

---

**Coding Clinic for ICD-10-CM/PCS**  
**Continuing Education Quiz 183-10**  
Postmarked no later than March 31, 2019  
**Third Quarter 2018**

1. A 14-year-old female patient was seen in the Diabetes Clinic for a follow-up visit. The provider documented "Combination type 1 and type 2, Diabetes in poor control." The provider was queried and confirmed both type 1 and type 2 diabetes. This condition is also called diabetes type 1.5. **Assign the correct ICD-10-CM code for diabetes 1.5.**  
\_\_\_\_\_
2. An 80-year-old woman, who is status post recent left mastectomy with complete axillary node dissection due to breast malignancy, developed a persistent seroma at the site of the mastectomy. **Assign the correct ICD-10-CM code for a postoperative seroma at the site of the previous mastectomy.**  
\_\_\_\_\_
3. A 62-year-old patient presents for treatment of coronary artery stenosis. Following percutaneous transluminal coronary angioplasty (PTCA) to the proximal and mid circumflex artery, both lesions were covered with a single 60-mm high-dose brachytherapy. **Assign the correct ICD-10-PCS code(s) assignment for coronary artery brachytherapy.**  
\_\_\_\_\_
4. A 32-year-old patient underwent fibrin sheath stripping of a port-a-catheter in the superior vena cava. The right common femoral vein was accessed with a micropuncture needle. The distal tip of a long French sheath was placed near the right atrium. A gooseneck snare was inserted through the sheath to capture the catheter. The catheter tip was stripped 10 times. Digital subtraction portogram demonstrated free flow of contrast into the right atrium with resolution of the fibrin sheath. **Assign the correct ICD-10-PCS code for this procedure.**  
\_\_\_\_\_
5. A 51-year-old patient was diagnosed with severe tricuspid regurgitation requiring treatment by transcatheter implantation of a Sapien valve within two caval noncovered stents. The procedure was aimed to eliminate the impact of the tricuspid regurgitation on the liver. **Assign the appropriate ICD-10-PCS code(s) for the placement of a transvenous transcatheter valve and stabilizing stents in the inferior vena cava (IVC).**  
\_\_\_\_\_
6. A 62-year-old patient presented with an abscess in the right submandibular space following a tooth extraction. An incision was made in the right submandibular area through the skin in order to enter the abscess cavity. Once the abscess was drained, the inferior border was explored and all loculations were broken up and mild extension into the lingual and medial aspects of the mandible was completed. Attention was then turned intraorally where the submandibular space was irrigated and a silicone drain was placed transcutaneously. **Assign the appropriate ICD-10-PCS code(s) for this procedure.**  
\_\_\_\_\_
7. A 91-year-old with a significant history of multiple medical problems presents with left knee pain and swelling. The provider diagnosed pseudogout of the left knee, due to the patient's previous x-ray finding of chondrocalcinosis. **Assign the appropriate ICD-10-CM code for pseudogout of the left knee.**  
\_\_\_\_\_
8. A 62-year-old patient is diagnosed with acute on chronic gastrointestinal (GI) bleeding, most likely secondary to small bowel arteriovenous malformation (AVM). There is no documentation indicating whether the AVM is acquired or congenital. **Assign the correct ICD-10-CM code for this encounter.**  
\_\_\_\_\_
9. A 59-year-old patient with non-ischemic cardiomyopathy, and end-stage systolic heart failure, is status post implantation of a left ventricular assist device (LVAD). The patient's heart recovered over time and she is now scheduled for elective decommissioning of the LVAD by ligating the outflow-graft and cutting the driveline. During surgery, an incision was made down to the outflow-graft of the pump in the mediastinum underneath the sternum, and the mediastinal area was explored. The outflow-graft was tied, pump support was reduced to no forward flow, and the outflow-graft was ligated and shut down. Next, the driveline exit site was excised and the driveline was tunneled subcutaneously via the trunk and cut from the exit site. The cable and the exit site were closed. **Assign the correct ICD-10-PCS codes for decommissioning of the LVAD by ligating the outflow-graft and cutting the driveline.**  
\_\_\_\_\_  
\_\_\_\_\_
10. **Assign the appropriate ICD-10-CM code assignments for a diagnosis of L4-L5 spondylolisthesis with radiculopathy.**  
\_\_\_\_\_

---

**No Credit Earned**

Name: \_\_\_\_\_

Daytime phone number \_\_\_\_\_

**Subscription Status:**

- Personal  
 Institutional (Specify institution if not part of the address) \_\_\_\_\_

- Score not passing; less than 70%  
 Test incomplete  
 Fee not enclosed  
 Submitted past due date

**Verification**

This is to certify that the person named above has earned one hour of continuing education credit by completing this test with a grade of 70% or better.

By: \_\_\_\_\_

On: \_\_\_\_\_

**Coding Clinic**  
**Continuing Education Quiz**  
**Due on or before March 31, 2019**  
**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  
Chicago, IL 60675-2247

FOLD #2

FOLD #2

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

**Name** .....  
.....  
**Address** .....  
.....  
**City/state/zip** .....  
.....

FOLD #1

FOLD #1

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.*