

**ICD-10-CM for PPS Coordinators  
Diagnosis Coding Worksheet**

The following scenarios are from each chapter of the ICD-10-CM manual and do not have to be completed in any order. When completing this assignment please identify both the code(s), main terms and steps referenced.

**For example:**

Pneumonia due to Pseudomonas

1. J15.1 Referenced - Pneumonia (in) due to, Pseudomonas(NEC), Verified in Tabular
2. Pulmonary nocardiosis
3. Herpes simplex vaginitis
4. A patient with Lyme disease begins experiencing painful swollen joints. After an exam the patient is diagnosed with Arthritis due to Lyme disease.
5. A patient is complaining of fever, headache, nausea, vomiting, as well as ongoing seizures. After examination and test the patient is diagnosed with La Crosse Encephalitis.
6. Malignant neoplasm of tip of tongue
7. Prostate Cancer
8. A patient with Addison's diseases is diagnosed with Congenital Pernicious Anemia
9. A patient with skin paleness, fatigue, dizziness, and enlarged spleen and is diagnosed with hereditary sideroblastic anemia.
10. Sarcoid myositis
11. Hyperplasia of the parathyroid
12. A morbidly obese patient complaining of: concurrent obstructive sleep apnea, excessive daytime sleepiness, depression, and hypertension. After examination the patient is diagnosed with Pickwickian syndrome
13. Patient has bipolar disorder currently in a severe manic episode without psychotic features
14. A 12 year old patient is seen by a physician complaining of dementia, aphasia, seizures, tremors, balance instability, muscle weakness, headache and speech impairment, after undergoing an MRI the physician also noted that the patient has demyelinating plaques. The physician diagnosis the patient with Schilder's disease
15. Idiopathic progressive neuropathy
16. Spastic hemiplegia of the left dominant side
17. Subacute osteomyelitis of the right shoulder
18. Congenital diverticulum of the esophagus
19. Epigastric abdominal tenderness
20. Slurred speech without indication of cause
21. A patient with atherosclerotic heart disease of native coronary artery is seen by a physician for spasm-induced angina.

**Provide the Principal and Etiologic Diagnoses**

22. Patient admitted to rehab following BKA due to Diabetes, PVD and gangrene.

**PDX**

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**Etio**

23. Patient admitted to rehab due to motorcycle accident where the patient was not wearing a helmet which caused TBI with loss of consciousness for more than 24 hours and patient experiencing some residuals with delayed speech, personality changes with aggressive behavior and impaired cognition as well as new onset seizures, 3 column burst fracture at T6 with surgical repair, Comminuted Fracture Right Femoral shaft with surgical repair.

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24. Patient admitted to rehab due to gait dysfunction caused by Critical Illness Myopathy following extended ICU encounter. CIM is present.

**PDx**

**Etio**

25. Patient admitted due to Metabolic encephalopathy caused by MRSA Sepsis with septic shock causing Acute Respiratory Failure. Patient continues IV antibiotics for 4 days into the rehab admission and the acute respiratory failure was resolved prior to admission.

**PDx**

**Etio**

