

***Let's Code It!, 1e* (Safian)**

Chapter 1 Introduction to the Languages of Coding

1) A _____ code reports why the patient was seen by the physician.

- A) condition
- B) diagnosis
- C) procedure
- D) status

Answer: B

Explanation: The diagnosis, or diagnostic statement, will explain why the patient was seen and treated.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

2) A _____ explains WHAT the physician or health care provider did for the patient.

- A) condition
- B) diagnosis
- C) procedure
- D) status

Answer: C

Explanation: A procedure explains WHAT the physician or health care provider did for the patient.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 3) The category term used in healthcare to identify ICD-10-CM, CPT, ICD-10-PCS, and HCPCS Level II code sets is referred to as
- A) medical necessity.
 - B) nonessential modifiers.
 - C) external cause.
 - D) Classification Systems.

Answer: D

Explanation: We use the concept of "languages" to help you relate medical coding— and its code sets—to an idea you already understand. In the health care industry, however, the various code sets, such as ICD-10-CM, ICD-10-PCS, CPT, or HCPCS Level II, are referred to as Classification Systems.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 4) The determination that the health care professional was acting according to standard practices in providing a particular procedure for an individual with a particular diagnosis is known as:
- A) medical necessity.
 - B) reimbursement.
 - C) services.
 - D) treatments.

Answer: A

Explanation: The determination that the health care professional was acting according to standard practices in providing a particular procedure for an individual with a particular diagnosis is known as medical necessity.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

5) The coding languages, known as classification systems, communicate information that is key to various aspects of the health care system, including

- A) Statistical analyses
- B) Reimbursement
- C) Resource allocation
- D) all of these

Answer: D

Explanation: The coding languages, known as classification systems, communicate information that is key to various aspects of the health care system, including

- Medical necessity
- Statistical analyses
- Reimbursement
- Resource allocation

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

6) The state of abnormality or dysfunction is known as:

- A) a diagnosis
- B) a procedure
- C) a condition
- D) an eponym

Answer: C

Explanation: The state of abnormality or dysfunction is known as a condition.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Remember

ABHES: 3.a Define and use the entire basic structure of medical terminology and be able to accurately identify the correct context (i.e., root, prefix, suffix, combinations, spelling, and definitions)

Accessibility: Keyboard Navigation

- 7) A _____ is the physician's determination of a patient's condition, illness, or injury.
- A) diagnosis
 - B) procedure
 - C) condition
 - D) service

Answer: A

Explanation: A diagnosis is the physician's determination of a patient's condition, illness, or injury.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Remember

ABHES: 3.a Define and use the entire basic structure of medical terminology and be able to accurately identify the correct context (i.e., root, prefix, suffix, combinations, spelling, and definitions)

Accessibility: Keyboard Navigation

- 8) _____ are actions, or a series of actions, taken to accomplish an objective (result).
- A) Diagnoses
 - B) Procedures
 - C) Conditions
 - D) Services

Answer: B

Explanation: Procedures are actions, or a series of actions, taken to accomplish an objective (result).

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Remember

ABHES: 3.a Define and use the entire basic structure of medical terminology and be able to accurately identify the correct context (i.e., root, prefix, suffix, combinations, spelling, and definitions)

Accessibility: Keyboard Navigation

- 9) _____ is the process of paying for health care services after they have been provided.
- A) Medical necessity
 - B) Statistical analyses
 - C) Reimbursement
 - D) Resource allocation

Answer: C

Explanation: Reimbursement is the process of paying for health care services after they have been provided.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 10) In reimbursement, the health care provider is known as the _____ party.
- A) First
 - B) Second
 - C) Third
 - D) Fourth

Answer: A

Explanation: In most cases, there are three parties involved in reimbursement: The health care provider = First party.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

11) In reimbursement, the patient is known as the _____ party.

- A) First
- B) Second
- C) Third
- D) Fourth

Answer: B

Explanation: In most cases, there are three parties involved in reimbursement: The patient = Second party.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

12) In reimbursement, the insurance company or other organization financially responsible is known as the _____-party payer.

- A) First
- B) Second
- C) Third
- D) Fourth

Answer: C

Explanation: In most cases, there are three parties involved in reimbursement: The insurance company or other organization financially responsible = Third-party payer.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

13) The WHY justifies the _____.

- A) Where
- B) How
- C) Who
- D) What

Answer: D

Explanation: The WHY justifies the WHAT.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

14) Which of the following would be an example of a condition?

- A) fracture
- B) history
- C) Cushing's disease
- D) Jackson's syndrome

Answer: A

Explanation: An example of a condition would be a fracture, infection, or wound.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

15) The ICD-10-CM Alphabetic Index lists diagnoses by:

- A) anatomical site.
- B) condition.
- C) level of disease.
- D) All of these

Answer: B

Explanation: The ICD-10-CM Alphabetic Index lists diagnoses by conditions, never by anatomical site or disease level.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 16) An eponym is a:
- A) disease of the epiglottis.
 - B) disease of the epithelial tissue.
 - C) disease named after a person.
 - D) disease that is congenital.

Answer: C

Explanation: An eponym is a disease or condition named after a person.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Remember

ABHES: 3.a Define and use the entire basic structure of medical terminology and be able to accurately identify the correct context (i.e., root, prefix, suffix, combinations, spelling, and definitions)

Accessibility: Keyboard Navigation

- 17) Which of the following is *not* an example of an eponym?

- A) Epstein-Barr Syndrome
- B) Lou Gehrig's Disease
- C) HIV
- D) Parkinson's Disease

Answer: C

Explanation: HIV is not named after a person. It is not an eponym; it's a diagnosis.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Understand

ABHES: 3.a Define and use the entire basic structure of medical terminology and be able to accurately identify the correct context (i.e., root, prefix, suffix, combinations, spelling, and definitions)

Accessibility: Keyboard Navigation

18) ICD-10-CM contains codes for reporting _____.

- A) diagnoses
- B) payers
- C) systems
- D) treatments

Answer: A

Explanation: ICD-10-CM is a directory of every diagnosis, sign, symptom, or other valid reason that could possibly be identified by a health care provider with regard to a patient encounter.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

19) An external cause code is used when a patient has:

- A) an adverse effect.
- B) an injury.
- C) been poisoned.
- D) all of these

Answer: D

Explanation: External cause codes are used when an individual has an injury, poisoning, or adverse effect.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

20) Which of the following is an example of a procedure code?

- A) 39501
- B) E1391
- C) G32.8
- D) 06QM4ZZ

Answer: A

Explanation: An example of a procedure code would be 39501

E1391 is an example of a HCPCS Level II code

G32.8 is an example of an ICD-10-CM code

06QM4ZZ is an example of an ICD-10-PCS code

Difficulty: 2 Medium

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Apply

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

21) Which of the following is an example of a diagnosis code?

- A) 095C3ZZ
- B) K0018
- C) S43.303A
- D) 88304

Answer: C

Explanation: An example of a diagnosis code would be S43.303A

095C3ZZ is an example of an ICD-10-PCS code

K00.18 is an example of a HCPCS Level II code

88304 is an example of a CPT code

Difficulty: 2 Medium

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Apply

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

22) In ICD-10-CM, the **INCLUDES** note provides you with _____ words or phrases that the physician might use that mean the same condition.

- A) conventional
- B) alternative
- C) traditional
- D) conservative

Answer: B

Explanation: In ICD-10-CM, the **INCLUDES** note provides you with alternative words or phrases that the physician might use that mean the same condition.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

23) Descriptors whose inclusion in the physician's notes are not absolutely necessary and that are provided simply to further clarify a code description are known as:

- A) medical necessity.
- B) nonessential modifiers.
- C) external cause.
- D) Classification Systems.

Answer: B

Explanation: Descriptors whose inclusion in the physician's notes are not absolutely necessary and that are provided simply to further clarify a code description are known as nonessential modifiers.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

24) ICD-10-CM is an acronym for:

- A) International Classification of Diseases, Tenth Revision, Clinical Modification.
- B) International Classification of Diseases, Tenth Revision, Current Modification.
- C) International Classification of Diagnoses, Tenth Revision, Clinical Modification.
- D) International Classification of Diagnoses, Tenth Revision, Current Modification.

Answer: A

Explanation: The acronym ICD-10-CM stands for International Classification of Diseases, Tenth Revision, Clinical Modification.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

25) An ICD-10-CM diagnosis code can have up to how many characters?

- A) 5
- B) 6
- C) 7
- D) 8

Answer: C

Explanation: ICD-10-CM codes can include up to 7 characters.

Difficulty: 1 Easy

Topic: Diagnosis Coding

Learning Objective: 01.02

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

26) _____ is spending time with a patient and/or family about health care situations.

- A) Treatment
- B) Services
- C) Tests
- D) Procedures

Answer: B

Explanation: Services is spending time with a patient and/or family about health care situations.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

27) The provision of medical care for a disorder or disease is known as:

- A) procedures.
- B) tests.
- C) treatment.
- D) services.

Answer: C

Explanation: Treatment is the provision of medical care for a disorder or disease.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

28) What establishes medical necessity for procedures provided?

- A) Durable medical equipment
- B) Superbill
- C) Abstracting
- D) Diagnosis codes

Answer: D

Explanation: Diagnosis codes are very important because they establish medical necessity, and every procedure code reported must be accompanied by a diagnosis code that justifies that specific procedure.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 29) Which of the following statements is true about the purpose of coding?
- A) They are items used in the care and treatment of a patient.
 - B) It provides evidence of what was provided to the patient and why.
 - C) It enables the sharing of information, in a specific and efficient way, between all those involved in health care.
 - D) It helps the physician summarize the patient's history in his or her notes.

Answer: C

Explanation: Around the world, languages exist to enable clear and accurate communication between individuals in similar groups or working together in similar functions. The purpose of using health care coding languages is to enable the sharing of information, in a specific and efficient way, between all those involved in health care.

Difficulty: 1 Easy

Topic: The Purpose of Coding

Learning Objective: 01.01

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 30) Outpatient procedures provided by the physician are reported with what classification system?
- A) CPT
 - B) ICD-10-CM
 - C) ICD-10-CM volume III
 - D) ICD-10-PCS

Answer: A

Explanation: There are three different code sets available for you to use to translate health care procedures, services, and treatments into codes. These three code sets are Current Procedural Terminology (CPT) International Classification of Diseases – 10th Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Level II. Outpatient procedures provided by the physician are reported with the CPT classification system.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

31) An _____ is a patient who receives services for a short amount of time (less than 24 hours) in a physician's office or clinic, without being kept overnight.

- A) inpatient
- B) outpatient
- C) ambulatory patient
- D) none of these

Answer: B

Explanation: An outpatient is a patient who receives services for a short amount of time (less than 24 hours) in a physician's office or clinic, without being kept overnight.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

32) CPT stands for:

- A) Current Procedural Terminology.
- B) Capitation Procedures and Treatments.
- C) Certified Procedures and Treatments.
- D) Current Procedures and Treatments.

Answer: A

Explanation: The CPT book lists services, procedures, and treatments provided by all types of healthcare professionals.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

33) The CPT book has _____ sections.

- A) 2
- B) 4
- C) 6
- D) 8

Answer: C

Explanation: The CPT book has six sections, which are generally presented in numeric order by code number:

- Evaluation and Management: 99201-99499
- Anesthesia: 00100-01999 and 99100-99140
- Surgery: 10021-69990
- Radiology: 70010- 79999
- Pathology and Laboratory: 80047-89398, 0001U-0017U
- Medicine: 90281-99199, 99500-99607

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

34) A CPT category I code has:

- A) five numbers.
- B) two numbers.
- C) five characters.
- D) two characters.

Answer: A

Explanation: CPT codes (category I codes) are five-digit codes: all numbers with no punctuation.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

35) Category II codes are:

- A) four numbers followed by the letter F.
- B) five numbers with no punctuation.
- C) four numbers followed by the letter T.
- D) one number and one letter.

Answer: A

Explanation: Category II codes are five-character codes, with four numbers followed by the letter F. Example: 2001F Weight recorded.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

36) Category III codes are:

- A) four numbers followed by the letter F.
- B) five numbers with no punctuation.
- C) four numbers followed by the letter T.
- D) one number and one letter.

Answer: C

Explanation: Category III codes are five-character codes: four numbers followed by the letter T; for example, 0208T Pure tone audiometry (threshold), automated; air only

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

37) CPT codes and sections run, generally, in _____ order.

- A) alphabetic
- B) numeric
- C) alphanumeric
- D) no specific

Answer: B

Explanation: CPT codes and sections run, generally, in numeric order; however, there are exceptions throughout. Bottom line: read carefully and completely.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

38) Modifiers are appended to _____ codes.

- A) ICD-10-CM
- B) ICD-10-PCS
- C) CPT
- D) ICD

Answer: C

Explanation: Modifiers are two characters: two numbers, two letters, or one letter and one number. Modifiers are appended to CPT codes.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

39) In the CPT book, radiology service codes range from:

- A) 99201-99499.
- B) 10021-69990.
- C) 70010-79999.
- D) 80047-89398, 0001U-0017U.

Answer: C

Explanation: The CPT book (see Figure 1-6) has six sections, which are generally presented in numeric order by code number:

- Evaluation and Management: 99201-99499
- Anesthesia: 00100-01999 and 99100-99140
- Surgery: 10021-69990
- Radiology: 70010-79999
- Pathology and Laboratory: 80047-89398, 0001U-0017U
- Medicine: 90281-99199, 99500-99607

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

40) An outpatient facility includes which of the following?

- A) a hospital emergency room
- B) ambulatory care center
- C) same-day surgery center
- D) all of these

Answer: D

Explanation: An outpatient facility includes a hospital emergency room, ambulatory care center, same-day surgery center, or walk-in clinic.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

41) A patient admitted into a hospital for an overnight stay or longer is considered an:

- A) outpatient.
- B) inpatient.
- C) ER patient.
- D) none of these.

Answer: B

Explanation: Inpatient is a patient admitted into a hospital for an overnight stay or longer.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

42) ICD-10-PCS is an acronym for:

- A) International Classification of Diseases, Tenth Revision, Process Coding System.
- B) International Classification of Diagnoses, Tenth Revision, Practice Coding System.
- C) International Classification of Diseases, Tenth Revision, Procedure Coding System.
- D) International Classification of Diagnoses, Tenth Revision, Performance Coding System.

Answer: C

Explanation: ICD-10-PCS is an acronym for International Classification of Diseases, Tenth Revision, Procedure Coding System.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Remember

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

43) Codes to report procedures performed in a hospital are found in what classification system?

- A) DME
- B) ICD-10-PCS
- C) ICD-10-CM, Volume III
- D) ICD-10-CM

Answer: B

Explanation: There are three different code sets available for you to use to translate health care procedures, services, and treatments into codes. These three code sets are Current Procedural Terminology (CPT) International Classification of Diseases – 10th Revision, Procedure Coding System

(ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Level II.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

44) A patient was admitted into the hospital as an inpatient for a total abdominal hysterectomy. Which code set would be used by the hospital to report for the facility?

- A) ICD-10-PCS
- B) ICD-10-CM
- C) CPT
- D) HCPCS Level II

Answer: A

Explanation: When a hospital provides services and treatments to an individual who has been admitted into the hospital as an inpatient, codes will be used from ICD-10-PCS.

Difficulty: 2 Medium

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Apply

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 45) The CPT codes are used to report:
- A) who came to see the physician for treatment.
 - B) why the patient came to see the physician.
 - C) what treatments were provided to the patient.
 - D) all of these

Answer: C

Explanation: The CPT book lists services, procedures, and treatments provided by all types of healthcare professionals.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 46) Which of the following is an example of an ICD-10-PCS code?
- A) H33.24
 - B) 0D160ZA
 - C) 10060
 - D) G0378

Answer: B

Explanation: 0D160ZA is an example of an ICD-10-PCS. ICD-10-PCS codes are seven characters long and consist of alphanumeric characters.

Difficulty: 1 Easy

Topic: Procedure Coding

Learning Objective: 01.03

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 47) HCPCS Level II codes are used:
- A) when no CPT code is accurate.
 - B) to report supplies.
 - C) when the insurance carrier permits.
 - D) all of these

Answer: D

Explanation: HCPCS Level II codes are used to report services, procedures, and supplies that are not properly described in the CPT book.

Difficulty: 1 Easy

Topic: Equipment and Supplies

Learning Objective: 01.04

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

- 48) An example of a possible HCPCS Level II code is:
- A) 12345.
 - B) H2027.
 - C) 1234F.
 - D) 1234T.

Answer: B

Explanation: H2027 is a possible HCPCS Level II code. HCPCS Level II codes begin with one letter followed by four numbers.

Difficulty: 2 Medium

Topic: Equipment and Supplies

Learning Objective: 01.04

Bloom's: Apply

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

49) The codes listed in the HCPCS Level II code book are all structured the same way:

- A) Three characters: two letters followed by one number
- B) Three letters
- C) Five characters: one letter followed by four numbers
- D) Two numbers

Answer: C

Explanation: The codes listed in the HCPCS Level II code book are all structured the same way: one letter followed by four numbers. No dots, no dashes.

Difficulty: 1 Easy

Topic: Equipment and Supplies

Learning Objective: 01.04

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation

50) Which of the following terms would you find in the HCPCS Alphabetic Index?

- A) Excision
- B) Insertion
- C) Syndrome
- D) Humidifier

Answer: D

Explanation: A humidifier is considered durable medical equipment and would be located in the HCPCS Level II Alphabetic Index.

Difficulty: 1 Easy

Topic: Equipment and Supplies

Learning Objective: 01.04

Bloom's: Understand

ABHES: 7.c Perform billing and collection procedures

Accessibility: Keyboard Navigation