

Student name: _____

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

condition

diagnosis

procedure

status

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

condition

diagnosis

procedure

status

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

medical necessity.

nonessential modifiers.

external cause.

Classification Systems.

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.

reimbursement.

services.

treatments.

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

Statistical analyses

Reimbursement

Resource allocation

all of these

The state of abnormality or dysfunction is known as:

a diagnosis

a procedure

a condition

an eponym

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

diagnosis

procedure

condition

service

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

Diagnoses

Procedures

Conditions

Services

_____ is the process of paying for health care services after they have been provided.

Medical necessity

Statistical analyses

Reimbursement

Resource allocation

In reimbursement, the health care provider is known as the _____ party.

First

Second

Third

Fourth

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

First

Second

Third

Fourth

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

First

Second

Third

Fourth

The WHY justifies the _____.

WHERE

HOW

WHO

WHAT

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

fracture

history

Cushing's disease

Jackson's syndrome

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

anatomical site.

condition.

level of disease.

All of these

An eponym is a:

disease of the epiglottis.

disease of the epithelial tissue.

disease named after a person.

disease that is congenital.

Which of the following is *not* an example of an eponym?

Epstein-Barr Syndrome

Lou Gehrig's Disease

HIV

Parkinson's Disease

ICD-10-CM contains codes for reporting _____.

diagnoses

payers

systems

treatments

An external cause code is used when a patient has:

an adverse effect.

an injury.

been poisoned.

all of these

Which of the following is an example of a CPT procedure code?

39501

E1391

G32.8

06QM4ZZ

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

095C3ZZ

K0018

S43.303A

88304

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

conventional

alternative

traditional

conservative

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:

medical necessity.

nonessential modifiers.

external cause.

Classification Systems.

ICD-10-CM is an acronym for:

International Classification of Diseases, Tenth Revision, Clinical Modification.

International Classification of Diseases, Tenth Revision, Current Modification.

International Classification of Diagnoses, Tenth Revision, Clinical Modification.

International Classification of Diagnoses, Tenth Revision, Current Modification.

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

5

6

7

8

The definition of _____ is spending time with a patient and/or family about health care situations.

Treatment

Services

Tests

Procedures

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

procedures.

tests.

treatment.

services.

What establishes medical necessity for procedures provided?

Durable medical equipment

Superbill

Abstracting

Diagnosis codes

Which of the following statements is true about the purpose of coding?

They are items used in the care and treatment of a patient.

It provides evidence of what was provided to the patient and why.

It enables the sharing of information, in a specific and efficient way, between all those involved in health care.

It helps the physician summarize the patient's history in his or her notes.

Outpatient procedures provided by the physician are reported with what classification system?

CPT

ICD-10-CM

ICD-10-CM volume III

ICD-10-PCS

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.

inpatient

outpatient

ambulatory patient

none of these

CPT stands for:

Current Procedural Terminology.

Capitation Procedures and Treatments.

Certified Procedures and Treatments.

Current Procedures and Treatments.

In the main section of the CPT book there are _____ sections.

2

4

6

8

A CPT category I code has:

five numbers.

two numbers.

five characters.

two characters.

Category II codes are:

four numbers followed by the letter F.

five numbers with no punctuation.

four numbers followed by the letter T.

one number and one letter.

Category III codes are:

four numbers followed by the letter F.

five numbers with no punctuation.

four numbers followed by the letter T.

one number and one letter.

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

alphabetic

numeric

alphanumeric

no specific

Modifiers are appended to _____ codes.

ICD-10-CM

ICD-10-PCS

CPT

ICD

In the CPT book, radiology service codes range from:

99202-99499.

10021-69990.

70010-79999.

80047-89398, 0001U-0222U.

An outpatient facility includes which of the following?

a hospital emergency room

ambulatory care center

same-day surgery center

all of these

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

outpatient.

inpatient.

ER patient.

none of these.

ICD-10-PCS is an acronym for:

International Classification of Diseases, Tenth Revision, Process Coding System.

International Classification of Diagnoses, Tenth Revision, Practice Coding System.

International Classification of Diseases, Tenth Revision, Procedure Coding System.

International Classification of Diagnoses, Tenth Revision, Performance Coding System.

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

DME

ICD-10-PCS

ICD-10-CM, Volume III

ICD-10-CM

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 procedure?

ICD-10-PCS

ICD-10-CM

CPT

HCPCS Level II

The CPT codes are used to report:

who came to see the physician for treatment.

why the patient came to see the physician.

what treatments were provided to the patient.

all of these

Which of the following is an example of an ICD-10-PCS code?

H33.24

0D160ZA

10060

G0378

HCPCS Level II codes are used:

when no CPT code is accurate.

to report supplies.

when the insurance carrier permits.

all of these

An example of a possible HCPCS Level II code is:

12345.

H2027.

1234F.

1234T.

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

Three characters: two letters followed by one number

Three letters

Five characters: one letter followed by four numbers

Two numbers

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

Excision

Insertion

Syndrome

Humidifier

Answer Key

Test name: Ch1_Let's Code It! 2025 Code_4e

B

C

D

A

D

C

A

B

C

A

B

C

D

A

B

C

C

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B

C

D