



Module 3: Inpatient Diagnostic Coding Exercises

Directions: Please provide the correct answer for each of the following. You may use your ICD-10-CM manual as necessary to answer the questions. Please be sure to apply any applicable sequencing guidelines.

1. Patient is admitted as an inpatient with a chief complaint of right sided hemiparesis and slurred speech. CT of the head is performed confirming a cerebral infarction as the underlying cause and is documented by the attending physician. What condition should be assigned as the principal diagnosis?

Cerebral infarction. The principal diagnosis is established after study to be chiefly responsible for causing the patient's admission to the hospital.

2. The admitting diagnosis and the principal diagnosis are always the same diagnosis. True or False?

False, the admitting diagnosis may not be the same diagnosis as the principal diagnosis. One of the primary uses of an admitting diagnosis is to justify medical necessity for inpatient admission.

3. A patient is admitted for acute pneumonia (J18.9-MCC) and acute gastric ulcer with hemorrhage (K25.0-MCC). During the admission, both conditions were treated with equal intensities. Which diagnosis should be assigned as the principal diagnosis?

When two conditions equally meet criteria for admission and are treated with equal intensities either code may be assigned as the principal diagnosis as long as there are no Alphabetic index or Tabular list instructional notes providing sequencing directives.

4. A patient is admitted for initial evaluation to treat ammonia (unintentional-household) induced chemical bronchitis (T54.3x1A, J68.0-CC). In this example, the chemical bronchitis (J68.0) may be assigned as the principal diagnosis. True or False?

False. The instructional note at category J68 states to “code first to identify cause”. This sequencing directive identifies the J68.0 may not be sequenced as the principal diagnosis.

5. A patient is admitted through the emergency room for an accidental overdose of cocaine, initial (T40.5x1A) resulting in acute respiratory failure (J96.00-MCC) with > 96 hours mechanical ventilation (5A1955Z). The poisoning code (T40.5x1A) must be assigned as the principal diagnosis. True or False?

True. When coding a poisoning or reaction to the improper use of a medication (e.g., wrong dose, wrong substance, wrong route of administration) the poisoning code is sequenced first, followed by a code for the manifestation.

6. The documented discharge diagnoses state the reason for admission was “acute ischemic colitis (K55.039) or exacerbation of Crohn’s colitis (K50.90).” Both conditions were treated with equal intensities during the admission. The coder should:
- Assign codes K55.039 and K50.90
 - Assign a code for only K55.039 since it was defined as an acute condition
 - Assign codes for all documented symptoms of these conditions but do not assign K55.039 and K50.90
 - Cannot be coded without a physician query

“a” . In those rare instances when two or more contrasting or comparative diagnoses are documented as “either/or” (or similar terminology), they are coded as if the diagnoses were confirmed and the diagnoses are sequenced according to the circumstances of the admission. If no further determination can be made as to which diagnosis should be principal, either diagnosis may be sequenced first.

7. A coder is reading a discharge summary and encountered the following documentation in the medical record. Patient Jane’s discharge diagnoses include:
- Acute exacerbation of CHF
 - Diabetes mellitus

3. Hyperlipidemia
4. Probable otitis media

Jane was treated with Lasix, Metformin, Lipitor and started on an antibiotic for ear infection. She will follow up with her primary care physician in 4 days.

Should a code be assigned for the “probable otitis media”?

Yes. If a diagnosis is documented at the time of discharge as “probable”, “suspected”, “likely”, “questionable”, “possible”, “rule out”, or other similar terms indicating uncertainty, code the condition as if it existed or was established. The basis for these guidelines are the diagnostic workup, arrangements for further workup or observation, and initial therapeutic approach that correspond most closely with the established diagnosis.