

Chapter 3-Diagnostic Coding and Reporting Guidelines for Outpatient Services

Outpatient/Physician Coding Guidelines

1. Outpatient coding guidelines are intended to be used by whom?

2. The definition of principal diagnosis applies to outpatient and physician reporting of diagnoses
 - a. True
 - b. False

3. Coding guidelines for inconclusive diagnoses (probable, suspected, rule out, etc,) were developed for both inpatient and outpatient coding and reporting.
 - a. True
 - b. False

4. In the outpatient setting, the term first-listed diagnosis is used in lieu of:

5. In determining the first listed diagnosis, what takes precedence over the outpatient guidelines?

6. Diagnoses often are not established at the time of the initial encounter/visit. It may take _____

7. In searching for the correct code to be assigned, what is the most critical rule?

8. When the patient presents for outpatient surgery, what is the first-listed diagnosis?

9. When a patient is admitted for observation for a medical condition, what is listed as the first-listed diagnosis?

10. When a patient presents for outpatient surgery and develops complications requiring admission to observation, what is the first reported and secondary diagnosis?

11. Which codes must be used to identify diagnosis, symptoms, conditions, problems, complaints, or other reason (s) for the encounter/visit?

12. For accurate reporting of ICD-9-CM diagnosis codes, the documentation should describe:

13. What is the range of codes that will frequently be used to describe the reason for the encounter?

14. Codes that describe symptoms and signs, as opposed to diagnosis are acceptable

15. Which codes are used to deal with encounters for circumstances other than a disease or injury?

16. ICD-9-CM is composed of codes with____, _____, and _____ digits.

17. A code is _____ if it has not been coded to the full number of digits required for that code.

18. List first _____ shown in the medical record to be chiefly responsible for the services provided.

19. What should be coded when a diagnosis is described as "probable or questionable" as an outpatient"?

20. When can chronic diseases be coded and reported for an outpatient?

21. What conditions should be eliminated from coding as secondary diagnoses for an outpatient?

22. When can History codes (V10-V19) be used as secondary diagnoses for an outpatient?

23. When a patient is receiving only diagnostic services during an outpatient encounter or visit, what should be the first listed diagnosis and what may be sequenced as additional diagnoses?

24. For encounters for routine laboratory/radiology testing in the absence of any signs, symptoms, or the associated diagnosis, assign:

25. If routine testing is performed during the same encounter as a test to evaluate a sign, symptom, or diagnosis, it is appropriate to assign both the:

26. For outpatient encounters for diagnostic test that have been interpreted by a physician and the final report is available at the time of coding, what is coded? What is not coded?

27. When a patient is receiving only therapeutic services during an outpatient encounter or visit, what should be the first listed diagnosis and what is sequenced as additional diagnoses?

28. What therapies are exceptions to the above stated therapeutic coding rule and how should these therapies be reported with first listed and additional diagnoses?

29. When a patient is receiving preoperative evaluations only, what should be the listed diagnosis and what may be reported as an additional diagnosis or diagnoses?

30. When a patient has ambulatory surgery, what should be the first listed diagnosis?

31. If the postoperative diagnosis is known to be different from the preoperative diagnosis at the time the diagnosis is confirmed, which one should be coded?

32. For routine outpatient prenatal visits when no complications are present, what should be the first listed diagnosis?
