Worksheet Answer Key

Chapter 1

WORKSHEET 1.1

General and Medicolegal Principles

1. In addition to other health-care providers, list five different types or groups of people who could read medical records you create.

   Any of the following: (1) attorneys; (2) researchers; (3) consulting providers; (4) patient; (5) peer reviewers; (6) insurance companies; (7) state or federal payers
2. List at least five general principles of documentation that are based on CMS guidelines.

   Any of the following: (1) record should be complete and legible; (2) for each encounter, document reason, relevant history, examination findings and diagnostic test results, assessment, and plan for care; (3) date and legible identity of person documenting; (4) rationale for ordering test or services; (5) past and present diagnoses; (6) health risk factor identification; (7) patient's progress and response to treatment; (8) identify CPT codes and ICD-9 codes
3. Describe how to make a correction in a paper medical record.

   Draw a single line through the entry, label it as an error, initial and date it.
4. Beside each of the following, indicate whether the statement is acceptable (A) or unacceptable (U) according to generally accepted documentation guidelines.

   __A__ Use of either the 1995 or 1997 CMS guidelines
   __A__ Making a late entry in a chart or medical record
   __U__ Using correction fluid or tape to obliterate an entry in a record
   __U__ Making an entry in a record before seeing a patient
   __A__ Altering an entry in a medical record
   __U__ Stamping a record "signed but not read"

Medical Coding and Billing

1. Indicate whether the following statements are true (T) or false (F).

   __T__ CPT codes reflect the level of evaluation and management services provided.
   __F__ The three key elements of determining the level of service are history, review of systems, and physical examination.
   __T__ Time spent counseling the patient and the nature of the presenting problem are two factors that affect the level of service provided.
   __T__ ICD codes indicate the reason for patient services.
   __F__ ICD-10 code set has more than 155,000 codes but it does not have the capacity to accommodate new diagnoses and procedures.
   __T__ The medical record must include documentation that supports the assessment.
   __F__ Assignment of appropriate CPT and ICD codes that support the level of E/M services provided is dependent only on adequate documentation of the history and physical examination.
   __F__ An ICD code should be as broad and encompassing as possible.
   __T__ There is no code for "rule out."
   __T__ The complexity of medical decision-making takes into account the number of treatment options.
2. ICD codes are used to identify which of the following? Underline all that apply.

HPI	**Diagnosis**	Treatment
Physical exam findings	Treating facility	**Symptoms**
	Complaints	Tests ordered
Surgical history	Level of service	**Conditions**
Reason for office visit		

Electronic Medical Records

1. List at least five functions that an EMR system should be able to perform.

   Any of the following: (1) store health information and data; (2) result management for diagnostic tests; (3) order management; (4) decision support; (5) electronic communication and connectivity; (6) patient support; (7) administrative processes; (8) reporting
2. Identify at least five perceived benefits of an EMR system.

   Any of the following: (1) immediate access to key information such as allergies, laboratory results; (2) alert to duplicate orders; (3) alert to drug interactions; (4) reduce duplication; (5) enhance legibility; (6) reduce fragmentation; (7) improve the speed with which orders are executed; (8) alert to screenings and preventive measures needed; (9) improve continuity of care; (10) reduce frequency of adverse events; (11) increase timeliness of diagnoses and treatment; (12) provide decision-making support to increase compliance with best clinical practices
3. Identify at least five potential barriers to implementing an EMR system.

   Any of the following: (1) cost of implementation; (2) reduced workflow and productivity during implementation; (3) unreliable technology; (4) lack of interoperability; (5) safety and security of systems; (6) debate over who owns data; (7) technical matters such as accessibility, vendor support, downtime
4. List at least two criteria required to meet "meaningful use" standards.

   Any of the following: (1) certified system; (2) electronic prescribing; (3) quality reporting; (4) capable of exchanging data with other systems

HIPAA

1. Indicate whether each statement about the Health Insurance Portability and Accountability Act is true (T) or false (F).
   - T Establishes standards for the electronic transfer of health data.
   - F Provides health care for everyone.
   - F Limits exclusion of pre-existing medical conditions to 24 months.
   - T Gives patients more access to their medical records.
   - T Protects medical records from improper uses and disclosures.
   - F Federal HIPAA regulations pre-empt state laws.
   - T The Privacy Rule applies only to covered entities that transmit medical information electronically.
   - T Protected Health Information is data that could be used to identify an individual.
   - T Covered entities include doctors, clinics, dentists, nursing homes, chiropractors, psychologists, pharmacies, and insurance companies.
   - T A covered entity may disclose PHI without patient authorization for purposes of treatment, payment, or its health-care operations.
   - F PHI cannot be transmitted between covered entities by e-mail.
   - F Patients are entitled to a listing of everyone with whom their health-care provider has shared PHI.
   - T PHI may be disclosed to someone involved in the patient's health care without written authorization.
   - T The Privacy Rule allows certain minors access to specified health care, such as mental health counseling, without parental consent.
   - T A Notice of Privacy Practice explains how patients' PHI is used and disclosed.
   - F An employee cannot be terminated for violating the Privacy Rule.
   - T An individual may not sue his or her insurance company over a HIPAA violation.
   - T Criminal penalties for HIPAA violations can result in fines and imprisonment.
   - F The confidentiality, integrity, and availability of PHI need to be protected only when the PHI is transmitted, not when it is stored.
   - T Employees are required to attend periodic security awareness and training.
   - T The Security Rule requires covered entities to install and regularly update antivirus, anti-spyware, and firewall software.
   - T Physical and technical safeguards must be in place to prevent PHI from being transmitted over the Internet.
   - T HIPAA requires a process to develop contracts with business associates that will ensure they will safeguard PHI.
   - F HIPAA may not audit a practice for compliance without notice.
2. From the list that follows, underline each that would be considered a covered entity according to HIPAA.

chiropractor	social worker	**psychologist**
nurse	medical	**nursing home**
practitioner	assistant	lawyer
doctor	**HMO**	**Veterans**
office	**PPO**	**Affairs (VA)**
manager	**Medicaid**	**hospital**
Medicare		employer
hospital		

3. Identify at least two conditions that are considered *sensitive PHI*.

   Any of the following: (1) HIV status; (2) mental health conditions; (3) substance abuse
4. Patients have the right to review and obtain copies of their medical records except in certain circumstances. List two of those circumstances.

   Any of the following: (1) psychotherapy notes; (2) information compiled for a lawsuit; and (3) information that, in the opinion of the health-care provider, may cause harm to the individual or another
5. Indicate by yes (Y) or no (N) whether disclosure of PHI to each specific entity in the list would require patient authorization.
   - N Specialist/consultant
   - N Patient's health plan
   - Y Life insurance company
   - N Hospital accounting department
   - Y Patient's employer
   - Y Pharmaceutical companies
   - N Reporting a gunshot wound to police
   - N Reporting names of patients with a communicable disease to a county health department
   - N Reporting suspected child abuse to a child protection agency
   - N Medical billing and coding department
   - Y Friends and family not involved in a patient's health care

WORKSHEET 1.2

Abbreviations

AMA	American Medical Association
AP, A.P., A/P	anteroposterior
ARRA	American Recovery and Reinvestment Act
CE	covered entity
CMS	Centers for Medicare and Medicaid Services
CP	chest pain; cerebral palsy
CPR	computer-based patient record
CPT	Current Procedural Terminology
EHR	electronic health record
E/M	evaluation and management
EMR	electronic medical record
EPR	electronic patient record
HHS	Health and Human Services
HIMSS	Healthcare Information and Management Systems Society
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health Act
HMO	health maintenance organization
HPI	history of present illness
ICD	International Classification of Diseases