

Chapter 5 Diagnostic Coding Answers

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Question 4 1 / 1 pts For ambulatory surgery, if the preoperative and postoperative diagnoses are different, select the postoperative diagnosis for coding. Correct! True False Question 5 1 / 1 pts Section I of the ICD-10-CM Official Guidelines for Coding and Reporting provides guidelines only for outpatient services. True Correct! False Question 6 1 / 1 pts A dash at the end of an Index entry ...

Chapter_5_Diagnostic_Coding_Guidelines_Exam.docx - True ...
Chapter 5. Diagnostic Coding Guidelines. OBJECTIVES. At the conclusion of this chapter, the learner will be able to: List the Cooperating Parties for ICD-10-CM. Explain the purpose of the ICD-10-CM Official Guidelines for Coding and Reporting. Identify the four sections of the ICD-10-CM Official Guidelines for Coding and Reporting.

Quia
Chapter 5 Diagnostic Coding Guidelines OBJECTIVES At the conclusion of this chapter, the learner will be able to: 1. List the Cooperating Parties for ICD-10-CM. 2. Explain the purpose of the ICD-10-CM Official Guidelines for Coding and Reporting. 3. Identify the four sections of the ICD-10-CM Official Guidelines for Coding and Reporting.

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Chapter 5 Diagnostic Coding Answers
Answer Key for Textbook Activities Conquer Medical Coding 2018 CHAPTER 1: YOUR CAREER AS A MEDICAL CODER Answers to Checkpoint Questions Checkpoint 1.1 In your opinion, is each of the following diagnoses and procedures correctly linked to show medical necessity? Why or why not? 1. Diagnosis: deviated septum

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SECTION II: Answer Keys to Textbook Chapter Exercises and Reviews 37 13. a 20. a 14. b 21. d 15. a 22. d 16. b 23. b 17. a 24. d 18. c 25. b 19. a CHAPTER 5 Legal and Regulatory Issues ANSWERS TO REVIEW 1. d 6. b 2. c 7. a 3. a 8. b 4. c 9. c 5. a 10. b CHAPTER 6 ICD-9-CM Coding ANSWERS TO ICD-9-CM CODING EXERCISES

SECTION II Answer Keys to Textbook Chapter Exercises and ...
Diagnostic coding chapter 5 ❏❏questiona delay in payment of a claim, denial of claim, change in level of reimbursement answerThe consequences of inaccurate assignment of diagnostic codes

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Chapter 5 Diagnostic Coding Answers
Chapter 5-Procedural Coding: Introduction to CPT Coding Worksheet (2) Fold the answer section back. Look at the different sections of the CPT. code accordingly 1. Anesthesia Radical Hysterectomy ____ 00846 2. Anesthesia Diagnostic Arthroscopic Px Knee Joint ____ 01382 3.

Chapter 5 Procedural Coding Introduction to CPT Worksheet 2
3. Pathologic diagnosis indicates that the lesion was malignant (11600–11646). 4. Documentation is needed to code malignant lesion, size of lesion + margins (or size of excision) (2.0 cm + 0.5 cm + 0.5 cm = 3.0 cm excision site) and site (arm). 5. 11603 Exercise 2.6 CPT Coding Process 1. Hernia repair 2.

Answers to Chapter Review Exercises, Appendix D
Chapter 5-Procedural Coding: Introduction to CPT CPT Codes Worksheet-1 Fold the answers back. Underline the main term, then code accordingly 1. Excision colon with anastomosis ____ 44140 2. X-ray clavicle ____ 73000 3. Anesthesia for tubal ligation ...

Chapter 5-Procedural Coding: Introduction to CPT CPT Codes ...
ICD-10 CODING: FINAL REVIEW ANSWERS 1. A patient was admitted with complaint of a dull ache and occasional acute pain in the right calf. Examination revealed swelling and redness of the calf as well as a slight fever. The patient gave a history of having been on Premarin therapy for the past 20 years and

ICD-10 CODING: FINAL REVIEW ANSWERS
documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). • The codes are to be used only when the psychoactive substance use is associated with a mental or behavior disorder, and such a relationship is documented by the provider. ©2014 MVP Health Care, Inc 9 CHAPTER 5

Chapter 5: Mental, Behavior and Neurodevelopment Disorders
Chapter 5 Coding. Fill in the ... Conventions are ____used in the diagnostic code books to assist in the selection of correct codes for the diagnosis encountered. Rules or ... Then click the card to flip it. If you knew the answer, click the green Know box. Otherwise, click the red Don't know box.

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principal diagnosis followed by R65.20 as a secondary diagnosis. SIRS and Septic Shock subcategories are in Chapter 18, Symptoms, Signs and Abnormal and Laboratory Findings, Not Elsewhere Classified. Documentation and coding efforts include physician awareness and updating your physician queries for the specific language and terminology.

ICD-10-CM Chapters 1 to 5: Hints, tips and guidelines ...
6. What are five tips for coding operative (OP) reports? Answer: 1. Diagnosis code reporting — Use the post-operative diagnosis for coding unless there are further defined diagnoses or additional diagnoses found in the body or op report findings. If a pathology report is available, use the findings from the pathology report for the diagnosis. 2.