October 1, 2011 ICD-9-CM Updates: Readiness Assessment

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In order to correctly assign the new ICD-9-CM codes that took effect October 1, it is important for coders to understand both the clinical background and coding guidelines associated with these annual changes.

This assessment is a compilation of key clinical and coding guidelines about the revisions, deletions, and additions to ICD-9-CM. The coding guidelines addressed in this assessment are based on the official changes to the tabular list of the ICD-9-CM diagnosis and procedure codes. The clinical guidelines addressed in this assessment are based on the September 2010 and March 2011 minutes of the ICD-9-CM Coordination and Maintenance Committee.

The ICD-9-CM Coordination and Maintenance Committee is a forum for proposals to update ICD-9-CM. The committee meetings are co-chaired by a representative from the National Center for Health Statistics (NCHS) and one from the Centers for Medicare and Medicaid Services (CMS). The two agencies share the responsibility of maintaining ICD-9-CM, with classification of diagnoses (volumes 1 and 2) by NCHS and procedures (volume 3) by CMS.

Although the ICD-9-CM Coordination and Maintenance Committee is a federal committee, suggestions for modifications come from both the public and private sectors.

To answer the questions in this assessment, please see the following documents:

- Diagnosis Agenda ICD-9-CM Coordination and Maintenance Committee Meeting Minutes for September 16, 2010: Part 1 and Part 2
- Diagnosis Agenda ICD-9-CM Coordination and Maintenance Committee Meeting Minutes for March 9–10, 2011
- Fiscal Year 2012 ICD-9-CM Disease Tabular Addenda
- Fiscal Year 2012 ICD-9-CM Volume 3 Tabular Addenda
Clinical questions from the ICD-9-CM Coordination and Maintenance Committee Meeting minutes

1. Please fill in the blanks below for the diagnosis topic “anaphylactic reaction, and other serum reaction.”

   “Anaphylactic reactions are a ________ hypersensitivity reaction, involving IgE antibodies, and occurring immediately with exposure. Other serum reactions can also occur, including ________ hypersensitivity reactions, which both involve IgG antibodies.

   There are certain types of transfusion reactions and drug reactions that exemplify ________ hypersensitivity reactions. Examples of ________ hypersensitivity reactions include serum sickness and Arthus reaction. ____________ is a hypersensitivity reaction to a protein in serum, generally occurring one to three weeks after exposure. It may involve fever, itching, and rash, potentially with other manifestations, some of which include joint pain and swollen lymph nodes.”

2. According to the diagnosis topic “mesh erosion/mesh exposure,” which of the following has been associated with mesh erosion and subsequent pelvic infection (due to the erosion into surrounding organs or tissue)?

   a. Synthetic graft material used to suspend the apex of the uterus to the anterior longitudinal ligament of the vagina
   b. Synthetic graft material used to suspend the apex of the vagina to the anterior longitudinal ligament of the sacrum
   c. Synthetic graft material used to suspend the apex of the pelvis to the anterior longitudinal ligament of the uterus

3. Which of the following statements about the diagnosis topic “lymphangioleiomyomatosis” is false?

   a. Lymphangioleiomyomatosis is also known as lymphangiomyomatosis or LAM
   b. The clinical behavior of LAM is more consistent with a neoplasm, rather than interstitial lung disease
   c. LAM is characterized by the infiltration of the lung with neoplastic smooth muscle cells of unknown origin, and cystic destruction of lung tissue
   d. LAM is a rare, frequently fatal lung disease that affects women almost exclusively
e. LAM may occur sporadically (not inherited), and also in patients with tuberous sclerosis complex (inherited)

4. Please fill in the blanks below for the diagnosis topic “elective C-sections prior to 39 weeks.”

“The American College of Obstetricians and Gynecologists (ACOG) has indicated that one of the new markers of quality involves looking at ______ deliveries done prior to ______ gestation. In reviewing these cases, ____________________________ deliveries done prior to 39 weeks fall into this category. However, many times these deliveries occur earlier because the woman presents at 37–38 weeks gestation in _____, and the physician determines that is best to deliver at that time rather than try to take measures to wait until the 39th week.”

5. Which of the following is a false statement about the diagnosis topic “adult pulmonary Langerhans cell histiocytosis (PLCH)?”

a. PLCH occurs almost exclusively in smokers
b. In adults, PLCH is characterized by focal Langerhans’ cell granulomas infiltrating and destroying distal bronchioles
c. Hand-Schüller-Christian disease, Letterer-Siwe disease, and histiocytosis are also histiocytic disorders that occur in adults
d. The clinical behavior of adult PLCH is consistent with an interstitial lung disease, rather than a neoplasm or a metabolic disorder

6. According to the diagnosis topic “glaucoma severity staging,” which of the following is not one of the most common types of glaucoma?

a. Primary open angle glaucoma (POAG)
b. Primary angle closure glaucoma
c. Pigmentary glaucoma
d. Hypertensive glaucoma
e. Glaucoma associated with ocular trauma

7. Please fill in the blanks below for the diagnosis topic “corticobasal degeneration.”

“Corticobasal degeneration (CBD) is a neurodegenerative disease that is manifest by both movement disorder and cognitive impairment. The cognitive symptoms resemble those of the
frontotemporal ________, especially _______ executive function, visuospatial and number processing, and language_________. The movement disorder most often presents asymmetrically and may include akinetic-rigid syndrome, myoclonus or dystonia. Patients may also have ______ syndrome, apraxia and cortical sensory loss.”

8. According to the diagnosis topic “pulmonary arteriovenous malformation and pulmonary atresia,” which of the following definitions is incorrect?

a. Pulmonary coarctation is an abnormal communication between pulmonary arteries and pulmonary veins.
b. Narrowing of the pulmonary artery is called coarctation or stenosis.
c. Complete failure of the pulmonary valve to form, with the origin of the pulmonary artery not connecting to the heart, may be called pulmonary artery atresia or agenesis.

9. Refer to the diagnosis topic “complications of stem cell transplant,” and complete the following sentence:

“Complications that can arise with a stem cell transplant include: __________________
________________________________________________________________________.”

10. According to the diagnosis topic “pseudobulbar affect (PBA),” which of the following is an incorrect statement?

a. PBA has been reported to occur in 11% of patients with amyotrophic lateral sclerosis (ALS)
b. PBA has been reported to occur in 10% of patients with multiple sclerosis (MS)
c. PBA has been reported to occur in 11% of patients 1 year after suffering a stroke
d. 11% of patients after a traumatic brain injury

11. According to the diagnosis topic “disorders to intrinsic circulating anticoagulants, antibodies or inhibitors,” which of the following is not a type of heparin?

a. Anti-IIa
b. Anti Xa
c. Unfractionated
d. Low molecular weight
e. aPTT
12. Please fill in the blanks below for the diagnosis topic “disorders to intrinsic circulating anticoagulants, antibodies or inhibitors.”

“Systemic lupus erythematosus (SLE) inhibitor or _______________ is an antibody directed against protein phospholipid complexes. There are certain other _______________ that when present are a risk factor for thromboembolic disease, but patients may also be asymptomatic (e.g., anticardiopipin antibodies). The _______________ is primarily related to interaction of antibody, such as lupus anticoagulant, with test reagents. While these antibodies do not typically cause hemorrhagic disease, there are some reported cases where such antibodies appeared to be related to ___________. This would ordinarily require some other problem with blood clotting, although some cases have occurred where other problems were not found.”

13. According to the diagnosis topic “interstitial lung diseases of childhood,” which of the following is a description of alveolar capillary dysplasia with vein misalignment (ACDMPV)?

a. ACDMPV is associated with prolonged oxygen use for years in children, starting in the first year of life and persisting with mild symptoms into adolescence.
b. ACDMPV results from the proliferation of a poorly defined clear cell population that contains glycogen in the alveolar interstitium, resulting in significant thickening of this space and marked diffusion abnormalities for oxygen.
c. Children with ACDMPV present in the immediate neonatal period with rapidly progressive respiratory failure and severe pulmonary hypertension that progresses to death in the first 2 months of life despite therapeutic interventions for pulmonary hypertension, advanced ventilation strategies, and extracorporeal membrane oxygenation (ECMO).
d. ACDMPV includes surfactant protein B mutation of the lung, surfactant protein C mutation of the lung, surfactant associated ATP binding cassette A3 mutation of the lung, and surfactant associated thyroid transcription factor 1 mutations of the lung (SPB, SPC, ABCA3, and TTF-1).

14. According to the diagnosis topic “idiopathic pulmonary fibrosis,” what is the most prominent and disabling symptom of this disease?

a. Chest pain
b. Dyspnea
c. Hemoptysis
15. According to the diagnosis topic “nonspecific interstitial pneumonitis,” the duration of symptoms may range from which of the following?

a. 3 weeks to 6 weeks  
b. 3 months to 6 months  
c. 6 weeks to 3 months  
d. 6 months to 3 years  

16. According to the diagnosis topic “acute interstitial pneumonia,” the term AIP is reserved for which of the following cases?

a. Diagnosed between 1 and 2 months of age 
b. Resulting in death 
c. Cases of unknown cause 

17. According to the diagnosis topic “respiratory bronchiolitis-associated interstitial lung disease,” which of the following is considered to be a more extensive form of RB-ILD?

a. Desquamative interstitial pneumonia  
b. Acute interstitial pneumonia  
c. Nonspecific interstitial pneumonitis  
d. Idiopathic pulmonary fibrosis  
e. Neuroendocrine cell hyperplasia of infancy 

18. According to the diagnosis topic “lymphocytic interstitial pneumonia,” which of the following is not accurate?

a. Fever, weight loss, chest pain, and arthralgia are occasionally found in LIP  
b. LIP is most typically diagnosed in the fifth decade  
c. Occasional cases of LIP resolve or improve substantially  
d. LIP has no known cause 

19. According to the diagnosis topic “cryogenic organizing pneumonia,” the majority of patients with COP recover completely on administration of which of the following?
a. Oral corticosteroids  
b. Nasal corticosteroids  
c. Inhalation corticosteroids  

20. Please fill in the blanks for the diagnosis topic “desquamative interstitial pneumonia.”

“The__________ of DIP is generally good, as most patients improve with __________ and __________. The overall survival is about ____ after 10 years.”

21. According to the “vitreomacular adhesion,” which of the following is the main determinant for visual acuity?

a. Vitreous  
b. Retina  
c. Macula  
d. Fovea

22. Please complete the following sentence for the diagnosis topic “partial tear of rotator cuff.”

“A partial tear of the rotator cuff is an area of damage to the rotator cuff tendons, where the tear ______________.”

23. Please fill in the blanks for the diagnosis topic “solitary pulmonary nodules.”

“A single pulmonary nodule (SPN) is a ________________ in the lungs typically deep within and surrounded with the lung parenchyma in a sub-segmental branch of the ________. On imaging examination__________ single pulmonary nodule may be present on the lung field. The two single pulmonary nodules tend to be distinct and _______ anatomical proximity.”

24. According to the diagnosis topic “wandering,” the majority of wandering fatalities associated with autism are attributed to which of the following?

a. Traffic accidents
b. Assault  
c. Drowning  
d. Burns

25. Please fill in the blank for the diagnosis topic “positive finding for interferon gamma release assays [IGRA].”

“Recognition that ____________ played a critical role in regulating cell-mediated immune responses to ____________ led to the development of a blood test for the detection of M. tuberculosis infection by interferon gamma release assays (IGRAs). IGRAs detect ____________ to M. tuberculosis by measuring IFN-γ release in response to antigens representing M. tuberculosis.”

26. According to the “severely calcified coronary lesions,” which of the following is not an accurate statement?

a. Calcified lesions are more difficult to treat with angioplasty and stenting  
b. Calcium deposits may block stents from reaching the desired location and may prevent the stent from fully expanding to the optimal size  
c. Increased amount of calcium deposits leads to a higher incidence of major adverse cardiac events, in particular the rate of non-Q wave myocardial infarction  
d. A more invasive procedure, such as coronary endarterectomy may be required to treat calcified coronary lesions

27. According to the diagnosis topic “hepatopulmonary syndrome,” HPS is not a complication of which of the following?

a. Liver transplant  
b. Cirrhosis  
c. Acute ischemic hepatitis  
d. Non-cirrhotic portal hypertension

28. According to the diagnosis topic “postoperative respiratory failure,” which of the following can reduce the risk of PRF?

a. Perioperative intubation
b. Perioperative mechanical ventilation
c. Perioperative lung expansion exercises
d. Perioperative smoking cessation

29. According to the diagnosis topic “postoperative shock,” septic shock is a subtype of which of the following?

a. Distributive shock
b. Cardiogenic shock
c. Hypovolemic shock
d. Anaphylactic shock

30. According to the diagnosis topic “hypertrophic cardiomyopathy,” what are the two levels of manifestation for this disease?

a. Hypertensive or non-hypertensive
b. Congenital or acquired
c. Obstructive or nonobstructive
d. Juvenile or adult-onset

31. According to the diagnosis topic “pneumothorax and air leak,” which of the following is a false statement?

a. A postoperative air leak without significant air in the pleural space
b. Spontaneous pneumothorax may be primary or secondary
c. One cause of secondary pneumothorax is reflux of the esophagus

32. According to the diagnosis topic “thalassemia,” patients who suffer from the severest form of this disease require which of the following?

a. Stem cell transplant
b. Bone marrow transplant
c. Life-long blood transfusions
d. Hemodialysis
33. According to the diagnosis topic “infection due to central venous catheter,” what are the two major categories of infections due to central venous catheters?

a. Peripheral and central
b. Drug-resistant and drug-susceptible
c. Local and systemic
d. Community-acquired and hospital-acquired

34. According to the procedure topic “implantable hemodynamic monitoring system,” which of the following is not an accurate statement?

a. Pulmonary artery pressure (PAP) allows precise management of heart failure
b. Medications and other treatments are adjusted based on changes in PAP
c. Balloon catheter is introduced through a femoral venous sheath and advanced through the right side of the heart
d. CardioMEMS delivery system is inserted and advanced to the selected coronary artery branch

35. Please fill in the blanks for the procedure topic “endovascular embolization with head or neck vessel reconstruction.”

“Aneurysm devices are sometimes referred to as stents or stent-like devices. However, the manufacturer has noted that there are technical distinctions. Conventional ________ serve to re-open vessels that are narrowed or blocked, such as by atherosclerosis. Specialized stents can serve as adjuncts to ________ by retaining the coils within the aneurysm sac. In contrast to both of these types of stents, vessel reconstruction devices such as the Pipeline™ Embolization Device are stand-alone devices that treat the aneurysm by ________ from within. It should be mentioned that though this is a stent-like device, the devices are catheter deployed, and ________ is not involved in the procedure.”

36. Please fill in the blanks for the procedure topic “fenestrated endograft repair of abdominal aortic aneurysms.”

“Aneurysmal disease that extends proximally to the level of the __________ is usually indicative of more extensive aortic disease and co-morbidities, and as a result, many of these patients are at a higher overall risk when undergoing open surgical repair. Additionally, these patients are often not suitable for endovascular treatment with currently available endografts.”
because the ____________________________ to provide an adequate seal at the proximal end. The indications for use for many of the standard endografts call for an aortic neck length greater than or equal to 15 mm.”

37. Please fill in the blanks for the procedure topic “fenestrated endograft repair of abdominal aortic aneurysms.”

“In a standard EVAR procedure, it is rarely necessary to ______ a branch vessel. When required, it is typically a renal artery requiring stenting due to the endovascular device being placed too high and impinging on the renal artery ostium. In a __________ procedure, most often __________ require stenting and sometimes __________, as well. In these procedures, the fenestrated portion of the endovascular graft is first partially deployed in the aorta, with the physician making sure to carefully align the fenestrations of the stent-graft body with the origins of the arterial ostia. Guidewires are then passed through the fenestrations in the stent-graft body into the relevant arteries. This allows for catheterization of the arteries and subsequent stenting to assure the stent-graft fenestrations remain aligned with the visceral arteries over time.”

38. Please fill in the blanks for the procedure topic “cardiac valve replacement: Transcatheter aortic, transapical aortic, and transcatheter pulmonary.”

“Recently, transcatheter heart valve replacement has emerged as a treatment option. The native valve is __________ and the new valve is implanted on top of __________, replacing the native valve's structure and function.”

39. According to the procedure topic “PTCA/atherectomy,” which of the following is an incorrect procedure description?

a. Rotational atherectomy uses a high speed rotating shaver to grind up plaque.
b. Directional atherectomy microwaves plaque using a special microwave conduction catheter.
c. Transluminal extraction coronary atherectomy uses a device that cuts plaque off vessel walls and vacuums it into a bottle.
d. Laser atherectomy uses laser catheters to pulverize the plaque.

40. According to the procedure topic “temporary therapeutic endovascular occlusion of vessel,” the NeuroFlo™ Catheter diverts from the ____________________________ ?
a. Lower extremities to the cerebral collaterals  
b. Internal carotids to the lower extremities  
c. Cerebral collaterals to the lower extremities  
d. Lower extremities to the internal carotids

41. According to the procedure topic “insertion of multiple coils for the embolization or occlusion of head or neck vessels,” which of the following is an incorrect description?

a. The placement of the first coil is commonly referred to as “framing the aneurysm.”  
b. The second coil and each subsequent coil are often referred to as “the filling coils.”  
c. To complete the embolization of the aneurysm, one or more softer and shorter “finishing coils” are inserted.  
d. To secure the finishing coil an “anchor” coil is inserted.

42. Please fill in the blanks for the procedure topic “implantation of antimicrobial envelope.”

“With the widespread use of cardiovascular implantable electronic devices (CIED), such as pacemakers and implantable defibrillators, there has been an associated rise in complications, including ________. Fabric pouches, into which the generators are placed prior to insertion, have been used for several decades to reduce device migration while local and systemic prophylactic antibiotics have been used to reduce post implantation infection. A manufacturer has recently released a ________ composed of fibers that contain ________. The antibiotics are released over a number of ______ following implantation in order to provide continuous local antibiotic activity in the immediate post surgical period.”

43. According to the “implantable ischemic detection system (IIDS),” which of the following is not an accurate statement?

a. The purpose of the IIDS is to provide a means of detecting rapidly progressive and significant ST shifts in EKGs and other cardiac irregularities.  
b. A non-programmable generator is inserted.  
c. A programmable implantable monitoring device (IMD) that is implanted in the same manner as a pacemaker.  
d. IID also includes a right ventricular lead and a lead adapter, a pager-sized portable external alarm device.
44. According to the procedure topic “insertion of aqueous drainage shunt,” the stainless steel tube is similar to the size of which of the following?

a. Grain of rice  
b. Paper clip  
c. Finger nail

45. According to the procedure topic “oxidized zirconium ceramic hip bearing surface,” which of the following is an incorrect statement?

a. Metal’s chief advantage is toughness and fracture resistance.  
b. Metal’s chief disadvantage may be wear characteristics and ion shedding.  
c. Ceramic’s chief advantage is superior wear characteristics.  
d. Ceramic’s chief disadvantage is brittleness.  
e. Polyethylene is used to take advantages of articulation of a hard surface against a “soft” surface.  
f. Polyethylene is prone to hardening over time, when articulating against a course metal surface, causing debris and implant loosening.

46. According to the procedure topic “sleeve gastrectomy,” which portion of the stomach is removed during this procedure?

a. The greater curvature  
b. The pylorus  
c. The lesser curvature

47. According to the procedure topic “external ventricular drainage,” which of the following is a correct description?

a. A ventricular drain is a “cut” (tome from latin tomus) to create an ostium (“door”).  
b. A ventricular drain is a procedure that creates a bypass pathway for a flowing fluid.  
c. A ventricular drain involves a catheter being passed through a small burr hole into the ventricle and fluid is allowed to drain into a container outside the body.

48. According to the procedure topic “open left atrial appendage occlusion with ‘U’ fastener implant,” this procedure is used for patients with which of the following?
a. Atrial flutter
b. Atrial stenosis
c. Atrial fibrillation

Coding questions from the official ICD-9-CM addenda

49. Which of the following is the description of the new code 173.11?

a. Unspecified malignant neoplasm of eyelid, including canthus
b. Basal cell carcinoma of eyelid, including canthus
c. Squamous cell carcinoma of eyelid, including canthus
d. Other specified malignant neoplasm of eyelid, including canthus

50. Effective October 1, 2011, what is the status of code 365.05?

a. New code
b. Revised code
c. Invalid code

51. What is the description for code 425.11?

a. Other primary cardiomyopathies
b. Other hypertrophic cardiomyopathy
c. Hypertrophic obstructive cardiomyopathy

52. Which of the following is an incorrect code description?

a. 512.2 (postoperative air leak)
b. 512.82 (secondary spontaneous pneumothorax)
c. 512.83 (chronic pneumothorax)
d. 512.89 (acute on chronic pneumothorax)

53. Which of the following is the description for code 518.53?
a. Acute respiratory failure following trauma and surgery
b. Other pulmonary insufficiency, not elsewhere classified, following trauma and surgery
c. Acute and chronic respiratory failure following trauma and surgery
d. Acute and chronic respiratory failure

54. Which of the following is the new code for septic postoperative shock?

a. 998.00
b. 998.01
c. 998.02
d. 998.09

55. Which of the following new codes classifies local infection due to triple lumen catheter?

a. 999.31
b. 999.32
c. 999.33
d. 999.34

56. What is the new code for personal history of gestational diabetes?

a. V12.20
b. V12.21
c. V12.22
d. V12.29

57. What is the new code for pregnancy with inconclusive fetal viability?

a. V19.11
b. V19.19
c. V23.42
d. V23.87

58. What is the new procedure code for uterine embolization without coils?
59. Which of the following is the procedure code assignment for ultrasonic debridement?

a. 68.24  
b. 68.25  
c. 68.4  
d. 68.49

60. What is the new code that classifies the percutaneous transluminal atherectomy of a renal artery?

a. 17.56  
b. 17.55  
c. 17.54  
d. 17.53
# Answer key for ICD-9-CM assessment

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<th>Question</th>
<th>Answer</th>
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<td>Type I; type II and type III; type II; type III; Serum sickness</td>
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<td>b. Synthetic graft material used to suspend the apex of the vagina to the anterior longitudinal ligament of the sacrum</td>
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<td>3.</td>
<td>b. The clinical behavior of LAM is more consistent with a neoplasm, rather than interstitial lung disease</td>
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<td>4.</td>
<td>Elective; 39 weeks; planned repeat cesarean section; labor</td>
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<td>5.</td>
<td>c. Hand-Schüller-Christian disease, Letterer-Siwe disease, and histiocytosis are also histiocytic disorders that occur in adults</td>
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<td>6.</td>
<td>d. Hypertensive glaucoma</td>
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<td>7.</td>
<td>Dementias; loss of; language impairment; alien limb</td>
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<td>8.</td>
<td>a. Pulmonary coarctation is an abnormal communication between pulmonary arteries and pulmonary veins.</td>
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<td>9.</td>
<td>Graft-versus-host disease, stem cell (graft) failure, organ damage, cataracts, and secondary cancers.</td>
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<td>10.</td>
<td>a. PBA has been reported to occur in 11% of patients with amyotrophic lateral sclerosis (ALS)</td>
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<td>11.</td>
<td>e. aPTT</td>
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<td>12.</td>
<td>Lupus anticoagulant; antiphospholipid antibodies; elevated aPTT; bleeding</td>
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<td>13.</td>
<td>c. Children with ACDMPV present in the immediate neonatal period with rapidly progressive respiratory failure and severe pulmonary hypertension that progresses to death in the first 2 months of life despite therapeutic interventions for pulmonary hypertension, advanced ventilation strategies, and extracorporeal membrane oxygenation (ECMO)</td>
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<td>14.</td>
<td>b. Dyspnea</td>
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<td>15.</td>
<td>d. 6 months to 3 years</td>
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<td>c. Cases of unknown cause</td>
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<td>17.</td>
<td>a. Desquamative interstitial pneumonia</td>
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<td>18.</td>
<td>d. LIP has no known cause</td>
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<td>19.</td>
<td>a. Oral corticosteroids</td>
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<td>20.</td>
<td>Prognosis ; smoking cessation; corticosteroids; 70%</td>
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<td>21.</td>
<td>d. Fovea</td>
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<td>22.</td>
<td>Does not go all the way through the tendons</td>
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<td>23.</td>
<td>Round or oval spot (lesion); bronchial tree; more than one; not in close</td>
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<td>24.</td>
<td>c. Drowning</td>
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<td>25.</td>
<td>Interferon gamma; M. tuberculosis infection; sensitization</td>
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<td>26.</td>
<td>d. A more invasive procedure, such as coronary endarterectomy may be required to treat calcified coronary lesions</td>
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<td>27.</td>
<td>a. Liver transplant</td>
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<td>---</td>
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<td>28.</td>
<td>a. Perioperative lung expansion exercises</td>
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<td>29.</td>
<td>b. Distributive shock</td>
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<td>30.</td>
<td>c. Obstructive or nonobstructive</td>
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<td>31.</td>
<td>a. One cause of secondary pneumothorax is reflux of the esophagus</td>
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<td>b. Life-long blood transfusions</td>
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<td>33.</td>
<td>c. Local and systemic</td>
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<td>34.</td>
<td>a. CardioMEMS delivery system is inserted and advanced to the selected coronary artery branch</td>
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<td>35.</td>
<td>b. Dilation stents; coil embolization; rebuilding the vessel; angioplasty</td>
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<td>36.</td>
<td>Renal arteries; length of healthy aorta is insufficient</td>
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<td>37.</td>
<td>Stent; fenestrated EVAR; both renal arteries; mesenteric vessels</td>
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<td>Destroyed in situ; its remains</td>
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<td>39.</td>
<td>a. Directional atherectomy microwaves plaque using a special microwave conduction catheter.</td>
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<td>40.</td>
<td>b. A non-programmable generator is inserted.</td>
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<td>41.</td>
<td>c. Polyethylene is prone to hardening over time, when articulating against a course metal surface, causing debris and implant loosening.</td>
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<td>42.</td>
<td>d. From the lower extremities to the cerebral collaterals</td>
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<td>43.</td>
<td>e. To secure the finishing coil an “anchor” coil is inserted.</td>
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<td>44.</td>
<td>f. Infection; fabric pouch; embedded antibiotics; days</td>
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<td>45.</td>
<td>a. Grain of rice</td>
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<td>46.</td>
<td>b. Atrial fibrillation</td>
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<td>47.</td>
<td>c. Ventricular drain involves a catheter being passed through a small burr hole into the ventricle and fluid is allowed to drain into a container outside the body.</td>
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<td>48.</td>
<td>c. Hypertrophic obstructive cardiomyopathy</td>
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<td>d. 512.89 (acute on chronic pneumothorax)</td>
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