1. A 32-year-old patient has a history of bowel perforation and obstruction, and is status post complex abdominal surgery due to intestinal anastomotic leak. The patient presented with an enterocutaneous fistula with a large open abdominal wound and surgical wound dehiscence. Assign the correct ICD-10-CM code for the fistula.

2. Assign the correct ICD-10-CM code for “emaciation” without documentation of malnutrition.

3. A 26-year-old patient delivers a baby outside of the hospital. The patient is admitted to the obstetric unit and expels the placenta at the hospital. Assign the correct ICD-10-PCS code for the delivery of the placenta.

4. A 42-year-old patient, who had recently undergone right mastectomy with immediate breast reconstruction using a tissue expander and AlloDerm, is readmitted for treatment of skin necrosis at the mastectomy site. The surgeon also noted early onset ecchymosis and ischemic changes, and the patient underwent excision of demarcated necrotic skin, subcutaneous tissue, and fat at the right mastectomy site. Assign the correct ICD-10-CM code(s) for this condition.

5. A newborn female, diagnosed with gastroschisis, underwent placement of a silo at bedside. The herniated contents, which included the large bowel, small bowel and stomach, were placed inside a 4-cm silo and the ring was inserted within the umbilical defect. The objective of the procedure is to slowly return the abdominal contents into place by sequential tightening down of the silo. However, this is performed by placement of the protective silo around the intestine outside the abdomen so that the herniated intestine is slowly pressured into the abdominal cavity. Assign the correct ICD-10-PCS code for placement of a silo.

6. This same patient, who was diagnosed with gastroschisis, underwent removal of the silo and final closure of gastrochisis. Assign the appropriate code for removal of silo and final closure of gastrochisis.

7. A 54-year-old patient with new onset ascites presents for abdominal paracentesis. An ultrasound guided diagnostic and therapeutic paracentesis are both performed via a catheter. Assign the correct ICD-10-PCS code(s) for the abdominal paracentesis.

8. A 26-year-old patient was seen for removal of retained secretions. The bronchoscope was passed via the endotracheal tube. Purulent secretions were suctioned from the lower lobes of the lung. Assign the correct ICD-10-PCS code for suction of the secretions.

9. A 56-year-old patient underwent a simple cystectomy with creation of an Indiana pouch. During the procedure, dissection of the bladder was performed. The ascending colon and ileum were divided and sutured creating a pouch, and the bowel was reanastomosed. The right ureter was tunneled through the bowel creating an ureterocolonic anastomosis, and a urinary diversion stent was passed into the patient’s right kidney. Through a separate incision, the left ureter was placed into the pouch and an additional urinary diversion stent was passed into the patient’s left renal pelvis. Prior to complete closure of the pouch a suprapubic catheter was placed and the bilateral ureteral stents were withdrawn from the lumen of the pouch. The remainder of the pouch was closed and a catherterizable stoma was created at the abdominal wall. Assign the correct ICD-10-PCS code for creation of an Indiana pouch and stoma following a cystectomy.

10. A child with Chiari malformation and syrinx was admitted for Chiari decompression. During surgery, a suboccipital craniectomy was extended down to the foramen magnum. C1 laminectomy was performed and the dura was opened. Microdissection of adhesions at the cerebellar tonsils allowed decompression of the brainstem and cervico-medullary junction. After confirming there was no obstruction over the fourth ventricle outflow, an AlloDerm dural graft was placed and the site was closed. Assign the correct ICD-10-PCS codes for this procedure.
Coding Clinic
Continuing Education Quiz
Due on or before January 30, 2018

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 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
Chicago, IL 60675-2247

For your return address: Please type or print clearly the information within the dotted box below.

Name..................................................
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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.

Please duplicate your completed Continuing Education Quiz and retain the copy for your purposes.