



## **2009 Home Health ICD-9 Basics Competencies Examination Outline**

*These questions represent the variety of subjects that are involved in the ICD-9 Basics exam. All of the questions on this competency exam are either multiple choice or true/false. We offer you other options here to truly make you think about options for subjects.*

*This exam is for people who do not code every day, field clinicians or managers who need to know the basics of coding for their work and for beginning coders. If you are an experienced coder, with at least two years of experience, we encourage you to look at our Home Care Coding Specialist – Diagnosis certification exam. Please refer to our Events page and other areas for training opportunities and more information!*

### **Questions**

1. Volume 1: Tabular List of Diseases & Injuries\_\_\_\_\_.
  - a. Is arranged in numerical order from 1-100
  - b. Contains both V Codes and E Codes
  - c. Does not include any appendices
  - d. Has 10 chapters
  
2. What is printed in bold in Volume 2?
  - a. Subterms
  - b. Anatomical sites
  - c. Latin words
  - d. Main terms
  - e. Procedures
  
3. Place the following steps in coding a diagnosis in the correct order (1 – 4) below. Use 1 for the first step and 4 for the last.  
\_\_\_\_ Read or be guided by instructional notes in the Alphabetic Index (Vol. 2).  
\_\_\_\_ Be guided by instructional notations that appear in the Tabular List (Vol. 1).  
\_\_\_\_ Locate each term in the Alphabetic Index (Vol. 2).  
\_\_\_\_ Verify the code selected in the Tabular List (Vol. 1).

4. When the focus of the treatment provided by the agency is care of the patient following surgery for a diagnosis that has been resolved, which type of code is most appropriate in M0230?
  - a. Numerical code for the resolved diagnosis
  - b. E code
  - c. V code
  - d. F code
  
5. E codes are:
  - a. Optional in home health coding
  - b. Mandatory in home health coding
  - c. Used to demonstrate a healthcare status that has brought the patient into contact with the agency
  - d. Used rarely in M0230
  
6. Codes in listed M0240 on OASIS should match on:
  - a. The final claim
  - b. The POC/485
  - c. M0246 of OASIS
  - d. a. and b. above
  - e. a. and c. above
  
7. Of the following Coding Guidelines, which is (are) correct? Check all that apply  
 The coder may code a diagnosis based on a patient's lab test  
 An acute condition should always be coded before a chronic condition  
 Conditions that are resolved should be coded if they impact payment  
 Code to the highest level of specificity  
 Certain conditions impact a patient's health and potential to improve. They should always be coded whether treated or not
  
8. The ICD-9-CM is revised annually and the new, deleted, and revised codes become effective:
  - a. When they are published in the Federal Register in April/May of each year
  - b. On January 1<sup>st</sup> annually
  - c. On October 1<sup>st</sup> annually
  - d. None of the above

9. Code 401.9 is an example of which of the following conventions?
- Other
  - Inclusion notes
  - Punctuation
  - Unspecified
  - Includes

10. Match the following conventions with the appropriate term

- |                           |   |
|---------------------------|---|
| ___ NEC                   | A. Term further describes main diagnosis code, but does not affect the main diagnosis code. Usually found in ( ) after main code. |
| ___ See Also              | B. Term directs you to other symptoms or conditions to find correct code  |
| ___ Nonessential modifier | C. Coder may use this if she lacks precise information to code a diagnosis more specifically                                      |
| ___ Essential modifier    | D. Must be documented in order to use associated diagnosis code   |

11. V codes are identified in the ICD-9-DM manual as primary or secondary or both:
- True
  - False

12. Which of the following is not in Volume 2?
- Procedures
  - Table of Drugs and Chemicals
  - Hypertension Table
  - Neoplasm Table
  - Index of External Causes of Injuries and Poisonings

13. Your patient is released from the hospital after a term of radiation therapy to his esophagus. Home health is monitoring for bleeding and increased difficulty swallowing. The patient also has lung cancer. Which diagnosis code should be used to code his esophageal cancer?
- 150.9
  - 197.8
  - 230.1
  - 239.0

14. Alphabetic Index codes in brackets cannot be \_\_\_\_\_.

- a. Primary
- b. Primary and secondary
- c. Secondary
- d. Used without evaluation by CMS

15. Code anemia due to chronic blood loss

16. Code arteriosclerotic gangrene of the lower extremity

17. Code persistent vegetative state

18. Code chronic renal insufficiency

## Answers

1. Pick the best answer to complete this sentence.

Volume 1: Tabular List of Diseases & Injuries \_\_\_\_\_.

- a. Is arranged in numerical order from 1-100
- b. Contains both V Codes and E Codes**
- c. Does not include any appendices
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2. What is printed in bold in Volume 2?

- a. Subterms
- b. Anatomical sites
- c. Latin words
- d. Main terms**
- e. Procedures

3. Place the following steps in coding a diagnosis in the correct order (1 – 4) below.

Use 1 for the first step and 4 for the last.

- 2   Read or be guided by instructional notes in the Alphabetic Index (Vol. 2).
- 4   Be guided by instructional notations that appear in the Tabular List (Vol. 1).
- 1   Locate each term in the Alphabetic Index (Vol. 2).
- 3   Verify the code selected in the Tabular List (Vol. 1).

4. When the focus of the treatment provided by the agency is care of the patient following surgery for a diagnosis that has been resolved, which type of code is most appropriate in M0230?

- a. Numerical code for the resolved diagnosis
- b. E code
- c. V code**
- d. F code

5. E codes are:

- a. Optional in home health coding**
- b. Mandatory in home health coding
- c. Used to demonstrate a healthcare status that has brought the patient into contact with the agency
- d. Used rarely in M0230

6. Codes in listed M0240 on OASIS should match on:
- a. The final claim
  - b. The POC/485
  - c. MO246 of OASIS
  - d. a. and b. above**
  - e. a. and c. above
7. Of the following Coding Guidelines, which is (are) correct? Check all that apply
- The coder may code a diagnosis based on a patient's lab test
  - An acute condition should always be coded before a chronic condition**
  - Conditions that are resolved should be coded if they impact payment
  - Code to the highest level of specificity**
  - Certain conditions impact a patient's health and potential to improve. They should always be coded whether treated or not**
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| __C__ NEC                  | A. Term further describes main diagnosis code, but does not affect the main diagnosis code. Usually found in ( ) after main code. |
| _B__ See Also              | B. Term directs you to other symptoms or conditions to find correct code  |
| _A__ Nonessential modifier | C. Coder may use this if she lacks precise information to code a diagnosis more specifically                                      |
| _D__ Essential modifier    | D. Must be documented in order to use associated diagnosis code   |

11. V codes are identified in the ICD-9-DM manual as primary or secondary or both:

- a. **True**
- b. False

12. Which of the following is not in Volume 2?

- a. **Procedures**
- b. Table of Drugs and Chemicals
- c. Hypertension Table
- d. Neoplasm Table
- e. Index of External Causes of Injuries and Poisonings

13. Your patient is released from the hospital after a term of radiation therapy to his esophagus. Home health is monitoring for bleeding and increased difficulty swallowing. The patient also has lung cancer. Which diagnosis code should be used to code his esophageal cancer?

- a. 150.9
- b. **197.8**
- c. 230.1
- d. 239.0

14. Alphabetic Index codes in brackets cannot be \_\_\_\_\_.

- a. **Primary**
- b. Primary and secondary
- c. Secondary
- d. Used without evaluation by CMS

- 15. Code anemia due to chronic blood loss      **280.0**
- 16. Code arteriosclerotic gangrene of the lower extremity      **440.24**
- 17. Code persistent vegetative state      **780.03**
- 18. Code chronic renal insufficiency      **585.9**