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| 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 | |

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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 | |

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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 | |

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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?   |  |  |  | | --- | --- | --- | |  | 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 | |

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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 | |

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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 | |

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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?   |  |  |  | | --- | --- | --- | |  | 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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 |  |  |  | | --- | --- | | *ANSWER:* | d | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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| 45. The primary purpose of the record is to provide for \_\_\_\_\_\_\_\_\_\_.   |  |  |  | | --- | --- | --- | |  | a. | facility medicolegal interests | |  | b. | health care reimbursement | |  | c. | patient continuity of care | |  | d. | quality review studies |  |  |  | | --- | --- | | *ANSWER:* | c | |

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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 | |

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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 | |

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| 48. A teaching hospital is engaged in an approved graduate medical education \_\_\_\_\_\_\_\_\_\_ program in medicine, osteopathy, dentistry, or podiatry.   |  |  |  | | --- | --- | --- | |  | a. | health care | |  | b. | medicolegal | |  | c. | residency | |  | d. | third-party |  |  |  | | --- | --- | | *ANSWER:* | c | |

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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 | |

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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 | |

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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 | |

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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 | |

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| 53. Which type of record is paper based?   |  |  |  | | --- | --- | --- | |  | a. | automated | |  | b. | hybrid | |  | c. | manual | |  | d. | systematized |  |  |  | | --- | --- | | *ANSWER:* | c | |

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| 54. Which type of record uses computer technology?   |  |  |  | | --- | --- | --- | |  | a. | automated | |  | b. | hybrid | |  | c. | manual | |  | d. | systematized |  |  |  | | --- | --- | | *ANSWER:* | a | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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.   |  |  |  | | --- | --- | --- | |  | a. | assessment | |  | b. | objective | |  | c. | plan | |  | d. | subjective |  |  |  | | --- | --- | | *ANSWER:* | a | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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* | |

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| 82. ​Medicare regulations (Centers for Medicare and Medicaid Services)   |  |  | | --- | --- | | *ANSWER:* | a | |

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| 83. ​Software used by hospitals to help identify CPT/HCPCS coding errors   |  |  | | --- | --- | | *ANSWER:* | d | |

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| 84. ​Monthly newsletter published by AMA as an official coding resource   |  |  | | --- | --- | | *ANSWER:* | b | |

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| 85. ​Quarterly newsletter published by AHA as an official coding resource   |  |  | | --- | --- | | *ANSWER:* | e | |

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| 86. ​Code edits pairs” that cannot be reported on the same claim for payment   |  |  | | --- | --- | | *ANSWER:* | c | |

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| *Match each illegal coding practice with the correct term listed below.*   |  |  | | --- | --- | | a. | Downcoding | | b. | Jamming | | c. | Overcoding | | d. | Unbundling | | e. | Upcoding | |

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| 87. ​Reporting multiple CPT codes to increase reimbursement when a combination code should be reported   |  |  | | --- | --- | | *ANSWER:* | d | |

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| 88. ​Reporting codes for associated signs and symptoms in addition to an established diagnosis   |  |  | | --- | --- | | *ANSWER:* | c | |

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| 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 | |

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| 90. ​Routinely assigning an unspecified ICD-10-CM disease code instead of reviewing the coding manual to select the appropriate code number   |  |  | | --- | --- | | *ANSWER:* | b | |

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| 91. ​Reporting codes that are not supported by documentation in the patient record for the purpose of increasing reimbursement   |  |  | | --- | --- | | *ANSWER:* | e | |

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| *Match each credential with the corresponding credentialing organization listed below.*   |  |  | | --- | --- | | a. | AAMA | | b. | AAPC | | c. | AHIMA | | d. | AMBA | |

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| 92. CCS   |  |  | | --- | --- | | *ANSWER:* | c | |

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| 93.  CMA   |  |  | | --- | --- | | *ANSWER:* | a | |

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| 94. CPC   |  |  | | --- | --- | | *ANSWER:* | b | |

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| 95. CMRS   |  |  | | --- | --- | | *ANSWER:* | d | |

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| *Match each description with the type of code set listed below.*   |  |  | | --- | --- | | a. | large code set | | b. | small code set | |

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| 96. ​Actions related to disease impairment management, prevention, and treatment   |  |  | | --- | --- | | *ANSWER:* | a | |

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| 97. ​Causes of injury, disease, impairment, or other health-related problems   |  |  | | --- | --- | | *ANSWER:* | a | |

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| 98. ​Diseases, injuries, impairments, other health-related problems and their manifestations   |  |  | | --- | --- | | *ANSWER:* | a | |

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| 99. ​Race, ethnicity, type of facility, and type of unit   |  |  | | --- | --- | | *ANSWER:* | b | |

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| 100. ​Substances, equipment, supplies, or other items   |  |  | | --- | --- | | *ANSWER:* | a | |

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| 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 | |

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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 | |

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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 | |

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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 | |

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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 | |

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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 | |