***Let’s Code It!, 1e* (Safian)**

**Chapter 1 Introduction to the Languages of Coding**

1) A \_\_\_\_\_\_\_\_ code reports why the patient was seen by the physician.

A) condition

B) diagnosis

C) procedure

D) status

2) A \_\_\_\_\_\_\_\_ explains WHAT the physician or health care provider did for the patient.

A) condition

B) diagnosis

C) procedure

D) status

3) 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

A) medical necessity.

B) nonessential modifiers.

C) external cause.

D) Classification Systems.

4) 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:

A) medical necessity.

B) reimbursement.

C) services.

D) treatments.

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

A) Statistical analyses

B) Reimbursement

C) Resource allocation

D) all of these

6) The state of abnormality or dysfunction is known as:

A) a diagnosis

B) a procedure

C) a condition

D) an eponym

7) A \_\_\_\_\_\_\_\_ is the physician's determination of a patient's condition, illness, or injury.

A) diagnosis

B) procedure

C) condition

D) service

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

A) Diagnoses

B) Procedures

C) Conditions

D) Services

9) \_\_\_\_\_\_\_\_ is the process of paying for health care services after they have been provided.

A) Medical necessity

B) Statistical analyses

C) Reimbursement

D) Resource allocation

10) In reimbursement, the health care provider is known as the \_\_\_\_\_\_\_\_ party.

A) First

B) Second

C) Third

D) Fourth

11) In reimbursement, the patient is known as the \_\_\_\_\_\_\_\_ party.

A) First

B) Second

C) Third

D) Fourth

12) In reimbursement, the insurance company or other organization financially responsible is known as the \_\_\_\_\_\_\_\_-party payer.

A) First

B) Second

C) Third

D) Fourth

13) The WHY justifies the \_\_\_\_\_\_\_\_.

A) Where

B) How

C) Who

D) What

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

A) fracture

B) history

C) Cushing's disease

D) Jackson's syndrome

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

A) anatomical site.

B) condition.

C) level of disease.

D) All of these

16) An eponym is a:

A) disease of the epiglottis.

B) disease of the epithelial tissue.

C) disease named after a person.

D) disease that is congenital.

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

A) Epstein-Barr Syndrome

B) Lou Gehrig's Disease

C) HIV

D) Parkinson's Disease

18) ICD-10-CM contains codes for reporting \_\_\_\_\_\_\_\_.

A) diagnoses

B) payers

C) systems

D) treatments

19) An external cause code is used when a patient has:

A) an adverse effect.

B) an injury.

C) been poisoned.

D) all of these

20) Which of the following is an example of a procedure code?

A) 39501

B) E1391

C) G32.8

D) 06QM4ZZ

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

A) 095C3ZZ

B) K0018

C) S43.303A

D) 88304

22) In ICD-10-CM, the  note provides you with \_\_\_\_\_\_\_\_ words or phrases that the physician might use that mean the same condition.



A) conventional

B) alternative

C) traditional

D) conservative

23) 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:

A) medical necessity.

B) nonessential modifiers.

C) external cause.

D) Classification Systems.

24) ICD-10-CM is an acronym for:

A) International Classification of Diseases, Tenth Revision, Clinical Modification.

B) International Classification of Diseases, Tenth Revision, Current Modification.

C) International Classification of Diagnoses, Tenth Revision, Clinical Modification.

D) International Classification of Diagnoses, Tenth Revision, Current Modification.

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

A) 5

B) 6

C) 7

D) 8

26) \_\_\_\_\_\_\_\_ is spending time with a patient and/or family about health care situations.

A) Treatment

B) Services

C) Tests

D) Procedures

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

A) procedures.

B) tests.

C) treatment.

D) services.

28) What establishes medical necessity for procedures provided?

A) Durable medical equipment

B) Superbill

C) Abstracting

D) Diagnosis codes

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

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

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

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

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

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

A) CPT

B) ICD-10-CM

C) ICD-10-CM volume III

D) ICD-10-PCS

31) 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.

A) inpatient

B) outpatient

C) ambulatory patient

D) none of these

32) CPT stands for:

A) Current Procedural Terminology.

B) Capitation Procedures and Treatments.

C) Certified Procedures and Treatments.

D) Current Procedures and Treatments.

33) The CPT book has \_\_\_\_\_\_\_\_ sections.

A) 2

B) 4

C) 6

D) 8

34) A CPT category I code has:

A) five numbers.

B) two numbers.

C) five characters.

D) two characters.

35) Category II codes are:

A) four numbers followed by the letter F.

B) five numbers with no punctuation.

C) four numbers followed by the letter T.

D) one number and one letter.

36) Category III codes are:

A) four numbers followed by the letter F.

B) five numbers with no punctuation.

C) four numbers followed by the letter T.

D) one number and one letter.

37) CPT codes and sections run, generally, in \_\_\_\_\_\_\_\_ order.

A) alphabetic

B) numeric

C) alphanumeric

D) no specific

38) Modifiers are appended to \_\_\_\_\_\_\_\_ codes.

A) ICD-10-CM

B) ICD-10-PCS

C) CPT

D) ICD

39) In the CPT book, radiology service codes range from:

A) 99201-99499.

B) 10021-69990.

C) 70010-79999.

D) 80047-89398, 0001U-0017U.

40) An outpatient facility includes which of the following?

A) a hospital emergency room

B) ambulatory care center

C) same-day surgery center

D) all of these

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

A) outpatient.

B) inpatient.

C) ER patient.

D) none of these.

42) ICD-10-PCS is an acronym for:

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

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

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

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

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

A) DME

B) ICD-10-PCS

C) ICD-10-CM, Volume III

D) ICD-10-CM

44) 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 facility?

A) ICD-10-PCS

B) ICD-10-CM

C) CPT

D) HCPCS Level II

45) The CPT codes are used to report:

A) who came to see the physician for treatment.

B) why the patient came to see the physician.

C) what treatments were provided to the patient**.**

D) all of these

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

A) H33.24

B) 0D160ZA

C) 10060

D) G0378

47) HCPCS Level II codes are used:

A) when no CPT code is accurate.

B) to report supplies.

C) when the insurance carrier permits.

D) all of these

48) An example of a possible HCPCS Level II code is:

A) 12345.

B) H2027.

C) 1234F.

D) 1234T.

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

A) Three characters: two letters followed by one number

B) Three letters

C) Five characters: one letter followed by four numbers

D) Two numbers

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

A) Excision

B) Insertion

C) Syndrome

D) Humidifier