liver that is not otherwise specified in which there is no mention of alcohol use is a condition in which the normal, healthy tissue of the liver is replaced by scar tissue
- ▶ If confirmed by physician that cirrhosis is alcohol related then :
- ▶ **K70.3_ Alcoholic cirrhosis of liver (5 digit with or without ascites)**

Chapter 12- Skin – Scenario 1

Mrs. Wall is admitted with stage 3 pressure ulcer on the left ankle. She also has venous insufficiency.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 12- Skin – Scenario 1- ANSWER

Mrs. Wall is admitted with stage 3 pressure ulcer on the left ankle. She also has venous insufficiency

Primary Diagnosis –

L89.523 Pressure ulcer of left ankle, stage 3

Secondary Diagnosis –

I87.2 Venous insufficiency (chronic) (peripheral)

► **Section I.C.12.a.4**

- No code is assigned if the documentation states that the pressure ulcer is completely healed

Chapter 12- Skin – Scenario 2

Per the physician, Mr. Wall has a non healing stasis ulcer on his left heel and a diagnoses of venous insufficiency. The nursing assessment states the depth is to the skin level.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 12- Skin – Scenario 2- ANSWER

Per the physician, Mr. Wall has a non healing stasis ulcer on his left heel and a diagnoses of venous insufficiency. The nursing assessment states the depth is to the skin level

Primary Diagnosis - **I87.2 Venous insufficiency (chronic) (peripheral)**

Secondary Diagnosis -

L97.421 Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin

For non healing stasis ulcer, I87.2 venous insufficiency is followed by the ulcer code (as opposed to pressure ulcer on previous example)

Chapter 13- Musculoskeletal- Scenario 1- Miss Opal is 89 and is being admitted to home health for a fractured right hip. She has osteoporosis.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 13- Musculoskeletal- Scenario 1- ANSWER
Miss Opal is 89 and is being admitted to home health for a fractured right hip. She has osteoporosis.

Primary Diagnosis - **M80.051D Age-related osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with routine healing**

- ▶ Unlike ICD-9, ICD-10 allows coders to make an assumption when a patient who has osteoporosis also has a fracture that is not specified as due to another cause.
- ▶ When a patient with osteoporosis is noted to have an active fracture not clearly attributed to trauma, it should be coded using a combination code from M80.- .
- ▶ Age related osteoporosis includes post-menopausal and senile osteoporosis, as well as unspecified.

Chapter 13- Musculoskeletal- Scenario 2

Miss Pearl is 89 and is being admitted to home health for a fractured right hip. She has osteoporosis. She fell down her steps 2 weeks ago which caused the hip fracture, and continues to be a fall risk

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 13- Musculoskeletal- Scenario 2- ANSWER

Miss Pearl is 89 and is being admitted to home health for a fractured right hip. She has osteoporosis. She fell down her steps 2 weeks ago which caused the hip fracture, and continues to be a fall risk

Primary Diagnosis - S72.001D Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing

Secondary Diagnosis -

M81.0 Age-related osteoporosis without current pathological fracture

W10.8XXD - Fall (on) (from) other stairs and steps, subsequent encounter

Z91.81 - fall, risk for falling and history of falling

Chapter 14- Genitourinary – Scenario 1

Mr. P admitted after hospitalization for acute kidney failure that the physician said still is present. He has HTN and chronic kidney failure, stage 3.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 14- Genitourinary – Scenario 1- ANSWER

Mr. P admitted after hospitalization for acute kidney failure that the physician said still is present. He has HTN and chronic kidney failure, stage 3.

Primary Diagnosis - N17.9 Acute kidney failure, unspecified

Secondary Diagnosis –

I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

N18.3 Chronic kidney disease, stage 3 (moderate)

- ▶ When both hypertensive chronic kidney disease and acute renal failure, code the acute renal failure also
- ▶ Confirm with the physician that acute kidney failure is present or resolved when a patient is admitted to home health.

Chapter 14- Genitourinary – Scenario 2

Miss Z has a UTI, with MRSA. She has a foley because she was retaining urine.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 14- Genitourinary – Scenario 2 -ANSWER

Miss Z has a UTI- organism is staph aureus and is resistant to penicillin. She has a foley because she was retaining urine.

Primary Diagnosis - N39.0 Urinary tract infection, site not specified

Secondary Diagnosis -

B95.62 Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere

R33.9 Retention of urine, unspecified

Z46.6 Encounter for fitting and adjustment of urinary device

- ▶ When there is documentation of a current infection (e.g., wound infection, stitch abscess, urinary tract infection) due to MRSA, and that infection does not have a combination code that includes the causal organism, assign the appropriate code to identify the condition along with code B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere for the MRSA.

Chapter 18 – Symptoms, Signs, abnormal Clinical Finds, not elsewhere classified – Scenarios
Code these non specific codes :

- ▶ Seizures
- ▶ Shortness of breath
- ▶ Nausea with vomiting, unspecified
- ▶ Ataxia, unspecified
- ▶ Persistent vegetative state
- ▶ Full incontinence of feces
- ▶ Unspecified urinary incontinence

Chapter 18 – Symptoms, Signs, abnormal Clinical Finds, not elsewhere classified – Scenarios
Code these non specific codes

- ▶ Seizures - R56.9 Unspecified convulsions -Seizure(s) (convulsive) NOS
 - ▶ Common error is coding of epilepsy
- ▶ Shortness of breath - R06.02
 - ▶ Only if no respiratory , cardiac or other system diagnosis is absent
- ▶ Nausea with vomiting, unspecified - R11.2
- ▶ R27.0 Ataxia, unspecified
- ▶ R40.3 Persistent vegetative state
- ▶ R15.9 Full incontinence of feces
- ▶ R32 Unspecified urinary incontinence

Chapter 19 – injury, poisoning & certain other consequences of external causes- Scenario 1

Mr. V was admitted with fractured ribs on left side and fractured right hip after falling on the ice.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 19 – injury, poisoning & certain other consequences of external causes- Scenario 1- ANSWER

Mr. V was admitted with fractured ribs on left side and fractured right hip after falling on the ice.

- ▶ **Primary Diagnosis - S22.42XD- Multiple fractures of ribs, left side, subsequent encounter for fracture with routine healing**
- ▶ **Secondary Diagnosis -**
- ▶ **S72.001D -Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing**
- ▶ **W00.0XXD Fall on same level due to ice and snow, subsequent encounter**

Chapter 19 – injury, poisoning & certain other consequences of external causes- Scenario 2
Ms. Q has a laceration to knee from falling in her kitchen. She is admitted for wound care.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 19 – injury, poisoning & certain other consequences of external causes- Scenario 2- ANSWER

Ms. Q has a laceration to knee from falling in her kitchen. She is admitted for wound care.

Primary Diagnosis- **S81.019D Laceration without foreign body, unspecified knee, subsequent encounter**

WHATS WRONG WITH THIS? Unspecified Knee. Must ask the nurse!

Left Knee S81.012D

Z48.00 Encounter for change or removal of nonsurgical wound dressing

W18.30XD Fall on same level, unspecified, subsequent encounter

Chapter 19 – injury, poisoning- SCENARIO 3

Mr. Bob was admitted to the hospital following an ORIF for a left femur fracture. Home physical therapy was initiated for continued aftercare. The referral indicated no other pertinent medical history except for the fall that caused the fracture.

Primary Diagnosis- _____

Secondary Diagnosis-

Chapter 19 – injury, poisoning- SCENARIO 3- ANSWER

Mr. Bob was admitted to the hospital following an ORIF for a left femur fracture. Home physical therapy was initiated for continued aftercare. The referral indicated no other pertinent medical history except for the fall that caused the fracture.

Primary Diagnosis: S72.92xD - Unspecified fracture of left femur, subsequent encounter for closed fracture with routine healing

Secondary Diagnosis: W19.xxD- Unspecified fall, subsequent

- ▶ Instead of the aftercare codes, active fractures are coded in ICD-10 in home health, with corresponding seventh characters to indicate the post-acute nature of the treatment.
- ▶ Z91.81 (History of falling) is not included here as there was no indication of any past history or further risks for falls.

Chapter 19- injury, poisoning & certain other consequences of external causes- Coding Examples

- ▶ Dehiscence of abdominal surgical wound
- ▶ Post op Wound infection
- ▶ Bite from brown recluse spider with reaction

Chapter 19- injury, poisoning & certain other consequences of external causes- Coding Examples

- ▶ **T81.31XD** - Dehiscence of abdominal surgical wound
- ▶ **Disruption of external operation (surgical) wound, not elsewhere classified, subsequent encounter**
- ▶ **T81.4XXD** - Post op Wound infection
- ▶ **Infection following a procedure, subsequent encounter**
- ▶ **T63.331D** - Bite from brown recluse spider with reaction
- ▶ **Toxic effect of venom of brown recluse spider, accidental (unintentional), subsequent encounter**