1. A patient with transposition of the great arteries with pulmonary stenosis presents for right modified Blalock-Taussig shunt procedure to augment pulmonary blood flow. What is the correct ICD-10-PCS procedure code assignment for modified Blalock-Taussig shunt procedure?

2. A code from category Y36 may be assigned as an additional diagnosis when coding encounters for treatment of conditions due to war, such as combat fatigue or post-traumatic stress disorder (PTSD).
   A. True
   B. False

3. An external cause code may be used with any code in the range of A00.0-T88.9, Z00-Z99 of the classification when a health condition is due to an external cause.
   A. True
   B. False

4. The patient is admitted to the hospital for surgical treatment of a volvulus of the right colon. A resection of the right colon was performed. Assign the correct ICD-10-PCS procedure code assignment for the right colectomy.

5. A patient, status post right hemi-cranieectomy, underwent a right hemi-cranioplasty to repair the cranial defect. Select the appropriate root operation for the right hemi-cranioplasty:
   A. Replacement
   B. Revision
   C. Supplement

6. A patient is admitted to the hospital for surgical treatment of cervical spondylosis, grade I cervical spondylolisthesis, severe facet arthropathy, and disk herniation with cord compression. A cervical posterior fusion hemilaminotomy, discectomy, and cervical interspinous ligamentoplasty were performed. Assign the correct ICD-10-PCS code assignment for the cervical interspinous ligamentoplasty.

7. When an entire lymph node chain is cut out, the appropriate root operation is resection. When a lymph node(s) is cut out, the root operation is excision.
   A. True
   B. False

8. A patient with adenoid cystic carcinoma is admitted to the hospital for surgical treatment. A resection of the parotid tail, resection of the parapharyngeal space, and bilateral radical resection of level I lymph nodes were performed. Assign the correct ICD-10-PCS code assignment(s) for radical resection of the level I lymph nodes.

9. A patient, previously diagnosed with pilocytic astrocytoma, is admitted to the hospital with enlarging right temporal horn and right cavity near the lateral ventricle. The provider documented “trapped right temporal horn.” The patient was also diagnosed with recurrent astrocytoma, hydrocephalus, and encephalopathy. A re-resection of the tumor was performed. Assign the correct ICD-10-CM diagnosis code(s) for this case.

10. A patient presents to the hospital due to symptoms of malaise, fatigue and fever. After diagnostic workup, the patient was diagnosed with systemic inflammatory response syndrome (SIRS), without evidence of sepsis. The provider listed “SIRS secondary to pneumonia” in his final diagnostic statement. Assign the correct ICD-10-CM diagnosis code(s) for SIRS secondary to pneumonia.
Coding Clinic
Continuing Education Quiz
Due on or before March 31, 2015

Instructions
Registered Health Information Technicians, Registered Health Information Administrators, Certified Coding Specialists and Certified Coding Specialists—Physician-based may earn one hour of continuing education credit toward AHIMA’s continuing education requirement by completing this test with a minimum score of 70%. This test is available to both personal subscribers and employees of institutions that subscribe to Coding Clinic. Complete the quiz, fill in information on both sides, and type or print clearly your name and mailing address in the space provided. Fold the insert on the dotted lines on this page, and mail to the following address:

Central Office on ICD-10-CM/PCS
Attention: Continuing Education
American Hospital Association
P.O. Box 92247
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For your return address: Please type or print clearly the information within the dotted box below.

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Enclose check or money order for $20 (handling fee). Make check payable to the American Hospital Association. Do not send cash.

The quiz will not be graded and the $20 fee will be forfeited if the quiz is not postmarked on or before the date indicated on each test.

No credit will be given if the score is less than 70%, the test is incomplete, postmarked after the designated date, or submitted without the $20 handling fee.

Forms may be photocopied for use by directors of medical records or coding supervisors for assessment of coding staff’s understanding of topics presented in Coding Clinic.

Note: The Central Office on ICD-10-CM/PCS will not retain records of achievement. The practitioner is responsible for retaining the verification form returned by AHA and reporting the credit on AHIMA’s official continuing education reporting form.

Do not send the AHA verification form to the American Health Information Management Association.

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