## Corrections for Certified Electronic Health Record Specialist (CEHRS) Study Guide

The dates listed below indicate when the correction was added to this document. These corrections are also made for subsequent printings and within the tutorial version of the book. Implementation of those changes will vary based on deployment schedules for the tutorial updates and depletion of print stock.

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<td>48</td>
<td>1</td>
<td>In traditional coding practice, the coder uses the alphabetic index, or Volume 1 of ICD-9-CM ICD-10-CM, to locate a disease the clinician documents as the diagnosis. For example, you can find hypertension by finding the letter H and then the word “hypertension.” Once you locate the word, it will list a series of tabular or numeric codes. Find the codes in Volume 2, or the tabular index.</td>
<td>8/18/2014</td>
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| 59   | 2       | 5. When assigning an ICD-10-CM diagnosis code, which of the following is correct?  
A. Use of the ICD-10-PCS is required.  
B. Use of the tabular list is optional.  
C. Assigning additional codes from the tabular list is optional.  
D. Use of the alphabetic index and tabular list are required.  
C. Use of the alphabetic index and tabular list are required.  
D. Assigning additional codes from the tabular list is optional. | 5/7/2018       |
| 60   | 2       | 8. When documenting a patient’s reason for visit, the physician assistant typed in “sinusitis, acute” with no other details. In the ICD-10-CM coding software, an EHR specialist notices there are several options for coding sinusitis. Which of the following codes should the EHR specialist assign?  
A. J01.90 (acute sinusitis)  
B. J01.10 (acute sinusitis, frontal)  
C. J01.40 (acute sinusitis, other)  
D. J01.00 (acute sinusitis, unspecified)  
A. J01 (acute sinusitis)  
B. J01.1 (acute sinusitis, frontal)  
C. J01.80 (acute sinusitis, other)  
D. J01.90 (acute sinusitis, unspecified) | 5/7/2018       |
| 60   | 2       | 9. Which of the following is included in the ICD-10-CM manual?  
A. Medical supply codes  
B. Durable medical equipment codes  
C. Medical condition codes  
D. Surgical procedure codes  
C. Surgical procedure codes  
D. Disease and injury codes | 5/7/2018       |
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| 62   | 2    | 5. When assigning an ICD-10-CM diagnosis code, which of the following is correct?  
|      |      | A. Assigning a 7th digit is required, where available.  
|      |      | B. Do not enter decimal points in ICD-10-CM codes.  
|      |      | C. Use placeholder “X” for all three-character ICD-10-CM codes.  
|      |      | D. Verify code selection by referring to the alphabetic index.  
|      |      | A. Use of the ICD-10-PCS is required.  
|      |      | B. Use of the tabular list is optional.  
|      |      | C. Use of the alphabetic index and tabular list are required.  
|      |      | D. Assigning additional codes from the tabular list is optional.  
| 63   | 2    | 7. When abstracting from an outpatient record to assign the ICD-10-CM code, which of the following should an EHR specialist look for?  
|      |      | A. Medications that were administered  
|      |      | B. Diagnosis listed first in the documentation  
|      |      | C. The presence of a consultation or second opinion  
|      |      | B. Diagnostic statement documented  
|      |      | C. Presence of a consultation or second opinion  
|      |      | D. Prescriptions that were written for the patient  
| 63   | 2    | Because there is no additional information provided in the documentation, the EHR specialist should assign the code J01.90 (acute sinusitis, unspecified). The EHR specialist should not assign codes that include additional details or specifications that are NOT included in the documentation. The terms frontal, maxillary, and pansinusitis are subterms referring to specified anatomic sites (sinus cavities) that are not included in the documentation. Assigning these codes would be incorrect. The EHR specialist should not use only the classification or 3-digit code when 4th or 5th digit codes are available.  
| 63   | 2    | 9. Which of the following is included in the ICD-10-CM manual?  
|      |      | A. Medical supply codes  
|      |      | B. Durable medical equipment codes  
|      |      | C. Medical condition Surgical procedure codes  
|      |      | D. Disease and injury codes  
| 74   | 3    | 2. Which of the following code sets is a provider required to include when submitting claims to public or private payers for reimbursement?  
|      |      | A. ICD-0 ICD-0-3  
|      |      | B. HCPCS  
|      |      | C. SNOMED-CT  
|      |      | D. LOINC  
| 77   | 3    | Which of the following code sets is a provider required to include when submitting claims to public or private payers for reimbursement?  
|      |      | A. ICD-3 ICD-0-3  
|      |      | B. HCPCS  
|      |      | C. SNOMED-CT  
|      |      | D. LOINC  
|      |      | HIPAA mandates that providers submit reimbursement claims using HCPCS and ICD-10-CM/PCS code sets. ICD-3 ICD-0-3 is an oncology code set. SNOMED-CT codes are not used for reimbursement purposes. LOINC is a database and universal standard for identifying medical laboratory observations.  