

Name

Class

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Chapter 01: Overview of Coding

1. A coder acquires a working knowledge of coding systems, coding conventions and guidelines, government regulations, and third-party payer requirements to ensure that documented diagnoses, services, and procedures are coded accurately for _____, research, and statistical purposes.

- a. compliance
- b. continuity of care
- c. quality assurance
- d. reimbursement

ANSWER:

d

POINTS:

1

DIFFICULTY:

Easy

QUESTION TYPE:

Multiple Choice

HAS VARIABLES:

False

DATE CREATED:

7/24/2018 11:44 AM

DATE MODIFIED:

10/24/2018 2:37 PM

2. During internships (or professional practice experiences) at health care facilities, coding students receive _____ training.

- a. continuing education
- b. on-the-job
- c. paid
- d. virtual

ANSWER:

b

POINTS:

1

DIFFICULTY:

Easy

QUESTION TYPE:

Multiple Choice

HAS VARIABLES:

False

DATE CREATED:

7/24/2018 11:44 AM

DATE MODIFIED:

10/24/2018 2:41 PM

3. Which is the person to whom the student reports at the health care facility internship site?

- a. college instructor
- b. department manager
- c. internship supervisor
- d. volunteer coordinator

ANSWER:

c

POINTS:

1

DIFFICULTY:

Easy

QUESTION TYPE:

Multiple Choice

HAS VARIABLES:

False

DATE CREATED:

7/24/2018 11:44 AM

DATE MODIFIED:

10/24/2018 2:42 PM

4. Which is the most likely reason a student would be terminated from the internship site, fails internship course, or

Chapter 01: Overview of Coding

suspended and/or expelled from the academic program?

- a. arriving late due to weather conditions
- b. breaching patient confidentiality
- c. contacting the site about an absence
- d. dressing in a business casual style

ANSWER: b
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:43 PM

5. Coders also have the opportunity to work at home for employers who partner with an Internet-based organization called a(n) _____, which is a third-party entity that manages and distributes software-based services and solutions to customers using the Internet.

- a. application service provider (ASP)
- b. knowledge process outsourcing (KPO)
- c. third-party logistics (TPL)
- d. wide area network (WAN)

ANSWER: a
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:44 PM

6. Which professional is employed by third-party payers to review health-related claims to determine whether the costs are reasonable and medically necessary based on the patient's diagnosis?

- a. health information technician
- b. insurance specialist
- c. liability underwriter
- d. medical assistant

ANSWER: b
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:47 PM

7. Students who join a professional association for a reduced membership fee often receive most of the same benefits as

Chapter 01: Overview of Coding

active members. Which is an example of a benefit of joining a professional association?

- a. guaranteed receipt of academic scholarship and grants
- b. opportunity to network with members of the association
- c. placement by the association at an internship facility
- d. waiver provided for certification examination fees

ANSWER: b
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:47 PM

8. Which represents an online professional network about a variety of topics and issues?

- a. application service provider
- b. listserv
- c. place-bound conference
- d. wide area network

ANSWER: b
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:47 PM

9. Which organizes a medical nomenclature according to similar conditions, diseases, procedures, and services, and contains codes for each?

- a. classification system
- b. data dictionary
- c. hybrid record
- d. medical nomenclature

ANSWER: a
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:47 PM

10. Which is a vocabulary of clinical and medical terms used by health care providers to document patient care?

- a. classification system

Chapter 01: Overview of Coding

- b. data dictionary
- c. hybrid record
- d. medical nomenclature

ANSWER: d
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:48 PM

11. Which includes numeric and alphanumeric characters that are reported to health plans for health care reimbursement, to external agencies for data collection, and internally for education and research?

- a. codes
- b. dictionary
- c. nomenclature
- d. placeholders

ANSWER: a
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:48 PM

12. Coding is the assignment of codes to diagnoses, services, and procedures based on _____.

- a. federal government regulations
- b. health information management
- c. patient record documentation
- d. third-party payer requirements

ANSWER: c
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:49 PM

13. Which is used to classify diagnoses in any health care setting?

- a. CPT
- b. HCPCS level II
- c. ICD-10-CM

Chapter 01: Overview of Coding

- d. ICD-10-PCS

ANSWER: c
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:49 PM

14. Which is used to classify procedures in an inpatient hospital setting?

- a. CPT
b. HCPCS level II
c. ICD-10-CM
d. ICD-10-PCS

ANSWER: d
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 2:50 PM

15. Which is published by the AMA and used to classify procedures and services in an outpatient setting?

- a. CPT
b. HCPCS level II
c. ICD-10-CM
d. ICD-10-PCS

ANSWER: a
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:11 PM

16. Which is managed by CMS and used to classify medical equipment, injectable drugs, transportation services, and other services in an outpatient setting?

- a. CPT
b. HCPCS level II
c. ICD-10-CM
d. ICD-10-PCS

ANSWER: b

Chapter 01: Overview of Coding

POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:11 PM

17. The Centers for Medicare & Medicaid Services (CMS) is a(n) _____ in the federal Department of Health and Human Services (DHHS).

- a. administrative agency
- b. compliance section
- c. private organization
- d. third-party payer

ANSWER: a
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:11 PM

18. Which is an example of a medical nomenclature?

- a. CPT
- b. DSM-5
- c. ICD-10-CM/PCS
- d. SNOMED CT

ANSWER: d
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:12 PM

19. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is federal legislation that amended the Internal Revenue Code of 1986 to _____.

- a. create privacy and security standards for health information
- b. eliminate standards for electronic health information transactions
- c. limit access to long-term care services and coverage
- d. produce waste, fraud, and abuse in health insurance and health care delivery

ANSWER: a
POINTS: 1

Chapter 01: Overview of Coding

DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:12 PM

20. The process of standardizing data by assigning alphanumeric values to text or other information is called _____.
- a. encoding
 - b. mapping
 - c. potentiating
 - d. sequencing

ANSWER: a
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:13 PM

21. The HIPAA small code set collects information concerning _____.
- a. actions taken to prevent, diagnose, treat, and manage diseases and injuries
 - b. causes of injury, disease, impairment, or other health-related problems
 - c. diseases, injuries, impairments, and other health-related problems
 - d. race, ethnicity, type of facility, and type of unit

ANSWER: d
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:13 PM

22. The HIPAA large code set collects information concerning _____.
- a. actions taken to prevent, diagnose, treat, and manage diseases and injuries
 - b. privacy and security standards for health information
 - c. race, ethnicity, type of facility, and type of unit
 - d. waste, fraud, and abuse in health insurance and health care delivery

ANSWER: a
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False

Chapter 01: Overview of Coding

DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:13 PM

23. HIPAA requires health plans that do not accept standard code sets to modify their systems to accept all valid codes or to contract with a(n) _____.

- a. electronic data interchange
- b. health care clearinghouse
- c. insurance company
- d. third-party administrator

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:14 PM

24. Which is an insurance company that establishes a contract to reimburse health care facilities and patients for procedures and services provided?

- a. clearinghouse
- b. health plan
- c. provider
- d. third-party administrator

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:14 PM

25. Which is an example of a third-party payer?

- a. BlueCross BlueShield
- b. Centers for Medicare and Medicaid Services
- c. Department of Health and Human Services
- d. Workers' compensation

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM

Chapter 01: Overview of Coding

DATE MODIFIED: 10/24/2018 3:15 PM

26. Which is an example of another health care professional who performs procedures or provides services to patients?

- a. clearinghouse staff
- b. health information technician
- c. medical assistant
- d. nurse practitioner

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:15 PM

27. Which is another term for a health plan?

- a. health care clearinghouse
- b. health care provider
- c. third-party administrator
- d. third-party payer

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:16 PM

28. Adopting HIPAA's standard code sets has improved data quality and simplified claims submission for health care providers who routinely deal with multiple _____.

- a. clearinghouses
- b. health plans
- c. markets
- d. physicians

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:16 PM

Chapter 01: Overview of Coding

29. A third-party administrator (TPA) is an entity that _____ and may contract with a health care clearinghouse to standardize data for claims processing.

- a. combats waste, fraud, and abuse in health insurance and health care delivery
- b. improves portability and continuity of health insurance coverage in group/individual markets
- c. processes health care claims and performs related business functions for a health plan
- d. simplifies the administration of health insurance by creating unique identifiers

ANSWER: c
 POINTS: 1
 DIFFICULTY: Moderate
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/24/2018 3:17 PM

30. The medical coding process requires the _____ of patient record documentation to identify diagnoses, procedures, and services for the purpose of assigning ICD-10-CM, ICD-10-PCS, HCPCS level II, and/or CPT codes.

- a. correction
- b. entry
- c. omission
- d. review

ANSWER: d
 POINTS: 1
 DIFFICULTY: Moderate
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/24/2018 3:17 PM

31. Professional associations establish a *code of ethics* to help members understand how to differentiate between “right” and “wrong” and apply that understanding to _____.

- a. credentialing
- b. decision making
- c. documentation
- d. focused review

ANSWER: b
 POINTS: 1
 DIFFICULTY: Moderate
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/24/2018 3:18 PM

32. Concurrent coding is the review of records and/or use of encounter forms and chargemasters to assign codes

Chapter 01: Overview of Coding

- _____.
- a. after the patient has been discharged from care
 - b. during an inpatient stay or outpatient encounter
 - c. following the submission of health insurance claims
 - d. that results in continuity of the patient's health care

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:18 PM

33. Which is used to record data about office procedures and services provided to patients?

- a. chargemaster
- b. encounter form
- c. insurance claim
- d. uniform bill

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:19 PM

34. Which contains a computer-generated list of procedures, services, and supplies and corresponding revenue codes along with charges for each?

- a. chargemaster
- b. encounter form
- c. insurance claim
- d. uniform bill

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:19 PM

35. Coders are prohibited from performing *assumption coding*, which is the assignment of codes based on assuming, from a review of clinical evidence in the patient's record, that the patient has certain diagnoses or received certain procedures/services even though the _____.

Chapter 01: Overview of Coding

- a. responsible physician was contacted to confirm diagnoses, procedures, and services
- b. physician query process was not implemented by the health care facility or physician
- c. provider did not specifically document those diagnoses or procedures and services
- d. risk for health care fraud and abuse is assumed by the health care facility or physician

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:20 PM

36. When coders have questions about documented diagnoses or procedures/services, they use a *physician query process* to contact the responsible physician to _____.

- a. confirm diagnoses, procedures, and services already documented in the record
- b. eliminate the risk for fraud and abuse even though assumed by the facility or physician
- c. request clarification about documentation and the code(s) to be assigned
- d. document diagnoses, procedures, or services that will increase reimbursement

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:20 PM

37. Integrating the _____ physician query process with the electronic health record allows physicians to more easily receive and reply to queries, which results in better and timely responses from physicians.

- a. automated
- b. complete
- c. legible
- d. precise

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:21 PM

38. A physician lists “viral pneumonia” as the final diagnosis. However, the coder notes that laboratory results state “gram-negative bacteria.” There is also documentation of chest pain, fever, and dyspnea due to pneumonia. What should the coder do?

Chapter 01: Overview of Coding

- a. Assign a code to the final diagnosis of viral pneumonia
- b. Code bacterial pneumonia, chest pain, fever, and dyspnea
- c. Query the physician regarding the diagnosis of pneumonia
- d. Report symptom codes for chest pain, fever, and dyspnea

ANSWER: c
 POINTS: 1
 DIFFICULTY: Difficult
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/24/2018 3:21 PM

39. The purpose of a *clinical documentation improvement (CDI) program* is to help health care facilities comply with government programs and other initiatives with the goal of improving health care quality. Thus, a CDI specialist initiates concurrent and retrospective reviews of inpatient records to identify _____ provider documentation.

- a. abusive and fraudulent
- b. conflicting, incomplete, or nonspecific
- c. illegible physician queries and
- d. redacted health insurance claims and

ANSWER: b
 POINTS: 1
 DIFFICULTY: Moderate
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/24/2018 3:22 PM

40. A *coding compliance program* ensures that the assignment of codes to diagnoses, procedures, and services follows established coding guidelines, and health care organizations write *policies* and *procedures* to assist in implementing the coding compliance stages of _____.

- a. detection, correction, prevention, verification, and comparison
- b. portability, continuity, and combating waste, fraud, and abuse
- c. legibility, completeness, clarify, consistency, and precision
- d. unbundling, upcoding, overcoding, jamming, and downcoding

ANSWER: a
 POINTS: 1
 DIFFICULTY: Moderate
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/24/2018 3:22 PM

41. An effective *coding compliance program* monitors coding processes for _____.

Chapter 01: Overview of Coding

- a. completeness, reliability, validity, and timeliness
- b. diagnostic/management, therapeutic, and education plans
- c. record formats, whether automated or manual
- d. reporting hospital data for health data collection

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:23 PM

42. *Computer-assisted coding* uses software to automatically generate _____ by “reading” transcribed clinical documentation provided by health care practitioners.

- a. data entry
- b. insurance claims
- c. medical codes
- d. validation/audit reviews

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:29 PM

43. A patient record is the business record for a patient encounter that documents _____.

- a. encounter forms data sent to third-party payers
- b. inaccurate information that cannot be altered
- c. health care services provided to a patient
- d. insurance claims submitted to health care plans

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:30 PM

44. Demographic data is patient identification information that is collected according to facility policy and includes information such as the _____.

- a. insurance claim submitted

Chapter 01: Overview of Coding

- b. medical codes reported
- c. patient's date of birth
- d. quality of patient care

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:30 PM

45. The primary purpose of the record is to provide for _____.

- a. facility medicolegal interests
- b. health care reimbursement
- c. patient continuity of care
- d. quality review studies

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:31 PM

46. A secondary purpose of the patient record is to _____.

- a. assist in planning patient care
- b. evaluate patient quality of care
- c. provide patient continuity of care
- d. serve as a communication method

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:31 PM

47. Patient record documentation must be _____.

- a. dated and authenticated by the responsible provider
- b. evaluated prior to patient discharge from the facility
- c. provided to third-party payers for reimbursement
- d. stored using an automated electronic record format

Name _____ Class _____ Date _____
: _____ : _____ e: _____

Chapter 01: Overview of Coding

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:32 PM

48. A teaching hospital is engaged in an approved graduate medical education _____ program in medicine, osteopathy, dentistry, or podiatry.

- a. health care
- b. medicolegal
- c. residency
- d. third-party

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:32 PM

49. Residents are supervised by a(n) _____ physician during patient care.

- a. admitting
- b. attending
- c. responsible
- d. teaching

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:32 PM

50. Which type of physician participates in an approved GME program?

- a. attending
- b. emergency
- c. resident
- d. teaching

ANSWER: c
POINTS: 1

Chapter 01: Overview of Coding

DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:33 PM

51. A *hospitalist* is a physician whose practice emphasizes providing care for hospital _____, and they are often internal medicine specialists who handle a patient's entire admission process.

- a. clinic patients
- b. ED patients
- c. inpatients
- d. outpatients

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:33 PM

52. For medical necessity purposes, the patient record must support codes submitted for third-party payer reimbursement, and patient diagnoses must _____.

- a. evaluate the quality of patient care received in the health care facility
- b. justify diagnostic and/or therapeutic procedures or services provided
- c. provide clinical evidence for a higher degree of specificity or severity
- d. serve the medicolegal interests of the patient, facility, and providers of care

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:33 PM

53. Which type of record is paper based?

- a. automated
- b. hybrid
- c. manual
- d. systematized

ANSWER: c
POINTS: 1
DIFFICULTY: Difficult

Chapter 01: Overview of Coding

QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:34 PM

54. Which type of record uses computer technology?

- a. automated
- b. hybrid
- c. manual
- d. systematized

ANSWER: a
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:34 PM

55. Patient records that consist of handwritten progress notes and automated laboratory results are an example of _____ records.

- a. automated
- b. hybrid
- c. manual
- d. systematized

ANSWER: b
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:35 PM

56. In a source-oriented record, reports are organized according to _____ in labeled sections.

- a. documentation source
- b. health care provider
- c. procedures and services
- d. reimbursement type

ANSWER: a
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False

Chapter 01: Overview of Coding

DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:35 PM

57. Which is a systematic method of documentation that consists of four components: database, initial plan, problem list, and progress notes?

- a. integrated record
- b. problem-oriented record
- c. sectionalized record
- d. source-oriented record

ANSWER: b
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:36 PM

58. Chief complaint, social data, and past medical history are considered part of the problem-oriented record _____.

- a. database
- b. initial plan
- c. problem list
- d. progress note

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:36 PM

59. The table of contents for the problem-oriented record is called the _____, and it is filed at the beginning of the record and contains a numbered list of the patient's problems, which helps to index documentation throughout the record.

- a. database
- b. initial plan
- c. problem list
- d. progress note

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM

Chapter 01: Overview of Coding

DATE MODIFIED: 10/24/2018 3:37 PM

60. The problem-oriented record _____ contains the strategy for managing patient care and any actions taken to investigate the patient's condition and to treat and educate the patient.

- a. database
- b. initial plan
- c. problem list
- d. progress note

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:37 PM

61. Which is documented about each problem assigned to the patient, using the SOAP structure of the problem-oriented record?

- a. database
- b. initial plan
- c. problem list
- d. progress note

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:37 PM

62. To learn more about the patient's condition and the management of the conditions, review the _____ plans in the problem-oriented record.

- a. diagnostic/management
- b. follow-up
- c. patient education
- d. therapeutic

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM

Chapter 01: Overview of Coding

DATE MODIFIED: 10/24/2018 3:38 PM

63. To determine how the patient will be informed about conditions for which he or she is being treated, review the _____ plans in the problem-oriented record.

- a. diagnostic/management
- b. follow-up
- c. patient education
- d. therapeutic

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:38 PM

64. To learn more about specific medications, goals, procedures, therapies, and treatments used to treat the patient, review the _____ plans in the problem-oriented record.

- a. diagnostic/management
- b. follow-up
- c. patient education
- d. therapeutic

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:39 PM

65. Observations about the patient's physical findings or lab results would be found in the _____ portion of a problem-oriented SOAP note.

- a. assessment
- b. objective
- c. plan
- d. subjective

ANSWER: b
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM

Chapter 01: Overview of Coding

DATE MODIFIED: 10/24/2018 3:39 PM

66. The patient's statement about how he or she feels would be found in the _____ portion of a problem-oriented SOAP note.

- a. assessment
- b. objective
- c. plan
- d. subjective

ANSWER: d
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:39 PM

67. The judgment, opinion, or evaluation made by the health care provider would be found in the _____ portion of a problem-oriented SOAP note.

- a. assessment
- b. objective
- c. plan
- d. subjective

ANSWER: a
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:40 PM

68. Diagnostic, therapeutic, and education plans to resolve the problems would be found in the _____ portion of a problem-oriented SOAP note.

- a. assessment
- b. objective
- c. plan
- d. subjective

ANSWER: c
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM

Chapter 01: Overview of Coding

DATE MODIFIED: 10/24/2018 3:40 PM

69. The progress notes section of the POR contains a(n) _____ note to summarize the patient's care, treatment, response to care, and condition on release from the facility.

- a. discharge
- b. emergency
- c. follow-up
- d. transfer

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:41 PM

70. The progress notes section of the POR contains a(n) _____ note when the patient is relocated to another facility, and it summarizes the reason for admission, current diagnoses and medical information, and reason for relocation.

- a. discharge
- b. emergency
- c. follow-up
- d. transfer

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:41 PM

71. *Integrated record* reports are arranged in strict chronological date order (or in reverse date order), which allows for _____, and many facilities integrate only physician and ancillary services progress notes, which require entries to be identified by appropriate authentication.

- a. collection of information by a number of providers at different facilities about a patient
- b. linking of information created at different locations using a unique patient identifier
- c. observation about how the patient responds to treatment based on test results
- d. summarization of patient care, treatment, response to care, condition on discharge

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM

Chapter 01: Overview of Coding

DATE MODIFIED: 10/24/2018 3:42 PM

72. The *electronic health record* is a(n) _____.

- a. collection of information by a number of providers at different facilities about a patient
- b. linking of information created at different locations using a unique patient identifier
- c. observation about how the patient responds to treatment based on test results
- d. summarization of patient care, treatment, response to care, and condition on discharge

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:43 PM

73. The *electronic medical record* is a(n) _____.

- a. created using vendor software, which also assists in provider decision making
- b. linking of information generated at different locations using a unique patient identifier
- c. observation about how the patient responds to treatment based on test results
- d. practice management software solution for acute and long-term care hospitals

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:43 PM

74. Document imaging supplements the EHR or EMR by scanning paper records so that they are _____.

- a. converted to an electronic image and saved on storage media
- b. linked using a unique patient identifier assigned by the government
- c. paper-based solutions for facilities that cannot afford automated records
- d. stored on computers at regional health care centers in each state

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:44 PM

75. Which is used during the document imaging process to create images of patient reports?

Chapter 01: Overview of Coding

- a. index
- b. jukebox
- c. optical disk
- d. scanner

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:44 PM

76. During the optical disk imaging process, each patient report is _____ with a unique identification number assigned by the facility.

- a. documented
- b. indexed
- c. scanned
- d. tabulated

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:45 PM

77. Which is performed by health care facilities and providers for the purpose of administrative planning, submitting statistics to state and federal government agencies, and reporting health claims data to third-party payers?

- a. health data collection
- b. provider documentation
- c. reimbursement processing
- d. statistical analysis

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:45 PM

78. Automated case abstracting software is used by hospitals to _____.

- a. collect data for statistical analysis

Chapter 01: Overview of Coding

- b. generate accounting aging reports
- c. register patients for encounters
- d. schedule patient appointments

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:46 PM

79. The UB-04 claim is submitted by _____ to health plans for reimbursement purposes.

- a. departments of health
- b. hospitals
- c. physician offices
- d. third-party payers

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:46 PM

80. The CMS-1500 claim is submitted by _____ to third-party payers for processing.

- a. departments of health
- b. government agencies
- c. physician offices
- d. third-party payers

ANSWER: c
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/24/2018 3:46 PM

81. Medical management software is used to _____.

- a. automate physician office workflow
- b. collect hospital data for analysis
- c. generate patient satisfaction surveys
- d. process UB-04 outpatient claims

Chapter 01: Overview of Coding

ANSWER: a
 POINTS: 1
 DIFFICULTY: Moderate
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/25/2018 11:53 AM

Match each statement of purpose with the reference/resource listed below.

- a. Conditions of Participation
- b. CPT Assistant
- c. National Correct Coding Initiative
- d. Outpatient Code Editor
- e. Coding Clinic for HCPCS Level II

DIFFICULTY: Moderate
 QUESTION TYPE: Matching
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/25/2018 11:53 AM

82. Medicare regulations (Centers for Medicare and Medicaid Services)

ANSWER: a
 POINTS: 1

83. Software used by hospitals to help identify CPT/HCPCS coding errors

ANSWER: d
 POINTS: 1

84. Monthly newsletter published by AMA as an official coding resource

ANSWER: b
 POINTS: 1

85. Quarterly newsletter published by AHA as an official coding resource

ANSWER: e
 POINTS: 1

86. Code edits pairs that cannot be reported on the same claim for payment

ANSWER: c
 POINTS: 1

Match each illegal coding practice with the correct term listed below.

- a. Downcoding
- b. Jamming
- c. Overcoding

Chapter 01: Overview of Coding

d. Unbundling

e. Upcoding

DIFFICULTY: Difficult
QUESTION TYPE: Matching
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/25/2018 11:53 AM

87. Reporting multiple CPT codes to increase reimbursement when a combination code should be reported

ANSWER: d

POINTS: 1

88. Reporting codes for associated signs and symptoms in addition to an established diagnosis

ANSWER: c

POINTS: 1

89. Routinely assigning lower-level CPT codes as a convenience instead of reviewing documentation and the coding manual to determine the proper code to be reported

ANSWER: a

POINTS: 1

90. Routinely assigning an unspecified ICD-10-CM disease code instead of reviewing the coding manual to select the appropriate code number

ANSWER: b

POINTS: 1

91. Reporting codes that are not supported by documentation in the patient record for the purpose of increasing reimbursement

ANSWER: e

POINTS: 1

Match each credential with the corresponding credentialing organization listed below.

a. AAMA

b. AAPC

c. AHIMA

d. AMBA

DIFFICULTY: Easy
QUESTION TYPE: Matching
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/25/2018 11:54 AM

92. CCS

ANSWER: c

Chapter 01: Overview of Coding

POINTS: 1

93. CMA

ANSWER: a

POINTS: 1

94. CPC

ANSWER: b

POINTS: 1

95. CMRS

ANSWER: d

POINTS: 1

Match each description with the type of code set listed below.

a. large code set

b. small code set

DIFFICULTY: Moderate

QUESTION TYPE: Matching

HAS VARIABLES: False

DATE CREATED: 7/24/2018 11:44 AM

DATE MODIFIED: 10/25/2018 11:55 AM

96. Actions related to disease impairment management, prevention, and treatment

ANSWER: a

POINTS: 1

97. Causes of injury, disease, impairment, or other health-related problems

ANSWER: a

POINTS: 1

98. Diseases, injuries, impairments, other health-related problems and their manifestations

ANSWER: a

POINTS: 1

99. Race, ethnicity, type of facility, and type of unit

ANSWER: b

POINTS: 1

100. Substances, equipment, supplies, or other items

ANSWER: a

POINTS: 1

101. Which provides normalized names for clinical drugs and links its names to many of the drug vocabularies commonly used in pharmacy management and drug interaction software?

Chapter 01: Overview of Coding

- a. NDC
- b. NLM
- c. NTF-RT
- d. RxNorm

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/25/2018 11:56 AM

102. Which classifies health and health-related domains that describe body functions and structures, activities, and participation and complements ICD-10, looking beyond mortality and disease?

- a. DSM
- b. HIPPS
- c. ICD-O-3
- d. ICF

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/25/2018 11:57 AM

103. Which was implemented in 2001 to classify a tumor according to primary site (topography) and morphology (histology, behavior, and aggression of tumor)?

- a. ICD-9-CM
- b. ICD-10-CM
- c. ICD-10-PCS
- d. ICD-O-3

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 7/24/2018 11:44 AM
DATE MODIFIED: 10/25/2018 11:57 AM

104. Which is published by the American Psychiatric Association and contains diagnostic assessment criteria used as tools to identify psychiatric disorders?

Chapter 01: Overview of Coding

- a. CPT
- b. DSM
- c. HCPCS
- d. ICD

ANSWER: b
 POINTS: 1
 DIFFICULTY: Moderate
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/25/2018 11:57 AM

105. Which provides a new standardized framework and a unique coding structure for assessing, documenting, and classifying home health and ambulatory care?

- a. Alternative Billing Codes
- b. ambulatory payment classifications
- c. Clinical Care Classification System
- d. diagnosis-related groups

ANSWER: c
 POINTS: 1
 DIFFICULTY: Moderate
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/25/2018 11:58 AM

106. Which is an electronic database and universal standard that is used to identify medical laboratory observations for the purpose of clinical care and management?

- a. CCC
- b. LOINC
- c. SNOMED
- d. UMLS

ANSWER: b
 POINTS: 1
 DIFFICULTY: Moderate
 QUESTION TYPE: Multiple Choice
 HAS VARIABLES: False
 DATE CREATED: 7/24/2018 11:44 AM
 DATE MODIFIED: 10/25/2018 11:58 AM