



## **FAMILY AND INTERNAL MED CODING SCENARIOS**

1. A 55-year-old male with type 2 diabetes mellitus complains of numbness and tingling in feet for two months. Patient also states that he did not feel pain in his left foot after striking his big toes against the driveway while barefoot about a month ago. Injury resulted in superficial abrasion that is still visibly healing. The blood sugar recorded in the office today was 200 mg/dl with only a light breakfast three hours earlier. On further discussion with the patient it is apparent that he is not taking his insulin on an appropriate basis. Patient has been on insulin for five years with poor control for six months. Patient has hypertension and is taking an ACE inhibitor. Blood pressure is stable.

ICD-9-CM	ICD-10-CM
250.60- DMII neuro nt st uncntrl 357.2 Neuropathy in diabetes	E11.42 - Type 2 diabetes mellitus with diabetic polyneuropathy
250.80 DMII oth nt st uncntrld	E11.65 - Type 2 diabetes mellitus with hyperglycemia
401.9 Hypertension NOS	I10 - Essential (primary) hypertension
V58.67 Long-term use of insulin	Z79.4 - Long term (current) insulin use
NO DX (No Equivalent Diagnostic Code)	T38.3X6D - Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, subsequent encounter

2. 35-year-old male is experiencing intense heartburn four to five times a week for two months. Patient states the burning sensation is worse at night and notes that when lying down, he “burps up” a sour liquid. He states that he can only sleep when propped up. Examination reveals irritation of the pharynx. The physicians assessment is that the patient has gastro-esophageal reflux. The patient does wake-up once a week with asthma symptoms requiring the use of a rescue inhaler. Patient also has mild asthma that he developed five years ago and is controlled with medication. Patient was a smoker for 10 years and quit five years ago. Otherwise, the patient is in good health.

ICD-9-CM	ICD-10-CM
530.81- Esophageal reflux	K21.9 - Gastro-esophageal reflux disease without esophagitis
493.00- Extrinsic asthma NOS 493.10- Intrinsic asthma NOS	J45.40 - Mild persistent asthma, uncomplicated
V15.82- History of tobacco use	Z87.891 - History of tobacco use

3. The patient has a gangrenous pressure ulcer of the right hip and a pressure ulcer of the sacrum documented by the physician. The nursing assessment indicates a stage two pressure ulcer of the sacrum with a stage three decubitus ulcer of the right hip.

ICD-9-CM	ICD-10-CM
785.4- Gangrene	I96- Gangrene, not elsewhere classified
707.04- Pressure ulcer, hip 707.23- Pressure ulcer, stage III	L89.213- Pressure ulcer of right hip, stage 3
707.03- Pressure ulcer, low back 707.22- Pressure ulcer, stage II	L89.152- Pressure ulcer of sacral region, stage 2

4. Julie is an 80-year-old female with senile osteoporosis. She complains of severe back pain with no history of trauma. X-rays revealed pathological compression fractures of several lumbar vertebrae.

ICD-9-CM	ICD-10-CM
733.13- Path fracture of vertebrae	M80.08XA- Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture