Chapter 11

Section Review 11.1

1. B. -stomy

RATIONALE: -ectasis means dilation, -cele means hernia, -lysis means release.

2. C. cheil/o

RATIONALE: An/o means anus, cec/o means cecum, col/o means colon.

3. B. It conveys and stores bile.

RATIONALE: The gallbladder is a sac-shaped organ located under the liver. It stores bile that is produced by the liver.

4. D. Duodenum, jejunum, ileum

RATIONALE: The three sections of the small intestine are the duodenum, jejunum, and the ileum. The ilium (note spelling) is one of the bones located in the pelvis. The sigmoid, rectum, and cecum are parts of the large intestine.

5. B. The transverse colon

RATIONALE: The name of the large intestine that runs horizontally across the abdomen is the transverse colon.

6. C. Liver

RATIONALE: The liver is the only organ in the human body that can self-regenerate, which is why an adult can donate a portion of a liver to a child and that transplanted portion will regenerate, usually within six weeks of the procedure.

7. A. Mechanical and chemical

RATIONALE: Digestion consists of two processes, mechanical and chemical. Mechanical digestion is chewing the food and your stomach and smooth intestine churning the food, but chemical digestion is the work the enzymes do when breaking large carbohydrate, lipid, protein, and nucleic acid molecules down into their subcomponents—these and others are the nutrients.

8.   B.   Incisors, Cuspids, Molars

RATIONALE: There are three categories of teeth:

◗ The Incisors—The teeth in the front of the mouth. They are shaped like chisels and are useful in biting off large pieces of food. Each person has eight of these (four on the top, four on the bottom).

◗ The Cuspids—The pointy teeth immediately behind the incisors. Also called the canines, these teeth are used for grasping or tearing food. Each person has four of these (two on the top and two on the bottom).

◗ The Molars—The flattened teeth used for grinding food. They are the furthest back in the mouth, and their number can vary among people.

9.   D.   5 ft. long

RATIONALE: The large intestine is about five feet long.

10.   A.   4 lobes

RATIONALE: The human liver has four lobes: the right lobe and left lobe, which may be seen in an anterior view, plus the quadrate lobe and caudate lobe.

Section Review 11.2

1.   B.   530.81

RATIONALE: GERD is the definitive diagnosis. Chest pain and a dry cough are both symptoms of GERD and would not be reported separately. GERD is an acronym for gastroesophageal reflux disease. In the ICD-9-CM Index, look under disease, then gastroesophageal reflux (GERD), and you are guided to 530.81.

2.   D.   564.1

RATIONALE: IBS is an acronym for irritable bowel syndrome, and can cause the intestinal tract to contract stronger and longer than normal. This may cause symptoms such as abdominal pain, constipation or diarrhea, and/or flatulence. To find IBS in the ICD-9-CM, look in the index under Syndrome, then find irritable, then bowel, leading you to code 564.1. Because abdominal pain and diarrhea are symptoms of IBS, they would not be coded separately. Ulcerative colitis is a rule-out diagnosis, and should not be coded.

3.   C.   455.6

RATIONALE: Hemorrhoids are dilated or enlarged varicose veins, which occur in and around the anus and rectum. The condition can be complicated by thrombosis, strangulation, prolapse, and ulceration. To find hemorrhoids in the ICD-9-CM, locate Hemorrhoids in the index, which will guide you to 455.6. If there is a complication to the hemorrhoids, you will look further in the index to locate the complication. For this record, there is no mention of complication, so the correct code would be 455.6.

4.   B.   211.3

RATIONALE: The definitive diagnosis is polyps. Rectal bleeding is a sign of polyps in the colon, and therefore, not coded separately. In the ICD-9-CM Index, look under Polyps. Polyps can occur in a variety of locations, follow the index to the site of the polyps, colon. You are directed to 211.3.

5.   C.   250.60, 536.3

RATIONALE: Gastroparesis is also named delayed gastric emptying. Gastroparesis may occur when the vagus nerve is damaged and the muscles of the stomach and intestines do not work normally. Food then moves slowly or stops moving through the digestive tract. The most common cause of gastroparesis is diabetes. In this case, the physician did link the gastroparesis to the patient's diabetes; therefore, we can use the appropriate diabetic complication code, 250.6x. The correct fifth digit would be 0, because the physician did not document that the patient's diabetes was uncontrolled. To find this in the index, look under Diabetes, gastroparesis, which leads to 250.6x [536.3]. The code in the slanted brackets always is a secondary code.

Section Review 11.3

1.   B.   44204

RATIONALE: Even though a peritoneoscopy was performed, it is not separately reportable because it is incidental to the more extensive procedure of the laparoscopic colectomy and the anastomosis.

2.   A.   41008

RATIONALE: The CPT® code 41008 is specifically for Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space.

3.   A.   48150

RATIONALE: The CPT® code 48150 is specifically for pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy, and gastrojejunostomy (Whipple-type procedure); with pancreato-jejunostomy.

4.   A.   46200

RATIONALE: In the CPT® Index, look up Anus/Fissure/Excision. You are referred to 46200. This is the correct code. There was a removal (excision) of a fissure, not fistula, without a sphincterotomy or hemorrhoidectomy.

5.   B.   49505-LT

RATIONALE: In the CPT® Index, look up Hernia Repair/Inguinal. You are referred to 49491, 49495–49500, and 49505. Review the codes to choose the appropriate service. 49505 is the correct code. The repair was through an incision (not by laparoscopy) on an initial inguinal hernia on a patient over five years of age. According to CPT® guidelines, "With the exception of the incisional hernia repairs (49560–49566), the use of mesh or other prosthesis is not separately reported." It would be inappropriate to code the mesh in this scenario.