ICD 11 –Coding Quiz

May 2018

Name: ___ _____ Mark

This quiz consists of:

Part 1: 10 Multiple Choice, True/False, Short Answer and Matching Questions (22 Marks)

Part 2: 5 short and 2 long Coding Case Scenarios (38 Marks)

Please answer the questions below to the best of your ability based on your recent experience using the ICD-11 coding system. Full use of the ICD-11 browser and coding tool are permitted. Please highlight the correct answer or fill in the blanks.

Part 1

1. Pertaining to the code structure in ICD-11, the following are true (select all that apply) (1 Mark):

a) Codes are alphanumeric

b) All codes start with a letter

c) An X at the start of a code indicates an extension code

d) The letters "O" and "I" are not used

e) All of the above

2. There are several new chapters in ICD-11. Name two (2 Marks).

3. ICD 11 MMS (Mortality and Morbidity Statistics) is a tabular list derived from the foundation layer of ICD-11 (1 Mark).

True ☐ False ☐

4. Pre-coordination refers to using a stem code and an extension code(s) (1 Mark).

True ☐ False ☐

5. An extension code can only be used (1 Mark):

a) When the post-coordination feature is available at a code in the ICD-11 browser

b) With a stem code as its prefix; it cannot be assigned alone

c) When no stem code is available

d) None of the above

6. One of the potential benefits of ICD-11 is that it will be able to be used in an electronic environment (1 Mark).

True ☐ False ☐

7. Cluster coding refers to (1 Mark):

a) An entity that is classified in two different places, e.g. by site or by aetiology

b) A code that has multiple parents to fully describe one diagnosis

c) An entity or grouping of high relevance that is always described as one single category

d) A stem code that can be post coordinated, or used jointly with an extension code or with another stem code to fully describe one diagnosis

8. List and describe the 3 part model when a harm or injury occurs to a patient, in the order in which the 3 parts should be coded (3 Marks).

9. In ICD-11 it is important to check the result in the tabular list browser for any exclusions, inclusions and notes given at all levels of that category (1 Mark).

True ☐ False ☐

10. Match the term on the left with the definitions on the right (10 Marks):

Term	Answer
1. Multiple Parenting	
2. Sanctioning Rule	
3. Precoordination	
4. Benefit of ICD-11	
5. Stem code	
6. Diagnosis Timing	
7. Main Diagnosis	
8. Reference guide	
9. Foundation	
10. Coding Tool	

Definition
A. Can stand alone
B. Electronic index for searching
C. Provides overview of coding guidelines
D. All details in one code
E. Contains all clinical entities
F. An entity that may be classified in two different places
G. What can or cannot be done
H. Adds detail of pre or post admission occurrence
I. Reason for admission as assessed at the end of the stay
J. Meets needs of multiple users

Part 2

Please assign codes to the following cases including a description for each code (4 Marks each). **Add diagnosis timing codes for eac condition**

Case #	Case Summary	ICD-11 Codes with descriptions
1	The patient was seen by a cardiologist and was started on antibiotics for symptoms related to "subacute infective endocarditis." He had a heart valve replacement just under a month ago. The patient is subsequently admitted with the complication of "prosthetic valve endocarditis."	
2	Patient ordered to have 3 units tid Novo Rapid Insulin at meals plus low dose correction. Patient did not receive base dose of Novo Rapid last evening with supper, nor this morning with breakfast. This resulted in hyperglycemia.	
3	The patient is admitted for removal and replacement of an infected knee joint prosthesis (implanted six months ago). He develops a deep vein thrombosis following the	

	revision – which results in his hospital stay being extended by more than one week.	
4	This patient has an indwelling urinary catheter. On day 2 of admission the patient trips on his way to the bathroom. The catheter is accidentally pulled out and results in a laceration to the urethra	
5	The patient who has an implanted defibrillator to control ventricular tachycardia, experiences multiple episodes the device going off while he is walking. He is admitted for replacement of the defibrillator. Final diagnosis: ventricular tachycardia due to malfunctioning defibrillator.	

Case 1 - Discharge Summary (9 Marks)

Add extension codes for main resource condition and diagnosis timing

Admission Date: August 18 2017

Discharge Date: September 1 2017

Most Responsible diagnosis: Aortic valve stenosis
Ascending aortic aneurysm

History of present illness

Mrs. Grey was admitted to Hospital X for an aortic valve replacement and an AAA repair.

The patients' post-operative course was complicated by a third degree AV heart block. This started on post-operative day 1 after extubation of mechanical ventilation. Mrs. Grey had a very slow ventricular response in the 20s and 30s along with the heart block. Neurology was

consulted and found that Mrs. Smith was still neurologically intact and did not have any neurological complications.

On post-operative day 7 Mrs. Grey was taken back to the OR to have a DDD pacemaker implanted for the heart block. The patient tolerated the procedure without difficulty.

The patient did experience nausea and vomiting following the insertion of the pacemaker. This resolved on post op day 1 of the pacemaker insetion.

Mrs. Grey was discharged home with home care services on September 1

Past medical history

Hypertension
GERD
DM II
History of colon ca

ICD-11 Codes with descriptions

Case 2 – Discharge Summary (9 Marks)

Admission Date: February 17 2016

Discharge Date: February 24 2016

Most Responsible Diagnosis: Esophageal Ca

History of present illness

Mr. O'Malley is an unfortunate 48 year old man with adenocarcinoma of the distal portion of the esophagus with mets to the stomach and liver. He was admitted on February 17 with coffee ground emesis and dysphagia, following a stent placement by the ERCP team at Hospital A earlier that day. He presented to our ED at Hospital B with these symptoms and was admitted to the unit with concern of an upper GI bleed following stent insertion.

Issues

1. Esophageal ca – as mentioned above the patient presented to our hospital with coffee ground emesis and dysphagia following stent insertion earlier that day at Hospital A. Upon investigation it was found that the esophageal stent that had been placed at hospital A had migrated to the stomach. He required several units of blood and underwent second EGD and the stent was retrieved. Two additional esophageal stents were placed following the retrieval of the migrated stent. Unfortunately, 5 days after the last two stents were placed, the patient developed coffee ground emesis and dysphagia again. CXR was obtained and again both stents had migrated to the stomach. Given the patient's condition, Dr.Karev, our palliative care physician, and I discussed further treatment options and palliative care options with Mr. O'Malley's family. His family agreed that the he would not want to pursue any further treatment. Palliative care was initiated for the patient on February 23.

2. Acute pancreatitis - Mr. O'Malley complained of abdominal pain that had been persisting for the last few months. CT revealed a mildly swollen ill-defined body and tail of pancreas consistent with acute pancreatitis. This was not resolved prior the patients passing.

The patient passed peaceful surrounded by family on February 24, 2016

Past medical history

BPH
Liver mets
Stomach mets

ICD-11 Codes with descriptions