ICD-10 Academic Testing
General Surgery
DESTINATION 10.1.2015
Patient Info:

<table>
<thead>
<tr>
<th>Age</th>
<th>Height</th>
<th>BP</th>
<th>Resp-rate</th>
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<tbody>
<tr>
<td>56</td>
<td>65</td>
<td>142/80</td>
<td>20</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Weight</th>
<th>Pulse</th>
<th>Temp</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>155</td>
<td>84</td>
<td>98.6</td>
</tr>
</tbody>
</table>

Chief Complaint: Patient seen in office for complaints of bleeding and painful bowel movements

Past Med. History: Patient has had a history of hemorrhoids and was last seen 6 months ago. She has a history of HTN and takes 40 mg of Zestril qd.

Office Visit Notes: This patient is known to me. She was in the office approximately 6 months ago for the same symptoms that she presents with today. She has bleeding with bowel movements and pain/itching around the anus. She has tried OTC Preparation H as well as corticosteroids, but they have provided very little relief. The patient indicates that she can feel the hemorrhoids after bowel movements and that the hemorrhoids spontaneously regress shortly after bowel movements. Upon exam, she has a second degree hemorrhoid. A colonoscopy will be scheduled at which time the hemorrhoids will be treated. If other conditions are present, they will be identified for treatment at the time of the colonoscopy or at a later date.

Drugs: Zestril, Preparation H

The following ICD-9 Code(s) were chosen:

<table>
<thead>
<tr>
<th>Code 1</th>
<th>Code 2</th>
<th>Code 3</th>
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<tbody>
<tr>
<td>455.6</td>
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<tr>
<td>401.9</td>
<td>569.3</td>
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The following ICD-10 Code(s) were chosen:

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<th>Code 1</th>
<th>Code 2</th>
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<tbody>
<tr>
<td>K64.1</td>
<td>K59.8</td>
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</tr>
<tr>
<td>K62.5</td>
<td>I29.0</td>
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General Surgery – Scenario #2

Narrative Title: AUA-2
Narrative Desc: Atherosclerosis w/ ankle ulcer

**Patient Info:**

<table>
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<tr>
<th>Age: 68</th>
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</thead>
<tbody>
<tr>
<td>Gender: Male</td>
<td>Weight: 160</td>
<td>Pulse: 70</td>
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**Chief Complaint:** Patient being seen today for a non-healing ulcer on the right ankle.

**Past Med. History:** Patient is known to me. He is a smoker and has high cholesterol at 250mg/dl LDL and HDL at 35 mg/dl, with triglycerides at 320 mg/dl. He is currently on Lipitor and takes an 81mg aspirin daily.

**Office Visit Notes:** Patient presents to the office today for a check of a painful, non-healing ulcer on his right ankle. It is still pale red and shallow. The leg and foot skin are shiny and with little hair present. Popliteal and dorsalis pedis pulses cannot be identified. Patient does not recall any injury to the ankle and because patient is known to have atherosclerosis it appears to be related to the poor leg circulation. CBC drawn and WBC count is within normal limits so antibiotics were not ordered at this time. The ABI is 0.7, and confirmed with a Doppler study last month. Patient will be referred to a wound clinic for additional treatment of the ulcer as treatments to date have not improved the status of the ulcer.

**Drugs:** Lipitor, aspirin

<table>
<thead>
<tr>
<th>The following ICD-9 Code(s) were chosen:</th>
<th>The following ICD-10 Code(s) were chosen:</th>
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</thead>
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<tr>
<td>440.23 707.13 272.2</td>
<td>I70.233 L97.319 E78.2</td>
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<tr>
<td>305.1 V58.66</td>
<td>F17.210 Z79.82</td>
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**General Surgery– Scenario #3**

**Narrative Title:** CEL-1  
**Narrative Desc:** Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral

**Patient Info:**

<table>
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<tr>
<th>Age</th>
<th>Height</th>
<th>BP</th>
<th>Resp-rate</th>
<th>Gender</th>
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<tr>
<td>58</td>
<td>64</td>
<td>140/78</td>
<td>20</td>
<td>Female</td>
<td>180</td>
<td>82</td>
<td>98.6</td>
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</tbody>
</table>

**Chief Complaint:** Patient complains of swelling and pain in legs bilaterally

**Past Med. History:** Patient takes Crestor 10 mg. daily and Zestril 30 mg daily for HTN. Patient is a 2 pack/day smoker who has smoked for over 40 years. She has a history of poor circulation of her lower extremities. She has a history of DVT of both legs and was prescribed Warfarin and an incision and drainage of a boil was performed in the office one week ago.

**Office Visit Notes:** Patient was here last week for an I&D of an abscessed boil. She was in the office today with her husband who was scheduled for a post-op check up. The pt mentioned that she has been having pain and swelling in her legs. She has a history of DVT of both legs and was prescribed Warfarin by her PCP. She states that the medication was too expensive and stopped taking it about a month ago. Upon examination, patient has a positive Homan's sign bilaterally. Doppler studies today confirmed that she has bilateral DVTs of the lower extremities. Due to patient non-compliance in the past, patient was sent to the hospital for admission and anticoagulant therapy. Encouraged patient to stop smoking and to increase activity as she states that she mostly sits and watches T.V. due to lack of energy. Will see patient at the hospital - Primary care physician was notified of patient condition and admission.

**Drugs:** Crestor, Zestril, Warfarin

**The following ICD-9 Code(s) were chosen:**

- 453.5
- 453.40
- 401.9
- 305.1
- V15.81

**The following ICD-10 Code(s) were chosen:**

- I82.503
- 810
- T45.516
- Z91.120
- F17.120
General Surgery– Scenario #4

Narrative Title: GNS-1
Narrative Desc: Gram-negative sepsis, unspecified

Patient Info:

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<tbody>
<tr>
<td>Female</td>
<td>190</td>
<td>92</td>
<td>102.0</td>
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Chief Complaint: Patient complains of a wound infection

Past Med. History: Patient has history of Hypertension and takes 30 mg. Zestril daily. She also takes Crestor 10 mg. daily.

Office Visit Notes: Patient presented to the E.R. with a fever, increased heart rate and according to her husband, periods of confusion that is abnormal for her. A gram-negative sepsis is suspected, cultures were taken in the E.R., and patient was put on Aztreonam I.V. until culture results return. Patient was admitted to the hospital. There was a non-healing “boil” in the inguinal area. I was consulted on the case and an incision and drainage of the wound was performed at the bedside under local anesthesia. Wound was irrigated with .9 Normal Saline and was packed with a sterile wet to dry dressing. Instructions were to change dressing twice daily. The patient will be followed by me daily.

Drugs: Zestril, Crestor, Aztreonam

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Patient Info:

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<td>Gender: Male</td>
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Chief Complaint: Patient complains of blood in the urine and difficulty urinating

Past Med. History: Patient has a history of an enlarged prostate and HTN. He takes 40 mg Zestril daily

Office Visit Notes: This Patient is known to me. He was seen for frequent and painful urination. He was found to have an enlarged prostate on rectal examination. Urinalysis reveals a large amount of hematuria. PSA test was negative. Due to the amount of blood in the urine and the problems with urination, a cystoscopy was performed. The urethra was numbed with topical lidocaine gel. The scope was introduced into the urethra and bladder. Based upon visualization, it was confirmed that the prostate was enlarged and was almost obstructing the urethra. Discussed with the Patient the need to consider treatment for the prostate problem. A referral to a Urologist was made for consideration of trans-urethral resection of the prostate. Explained the risks and benefits of the procedure and the office staff called the urologist to get an appointment later today.

Drugs: Zestril, Lidocaine

The following ICD-9 Code(s) were chosen:

- 600.01
- 599.69
- 599.71
- 788.69
- 401.9

The following ICD-10 Code(s) were chosen:

- N40.1
- N13.8
- N36.8
- R31.0
- R39.19
- I10
General Surgery– Scenario #6
Narrative Title: SBC 1
Narrative Desc: Sebaceous Cyst

**Patient Info:**

<table>
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<th>Age: 33</th>
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**Chief Complaint:** Patient complains of a lump on his neck area

**Past Med. History:** Patient has no medical history, nor does he take any medications

**Office Visit Notes:** This is a new patient that is here to have a lump on his neck evaluated. It is located about 1 inch below his left ear and measures about 3 cm in diameter. It is not inflamed and is moveable within the skin and subcutaneous tissue. Based on examination, this appears to be a sebaceous cyst and plans were made for its excision. The involved area of the neck was cleaned and frozen with lidocaine 1% with epinephrine. An elliptical incision surrounding the cyst was made and the cyst was removed. The skin edges were sewn together with 6 nylon sutures. Antibiotic ointment was applied and a dry sterile dressing was applied. Patient was instructed to keep area clean and return for suture removal in 5 days. Reviewed with patient the signs and symptoms of infection and patient understands to call if he has any of those signs.

**Drugs:** Lidocaine, Epinephrine

**The following ICD-9 Code(s) were chosen:**

706.2

**The following ICD-10 Code(s) were chosen:**

L72.3
General Surgery– Scenario #7

Narrative Title: GRD 1
Narrative Desc: Esophageal Reflux

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<td>Temp: 98.6</td>
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Chief Complaint: Patient complains of chronic heartburn that is in the breastbone area

Past Med. History: Patient has no significant medical history other than 2 vaginal deliveries. The only medication she takes is OTC Tums for heartburn

Office Visit Notes: This patient is known to me. Patient was originally referred to me by her PCP for a possible EGD. She has had chronic heartburn for about 6 months and has been taking OTC Tums for her symptoms with little relief. She states that she has a chronic burning feeling in the mid-sternal area that is worse when lying down. She has been taking Tums extra strength "like candy" and not having much relief. An EGD was performed last week and a diagnosis of esophageal reflux was confirmed. Patient was placed on Protonix 40 mg. twice daily for 2 weeks and then daily thereafter. Patient advised to avoid foods that exacerbate symptoms and to eat small frequent meals and avoid lying down after eating for at least 3 hours. Also advised to raise head of bed 6 - 8 inches to reduce symptoms. Patient will contact me in 1 month to follow up and discussion to return to PCP will take place.

Drugs: Protonix

The following ICD-9 Code(s) were chosen: 
787.1  530.81

The following ICD-10 Code(s) were chosen: 
K21.9  R12
General Surgery– Scenario #8

Narrative Title: NIG 1
Narrative Desc: Other and unspecified noninfectious gastroenteritis and colitis

Patient Info:

- **Age:** 52
- **Height:** 65
- **BP:** 110/60
- **Resp-rate:** 16
- **Gender:** Female
- **Weight:** 130
- **Pulse:** 70
- **Temp:** 98.6

Chief Complaint: Patient complains of nausea, watery diarrhea and severe abdominal cramping

Past Med. History: Patient has a history of hypertension and takes Capoten 50 mg. twice daily. She also has a history of Colitis and smokes 1 pack of cigarettes/day/35 years.

Office Visit Notes: This patient is known to me. Patient presents to the office with complaints of nausea, watery diarrhea and severe abdominal cramping for the last few days. She denies any noticeable blood in the stool. She has a history of colitis confirmed by sigmoidoscopy. Patient states that she has been under a lot of stress lately, but hasn't been ill. Labs were WNL, B/P is lower than what is normal for this patient. Electrolytes were WNL. A stool sample was obtained and sent for culture. Suspect non-infectious gastroenteritis. Advised patient to drink plenty of fluids, such as Gatorade and water. Patient was also told to contact the office in 48 hours or earlier if she notices any blood in the stool, increased abdominal pain or a fever.

Drugs: Capoten

The following ICD-9 Code(s) were chosen:
- 789.0
- 787.02
- 558.9
- 763.3
- 401.9
- 787.07
- V12.79

The following ICD-10 Code(s) were chosen:
- R11.0
- K52.9
- R03.1
- I10
- K529
- R10.9
- R19.7
- R110
General Surgery – Scenario #9

Narrative Title: OPE 1
Narrative Desc: Other Pulmonary Embolism

<table>
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<th>Patient Info:</th>
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<tbody>
<tr>
<td>Age: 61</td>
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<td>Gender: Female</td>
<td>Weight: 140</td>
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<td>Temp: 98.6</td>
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</table>

Chief Complaint: Patient complains of shortness of breath and periodic chest pain

Past Med. History: Patient has a history of hypertension and takes Capoten 50 mg. twice daily

Office Visit Notes: This patient is known to me. She presents to the office today with complaints of shortness of breath and periodic bouts of chest pain. She also has a non-productive cough. Patient is afebrile, but her pulse is 100 and irregular. Upon examination, patient has wheezing in the lungs bilaterally both on inspiration and expiration and has no history of asthma. Her left leg has +2 pedal edema and is slightly cool to the touch. Patient said that her leg has been swollen for about 1 week, but she thought that she must have bumped it on something, however she doesn’t recall any injury. Her shortness of breath developed yesterday. Patient denies any hemoptysis or chest pain currently. Chest x-ray was done, but was normal. Due to patient’s symptoms, pulmonary embolism is suspected. Patient and husband were directed to proceed to the emergency room immediately and orders for a stat V/Q scan were phoned ahead. Risks of not seeking treatment were explained to both and they understand and agreed to go to the ER. Further explained that if tests are positive, that patient will likely be hospitalized for further treatment. Will follow-up with further orders, once tests are called to the office.

Drugs: Capoten

The following ICD-9 Code(s) were chosen:
415.9  786.05  786.59  729.81
415.19  401.9  427.9  786.2

The following ICD-10 Code(s) were chosen:
I26.99  126.9  R06.02
K00.0  I10  R05
General Surgery—Scenario #10

Narrative Title: DOH 1
Narrative Desc: Diverticulosis w/o hemorrhage
(Diverticulosis of large intestine without perforation or abscess without bleeding)

Patient Info:

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<td>140/78</td>
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<th>Pulse</th>
<th>Temp</th>
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<tbody>
<tr>
<td>Male</td>
<td>175</td>
<td>70</td>
<td>98.6</td>
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</tbody>
</table>

Chief Complaint: Patient complains of bouts of constipation and diarrhea

Past Med. History: Patient has a history of hypertension and takes Capoten 25 mg. twice daily and takes Crestor 10 mg. once daily

Office Visit Notes: This patient is known to me. He was originally referred to me by his PCP for colonoscopy due to problems with frequent bouts of constipation and diarrhea that is sometimes accompanied by lower abdominal discomfort. Colonoscopy was done 3 days ago and revealed diverticulosis of the large intestine. Patient is presently asymptomatic. Discussed with patient the results of the test and recommended that he include fruits, vegetables, beans, and whole grains in his diet each day, to drink plenty of fluids, exercise daily and to take a fiber supplement, such as Citrucel or Metamucil, every day if needed. He was also advised to avoid foods that cause gas, bloating or pain. Also reviewed that some nuts, seeds and foods like popcorn are not always easily tolerated. Pamphlet given to patient on diverticulosis and patient will follow-up with his PCP. Reviewed signs and symptoms of diverticulitis and that he should see his PCP if he develops any abdominal pain, fever, or blood in the stool. Patient understood all instructions and states that he is familiar with the disease as his sister also has it.

Drugs: Capoten, Crestor

The following ICD-9 Code(s) were chosen:

- 562.1
- 562.10
- 401.9
- 789.00
- 787.90
- 564.00

The following ICD-10 Code(s) were chosen:

- K57.30
- K57.90
- I10
- K59.00
- R197
- R109