Test Bank for 3 2 1 Code It 2021 9th Green

Name:_____ Class:_____ Date:_____

Chapter 01: Coding Overview

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
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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
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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
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4. Which is the most likely reason a student would be terminated from the internship site, fails internship course, or suspended and/or expelled from the academic program?

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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
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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
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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
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7. Students who join a professional association for a reduced membership fee often receive most of the same benefits as active members. Which is an example of a benefit of joining a professional association?

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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
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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
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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
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10. Which is a vocabulary of clinical and medical terms used by health care providers to document patient care?
a. classification system
b. data dictionary
c. hybrid record

d. medical nomenclature

ANSWER: d
POINTS: 1
DIFFICULTY: Easy
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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
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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
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13. Which is used to classify diagnoses in any health care setting?

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

ANSWER: c
POINTS: 1

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DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
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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
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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
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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
POINTS: 1
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False

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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
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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
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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
DIFFICULTY: Easy
QUESTION TYPE: Multiple Choice
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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
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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
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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
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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
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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
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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
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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

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ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
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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
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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
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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

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

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

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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
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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
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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 _____.
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

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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
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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
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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?

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

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

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

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

a. insurance claim submitted
b. medical codes reported
c. patient's date of birth
d. quality of patient care

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
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45. The primary purpose of the patient 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
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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
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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

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
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48. A teaching hospital is engaged in an approved graduate medical education _____ program in medicine, osteopathy, dentistry, or podiatry.

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

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
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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
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50. Which type of physician participates in an approved GME program?
a. attending
b. emergency
c. resident
d. teaching

ANSWER: c
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
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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
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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
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53. Which type of record is paper based?

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

ANSWER: c
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
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54. Which type of record uses computer technology?

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

ANSWER: a
POINTS: 1

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DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
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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
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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
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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

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

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

ANSWER: a
POINTS: 1
DIFFICULTY: Difficult
QUESTION TYPE: Multiple Choice
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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
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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
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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
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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
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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
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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
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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
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75. Which is used during the document imaging process to create images of patient reports?
a. index
b. jukebox
c. optical disk
d. scanner

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
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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

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DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
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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
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78. Automated case abstracting software is used by hospitals to _____.
a. collect data for statistical analysis
b. generate accounting aging reports
c. register patients for encounters
d. schedule patient appointments

ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
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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

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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
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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
ANSWER: a
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
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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
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82. Medicare regulations (Centers for Medicare and Medicaid Services)
ANSWER: a

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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
d. Unbundling
e. Upcoding
DIFFICULTY: Difficult
QUESTION TYPE: Matching
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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

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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
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92. CCS
ANSWER: c
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
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96. Actions related to disease impairment management, prevention, and treatment

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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?

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

ANSWER: d
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
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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

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

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

ANSWER: b
POINTS: 1
DIFFICULTY: Moderate
QUESTION TYPE: Multiple Choice
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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
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Name:_____ Class:_____ Date:_____

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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
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