

Pearson's Comprehensive Medical Coding, 2nd Ed. (Papazian-Boyce)
Chapter 1 Your Coding Career

1.1 Multiple Choice Theory

1) According to Chapter 1, *Your Career and Coding*, which of the following is NOT one of an "ace" coder's skills?

- A) Arranging
- B) Abstracting
- C) Appraising
- D) Assigning

Answer: C

2) HCPCS stands for:

- A) Healthcare Commonly Practiced Coding System.
- B) Healthcare Comparing Procedure Coding System.
- C) Health Care Procedural Coding System.
- D) Healthcare Common Procedure Coding System.

Answer: D

3) ICD-10-PCS stands for:

- A) International Classification of Diseases, 10th Revision, Procedure Classification System.
- B) International Classification of Diseases, 10th Revision, Procedure Coding System.
- C) International Classification of Diseases, 10th Revision, Procedural Classification System.
- D) International Classification of Diseases, 10th Version, Procedure Classification System.

Answer: B

4) How many alphanumeric characters does each ICD-10-PCS code have?

- A) Five
- B) Eight
- C) Seven
- D) Six

Answer: C

5) Official coding guidelines require proper sequencing of diagnosis and procedure codes. The sequencing depends on the:

- A) physician's sequencing when he documents the diagnoses and procedures.
- B) most resource-intensive (expensive) procedures performed.
- C) dates procedures were performed.
- D) codes assigned and the circumstances of the patient encounter.

Answer: D

6) Surgical encounters that do not require an overnight inpatient stay in the hospital are known as:

- A) therapeutic surgery.
- B) ambulatory surgery.
- C) diagnostic surgery.
- D) none of the above.

Answer: B

7) For complicated problems that may take a while to diagnose, physicians may _____ to provide relief until the underlying cause is determined.

- A) order lab tests
- B) prescribe drugs
- C) treat symptoms
- D) document the encounter

Answer: C

8) Which of the following things should a coder do when coding an encounter?

- A) Assign codes based on the documentation in the chart.
- B) Diagnose the patient based on the stated symptoms.
- C) Code past conditions that are not resolved.
- D) Code services provided prior to the current encounter.

Answer: A

9) Which of the following coding certifications is NOT offered by either AAPC or AHIMA?

- A) CPC
- B) CPC-P
- C) CCS
- D) CCS-P
- E) CBCS

Answer: E

10) A mid-level job allows coders to:

- A) expand their skills.
- B) take on more responsibility.
- C) learn new specialties.
- D) all of the above.

Answer: D

11) Case production standards are based on all of the following EXCEPT:

- A) type of record (radiology, surgery, etc.).
- B) which encoder is being utilized.
- C) whether the coder is working from an electronic or paper chart.
- D) whether the coder is assigning diagnostic or procedure codes (or both).

Answer: B

12) Radiology case production standards can range from 100 to 200 records per hour. The reason this number is higher than those for other types of records is because:

- A) the radiologists use "normals" when dictating reports, so they produce more records than other doctors.
- B) radiology exams take less time than office exams.
- C) the radiology records are far less complicated than other records.
- D) the coder can just code the reason for the exam.

Answer: C

13) It is important for coders to be proficient in what type of keyboarding?

- A) Digital keyboarding
- B) Numeric keyboarding
- C) Alphanumeric keyboarding
- D) Traditional keyboarding

Answer: C

14) Which of the following types of healthcare employees might NOT use codes as part of their jobs?

- A) intake specialists
- B) HR generalists
- C) Billers
- D) Schedulers
- E) Medical receptionists

Answer: B

15) Not counting modifiers, how many numbers does a CPT code have?

- A) Five
- B) Four
- C) Seven
- D) Six

Answer: A

16) Abstracting information from the medical record involves:

- A) determining its accuracy.
- B) verifying with the attending physician that the record is correct.
- C) deciding which elements of the encounter require codes.
- D) coding to the highest level of specificity.

Answer: C

17) Which type of codes describes patient illnesses, diseases, conditions, injuries, and other reasons for seeking healthcare services?

- A) Procedure
- B) Diagnosis
- C) Patient
- D) Billing

Answer: B

18) Which organization developed CPT?

- A) WHO
- B) AMA
- C) NCHS
- D) CMS

Answer: B

19) G9874 is an example of the code format for which HIPAA-mandated code set?

- A) NDC
- B) CPT
- C) HCPCS
- D) CDT

Answer: C

20) Which organization developed National Drug Codes?

- A) Health Care Financing Administration
- B) Center for Medicare and Medicaid Services
- C) The American Medical Association
- D) Department of Health and Human Services

Answer: D

21) A52.15 is an example of the code format for which HIPAA-mandated code set?

- A) ICD-10-PCS
- B) ICD-10-CM
- C) CPT
- D) ICD-9-CM

Answer: B

22) The physician who usually treats a patient throughout the patient's stay at an inpatient facility is known as the:

- A) admitting physician.
- B) consultant.
- C) attending physician.
- D) internist.

Answer: C

23) Patients who have injuries or health problems for which treatment cannot be delayed without harming the patient are usually treated at:

- A) same-day surgery.
- B) urgent care.
- C) a physician's office.
- D) the emergency department.

Answer: D

24) Dr. Lorenzo asks his patient, Bella, questions about the pain she is currently experiencing in relation to the severity level, what makes it worse or better, and whether she's experienced this pain before. This is an example of performing a:

- A) medical history.
- B) physical exam.
- C) past surgical history.
- D) none of the above.

Answer: A

25) Advanced level coding positions typically require more than how many years of proven coding experience?

- A) Ten
- B) Five
- C) Seven
- D) Three

Answer: B

26) If a diagnosis was established in a previous patient encounter:

- A) the physician has no need to continue to interact with the patient.
- B) the current encounter must be coded as a post-diagnostic event.
- C) the physician reviews the patient's progress and updates the diagnosis.
- D) the physician provides treatment but does not take additional history from the patient.

Answer: C

27) Which skill relates to identifying medical terminology?

- A) Visualizing the site where a procedure is performed
- B) Breaking down words into prefixes, roots, and suffixes
- C) Communicating with others clearly and accurately
- D) Following directions and asking for help when necessary

Answer: B