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 stated that she has always followed the doctor's instructions for its use. Venous plethysmography revealed the presence of a thrombus. The estrogen therapy dosage was modified, and the patient was discharged with a diagnosis of deep vein thrombosis and thrombophlebitis of the right femoral vein due to supplemental estrogen therapy. She will be seen in the physician's office in one week and will be followed regularly over the next several months.

I82.411 Acute embolism and thrombosis of right femoral vein
T38.5x5A Adverse effect of other estrogens and progestogens, initial encounter
Z79.818 Long term (current) use of other agents affecting estrogen receptors and estrogen levels

2. A patient was admitted to the hospital because he was suffering acute abdominal pain. He was also found to be intoxicated, and his medical history indicated that he has been alcohol dependent for several years with episodic binging every three to four months. The current binge apparently started three days ago. The abdominal pain proved to be due to alcohol-induced acute pancreatitis, and he was treated with nasogastric suction, administration of IV fluids, and pain control. The patient was observed for possible withdrawal reaction with standby orders; multiple vitamins were given.

K85.2 Alcohol induced acute pancreatitis
F10.229 Alcohol dependence with intoxication, unspecified
HZ2ZZZZ Alcohol detoxification

3. A patient with a four-year history of anorexia nervosa was seen in the physician's office because of significant weight loss over the past three months, going from 82 pounds down to 53 pounds. She was admitted to increase body weight and to be given nutritional counseling because of her severe malnutrition.

F50.00 Anorexia nervosa, unspecified
E43 Severe malnutrition

4. A patient was admitted through the emergency department following a fall from a ladder while painting the outside of his single-family house. He had contusions of the scalp and face and an open type I intertrochanteric fracture of the right femur. The fracture site was debrided, and an open reduction with internal fixation was carried out.
S72.141B Displaced intertrochanteric fracture of right femur, initial encounter, for open fracture type I or II
S00.03xA Contusion of scalp
S00.83xA Contusion of other part of head
W11.xxxA Fall from ladder
Y92.018 Other place in single-family (private) house as the place of occurrence of the external cause
Y99.8 Other external cause status
Y93.H9 Other activity involving property and land maintenance, building and construction
0QS604Z Open reduction with internal fixation (reposition right upper femur with internal fixation, open approach)

5. A patient who underwent a modified radical mastectomy of the left breast six months earlier because of carcinoma now has metastasis to the bone. She was admitted for a transfusion of nonautologous packed red blood cells (via peripheral vein) to treat aplastic anemia, probably due to her treatment by chemotherapy. She was discharged with a hemoglobin count of 11.5 and will be followed as an outpatient.

D61.1 Drug-induced aplastic anemia
T45.1x5A Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
C79.51 Secondary malignant neoplasm of bone
Z85.3 History of malignant neoplasm of breast
Z90.12 Acquired absence of left breast and nipple
30233N1 Transfusion of red blood cells

6. A patient was admitted for cholecystectomy because of chronic cholecystitis. Before she went to the operating room the next morning, nursing personnel noted that she had apparently developed a urinary infection, and laboratory tests confirmed a diagnosis of urinary tract infection due to *E. coli*. Because of the infection, the surgery was canceled, antibiotic therapy was instituted, and the patient was discharged on the third hospital day to continue antibiotic therapy at home. She will be seen in the physician's office in three weeks, and surgery will be rescheduled.

K81.1 Chronic cholecystitis
N39.0 Urinary tract infection, site not specified
B96.20 Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere
Z53.09 Surgery not carried out because of contraindication
7. A patient who recently underwent an oophorectomy because of adenocarcinoma of the ovary was admitted to the hospital for chemotherapy. Shortly after administration of the therapy, the patient developed a fever and chills and on the second day she had a productive cough. Chest X-rays indicated an acute pneumonia, and sputum culture was positive for *Klebsiella*. Antibiotics were administered, and the patient was discharged on the fifth hospital day after the chemotherapy was administered via peripheral vein.

Z51.11 Encounter for antineoplastic chemotherapy
C56.9 Malignant neoplasm of unspecified ovary
J15.0 Pneumonia due to Klebsiella pneumoniae
3E03305 Introduction of antineoplastic (chemotherapy) into peripheral vein

8. A patient who had noticed significant abdominal enlargement over a period of several weeks without a change in her dietary habits was admitted for exploratory laparotomy. Surgery revealed a large malignant ovarian tumor, and the left ovary was resected. The pelvic cavity was explored thoroughly for any evidence of metastatic spread, but none was noted. Chemotherapy treatments were started (via peripheral vein) on the day prior to discharge, and the patient was scheduled to continue therapy on an outpatient basis.

C56.2 Malignant neoplasm of left ovary
0UT10ZZ Resection left ovary, open approach
3E03305 Introduction of antineoplastic (chemotherapy) into peripheral vein

9. A female patient who had undergone surgery for carcinoma of the right breast two months earlier has since been on a program of chemotherapy. On a routine office visit yesterday, the physician noted that she had become severely dehydrated as a result of this program, and she was admitted for IV therapy for rehydration. Her regular chemotherapy session (via peripheral vein) was carried out on the third day.

E86.0 Dehydration
T45.1x5A Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
C50.911 Malignant neoplasm of right female breast
3E03305 Introduction of antineoplastic (chemotherapy) into peripheral vein

10. A patient was admitted with abdominal pain and complaints of melena noted for the past two days. Examination revealed an acute diverticulitis of the colon. Laboratory studies reported a significant hypokalemia. The provider documented hypokalemia, and the patient was placed on oral potassium. Bleeding from the diverticulitis subsided within a few days on conservative treatment, and the patient was discharged to be followed on an outpatient basis.

K57.33 Diverticulitis of colon with bleeding
11. A patient was admitted with complaints of severe joint pain affecting both hands and hips. The physician's diagnosis indicated rheumatoid arthritis with sympathetic inflammatory myopathy.

12. A patient who was two months pregnant contracted rubella. On her next prenatal visit to the doctor's office (at 9 weeks gestation), it was decided to admit the patient for therapeutic abortion because of the probability of abnormality of the fetus. Complete abortion was carried out by D & C.

13. Increasing fetal stress was noted during labor. The patient was transferred to the surgical suite, where a classical cesarean delivery was performed. A full-term normal male was delivered at 38 weeks.

14. A patient was admitted with systolic heart failure, acute on chronic, congestive heart failure, and unstable angina. The unstable angina was treated with nitrates, and IV Lasix was administered to manage the heart failure. Both conditions improved, and the patient was discharged to be followed on an outpatient basis.

15. A patient was admitted for observation and evaluation for possible intracranial injury following a collision with another car while he was driving to work. The patient had minor bruises on the upper back and abrasions of the skin of the left upper arm. The bruises
did not appear to need any treatment; the abrasions were swabbed with disinfectant, and Neosporin was applied. Intracranial injury was ruled out.

**Z04.1** Encounter for examination and observation following transport accident
**S20.229A** Contusion of unspecified back wall of thorax, initial encounter
**S40.812A** Abrasion of left upper arm, initial encounter
**V43.52xA** Car driver injured in collision with other type car in traffic accident, initial encounter

16. A patient was brought to the emergency department following a burn injury experienced in a fire at the garage where he works. He was admitted and treated for first-degree and second-degree burns of the forearm and third-degree burn of the back.

**T21.34xA** Third-degree burn of back, initial encounter
**T22.219A** Second-degree burn of forearm, initial encounter
**X00.0xxA** Exposure to flames in uncontrolled fire in building or structure, initial encounter
**Y92.59** Other trade areas as the place of occurrence of the external cause
**Y99.0** Civilian activity done for income or pay

17. A patient was admitted because of suspected carcinoma of the colon. Exploratory laparotomy was carried out, and a significant mass was discovered in the sigmoid colon. The sigmoid colon was resected and end-to-end anastomosis accomplished. Small nodules were noted on the liver, and a needle biopsy of the liver was performed during the procedure. The pathology report confirmed adenocarcinoma of the sigmoid colon with metastasis to the liver.

**C18.7** Malignant neoplasm of sigmoid colon
**C78.7** Secondary malignant neoplasm of liver
**0DTN0ZZ** Resection of sigmoid colon, open approach
**0FB00ZX** Excision of liver, open approach, diagnostic

18. A patient was discharged following prostate surgery with an indwelling catheter in place. He was readmitted with urinary sepsis due to methicillin-resistant *Staphylococcus aureus* (MRSA) due to the presence of the catheter. The physician confirmed the diagnosis of sepsis due to MRSA. The catheter was removed and the patient started on antibiotic therapy. The patient's condition improved over several days, and he was discharged without an indwelling catheter.

**T83.51xA** Urinary sepsis due to indwelling urinary catheter, initial encounter
**A41.02** Sepsis due to methicillin-resistant Staphylococcus aureus
**N39.0** Urinary tract infection, site not specified
B95.62  Methicillin resistant Staphylococcus aureus infection as the cause of disease classified elsewhere

Y84.6  Urinary catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

0TPDX0Z  Removal of drainage device from urethra, external approach

19. A patient 25 weeks pregnant was diagnosed as having an iron-deficiency anemia and was admitted for transfusion of nonautologous packed red blood cells.

O99.012  Anemia complicating pregnancy, second trimester
D50.9  Iron-deficiency anemia, unspecified
Z3A.25  25 weeks of gestation of pregnancy
30233N1  Transfusion of red blood cells

20. A patient was admitted with occlusion (due to plaque) of the right common carotid artery, and open carotid endarterectomy was carried out with extracorporeal circulation (continuous cardiac output) used throughout the procedure.

I65.21  Occlusion and stenosis of right carotid artery
03CH0ZZ  Extirpation of matter from right common carotid, open approach
5A1221Z  Performance of cardiac output, continuous (extracorporeal circulation)

21. A patient was admitted in a coma due to acute cerebrovascular thrombosis with cerebral infarction; the coma cleared by the fourth hospital day. Aphasia and hemiparesis were also present. The aphasia had cleared by discharge, but the hemiparesis was still present.

I63.30  Cerebral thrombosis with cerebral infarction
R40.20  Coma
R47.01  Aphasia
G81.90  Hemiplegia, unspecified, affecting unspecified side

22. A patient was admitted with severe abdominal pain that began two days prior to admission and progressed in severity. Esophagastroduodenoscopy (EGD) revealed an acute gastric ulcer, but no signs of hemorrhage or malignancy were noted. The provider documented acute gastric ulcer, and the patient was put on a medical regimen, including a bland diet, and was advised not to take aspirin.

K25.3  Acute gastric ulcer without hemorrhage or perforation
23. A patient with type 1 diabetes mellitus with hyperglycemia was admitted for regulation of insulin dosage. The patient had been in the hospital four weeks earlier for an acute ST elevation myocardial infarction of the inferoposterior wall, and an EKG was performed to check its current status.

**E10.65** Diabetes mellitus, type 1 with hyperglycemia
**I21.11** ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall

24. A patient who was treated seven weeks ago at Community Hospital for an acute anterolateral myocardial infarction is now admitted to University Hospital for surgical repair of an atrial septal defect resulting from the recent infarction. Following thoracotomy, the defect was repaired with a nonautologous tissue graft; cardiopulmonary bypass (extracorporeal circulation, continuous cardiac output) was used during the procedure. The patient was discharged in good condition, to be followed as an outpatient.

**I51.0** Atrial septal defect, acquired
**I25.2** Old myocardial infarction
**02U50KZ** Supplement atrial septum with nonautologous tissue substitute, open approach
**5A1221Z** Performance of cardiac output, continuous (cardiopulmonary bypass)

25. A patient with bilateral mixed conductive and sensorineural hearing loss was admitted for cochlear implantation. Bilateral multiple-channel implants were inserted through an open approach, and the patient was discharged, to be followed as an outpatient.

**H90.6** Mixed conductive and sensorineural hearing loss, bilateral
**09HD06Z** Insertion of multiple channel cochlear prosthesis into right inner ear, open approach
**09HE06Z** Insertion of multiple channel cochlear prosthesis into left inner ear, open approach

26. A patient who underwent a right kidney transplant three months ago is admitted for biopsy because of an increased creatinine level discovered on an outpatient visit. Percutaneous biopsy revealed chronic rejection syndrome. The patient was discharged on a modified medication regimen, to be followed closely as an outpatient.

**T86.11** Kidney transplant rejection
27. A patient was admitted with a displaced fracture of the shaft of the right femur. Closed reduction was carried out and a cast was applied.

S72.301A  Unspecified fracture of shaft of right femur, initial encounter
0QS8XZZ  Reposition right femoral shaft, external approach

28. A patient who has had recurrent attacks of angina was seen in his physician's office because he felt that the anginal attacks seemed to be occurring more frequently and to be more severe and more difficult to control. He had not had a thorough evaluation previously, and bypass surgery had not been recommended in the past. He was admitted to the hospital for diagnostic studies to determine the underlying cause of this unstable angina. He underwent combined right- and left-heart catheterization, which revealed significant atherosclerotic heart disease. He was advised that coronary artery bypass surgery was indicated, but he did not want to make a decision without further discussion with his family. He was discharged on antianginal medication and will be seen in the doctor's office in one week.

I25.110  Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
4A023N8  Measurement of cardiac sampling and pressure, bilateral, percutaneous approach

29. The patient discussed in the preceding case returned to the hospital for bypass surgery. His angina is under control with the antianginal medications he was prescribed. Reverse right greater saphenous vein grafts were brought from the aorta to the obtuse marginal and the right coronary artery; the left internal mammary artery was loosened and brought down to the left anterior descending artery to bypass this obstruction. The gastroepiploic artery was used as a pedicled graft to bypass the circumflex. Extracorporeal circulation (continuous cardiac output) and intraoperative pacemaker were used during the procedure and discontinued afterward.

I25.119  Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
021109W  Bypass coronary artery, two sites from aorta with autologous venous tissue, open approach
02100Z9  Bypass coronary artery, one site from left internal mammary, open approach
02100ZF  Bypass coronary artery, one site from abdominal artery, open approach
06BP0ZZ  Excision of right greater saphenous vein, open approach
5A1221Z  Performance of cardiac output, continuous (cardiopulmonary bypass)
30. A patient was brought to the hospital by ambulance after a fall from the scaffolding while working on the construction of a new bank building. He had struck his head and experienced a brief period of unconsciousness (approximately 45 minutes). On examination, he was found to have an open skull fracture with cerebral laceration and contusion. The skull fracture was reduced after debridement and the patient was transferred to the intensive care unit, where he stayed for four days. He was discharged on the tenth day in good condition and advised to avoid any strenuous activity and to see his physician in one week.

S02.91xB Unspecified fracture of skull, initial encounter for open fracture
S06.332A Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, initial encounter
W12.xxxA Fall from scaffolding, initial encounter
Y92.61 Building [any] under construction as the place of occurrence of the external cause
Y99.0 Civilian activity done for income or pay
Y93.H3 Activity, building and construction
0NS00ZZ Reposition skull, open approach

31. A patient was admitted for corrective surgery for a keloid of the left hand due to a burn experienced in a brush fire one year ago. Radical excision of the scar was carried out, and the defect was covered with a full-thickness graft taken from the left upper arm. The patient was discharged in good condition, to be seen in the physician's office in two weeks.

L91.0 Keloid scar
T23.002S Burn of unspecified degree of left hand, unspecified site, sequela
X01.0xxS Exposure to flames in uncontrolled fire, not in building or structure, sequela
0HBGXZZ Excision of left hand skin, external approach
0HRCX73 Replacement of left hand skin with autologous tissue substitute, full thickness, external approach
0HBCXZZ Excision of left upper arm skin, external approach

32. A patient was brought to the emergency department by ambulance at 1:00 a.m. by her husband, who stated that they had been to a dinner party at a friend's home earlier in the evening. His wife had two martinis before the meal and several glasses of wine with the meal. At bedtime she took Valium that her physician had ordered prn for nervousness and inability to sleep. Shortly thereafter, the husband noticed that she appeared to be somewhat stuporous, became worried about her condition, and brought her to the emergency department. The provider documented accidental overdose secondary to Valium taken with alcohol.
33. A patient was admitted to the hospital with an admitting diagnosis of acute hip pain. There was no history of trauma; she stated that she had simply stood up from her chair, immediately experienced acute pain in the left leg, and fallen back into the chair. She has had osteoporosis for several years and is also a known diabetic. An X-ray revealed a fracture of the lower third of the shaft of the femur. A routine preoperative chest X-ray showed a few strands of atelectasis and a small cloudy area that may have represented mild pleural effusion. A cast was applied to the leg to immobilize the fracture. Her blood sugars were monitored and remained normal throughout the stay. The physician documented spontaneous fracture secondary to osteoporosis.

34. A patient with a five-year history of emphysema was brought to the hospital's emergency department in acute respiratory failure. Endotracheal intubation was carried out in the emergency department, and the patient was placed on mechanical ventilation. She was then admitted to the ICU, where she remained on the ventilator for three days and then was taken off the ventilator without a weaning period. She was discharged on the fifth hospital day.

35. A patient in acute respiratory failure was brought to the hospital by ambulance with ventilator in place. In the ambulance, an endotracheal tube was inserted into the patient. He had a long history of congestive heart failure, and studies confirmed that he was in congestive failure, with pleural effusion and acute pulmonary edema. The patient was treated with diuretics, and his cardiac condition was brought back into an acceptable range. He continued on ventilation for four days and was weaned on the fifth day.
physician was questioned regarding the reason for the admission, and she indicated that the patient was admitted for the acute respiratory failure.

J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
I50.1 Left ventricular failure
5A1955Z Respiratory ventilation, greater than 96 consecutive hours

36. A five-year-old child was brought to the emergency department after the mother found the child playing with an open bottle of her prescription sedatives. She could not tell if the child had taken any pills, but she wanted the child evaluated for possible problems. The child was evaluated, and no evidence of poisoning or any other signs or symptoms were found. The mother was reassured, and the child was taken home.

Z03.6 Encounter for observation for suspected toxic effect from ingested substance ruled out

37. A patient with hypertensive and diabetic end-stage renal disease who is on chronic dialysis is admitted because of disequilibrium syndrome (electrolyte imbalance) caused by the dialysis.

E87.8 Other disorders of electrolyte and fluid balance, not elsewhere classified
I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease
N18.6 End-stage renal disease
E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease
Z99.2 Dependence on renal dialysis
Y84.1 Kidney dialysis as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

38. A patient who has had arteriosclerotic disease of the right lower extremity with intermittent claudication for three years recently progressed to ulceration, and is now admitted with ulceration and gangrene of the toes of the right foot resulting from the arteriosclerosis. A tarsometatarsal amputation of the right foot was performed, and the patient left the operating room in good condition.

I70.261 Atherosclerosis of native arteries of extremities with gangrene, right leg
L97.519 Non-pressure chronic ulcer of other part of right foot with unspecified severity
0Y6M0Z0 Detachment at right foot, complete, open approach

39. A two-year-old child with a severe cough was admitted to the hospital with a history of having experienced malaise, loss of appetite, and cough for several days. In addition to the cough, he was experiencing some shortness of breath, and a chest X-ray showed an acute pneumonia. Sputum cultures showed B. pertussis. He was started on IV antibiotics and became afebrile on the fifth hospital day. A repeat chest X-ray was
negative on the sixth hospital day, and the cough had partially cleared. He was
discharged on the eighth day to be cared for at home and followed as an outpatient.

**A37.01** Whooping cough due to Bordetella pertussis with pneumonia

40. A 10-year-old boy was admitted because of severe cellulitis of the left leg. He had
gone on a hiking trip in the nearby forest with his Boy Scout troop a week earlier and
now has a painful reddened area on the left leg. He stated that there was a good deal of
thorny brush and that he had several minor thorn punctures of the left leg but had
experienced no problem with them. The day before admission he had developed a
painful swollen area that had become worse during the night. A diagnosis of cellulitis due
to *Streptococcus* A was made, and antibiotics were administered. The wound itself was
evaluated but did not appear to need specific treatment. The area on the leg
progressively healed. The patient was discharged to continue the antibiotic series at
home and will be seen in the physician's office in one week.

**L03.116** Cellulitis of left lower limb
**S81.832A** Puncture wound without foreign body, left lower leg
**B95.0** Bacterial infection due to group A *Streptococcus*
**W60.xxxA** Contact with nonvenomous plant thorns and spines and sharp leaves
**Y92.821** Forest as the place of occurrence of the external cause
**Y93.01** Activity, walking, marching and hiking
**Y99.8** Other external cause status

41. An unconscious diving instructor was admitted with concussion and a skull fracture
and subdural hematoma after jumping from a high diving board and hitting the side of
the pool at the gymnasium where he worked. Drainage of the subdural space was
carried out by incision and the fracture reduced. The patient left the operating room in
fair condition but died from his brain injury the following day without having ever
regained consciousness.

**S02.91xA** Unspecified fracture of skull, initial encounter for closed fracture
**S06.5x7A** Traumatic subdural hemorrhage with loss of consciousness of any duration
with death due to brain injury before regaining consciousness, initial
encounter
**W16.532A** Jumping or diving into swimming pool striking wall causing other injury, initial
encounter
**Y92.34** Swimming pool (public) as the place of occurrence of the external cause
**Y93.12** Springboard and platform diving
**Y99.0** Civilian activity done for income or pay
**0NS00ZZ** Reposition of skull, open approach
**00940ZZ** Drainage of subdural space, open approach
42. A patient was admitted because of increasing confusion and memory loss, which his family was unable to deal with. The patient was disoriented and unable to furnish any information. He was diagnosed as having senile dementia with Alzheimer’s disease and was transferred to a nursing home.

G30.1 Alzheimer’s disease with late onset
F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance

43. Newborn twin girls, both living, were delivered in the hospital at 35 completed weeks, with extremely low birth weight of 850 grams for twin #1 and 900 grams for twin #2. Both were transferred to the neonatal intensive care nursery with a diagnosis of extreme immaturity.

Twin #1: Z38.30 Twin liveborn infant, delivered vaginally
P07.03 Extremely low birth weight newborn, 750-999 grams
P07.38 Preterm newborn, gestational age 35 completed weeks

Twin #2: Z38.30 Twin liveborn infant, delivered vaginally
P07.03 Extremely low birth weight newborn, 750-999 grams
P07.38 Preterm newborn, gestational age 35 completed weeks

44. A patient with a long history of angina pectoris came to the emergency department complaining of increasing anginal pain that he could not relieve with nitroglycerin and rest. The pain had occurred again about an hour ago and has been increasing in severity. Cardiac catheterization done recently showed some occlusion of the right coronary artery. It was decided to go ahead with a percutaneous transluminal coronary angioplasty, administering a thrombolytic agent to a coronary artery, in the hope of averting what appeared to be an impending myocardial infarction. The procedure was carried out without incident and the infarction was averted, but the patient did have an occlusion of the coronary artery.

I24.0 Acute coronary thrombosis not resulting in myocardial infarction
02703ZZ Dilation of coronary artery, one site, percutaneous approach
3E07317 Introduction of other thrombolytic into coronary artery, percutaneous approach

45. A patient was admitted to the hospital with unstable angina that had been increasing in severity since the previous day. He was placed on bed rest and telemetry, and IV nitroglycerin was administered. An EKG showed some paroxysmal tachycardia as well, and so IV heparin was added to his medication program. His angina returned to its normal status, and the tachycardia was not shown on repeat studies at the end of one week. The patient was discharged to be seen by a visiting nurse over the next two
weeks to supervise his medication regimen, and an appointment with his physician was made for two weeks later.

I20.0 Unstable angina
I47.9 Paroxysmal tachycardia, unspecified

46. A patient who had been HIV-positive for several years was seen in his physician's office with skin lesions over his back suggestive of HIV-related Kaposi's sarcoma. He was seen for incisional biopsy, which confirmed the diagnosis.

B20 Human immunodeficiency virus (HIV) disease
C46.0 Kaposi's sarcoma of skin
0HB6XZX Excision of back skin, external approach, diagnostic

47. A patient was admitted through the emergency department with acute right flank pain and was taken to surgery for removal of a ruptured appendix. At the time of the appendectomy, generalized peritonitis was observed along with some suspicious nodules on the head of the pancreas. A needle biopsy was performed while the abdomen was open; a diagnosis of carcinoma of the pancreas head was made on the basis of the pathological examination.

K35.2 Acute appendicitis with generalized peritonitis
C25.0 Malignant neoplasm of pancreas, head of pancreas
0DTJ0ZZ Resection of appendix, open approach
0FBG0ZX Excision of pancreas, open approach, diagnostic

48. A patient with a long history of type 2 diabetes mellitus was admitted in hyperosmolar coma with blood sugars out of control. Modification of the insulin regimen was instituted, and the patient was monitored carefully throughout her stay. The coma cleared on the first hospital day, and the patient was brought into control over the next four days. In addition to this acute metabolic condition, she also had a diagnosis of diabetic chronic kidney disease with stage 2 chronic kidney disease. The patient was discharged on a modified insulin regimen and will be followed by a visiting nurse until the diabetes stabilizes.

E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma
E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease
N18.2 Chronic kidney disease, stage 2 (mild)

49. A patient was admitted with a severe stage 3 pressure ulcer on the left buttock, with extensive necrotic tissue and gangrene. She was taken to the operating room, where the surgeon carefully excised the necrotic tissue (skin). The ulcer site was then treated with antibiotic ointment and gauze bandage, and the patient was returned to the nursing unit, where the wound was monitored carefully and additional antibiotic treatment was
administered. By the fourth day, healing was beginning to close the area, but treatment was continued until discharge on the seventh day. The family was advised to use an egg crate mattress and to turn the patient regularly. The patient was scheduled for an outpatient visit in one week.

I96  Gangrene, not elsewhere classified
L89.323  Pressure ulcer of left buttock, stage 3
0HB8XZZ  Excision of buttock skin, external approach

50. A patient with a diagnosis of morbid obesity, type 1 diabetes and stage 3 chronic kidney disease underwent a laparoscopic lap band procedure 8 weeks ago. She now presents to the gastrointestinal clinic for gastric band adjustment. The gastric band was adjusted by introducing a saline solution into a small access port placed just under the skin.

Z46.51  Encounter for fitting and adjustment of gastric lap band
E66.01  Morbid (severe) obesity due to excess calories
E10.22  Type 1 diabetes mellitus with diabetic chronic kidney disease
N18.3  Chronic kidney disease, stage 3 (moderate)
3E0G3GC  Introduction of other therapeutic substance into upper GI, percutaneous approach