Femwell ICD-10-CM Training Quiz
Phase 4—FAMILY PRACTICE/GENERAL INTERNAL MEDICINE

Complete the best answer(s) to each question. You will not always need to fill every space to correctly code the case.

1. An 88-year-old man presents to the office. He is cared for at home by his daughter and he has a long history of multiple medical problems including congestive heart failure, insulin dependent diabetes, chronic osteoarthritis, COPD with exacerbations of acute bronchitis, cerebrovascular disease (he sustained a mild thrombotic left hemispheric stroke 5 years ago), dementia, Parkinson’s disease, and depression.

He is brought to the office because family members noted that he has had the new onset of confusion and somnolence that have fluctuated throughout the last two days. Physical exam reveals a thin elderly man who is awake but minimally responsive to questioning or stimuli. His blood pressure is moderately elevated. His speech is disorganized and sometimes incoherent.

The most appropriate diagnosis(es) for this case is/are:

1. **R40.0** Somnolence
2. **R40.4** Transient alteration of awareness
3. **R03.0** Elevated blood pressure, w/o diagnosis of hypertension
4. **G20** Parkinson’s Disease

Answer: Because of the patient’s long history of a variety of systemic conditions, there are a number of options that could be selected. The options that are provided in this answer were chosen because they were the issues that were specifically addressed today and that were the events that prompted today’s encounter. **R41.0** Disorientation, unspecified also would not be incorrect—the options provided simply are a little more precise.

2. A 69-year old woman presents to the office for follow up related to severe anemia. Her current problems began about 3 months ago when she began to notice a decreased appetite and fatigue. This progressed and recently she noted more fatigue, numbness in her distal extremities, and dyspnea when she walked upstairs. Her weight has dropped 10 lbs. over the last 3 months.

Physical exam of the abdomen today revealed a vague generalized tenderness but no palpable masses or hepatosplenomegaly. Otherwise, the exam was normal. Laboratory work showed continuation of the anemic condition.
The most appropriate diagnosis(es) for this case is/are:

1. D64.9 Anemia, unspecified

2. R10.817 Generalized abdominal tenderness

3. R63.4 Abnormal weight loss

Answer: The primary reason for the patient’s visit is anemia, making that the first diagnosis. The specific type of anemia is not indicated and a more specific selection could have been made if it was documented. The physical exam revealed generalized tenderness and weight loss, which is the reason for the second and third diagnosis.

3. A 45 year old woman presents to the clinic today because of a complaint of back pain. She has a history of breast cancer that was first diagnosed 4 years ago. Her primary tumor was 2.3 cm in size and she had only one axillary lymph node that was positive for malignancy. She elected to have a mastectomy, and she received chemotherapy for 6 months.

She had no significant health complaints until about 2 months ago, when she began to notice back pain between her shoulder blades. She initially attributed it to a “pulled muscle” because she was weight lifting and exercising at a local health club. However, over the last 3 days the pain has increased in intensity particularly when she lies down, and she has noted weakness in her legs. She denied any fever, night sweats, weight loss, or headache. The physical exam was unremarkable, with no abnormal findings.

The most appropriate diagnosis(es) for this case is/are:

1. M54.89 Other dorsalgia

2. M62.81 Muscle weakness (generalized)

3. Z80.3 Personal history of malignant neoplasm of breast

Answer: The primary complaint was back pain. Because of its general nature, a general back pain code is selected. There is no specific code for pain between the shoulder blades, so an
“other” code is selected. There also is no code specifically for lower leg weakness, so a general code is used. The term “generalized” is a non-essential modifier, meaning that it doesn’t have to exist in order to use this code. The breast cancer history may be relevant as an explanation due to the possibility of cancer metastasis.

4. A 39-year-old woman presents to the office with complaints of severe abdominal pain and vomiting. She states that her illness began about 3 days ago with midepigastric pain and nausea, and progressed to severe abdominal pain, nausea and vomiting. She describes her pain as crampy, without any radiation, and continuous throughout the day so that she cannot eat. Physical examination of the abdomen confirmed the patient’s complaint.

The most appropriate diagnosis(es) for this case is/are:

1. **R10.13** Epigastric pain

2. **R11.2** Nausea with vomiting

3. ____________________________

4. ____________________________

**Answer:** No definitive diagnosis is assigned during this encounter, so the presenting symptoms are reported.

5. A 58-year-old man comes to the office complaining of substernal chest discomfort. He states that it has occurred early in the morning when he walks outside to get the newspaper, and diminishes when he rests after about 5-10 minutes. He describes it as a dull ache in his midsternal area that doesn’t radiate anywhere but causes him to feel like he can’t catch his breath. He states that it began about five months ago and hasn’t changed in intensity or frequency but he is concerned because his brother (age 52) recently “died of a heart attack.” He denies headaches, visual problems, cough, epigastric pain or any known medical problems. He quit smoking 6 months ago, but drinks an occasional beer or two with dinner.

The most appropriate diagnosis(es) for this case is/are:

1. **R07.89** Other chest pain

2. **F17.211** Nicotine dependence, cigarettes, in remission

3. **Z82.41** Family history of sudden cardiac death

4. ____________________________
Answer: There is no chest pain code that accurately describes the patient’s symptoms, so an “other” code is most appropriate. The fact that the patient has a history of being a smoker and there is a pertinent family history is contributory to the medical decision making process in this case.

6. In December, a 41-year-old woman is seen because of fever and productive cough. She claims feeling okay until about 4 days ago when she noted the onset of cough. Initially nonproductive, the cough began to become productive of yellowish sputum and was associated with left sided chest pain. Today, she noted feeling chills and had a temperature of 102°F. She has a history of congestive heart failure related to ischemic heart disease that has been controlled with Lasix, an ACE-inhibitor, and Lopressor. She is a former smoker but quit 3 months ago when her husband died of lung cancer. Ultimately, the patient is diagnosed with acute bronchitis. The infectious agent has not yet been determined.

The most appropriate diagnosis(es) for this case is/are:

1. J20.9 Acute bronchitis, unspecified
2. R50.81 Fever presenting with conditions classified elsewhere
3. I50.9 Heart failure, unspecified
4. F17.211 Nicotine dependence, cigarettes, in remission

Answer: The primary diagnosis is bronchitis, although a more specific code could have been selected if the infectious agent had been known at the time of the encounter. The fever diagnosis is used because not every case of bronchitis presents with fever. This situation is significantly complicated by the fact that she has a history of congestive heart failure and past cigarette use, which is the reason for the third and fourth diagnoses.

7. A 31-year-old woman presents to the office of fever and headache. She claimed to feel well until 3 days prior to coming to the clinic when she began to develop a fever. Yesterday, she developed a headache that began to increase in intensity, and the fever continued so she came to the office. She denied any trauma, cough, visual or hearing problems. She was never hospitalized for any medical illness.

Fifteen minutes into the visit, the patient develops a grand mal seizure. Paramedics are called and she is transferred to the hospital Emergency Department.

The most appropriate diagnosis(es) for this case is/are:

1. G40.409 Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
2. __________________________________

3. __________________________________

4. __________________________________

Answer: The alphabetic index for “grand mal seizure” points the user to G40.409. It certainly would have been possible to report the headache (R51) or fever (R50.9), or G40.509 could have been reported if the factors that caused the seizure were known, but these were not addressed during the encounter once the seizure occurred.

8. A 53-year-old man is seen in the office with a complaint of shortness of breath (SOB). He had never had this problem until about 2 weeks ago when he began to notice difficulty breathing when climbing stairs. Last week he began to have SOB when walking less than one block and last night he awoke from sleep and had to get up to "get some air". He denied any fever, cough, hemoptysis, chest pain or discomfort, back pain, urinary abnormalities, abdominal pain or ankle swelling. He has a history of hypertension for 10 years and Type II DM diagnosed two year ago. He has been prescribed various medications to help control his hypertension and diabetes but he has been non-compliant and states cannot afford to pay for them. Physical exam reveals a thin man appearing older than his age with difficulty breathing. Auscultation of the chest reveals regular rhythm, but the patient is tachycardic and distinct murmurs are heard.

The most appropriate diagnosis(es) for this case is/are:

1. R06.2 Wheezing

2. I10 Essential (primary) hypertension

3. E11.65 Type 2 diabetes mellitus with hyperglycemia

4. R00.0 Tachycardia, unspecified

5. R01.1 Cardiac murmur, unspecified

Answer: There is no specific diagnosis that is defined during this encounter, but the poorly managed hypertension and diabetes could certainly be contributory factors. The three primary symptoms (diagnoses 1, 4 and 5) should definitely be listed.

9. A 63-year-old woman presents to the office because of acute dyspnea and right sided chest pain. She has a long history of medical problems including hypertension, and insulin dependent
DM and chronic kidney disease. She sustained an inferior-lateral wall transmural myocardial infarction 5 years ago with a residual left ventricular ejection fraction of 30%. Three years ago, she underwent a left mastectomy for breast carcinoma and completed 6 months of chemotherapy because of tumor involvement in 3 axillary lymph nodes (hormone receptors were negative).

She had been feeling relatively well lately until today when she noted the acute onset of dyspnea this morning. This progressed throughout the day and was associated with pain in her right chest that increased upon inspiration, so she came to the office. She denied fever, cough, headache, abdominal pain, back pain, or light headedness.

The most appropriate diagnosis(es) for this case is/are:

1. **R06.00** Dyspnea, unspecified

2. **R07.1** Chest pain on breathing

3. **Z86.79** Personal history of other diseases of the circulatory system

4. **Z85.3** Personal history of malignant neoplasm of breast

Answer: There is no specific code for a history of myocardial infarction—only sudden cardiac arrest. Therefore, the personal history of other circulatory system disease is most appropriate. The breast cancer may also have been contributory, but the primary diagnoses are the symptoms that are prompting today's visit. It could also be possible to report her hypertension, diabetes, and chronic kidney disease.

10. A 32-year-old female with Type I diabetes presents to the office complaining of right flank abdominal pain and dysuria. The patient had been feeling well until two days ago when she began to notice dysuria and urinary frequency. This morning, she began to have nausea and abdominal pain, and because she was unable to eat she stopped taking her insulin. The abdominal pain became worse so she came to the hospital. The pain is in the epigastric region without radiation. She denies bloody diarrhea, fever, chills, sweats. She had not vomited yet but felt severe nausea. She states that she was too busy to check her finger sticks but that she had been strict with her diet.

The in-office urinalysis revealed gross hematuria and the patient was diagnosed with acute cystitis.

The most appropriate diagnosis(es) for this case is/are:

1. **N30.01** Acute cystitis with hematuria

2. **R11.0** Nausea

3. **E10.69** Type 2 diabetes mellitus with other specified complication
4.  

Answer: A separate code for gross hematuria is not appropriate given that the hematuria is built into the cystitis code. The code for “other specified” complication is selected for the diabetes because she is unable to eat—which could be a significant complication. However, there is no code exclusively for that purpose. A code for pain could be reported, but it is not clear from the documentation as to whether it is right sided or epigastric. Typically, the pain would not be reported because it is frequently a component part of cystitis.

11. A 49-year-old man presents to the urgent care clinic because of syncope. He states that it occurred while he was standing for a few hours watching his daughter’s softball game on the fourth of July. It was preceded by 5-10 seconds of light-headedness, diaphoresis and nausea. He fell to the ground, awoke within seconds and sustained no injury or head trauma. He denied any associated headache, visual change, chest pain, SOB, palpitations or back pain. He never had such an episode before.

His only past medical history was mild hypertension for 2 years treated with Lopressor. He is a smoker but denies any regular alcohol use.

The most appropriate diagnosis(es) for this case is/are:

1.  ___ R55  Syncope and collapse

2.  ___ I10  Essential (primary) hypertension

3.  ___ F17.210  Nicotine dependence, cigarettes, uncomplicated

4.  

Answer: This case is fairly straightforward, with a reporting of the fact that the patient passed out and that he has hypertension and is a smoker. If a specific cause for the fainting was identified, that would then become the primary diagnosis.

12. A 37-year-old man with a long history of injection drug use with a history of HIV infection for 6 years is seen because of complaints of fever and cough. and an abnormal CXR. He has been followed as an outpatient, but he states that he rarely takes his pills every day. He has continued to actively use drugs, but has had no active clinical problems until about 3 weeks ago when he began to have a dry cough. This continued for about 2 weeks and only occasionally was associated with clear sputum production, without any change in sputum color or hemoptysis. He then began to note the onset of some dyspnea on exertion which now has progressed to SOB at rest. Over the past 3 days he has noted the onset of fever to 102 that has persisted despite Tylenol, so he came to the clinic.

He is diagnosed with HIV-related pneumonia and is admitted to the hospital.
The most appropriate diagnosis(es) for this case is/are:

1. **B20** HIV disease

2. **J17** Pneumonia in diseases classified elsewhere

3. **R50.81** Fever presenting with conditions classified elsewhere

4. ________________________________

   *Answer: The ICD-10-CM manual is very clear that patients with HIV will almost always have it listed as a primary diagnosis. If there are HIV related conditions (such as pneumonia and fever), they are reported as secondary diagnoses.*

13. A 52-year-old woman presents to the office with complaints of increased abdominal girth. About two months prior to admission she noted an unexpected weight gain of 10 lbs. This was followed by ankle swelling when she stood up for long periods, and progressed to the point that her clothes became too tight. She said it felt like she was pregnant.

Over the course of the last two weeks she noted increased fatigue, more difficulty sleeping and dyspnea on exertion. Today she claimed that her abdomen and shoulders hurt so she sought medical attention.

In-office ultrasound indicates the presence of abdominal ascites. She is sent to the hospital for admission and further diagnostic services.

The most appropriate diagnosis(es) for this case is/are:

1. **R18.8** Other ascites

2. **R60.1** Generalized edema

3. **R06.00** Dyspnea, unspecified

4. **R53.83** Other fatigue

   *Answer: Nothing is known about the ascites, other than the fact that they are present. The other symptoms are also reported until more is known about the condition. The insomnia could also be reported, if desired.*
14. You are called to the Emergency Department to see your 52-year-old patient because of vomiting blood. He has a long history of alcohol use and has been hospitalized for withdrawal complications, pancreatitis, and traumatic injuries over the past ten years. He had been relatively stable however until about 2 days ago when he noted some occasional vague abdominal pain. He claims the pain was intermittent and nonradiating, but today he began to feel nauseated and vomited a small cup full of blood, so he came to the hospital. He denies syncope, chest pain, cough, dyspnea, fever, recent trauma or diarrhea. He has continued to drink (about 2-3 six packs of beer per day). He is a smoker, and he is on no medications but occasionally takes Advil or aspirin for hangover headaches.

Diagnostic imaging indicates that the patient has a stomach ulcer with hemorrhage and possible perforation. The patient is seen by a gastroenterologist for further evaluation.

The most appropriate diagnosis(es) for this case is/are:

1. **K25.0** Acute gastric ulcer with hemorrhage
2. **K92.0** Hematemesis
3. **F17.210** Nicotine dependence, unspecified, uncomplicated
4. **F10.188** Alcohol abuse with other alcohol-induced disorder

Answer: The patient is reported with an ulcer with hemorrhage and possible perforation. Therefore, a code that includes perforation is not reported until it is confirmed. Because the smoking and alcohol abuse contributed to the ulcer (in the opinion of the physician), it is reported as a supplementary diagnosis.

15. A 65 year old female presents to the clinic for a routine physical exam, during which she complains of losing urine. She states that it occurs most frequently when she coughs, sneezes or laughs. She also thinks that things are falling out of her vagina after she stands for a prolonged period of time. She first noticed a problem approximately 4 years ago and things have slowly progressed. She takes no medications, and has had no prior surgery. She had 4 uncomplicated vaginal deliveries with the largest 9 pounds 4 oz.

The examination was unremarkable. A brief pelvic exam indicated that there was a uterovaginal prolapse. She was referred to a urogynecologist for evaluation and treatment of this condition.

The most appropriate diagnosis(es) for this case is/are:

1. **Z00.01** Encounter for general adult medical examination with abnormal findings
2. **N39.3** Stress incontinence
3. **N81.4** Uterovaginal prolapse, unspecified
4. ____________________________

Answer: The purpose of the encounter was a routine physical exam, but the patient also presented with stress incontinence and a uterovaginal prolapse. Therefore, it is reported with “abnormal findings.” If it was only stress incontinence, it would not be an abnormal “finding,” although it may certainly be addressed with additional workup.