

Faculty of Health, Natural Resources and Applied Sciences

School of Health Sciences

Department of Preventative Health Sciences

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QUALIFICATION: BACHELOR OF SCIENCE IN HEALTH INFORMATION SYSTEMS MANAGEMENT	
QUALIFICATION CODE: 07BHSM	LEVEL: 6
COURSE: INTERNATIONAL CLASSIFICATION OF DISEASE 1A/INTERNATIONAL CLASSIFICATION OF DISEASE	COURSE CODE: ICD611S/ICD621S
DATE: JANUARY 2024	SESSION: 2
DURATION: 3 HOURS	MARKS: 100

SECOND OPORTUNITY/SUPPLEMENTARY: QUESTION PAPER

EXAMINER:

MS INDAA PAULUS

MODERATOR:

DR LARAI AKU AKAI

INSTRUCTIONS

- 1. Answer all questions on the separate answer sheet.
- 2. Please write neatly and legibly.
- 3. Do not use the left side margin of the exam paper. This must be allowed for the examiner.
- 4. No books, notes and other additional aids are allowed.
- 5. Mark all answers clearly with their respective question numbers.
- 6. Students are allowed to refer to only 3 volumes of ICD-10 CM Pdf file. No other Windows & Internet applications are allowed.

PERMISSIBLE MATERIALS

1. Three volumes of ICD-10 CM Pdf

ATTACHMENTS

1. None

This question paper consists of 5 pages including this front page.

SECTION A: TRUE / FALSE

[10 MARKS]

QUESTION 1

- Evaluate the statements and select whether the statement is true or false. Write the word 'True' or 'False' next to the corresponding number on your ANSWER SHEET. Each question carries 1 (one) mark.
- 1.1 A baby boy is born with human immunodeficiency virus (HIV) disease. The baby's condition will be coded to chapter I (one) of the Tabular list.
- 1.2 The Category block B95-B97 is never to be used for primary coding.
- 1.3 The convention "see" indicates that there is an additional indexed entry where the coder may find pertinent information related to the documented condition.
- 1.4 An exclude 2 note indicates that it is unacceptable to use both the specific code and the excluded code together.
- 1.5 The terms "with" and "due to" are used in the Alphabetic Index and Tabular list to indicate a causal relationship between two or more conditions.
- 1.6 An ambidextrous patient with flaccid hemiplegia, the code selection will be non-dominant.
- 1.7 Selection of codes for "in remission" from categories F10-F19 are assigned entirely based on provider documentation.
- 1.8 When a provider documentation refers to use, abuse, and dependence of the same substance, only one code should be assigned to identify the pattern of use.
- 1.9 Routine postoperative pain immediately after surgery should be coded.
- 1.10 Colonization means that Methicillin Susceptible Staphylococcus Aureus (MSSA) is present in the body and not necessarily causing illness.

QUESTION 2

- 2. Code the following diagnostic terms using ICD- 10CM. Write the appropriate code next to the number of the statement/phrase in the ANSWER BOOK. <u>Each question carries 1 (one) mark.</u>
- 2.1 Ewing's Sarcoma.
- 2.2 Syphilis of thyroid gland.
- 2.3 Type 2 Diabetes Mellitus with mild nonproliferative diabetic retinopathy with macular edema.
- 2.4 Croup
- 2.5 Congenital iodine-deficiency syndrome, mixed type.
- 2.6 Eosinophilic meningoencephalitis due to Parastrongylus cantonensis.
- 2.7 Chronic obstructive pulmonary disease [COPD] with acute bronchitis.
- 2.8 Plasmodium falciparum Malaria.
- 2.9 Malignant neoplasm of upper-outer quadrant of left female breast.
- 2.10 Hypertensive heart disease with heart failure.
- 2.11 Procreative counselling and advice using natural family planning.
- 2.12 Hungry bone syndrome.
- 2.13 Orthostatic hypotension due to drugs.
- 2.14 Recurrent isolated sleep paralysis.
- 2.15 Dengue haemorrhagic fever.
- 2.16 Meningitis due to Rubella.
- 2.17 Encounter for screening for malignant neoplasm of oral cavity.
- 2.18 Cerebrovascular accident, ischemic.
- 2.19 Fever and shortness of breath due to pneumonia.
- 2.20 Neurogenic orthostatic hypotension.
- 2.21 Multiple myeloma.
- 2.22 Psychogenic impotence.
- 2.23 Subphrenic abscess following a procedure.
- 2.24 Withdrawal from heroin dependence, daily use.
- 2.25 Stenosis of left lacrimal sac.
- 2.26 Chronic rheumatic mediastinopericarditis.
- 2.27 Bilateral phlebitis and thrombophlebitis of popliteal vein.
- 2.28 Pneumoconiosis due to talc dust.
- 2.29 Hemorrhage from tracheostomy stoma.
- 2.30 Malignant neoplasm of head, face and neck.

- 2.31 Secondary malignant neoplasm of cerebral meninges.
- 2.32 Necrotizing encephalopathy, subacute.
- 2.33 Tuberculous cardiomyopathy.
- 2.34 Vascular anomalies of the right lower eyelid.
- 2.35 Arachnophobia.

SECTION C: SEMI- STRUCTURED ANSWER QUESTIONS

[40 MARKS]

(4)

QUESTION 3

- Identify the most suitable codes from ICD-10 CM by using chapter specific guidelines for the following cases.
- 3.1 Suzie Small, a 21-year-old, is being seen today. She and her mother return to discuss the findings of various diagnostic and psychological tests that were completed to determine the reason for her loss of appetite and weight loss as reported by her mother. The laboratory tests show no physiological reason for the weight loss. Psychological testing concluded that the patient is not eating and is showing signs of anorexia nervosa. The provider is referring the patient to Dr Naholo for further psychological analysis. Assessment: eating disorder.
- 3.2 Mr Johnson is admitted to the hospital with chest and epigastric pain. He is evaluated by the emergency department physician with a diagnosis of myocardial infarction rule out. Mr. Johnson is then transferred to a larger facility for further work-up. (4)
- 3.3 A 60 year old woman presents for a follow-up visit due to a pathological age-related osteoporosis on the left lower leg that is healing well. She also has a history of pathological fractures due to osteoporosis.
- 3.4 Thomas was involved in an accident years ago in which his neck was injured. Today heis being seen for a neck pain complain.
- 3.5 A Patient admitted with severe Anaemia due to right breast carcinoma of the centralportion of the female breast. The focus of care is the anaemia.(4)
- 3.6 Severe sepsis due to *Pseudomonas* with septic shock. (4)
- 3.7 An asymptomatic Human Immunodeficiency Virus (HIV) patient never had any opportunistic infections. He is being seen today by his physician for moderate,(4)

INTERNATIONAL CLASSIFICATION OF DISEASE 1A (ICD611S)/ INTERNATIONAL CLASSIFICATION OF DISEASE ICD621S

2nd Opportunity January 2024

3.8	A patient presents with a chief complaint of a backache and after examination, the physician determines the patient has acute kidney infection due to <i>Escherichia coli</i> .	(4)
3.9		No.
	involvement with evidence of necrosis and is identified as stage 4.	(4)
3.10	O A 36-year-old patient with advanced HIV is admitted to the hospital with red purplish spots and severe leg swelling. The patient is diagnosed with skin Kaposi sarcoma.	(4)
SEC	TION D: STRUCTURED ANSWER QUESTIONS	15 MARKS
	estion 4	
4.	Identify the most suitable codes from ICD-10 CM by using chapter specific guidelines for the following scenarios. <u>Sequencing carries 1 (one) mark.</u>	
4.1	A 60-year-old male has Hypertension with Stage 4 chronic kidney disease. He walked into clinic reporting of blood in urine and severe lower abdominal pain. The urine was positive for heavy blood and abdomen is distended. The Emergency medical services	
	were called.	(5)
4.2	A 43-year-old obese female with secondary diabetes mellitus due to acute idiopathic	"H _{1.7}
	pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300 mg/dl.	(4)
4.3	Patient admitted with malignant neoplasm of anterior wall of nasopharynx due to occupational exposure to environmental tobacco smoke.	(3)
4.4	Baby born with thrombocytopenic purpura and also found to have an absent radius.	(3)

major depressive disorder, single episode.

END OF QUESTION PAPER