ICD-10-AM/ACHI/ACS
Eighth Edition

Changes Workbook

2013

Questions

OVERVIEW

The material contained in this *Changes Workbook* provides questions and answers for a large number of items detailed in the *ICD-10-AM/ACHI/ACS Eighth Edition Changes Reference Book*. The *Changes Reference Book* documents the changes in ICD-10-AM/ACHI/ACS Eighth Edition which have been made since ICD-10-AM/ACHI/ACS Seventh Edition.

The questions in this *Changes Workbook* are designed to familiarise users with new Eighth Edition content. To complete this workbook, users should refer to the *Changes Reference Book.*

The document is structured to match the ICD-10-AM chapters, with additional chapters to support intervention specific details. Cross-references have been included to alert the user to significant material in other chapters and to proceed to the alternate section. Items which affect multiple systems have been included in a special chapter called 'Cross-system updates'.

Table of Contents:

1. Infection & parasitic diseases

1.a. Infection, due to internal joint prosthesis *(Indexing)*

i)   What is the default code at index entry: *Infection/knee* with no further specification?

   Answer:

1.b. Sepsis

i)   When a patient diagnosed with sepsis due to *Streptococcus pneumoniae* is also treated for septic shock, should both conditions be coded?

   Answer:

1.c. ACS 0104 *Viral hepatitis*

i)   Insert the correct word to complete the following sentence:

           curable   incurable

   Hepatitis C is a/an _____ disease

   Answer:

ii)   What is the correct code for a patient documented as having 'hepatitis C' with no further specification?

   Answer:

iii)   Should a past history for hepatitis A be coded?

   Answer:

iv)   How should 'hepatitis B' without further specification be coded?

   Answer:

v) If a patient documented as having 'cured hepatitis C' presents for treatment of ongoing liver cirrhosis (caused by the previous hepatitis C), how should this be coded?
 a) cirrhosis
 b) cirrhosis and past history hepatitis C
 c) cirrhosis and chronic viral hepatitis C
 d) cirrhosis and sequelae of viral hepatitis

 Answer:

vi) If a patient is admitted for treatment, and the background documentation notes 'cured hepatitis C' (with no manifestations), how should the hepatitis be coded?
 a) chronic viral hepatitis C
 b) personal history of other infectious and parasitic disease
 c) not at all
 d) sequelae of viral hepatitis

 Answer:

2. Neoplasms

2.a. Cervical intraepithelial lesion (low/high grade)

i) What is the correct code assignment for HGSIL of the cervix?

 Answer:

ii) Low grade squamous intraepithelial lesion (LGSIL) is coded as a neoplasm. True or false?

 Answer:

2.b. Chemotherapy wafer insertion, brain

i) What type of procedure is brain wafer insertion?
 a) stent
 b) shunt
 c) chemotherapy

 Answer:

2.c. Electrochemotherapy

i) Where electrochemotherapy is performed on a single skin lesion, how many ACHI code(s) are required to identify the procedure?

Answer:

2.d. Eyeball/intraocular neoplasm

i) What is the correct disease code assignment for primary malignant neoplasm of the eyeball?

Answer:

2.e. Insertion of seeds/fiducial markers into prostate

i) Radiotherapy may involve insertion of fiducial markers to assist with image guidance. Which ACHI code should be assigned for insertion of the fiducial markers?

Answer:

ii) What is the difference between external beam radiotherapy and brachytherapy?

Answer:

iii) Brachytherapy comes in which two forms?

Answer:

iv) Seeds implanted for 'low dose brachytherapy' are radioactive. True or false?

Answer:

v) What is the correct procedure code for:
   a) Insertion of fiducial marker into prostate for future radiotherapy
   b) Insertion of radioactive seeds into prostate for low dose rate brachytherapy

Answer:
   a)
   b)

2.f. Lymphomatoid papulosis

i) What is the correct code assignment for lymphomatoid papulosis?

Answer:

2.g. Telangiectatic focal nodular hyperplasia (TFNH) of liver *(Indexing)*

i) What is the correct code assignment for telangiectatic focal nodular hyperplasia (TFNH) of the liver?

Answer:

2.h. Tumour of uncertain or unknown behaviour of pancreas

i) What is the correct disease code for tumour of uncertain or unknown behaviour of pancreas body?

Answer:

ii) Which disease code should be assigned for tumour of uncertain or unknown behaviour of the anal canal?

Answer:

2.i. ACS 0229 *Radiotherapy*

i) How many times should radiotherapy (without cerebral anaesthesia) be coded if it is performed multiple times during an episode of care?

Answer:

ii) How many times should radiotherapy (under cerebral anaesthesia) be coded if it is performed multiple times during an episode of care?

Answer:

2.j. Appendix A – Morphology of neoplasms

i) How many new morphology codes have been included?
a) >50
b) >100
c) >200
d) >300

Answer:

ii) What is the correct morphology code to assign with C94.6 *Myelodysplastic and myeloproliferative disease NOS*?

Answer:

iii) What is the correct morphology code for a nodular melanoma in situ?

Answer:

iv) What is the correct morphology for a compound naevus of uncertain behaviour?

Answer:

v) What is the correct behaviour type for Langerhans cell histiocytosis NOS?

Answer:

3. Diseases of blood and blood forming organs and certain disorders of immune mechanism

3.a. Immune reconstitution syndrome *(Indexing)*

i) What is the new inclusion term added to D89.3 *Immune reconstitution syndrome*?

Answer:

3.b. Molecular adsorbent recirculating system (MARS) treatment *(Indexing)*

i) What is the correct code assignment for molecular adsorbent recirculating system (MARS) treatment?

Answer:

3.c.   Sentinel lymph node biopsy (SLNB)

i)   How many steps are involved in a sentinel lymph node biopsy (SLNB)?

Answer:

ii)   Which code should be assigned for SLNB of the groin?

Answer:

iii)   Are SLNB of the neck and SLNB of the axilla assigned to the same code?

Answer:

iv)   When a SLNB biopsy or excision is performed in addition to a radical excision of lymph nodes, do you code both procedures?

Answer:

4.   Endocrine, nutritional and metabolic

4.a.   Cystic fibrosis

i)   When a patient is treated for multiple manifestations of cystic fibrosis (CF), how should the cystic fibrosis be coded?

Answer:

ii)   What is the correct code assignment for CF with bronchiectasis?

Answer:

iii)   Assign codes for the following scenario: Patient with cystic fibrosis presents for treatment of their bronchiectasis. They also have intestinal intussusception as a manifestation of their CF.

Answer:

4.b.   Diabetes mellitus and intermediate hyperglycaemia

i)   What is the new code title of E09?

   Answer:

ii)   Diabetic frozen shoulder can be assigned by following the index pathway:
        Frozen/shoulder/diabetic. True or false?

   Answer:

iii)   How should the principal diagnosis be determined in patients where the criteria for diabetic foot
        are met?
        a) first listed diagnosis
        b) always assign E1-.73 *Diabetes mellitus with foot ulcer due to multiple causes
        c) according to the principles of ACS 0001 *Principal diagnosis*

   Answer:

4.c.   Obesity hypoventilation syndrome

i)   Obesity hypoventilation syndrome has been added as an inclusion term at which code?

   Answer:

5. Mental and behavioural disorders

5.a.   Anhedonia *(Indexing)*

i)   What is the correct code for anhedonia when it is not specified as 'sexual'?

   Answer:

5.b.   Major depressive disorder *(Indexing)*

i)   What is the correct code for major depressive disorder without further specification *(not arising
        in the postnatal period)*?

   Answer:

ii)   Is the term 'major' an essential or nonessential modifier in the Alphabetic Index for 'depressive disorder'?

Answer:

5.c.   ACS 0511 *Panic attacks with phobia*

i)   Where is the instruction regarding coding phobia with panic attacks found in the classification?

Answer:

5.d.   ACS 0517 *Noncompliance with treatment (Deleted)*

i)   Where is the instruction for the use of Z91.1 *Personal history of noncompliance with medical treatment and regimen* found in the classification?

Answer:

6. Nervous system

6.a.   Akathisia

i)   What is the correct code for akathisia?

Answer:

6.b.   Charcot's arthropathy

i)   What is the default code assignment for Charcot's arthropathy without further specification?

Answer:

ii)   What is the correct code assignment for a type 2 diabetic being treated for their Charcot's arthropathy?

Answer:

6.c. Fat graft in spinal surgery

i) When a dural fat graft is harvested from the operative site during spinal surgery without an additional incision, should an additional code be assigned for the graft?

Answer:

6.d. Open door laminoplasty

i) The ACHI lead term *Laminoplasty* refers users to which alternative lead term?

Answer:

ii) Codes in ACHI block [46] *Decompression of cervical spinal cord* include open door laminoplasty. True or false?

Answer:

6.e. Overnight oximetry

i) What's the difference between overnight oximetry and polysomnography?

Answer:

ii) Are polysomnography and overnight oximetry assigned the same code?

Answer:

iii) Should a code for overnight oximetry be assigned when performed with polysomnography?

Answer:

6.f. Renal denervation for treatment-resistant hypertension

i) Renal denervation uses which technique?
a) radiofrequency ablation
b) excision of nerve endings

Answer:

ii) What is the correct code for renal denervation for treatment resistant hypertension?

Answer:

iii)   Which two ACHI lead terms can be used to find this code?

        Answer:

6.g.   Sacral nerve stimulation

i)   What is the correct code for revision of sacral nerve electrode?

        Answer:

ii)   Sacral nerve stimulation can be performed for both faecal and urinary incontinence. True or false?

        Answer:

7. Eye and adnexa

7.a.   ACS 0723 *Corneal rust ring (Deleted)*

i)   The advice previously included in ACS 0723 *Corneal rust ring* is now included in which part of the classification?

        Answer:

8. Ear, nose, mouth and throat

8.a.   ACS 0803 *Admission for removal of grommets* (ACS references)

i)   What is the correct disease code for removal of grommets?

        Answer:

9. Circulatory system

9.a.   Aneurysm and dissection of vertebral artery

i)   What is the correct code to assign for aneurysm and dissection of vertebral artery?

Answer:

9.b.   Aspiration thrombectomy of the coronary artery

i)   'Aspiration thrombectomy' and 'rotational atherectomy' are classified to the same code. True or false?

Answer:

ii)   Should aspiration thrombectomy be coded in addition to percutaneous coronary intervention (PCI) with stenting?

Answer:

iii)   What are 'embolic protection devices' used for?

Answer:

9.c.   Atrial fibrillation and flutter

i)   The code I48 *Atrial fibrillation and flutter* has been expanded from one code to how many codes?

Answer:

9.d.   Cardiac resynchronisation therapy pacemaker/defibrillator

i)   Cardiac resynchronisation therapy (CRT) pacemaker and cardiac resynchronisation therapy defibrillation (CRT-D) have been added as inclusion terms at which two ICD-10-AM codes?

Answer:

9.e.   CT scan of coronary arteries

i)   What is the correct intervention code for CT coronary angiogram (with IV contrast) performed under anaesthesia?

   Answer:

9.f.   Percutaneous heart valve replacement

i)   What is the correct ACHI code for replacement of aortic valve with percutaneous insertion of Edwards SAPIEN valve prosthesis?

   Answer:

ii)   When a percutaneous aortic valve replacement (PAVR) is performed with coronary angiography, is it necessary to code the coronary angiography as an additional code?

   Answer:

9.g.   Transcatheter thrombectomy of intracranial arteries

i)   What ACHI code(s) is/are required for the following procedure: Embolectomy performed with insertion of stent into intracranial artery?

   Answer:

ii)   Assign an ACHI code for the following scenario: Patient admitted for thrombectomy of internal carotid artery of the intracranial area.

   Answer:

9.h.   ACS 0925 *Hypertension and related conditions*

i)   Complete the name of this standard:
        ACS 0925 *Hypertension and* _____ _____

   Answer:

ii)   When can a code from category I13 *Hypertensive heart and kidney disease* be assigned?

   Answer:

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iii)   Is advice for hypertension in kidney disease still contained in ACS 1438 *Chronic kidney disease*?

   Answer:

iv)   Why has I10 *Essential hypertension* been assigned in example 3 of ACS 0925 *Hypertension and related conditions*?

   Answer:

10. Respiratory system

10.a.   Flexible bronchoscopy with broncho-alveolar lavage

i)   Which two new ACHI codes have been added to block [544] *Bronchoscopy with biopsy, broncho-alveolar lavage or removal of foreign body*?

   Answer:

ii)   What has been added to the title of block [544]?

   Answer:

iii)   Which type of bronchoscopy is performed with a broncho-alveolar lavage: rigid or flexible?

   Answer:

iv)   Which type of lavage goes deeper into the lung: bronchial lavage or broncho-alveolar lavage?

   Answer:

10.b.   High flow nasal cannula

i)   High flow nasal cannula (HFNC) is available as an alternative to what other type of ventilation?

   Answer:

ii)   What is the correct code to assign when high flow therapy is given for 23 hours?

   Answer:

iii)   Is high flow therapy used in patients of any age?

   Answer:

10.c.   Influenza due to certain identified influenza virus

i)   Why has there been a change to code J09 *Influenza due to certain identified avian influenza virus*?

   Answer:

ii)   Which types of influenza can be assigned to J09 *Influenza due to certain identified influenza virus?*

   Answer:

iii)   Which three codes are possible dagger codes for encephalitis in influenza?

   Answer:

10.d.   Respiratory failure, type I and type II

i)   How many characters are now in the codes for respiratory failure?

   Answer:

ii)   Which type is also described as 'hypoxic'?

   Answer:

iii)   Is respiratory failure still identified as acute and chronic?

   Answer:

iv)   Type I is also commonly associated with:
          a) pulmonary oedema
          b) pneumonia
          c) pulmonary haemorrhage
          d) all of the above

          Answer:

10.e.   Ventilatory support (short term and combined CVS & NIV)

Refer section 16.h Ventilation - combined ventilatory support in neonates for material related to this item.

11. Digestive system

11.a.   Bulking injections for faecal incontinence

i)   Bulking injections involve the injection of _____ _____ which becomes
          _____.

          Answer:

11.b.   Dental services

i)   Assign ACHI code(s) for the following: patient presents with a fractured tooth, bringing in the
          tooth fragment. The tooth is restored by bonding the fragment onto the tooth using a dentin-
          bonding agent and composite resin.

          Answer:

ii)   What is the difference between the substances used in 97234-00 [456] *Alveolar osseus graft,
          per tooth or implant* and 97244-00 [456] *Alveolar osseous graft, block*?

          Answer:

11.c.   Endoluminal fundoplication (ELF)

i)   Endoluminal fundoplication is for treatment of which disease?
          a) gastro-oesophageal reflux disease
          b) peptic ulcer
          c) gastroparesis

          Answer:

ii)   Endoluminal fundoplication is which type of procedure: invasive, noninvasive or minimally invasive?

          Answer:

iii)   In addition to GORD, what other condition can be treated at the same time when ELF is performed?

          Answer:

11.d.   Functional dyspepsia

i)   What is the correct code title of K30?

          Answer:

ii)   What is the correct code to assign for dyspepsia without further specification?

          Answer:

11.e.   Haemorrhoids

i)   In which ICD-10-AM chapter are haemorrhoids classified?

          Answer:

ii)   How are haemorrhoids classified?
a) internal or external
b) by degrees

          Answer:

iii)   What is the correct code for 'haemorrhoids' with no further specification?

          Answer:

iv)   How should the diagnosis 'internal haemorrhoids' be coded?

          Answer:

v) What is the correct code for haemorrhoids complicating the puerperium?

Answer:

vi) Varicose veins of the anus are the same as 'haemorrhoids'. True or false?

Answer:

vii) ACS 0942 *Banding of haemorrhoids* has been deleted. True or false?

Answer:

11.f. Hernia

i) Name two new types of ventral hernia codes?

Answer:

ii) What is an incisional hernia?

Answer:

iii) What is the correct code for parastomal hernia, unspecified?

Answer:

iv) What is the correct code title for K43.1?
   a) ventral hernia with gangrene
   b) incisional hernia with gangrene
   c) parastomal hernia with gangrene

Answer:

11.g. Ileocolic resection

i) Ileocolic resection is also referred to as _____ or _____ _____?

Answer:

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ii) Ileocolic resection creates an anastomosis beween the _____ and the _____
_____.

Answer:

iii) What is the correct code for a laparoscopic ileocolic resection with anastomosis?

Answer:

11.h.   Insertion, artificial bowel sphincter

i) What is the correct code for insertion of an artificial bowel sphincter?

Answer:

11.i.   Laparoscopic colectomy

i) How many codes are required for left hemicolectomy with anastomosis which is performed laparosocpically?

Answer:

ii) What is the correct code for Hartmann's procedure via laparoscopy?

Answer:

iii) How many new ACHI codes have been added to block [913]?

Answer:

11.j.   Peritonectomy/cytoreduction surgery (CRS)

i) Peritonectomy or cytoreduction surgery is performed for what aim?

Answer:

ii) When *peritonectomy* is performed with excision of pelvic lesions, should the excision of lesions also be coded?

Answer:

11.k. Procedures for obesity

i) When a sleeve gastrectomy (SG) is performed concurrently with a biliopancreatic diversion/duodenal switch (BPD-DS), how many ACHI codes should be assigned?

Answer:

ii) If a diaphragmatic hernia repair is performed at the same time as a sleeve gastrectomy for obesity, should an additional ACHI code be assigned for the hernia repair?

Answer:

iii) When a sleeve gastrectomy is performed for malignancy how should it be coded?

Answer:

iv) All ACHI codes for obesity are now located in ACHI block [889] *Procedures for obesity*. True or false?

Answer:

12. Skin and subcutaneous tissue

12.a. Excision skin lesions

Refer section 25.e ACS 0020 Bilateral/multiple procedures for material related to this item.

12.b. Injection into breast tissue expander

i) Which ACHI code(s) should be assigned for refill of a breast tissue expander?

Answer:

12.c. Necklift

i) When a necklift is performed alone, how is it coded?

Answer:

ii) Which ACHI codes should be assigned for the following scenario:
Patient admitted for bilateral facelift, with necklift and bilateral browlift.

Answer:

12.d. Sunburn

i) How many codes are required when coding sunburn?

Answer:

ii) Which codes should be sequenced first, L55.- *Sunburn* or the site of burn (injury) code?

Answer:

12.e. ACS 1210 *Cellulitis (Deleted)*

i) How should codes be assigned for cellulitis associated with an open wound?

Answer:

13. Musculoskeletal and connective tissue

13.a. Arthroscopy, wrist with release of adhesions *(Indexing)*

i) When a wrist arthroscopy with release of adhesions and removal of loose body is performed, should both procedures be coded or only one?

Answer:

13.b. Closed reduction of acetabulum

i)   Code the following scenario: Patient admitted for closed reduction with internal fixation of fracture of acetabulum.

     Answer:

13.c. Haglund's deformity *(Indexing)*

i)   What is the correct code for Haglund's disease?

     Answer:

13.d. March fracture *(Indexing)*

i)   What is the correct code for march fracture?

     Answer:

13.e. Matrix autologous chondrocyte implantation (MACI)

i)   MACI is performed on which body structure?

     Answer:

ii)   MACI grows chondrocytes from:
     a) the patient themselves
     b) another person

     Answer:

iii)   What is the correct code for MACI?

     Answer:

iv)   What other procedure is very similar to MACI?

     Answer:

13.f. Ostectomy, mandible, multiple procedures

i) What is the instruction at the Alphabetic Index entry: *Ostectomy/mandible/multiple procedures*?

Answer:

13.g. Single event multilevel surgery (SEMLS)

i) SEMLS could also be referred to as MLEP. What does MLEP stand for?

Answer:

ii) SEMLS is performed for what type of patient?

Answer:

iii) How many new ACHI codes have been added in block [1580] for SEMLS?

Answer:

iv) When SEMLS is performed, how many ACHI codes should be assigned for the SEMLS?

Answer:

14. Genitourinary system

14.a. Bladder neck obstruction

i) When coding hyperplasia of prostate, with documentation of bladder neck obstruction, where is the coding instruction about whether or not to assign the obstruction?

Answer:

14.b. Pipelle aspiration of the endometrium *(Indexing)*

i) What is the correct code for Pipelle aspiration of the endometrium?

Answer:

ii)   Is Pipelle aspiration performed with or without anaesthesia?

Answer:

14.c.   Vaginal vault suspension

i)   What is the correct code for suspension of vaginal vault, by vaginal approach?

Answer:

14.d.   ACS 1404 *Admission for kidney dialysis*

i)   How many times should kidney dialysis be coded if it is performed multiple times during an episode of care?

Answer:

15. Pregnancy, childbirth and puerperium

15.a.   Duration of pregnancy - O09

i)   Complete the code title: O09.5 *34 – _____ completed weeks*

Answer:

ii)   Is a duration of pregnancy code required when coding PROM if the gestation is 36+5/40 weeks gestation?

Answer:

iii)   Is a duration of pregnancy code required when coding fetal death in utero (FDIU) at 37+1/40 weeks gestation?

Answer:

iv)   What is the correct definition of 37 completed weeks gestation?

Answer:

15.b.   McRoberts manoeuvre

i)   What is the correct ICD-10-AM code to assign for a single delivery with McRoberts manoeuvre?

Answer:

15.c.   Nephritis complicating pregnancy *(Indexing)*

i)   Is the code for 'nephritis complicating pregnancy' the same code as that for 'nephritis complicating the puerperium'?

Answer:

15.d.   Neuritis complicating puerperium *(Indexing)*

i)   What is the correct code to assign for neuritis complicating the puerperium?

Answer:

15.e.   Obstetric laceration of mid or upper third of vaginal wall

i)   Which is the correct code to assign for vaginal laceration (NOS) during delivery?
a) O70.0 *First degree perineal laceration during delivery*
b) O71.4 *Obstetric high vaginal laceration alone*

Answer:

ii)   What is the correct code to assign for obstetric lacerations of periurethral tissue?

Answer:

15.f.   Pre-eclampsia superimposed on chronic hypertension

i)   What is the correct code to assign for mild pre-eclampsia?

Answer:

ii)   What is the new code title for O11 *Pre-existing hypertensive disorder with superimposed proteinuria*?

Answer:

15.g. Reproductive medicine procedures

i) Assisted reproductive services is now referred to as assisted reproductive _____?

   Answer:

ii) What is the correct code title of 13203-00 [1297]?

   Answer:

iii) What is the correct code for treatment to induce superovulation?

   Answer:

15.h. ACS 1551 *Obstetric perineal lacerations/grazes*

i) When a patient has a perineal laceration which requires suturing, but then <u>elects</u> not to have it sutured, should it be coded?

   Answer:

16. Perinatal

16.a. Hypoxic ischaemic encephalopathy (HIE)

i) How many grades/stages are there for hypoxic ischaemic encephalopathy?

   Answer:

ii) Are seizures associated with all stages of HIE?

   Answer:

iii) Where would you find the classification instruction to code also any co-existent severe birth asphyxia (P21.0)?

   Answer:

16.b. Jaundice

i) If a neonate is re-admitted for jaundice but phototherapy is given for less than 12 hours, jaundice should still be coded. True or false?

Answer:

16.c. Peri/intraventricular haemorrhage

i) According to the Australian and New Zealand Neonatal Network (ANZNN), how many grades of intraventricular haemorrhage are there?

Answer:

ii) What is the correct code to assign for a grade IV intraventricular haemorrhage?

Answer:

iii) What is the correct code to assign for a subependymal haemorrhage of newborn?

Answer:

16.d. Posthaemorrhagic hydrocephalus

i) What is the correct code to assign for hydrocephalus post intraventricular haemorrhage (IVH) in a newborn?

Answer:

16.e. Sudden infant death syndrome (SIDS)

i) The code R95 *Sudden infant death syndrome* has been expanded based on what factor?

Answer:

16.f. Therapeutic hypothermia

Refer section 24.a Therapeutic hypothermia for material related to this item.

16.g. Ventilation - administration of nitric oxide

i) How is nitric oxide administered?

   Answer:

ii) In which ACHI block is the new code 92210-00 *Nitric oxide therapy*?

   Answer:

iii) Is nitric oxide inhalation performed alone or in conjunction with other ventilatory support?

   Answer:

iv) What type of condition is nitric oxide used to treat?

   Answer:

16.h. Ventilation - combined ventilatory support in neonates

i) What two types of ventilation are combined in this classification instruction?

   Answer:

ii) Can the combined ventilatory support code be assigned for all patients?

   Answer:

iii) How many total hours are required before this code can be assigned?

   Answer:

iv) Should the combined ventilatory support code be sequenced ahead of the other ventilatory support codes?

   Answer:

16.i. Ventilation - high flow nasal cannula

Refer section 10.b High flow nasal cannula for material related to this item.

16.j.   ACS 1615 *Specific interventions for the sick neonate*

i)   What are the new names of section 1 and section 2 within the revised ACS 1615 *Specific interventions for the sick neonate*?

Answer:

ii)   Which of the following instructions have been removed from ACS 1615?
        a) parental fluid therapy
        b) administration of blood products
        c) maternal illness/incapacity to care

Answer:

iii)   Classification instructions for how many additional interventions/conditions have been added to ACS 1615?

Answer:

iv)   Should catheterisation in a neonate be coded?

Answer:

17. Congenital

17.a.   Ear tag *(Indexing)*

i)   What is the correct code to assign for ear tag?

Answer:

18. Signs and symptoms

18.a.   Musculoskeletal chest pain *(Indexing)*

i)   What is the correct code to assign for musculoskeletal chest pain?

Answer:

19. Injury

19.a. Poisoning by helium, nonmedicinal

i) What is the correct injury code for accidental poisoning by inhaling gas from helium balloons?

    Answer:

19.b. ACS 1911 *Burns*

Refer section 12.d Sunburn for material related to this item.

20. External causes

20.a. External cause for cut by object *(Indexing)*

i) What is the correct external cause code to assign for contact with sharp object not otherwise specified?

    Answer:

20.b. Fall, from, stationary machinery

i) Complete the following code title:
W17.5 *Fall from mobile _____ _____ _____*

    Answer:

ii) What type of machinery is represented by the code W17.5?

    Answer:

iii) Can W17.5 be assigned for falls from machinery in operation?

    Answer:

21. Factors influencing health status

21.a. Dependence on respirator

i)   The term 'dependence on respirator' is synonymous with 'dependence on _____'?

<u>Answer:</u>

21.b. Donation of haematopoietic progenitor stem cells

i)   What is the correct code to assign for a patient admitted for preparatory care for future donation of stem cells?

<u>Answer:</u>

ii)   Haematopoietic progenitor cells are also known as haematopoietic _____ cells?

<u>Answer:</u>

iii)   Haematopoietic stem cells are collected from which parts of the body?

<u>Answer:</u>

iv)   Granulocyte colony stimulating factor (G-CSF) is a pharmacological agent used to induce stem cell mobilisation (stimulation of migration from _____ _____ to _____ _____)?

<u>Answer:</u>

21.c. Resistance to antimicrobial and antineoplastic drugs

i)   Complete the new code title for Z06 *Resistance to _____ _____.*

<u>Answer:</u>

ii)   Which code from the Z06 category should be assigned to a patient diagnosed with methicillin resistant *Staphyloccocus aureus*?

<u>Answer:</u>

iii) Which code from the Z06 category should be assigned to a patient diagnosed with MRSA, with no further specification?

Answer:

iv) What is the correct code to assign for resistance to amoxicillin?

Answer:

v) What is the correct code to assign for resistance to antibiotics, NOS?

Answer:

vi) What is the correct code to assign for resistance to multiple antibiotics, which include methicillin?

Answer:

vii) How should 'resistance to multiple antibiotics' be coded, where the specified antibiotics are known?

Answer:

viii) Resistance to antineoplastic drugs can be coded. True or false?

Answer:

21.d. ACS 2114 *Prophylactic surgery (New)*

i) Z40.00 *Prophylactic surgery for risk-factors related to malignant neoplasms, breast* represents surgery for:
a) prophylactic surgery for removal of breast due to cancer
b) prophylactic surgery for removal of organ due to breast cancer

Answer:

ii) For prophylactic surgery, should the appropriate code from Z40 *Prophylactic surgery* be sequenced as principal diagnosis or as an additional diagnosis?

Answer:

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22. Codes for special purpose

22.a. Codes for emergency use

i) Which two new categories of codes have been created in Chapter 22 *Codes for special purpose*?

Answer:

ii) Under what circumstances can the codes from U00-U07 be assigned?

Answer:

23. Section 3 - Drugs & Chemicals

23.a. Escitalopram oxalate (Lexapro®) *(Indexing)*

i) Which injury code should be assigned for poisoning by escitalopram oxalate?

Answer:

ii) Which adverse effect code should be assigned for poisoning by selective serotonin reuptake inhibitor (SSRI)?

Answer:

24. Noninvasive, cognitive and other interventions

24.a. Therapeutic hypothermia

i) What is an alternate name for therapeutic hypothermia?

Answer:

ii)   What is the correct code for therapeutic hypothermia?

Answer:

iii)   Is there a minimum length of time therapeutic hypothermia must be performed in a neonate in order for the code to be assigned?

Answer:

25. Cross system updates

25.a.   High intensity focused ultrasound (HIFUS)

i)   Which body systems can HIFUS be used for?
a) bone, breast
b) kidney, liver
c) prostate, uterus
d) all of the above

Answer:

ii)   What is the correct code assignment for HIFUS?

Answer:

iii)   HIFUS can be used in conjunction with which techniques:
a) MRI
b) CT
c) other ultrasound guidance systems
d) all of the above

Answer:

iv)   Which two components make up MRgFUS?

Answer:

25.b. Irreversible electroporation (IRE)

i) 'Irreversible electroporation' consists of which of the following techniques:
a) intense pulsating direct current delivered to the target organ causing cancer cells to open microscopic pores permanently
b) utilisation of extreme heat or cold
c) radiofrequency ablation

   Answer:

ii) Which four organs have ACHI codes for irreversible electroporation?

   Answer:

iii) The new codes created for irreversible electroporation are described in which way:
a) excision of lesion
b) resection of lesion
c) destruction of lesion

   Answer:

25.c. Minimally invasive procedures proceeding to open procedure

i) Which three types of minimally invasive procedures have had codes created to facilitate the classification of those which proceed to open procedures?

   Answer:

ii) These codes can be used for any type of minimally invasive procedure proceeding to an open procedure, regardless of the ACHI block they are located in. True or false?

   Answer:

iii) Should a 'minimally invasive procedures proceeding to open procedure' code be assigned in addition to the open procedure code?

   Answer:

25.d. ACS 0001 *Principal diagnosis* (dagger and asterisk system)

i) An asterisk code may be sequenced as principal diagnosis ahead of a dagger code in Eighth Edition. True or false?

   Answer:

25.e. ACS 0020 *Bilateral/multiple procedures*

i) For two separate lesions on the hand excised during a single visit to theatre, how many ACHI codes should be assigned (not including anaesthetic code)?

Answer:

ii) For two biopsies taken from one lesion on the leg during a single visit to theatre, how many ACHI codes should be assigned (not including anaesthetic code)?

Answer:

iii) For a biopsy of a single lesion on the neck, repeated during two different visits to theatre, how many ACHI codes should be assigned (not including anaesthetic codes)?

Answer:

iv) Assign ACHI codes (without anaesthetic codes) to the following procedures performed during one visit to theatre:
   a) excision of three lesions: 1 from the ear and 2 from the nose
   b) 2 biopsies from 1 lesion on skin on cheek

   Answer:
   a)

   b)

25.f. ACS 0048 *Condition onset flag*

i) Conditions arising during the delivery process (eg, birth injury) of a newborn born in hospital are considered as arising before or during an episode of care?

Answer:

ii) Dagger and asterisk codes must be assigned the same COF value. True or false?

Answer:

iii) Conditions which arise during each of the following periods are considered as arising <u>during</u> an episode of care. True or false?
   a) hospital in the home (HITH)
   b) approved leave
   c) unapproved leave

Answer:

a)

b)

c)

iv) A newborn in their birth episode experiences haematemesis after swallowing their mothers blood during breast feeding. An initial attachment difficulty caused the mothers' nipples to bleed and blood being passed on to the newborn. Which codes should be assigned to this birth episode and which COF values should be assigned to each of these codes?

Answer:

v) Assign the disease code and COF value for the following condition: a newborn in their birth episode is born prematurely at 34 weeks gestation.

Answer:

vi) Assign disease codes and COF values to the following scenarios. ACHI or external cause codes are not required for these exercises:

a) Newborn delivered with caesarean section with large laceration to scalp from scalpel, requiring suturing. Baby also has positional talipes and Mongolian spot which were both clinically reviewed, and has feeding problems during the episode requiring management.

Answer:

b) 72 year old lady admitted with Bell's palsy, during episode develops hospital acquired pneumonia.

Answer:

c) Patient admitted with suspected unstable angina. After initial investigations the patient was transferred to another hospital for ongoing care, with a provisional diagnosis of unstable angina.

Answer:

d) Patient admitted with atrial fibrillation. UTI (due to E.Coli) diagnosed on day 2 of admission, unable to determine whether it arose before or after admission.

Answer:

e) 32 year old female admitted at term with SROM. After six hours of labour, maternal exhaustion documented and baby develops fetal bradycardia and requires forceps delivery. Also has third degree tear and postpartum haemorrhage.

Answer:

f) Patient admitted for investigation of their GI bleeding. While they are in hospital, they suffer an acute exacerbation of their COPD.

Answer:

26. Formatting changes

26.a. **ACS 0033, ACS 0034, ACS 0040 and ACS 0041** *Conventions used in the ICD-10-AM/ACHI/ACS (Deleted)*

i) Which sections are the conventions information located in?

Answer: