

Chapter 1-Conventions and General Coding Guidelines

1. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings.
 - a. True
 - b. False

2. List the four organizations that make up the cooperating parties for the ICD-10-CM system:
 - a. _____
 - b. _____
 - c. _____
 - d. _____

3. The instructions and conventions of the classification take precedence over the _____

4. Adherence to the ICD-10-CM guidelines is required under _____.

5. A joint effort between the healthcare provider and the coder is essential to achieve _____

6. The term encounter is used for all settings, including _____.

7. The term provider is used throughout the guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient's _____.

ICD-10-CM Coding Concepts Review Guide | 2012

8. The official guidelines are organized into (4) sections, which can be identified:
 - a. Section I _____
 - b. Section II _____
 - c. Section III _____
 - d. Section IV _____
9. The conventions and instructions of the classification take precedence over guidelines.
 - a. True
 - b. False
10. The ICD-10-CM is divided into an _____, an alphabetical list of terms and their corresponding code, and the _____ a chronological list of codes divided into chapters based on body system or condition.
11. The Alphabetic Index consists of the following parts:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
12. The ICD-10-CM Tabular List contains categories, subcategories and codes.
 - a. True
 - b. False
13. Codes may be _____, _____, _____, _____ or _____ characters.
14. What type of format does ICD-10-CM use for ease in reference? _____

ICD-10-CM Coding Concepts Review Guide | 2012

15. For reporting purposes only codes are permissible, not _____ or _____, and any applicable 7th character is required.
16. The ICD-10-CM utilizes a placeholder character _____.
17. Where a placeholder exists, the X must be used in order for the code to be considered a valid code.
- a. True
 - b. False
18. If a code that requires a 7th character, but is not 6 characters long, a placeholder X must be used to fill in the empty characters.
- a. True
 - b. False
19. What does the abbreviation "NEC" represent when found in the Alphabetic Index?
- _____
20. What does the abbreviation "NOS" represent when found in the Alphabetic Index?
- _____
21. What does the abbreviation "NEC" represent when found in the Tabular Index?
- _____
22. What does the abbreviation "NOS" represent when found in the Tabular Index?
- _____
23. What is the purpose of the following punctuation?
- a. Brackets _____
 - b. Parenthesis _____
 - c. Colon _____

ICD-10-CM Coding Concepts Review Guide | 2012

24. When the term "and" is used in a narrative statement it represents ____/____?

25. What is the intended use of "Other" codes?

26. What is the intended use of "Unspecified" codes?

27. What is the purpose of an "Includes Note"?

28. What is the purpose of "Inclusion Terms"?

29. The inclusion terms are exhaustive.

- a. True
- b. False

30. The ICD-10-CM has _____ types of excludes notes.

31. A type 1 Excludes note is a pure exclusion note, it means not coded here. An Excludes note indicates _____

ICD-10-CM Coding Concepts Review Guide | 2012

32. A type 2 Excludes note represents, not included here. An Excludes 2 note indicates _____
_____.
33. Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the _____.
34. In diseases classified elsewhere” codes are never permitted to be used as _____.
35. In the Alphabetic Index both conditions are listed together with the etiology code first followed by the manifestation codes in brackets. The code in brackets is always to be sequenced _____.
36. How is the term “And interpreted in ICD-10-CM when it appears in a title?

_____.
37. How is “with” sequenced when it appears in the alphabetical index?

_____.
38. What does the instruction “See” indicate when it follows a main term in the index?

_____.

ICD-10-CM Coding Concepts Review Guide | 2012

39. What does the instruction "See Also" indicate when it follows a main term in the index?
- _____
- _____
40. The _____ note instructs that two codes may be required to fully describe a condition, but this note does not provide sequencing direction.
41. A code listed to a main term in the ICD-10-CM alphabetical index is referred to as a _____.
42. If a condition is documented in a medical record without any additional information, _____.
43. Coders should follow the _____ guidance when coding syndromes.
44. To select a code in the classification that corresponds to a diagnosis or reason for the visit documented in a medical record, first locate the term in the _____.
45. What is the purpose of verifying each code selected?
- _____
- _____
46. Selection of the full code, including laterality and any applicable 7th character can only be done in the _____.
47. A dash (-) at the end of an Alphabetical Index entry indicates that additional characters are _____.
48. Diagnosis codes are to be used and reported at their highest number of characters _____.
49. ICD-10 codes are composed of codes with _____, _____, _____, _____ or _____ characters.

ICD-10-CM Coding Concepts Review Guide | 2012

50. A three-character code is to be used only if it is not further subdivided.
- a. True
 - b. False
51. What is the range of codes that is used to identify diagnoses, symptoms, conditions, problems, complaints or other reason(s) for the encounter/visit?
- _____
- _____
52. When are signs and symptoms not coded with a diagnosis?
- _____
- _____
53. When are signs and symptoms coded in addition to a diagnosis?
- _____
- _____
54. Additional signs and symptoms that may not be associated routinely with a disease process _____.
55. "Use additional code" notes are found in the Tabular List at codes that are not part of an etiology/manifestation pair where a secondary code is useful to fully describe a condition.
- a. True
 - b. False
56. When there is a code first note and an underlying condition is present, the underlying condition should be reported first.
- a. True
 - b. False
57. Code, if applicable, any causal condition first, notes indicate that this code may be as a principal diagnosis when _____.

ICD-10-CM Coding Concepts Review Guide | 2012

58. When a person has both an acute and chronic form of a disease and separate subentries exist, what codes should be reported and in what sequence?

59. A combination code is a single code used to classify:

a. _____

b. _____

60. Combination codes are identified by referring to subterm entries in the alphabetic index _____.

61. What is the definition of a late effect?

62. There is a time limit on when a late effect code can be used?

a. True

b. False

63. Coding of late effects generally requires two codes which are sequenced how?

64. The code for the acute phase of an illness or injury that led to the late effect is never used with a code for the late effect.

a. True

b. False

ICD-10-CM Coding Concepts Review Guide | 2012

65. Code any condition described at the time of discharge as "impending" or "threatened" conditions are follows:

a. If it did occur, code as _____

b. If it did not occur, _____

66. How many diagnosis codes should be reported for a bilateral condition?

67. If no bilateral code is provided and the condition is bilateral _____

_____.

68. For the Body Mass Index (BMI) and pressure ulcer stage codes, code assignment may be based on medical record documentation from clinicians who are not the patient's _____.

69. BMI codes should only be reported as?
