PRACTICE PAPER

Domain 1Coding Knowledge and Skills

1. A 12-year-old boy was seen in an ambulatory surgical center for pain in his right arm. The x-ray showed fracture of ulna. Patient underwent closed reduction of fracture right proximal ulna and an elbow-to-finger cast was applied. What diagnostic and procedure codes should be assigned?

a. S52.101A, S52.001A, 0PSK0ZZ

b. S52.101B, S52.001B, 0PSH0ZZ

c. S52.101B, S52.001B, 25560, 29075

d. S52.001A, 24675

2. A 75-year-old male patient was admitted from a nursing home with dehydration and dysphagia due to a previous stroke. During hospitalization, the patient was rehydrated and transferred back to the nursing home. What codes should be assigned?

a. E86.0, I69.390, R13.19

b. E86.1, I69.391, R13.10

c. E86.9, I69.390, R13.19

d. E86.0, I69.391, R13.10

3. Sepsis due to the presence of an indwelling urinary catheter with a positive blood culture reflected in the progress notes as Staphylococcus aureus sepsis. What codes should be assigned?

a. T83.511A, A41.01

b. T83.511A, A41.9

c. T83.510A, R78.81

d. T81.44XA, A41.01

4. A laparoscopic tubal ligation is completed. What is the correct CPT code assignment?

a. 49320, 58662

b. 58670

c. 58671

d. 49320

5. A patient is admitted to an acute-care facility with chest pain. The patient was awakened from sleep by the pain. This was the patient's first experience with chest pain. The patient was given two nitroglycerin tablets in the emergency department. The chest pain was not relieved, resulting in the diagnosis of new onset unstable angina. Serial creatine phosphokinase was normal. Following a left cardiac catheterization with fluoroscopic angiogram of multiple coronary arteries with low osmolar contrast, the patient is found to have arteriosclerotic coronary artery disease. What ICD-10-CM and PCS codes should be assigned?

a. I25.10, 4A023N7, B2111ZZ

b. I25.110, 4A023N7, B211Y10

c. I25.110, 4A023N7, B2111ZZ

d. I25.110, 4A023N6, B2111ZZ

6. Normal twin delivery at 30 weeks. Both babies were delivered vaginally and were liveborn. What conditions should have codes assigned?

O30.003Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester

O30.009Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester

O60.14X0Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified

a. O80, Z3A.30, Z37.0

b. O30.003, O60.14X0, Z3A.30, Z37.2

c. O60.14X1, O60.14X2 O30.003, Z3A.30, Z37.2

d. O80, O30.009, Z3A.30, Z37.2

7. A patient is admitted with metastatic carcinoma from breast to liver with previous bilateral mastectomy and no reoccurrence at the primary site. In the progress note of day three, the physician indicates that patient now has pneumonia and begins treatment with an antibiotic that will be continued on discharge. What is the proper coding and sequencing of this admission?

a. C78.6, Z85.3, Z90.13

b. C78.7, J18.9, Z85.3, Z90.13

c. J18.9, C78.7, Z90.13

d. C78.7, Z85.3, Z90.10

8. Patient admitted with syncope due to taking Valium in combination with an over-the-counter antihistamine, taken as directed on the package but without consulting a healthcare provider. What are the correct codes and sequencing for this admission?

a. R55, T42.4X1A, T45.0X1A

b. T42.4X1A, T45.0X1A, R55

c. T45.0X1A, T42.4X1A

d. R55, T42.4X6A, T45.0X5A

9. A 50-year-old woman with a diagnosis of metastatic ovarian cancer to the pleura has an outpatient thoracoscopic pleurodesis performed. What is the correct coding and sequencing?

a. C56.9, C78.2, 32650

b. C78.2, C56.9, 32650

c. C78.2, C56.9, 32661

d. C56.9, C78.2, 32609

10. A patient with acute respiratory failure, hypertension, and congestive heart failure is admitted for intubation and ventilation. The patient's heart failure is stable on current medications. What are the correct diagnosis codes and sequencing?

a. J96.00, I11.0, I50.9

b. I50.9, J96.00, I10

c. J96.20, I10, I50.9

d. I50.9, J96.20, I11.0

11. A 34-year-old woman delivered a live-born, term baby boy (39 weeks) with macrosomia. She had a hemorrhage following a low forceps delivery with episiotomy but prior to expulsion of the placenta. What are the appropriate codes and sequencing for this record?

a. O67.8, O36.63X0, Z37.0, 10D07Z3, 0W8NXZZ

b. Z37.0, O67.9, O36.63X1, Z3A.39, 10D07Z3, 0W8NXZZ

c. O36.80X0, O67.9, Z37.0, Z3A.39, 0W8NXZZ, 10D07Z3

d. O67.9, O36.63X0, Z37.0, Z3A.39, 10D07Z3, 0W8NXZZ

12. A 64-year-old female was discharged with the final diagnosis of acute renal failure and hypertension. What coding guideline applies?

a. Use combination code of hypertension and chronic renal failure.

b. Use separate codes for hypertension and chronic renal failure.

c. Use separate codes for hypertension and acute renal failure.

d. Use combination code for hypertension and acute renal failure.

13. A patient was discharged from observation following an outpatient surgery with the following diagnoses: posterior subcapsular, mature, incipient, senile cataract right eye, diabetes mellitus, hypertension, with treatment for mild acute renal failure. Which codes are correct?

a. H25.21, E11.29, I12.9, N17.9

b. E11.36, H25.041, I10, N17.9

c. H25.9, E11.29, I12.9, N17.9

d. H25.041, E11.9, I12.9

14. Current Procedural Terminology (CPT) defines a separate procedure as which of the following?

a. Procedure considered an integral part of a more major service

b. Procedure that requires provision of anesthesia

c. Procedure that requires an add-on code

d. A surgical procedure performed in conjunction with an E/M visit

15. Documentation from the nursing or other allied health professionals' notes can be used to provide specificity for code assignment for which of the following diagnoses?

a. Body mass index (BMI)

b. Malnutrition

c. Aspiration pneumonia

d. Fatigue

16. A 30-year-old patient was seen in the emergency department for recurrent seizures. The patient also had tic douloureux. What codes should be assigned?

a. R56.9, G50.0

b. G40.909, G50.0

c. R56.9, G50.8

d. G40.919, F95.9

17. A laparoscopic cholecystectomy was performed. What is the correct ICD-10-PCS code?

a. 0FB40ZZ

b. 0FT40ZZ

c. 0FT44ZZ

d. 0FB44ZZ

18. A 59-year-old man who works in construction is diagnosed with basal cell carcinoma of the eyelid. An excision of basal cell carcinoma of the left upper eyelid was performed with an excised diameter of 1.9 cm and single layer closure. What codes and modifiers should be assigned?

a. C44.121, 11622-E2

b. C44.1191, 11642-E1

c. C44.1191, 11640-E1

d. C44.121, 11642-E2

19. Carcinoma of multiple overlapping sites of the bladder. Diagnostic cystoscopy and transurethral fulguration of bladder lesions over the dome and posterior wall (1.9 cm) were completed. A biopsy was taken of a lesion in the lateral wall. What modifier should be added to the biopsy procedure code?

a. -50, Bilateral procedure

b. -51, Multiple procedures

c. -59, Distinct procedural service

d. -99, Multiple modifiers

20. A bronchoscopy with multiple biopsies of the left bronchus was completed and revealed adenocarcinoma. What, if any, modifier should be added to the procedure code billed by the facility?

a. -59, Distinct procedural service

b. -51, Multiple procedures

c. -76, Repeat procedure or service by same physician

d. No modifiers should be reported

21. A patient is admitted with fever and urinary burning. Urosepsis is suspected. The discharge diagnosis is Escherichia coli, urinary tract infection; sepsis ruled out. Which of the following represents the diagnoses to report for this encounter and the appropriate sequencing of the codes for those conditions?

a. Fever, urinary burning, urosepsis

b. Fever, urinary burning, sepsis

c. Escherichia coli sepsis

d. Urinary tract infection, Escherichia coli

22. A patient was admitted to the emergency department for abdominal pain with diarrhea and was diagnosed with infectious gastroenteritis. In addition to gastroenteritis, the final diagnostic statement included angina and chronic obstructive pulmonary disease. List the diagnoses that would be coded and their correct sequence.

a. Abdominal pain, infectious gastroenteritis, chronic obstructive pulmonary disease, angina

b. Infectious gastroenteritis, chronic obstructive pulmonary disease, angina

c. Gastroenteritis, abdominal pain, angina

d. Diarrhea, chronic obstructive pulmonary disease, angina

23. A patient was admitted to the endoscopy unit for a screening colonoscopy. During the colonoscopy, polyps of the colon were found and a polypectomy was performed. What diagnostic codes should be used and how should they be sequenced?

a. Z12.11, Z86.010

b. D12.6, Z12.11, Z86.010

c. Z12.11, D12.6

d. D12.6, Z12.11

24. A 30-year-old patient with acquired immunodeficiency syndrome (AIDS), asymptomatic at this time, is admitted for repair of inguinal hernia. The procedure performed was a right indirect inguinal herniorrhaphy via open approach. What are the correct codes and sequencing for this scenario?

a. B20, K40.90, 0YQ5XZZ

b. K40.90, B20, 0YQ50ZZ

c. Z21, K40.90, 0YQ5XZZ

d. K40.90, Z21, 0YQ50ZZ

25. The patient is admitted for chest pain and is found to have an acute inferior myocardial infarction with coronary artery disease and atrial fibrillation. After the atrial fibrillation was controlled and the patient was stabilized, the patient underwent a CABG ×2 from aorta to the right anterior descending and right obtuse, using the left greater saphenous vein that was harvested via an open approach. Cardiopulmonary bypass was utilized. The appropriate sequencing and ICD codes for the hospitalization would be:

a. R07.9, I21.3, I48.91, I22.9, 02100AW, 5A1221Z

b. I21.19, I48.91, I22.9, 02100AW

c. I21.19, I25.10, I48.91, 021109W, 06BQ0ZZ, 5A1221Z

d. I22.1, I48.91, I21.19, 021109W

26. Twin newborns are born prematurely at 32 weeks via cesarean section. The birth weight of the first twin was 1,002g. The second twin was stillborn. The first twin was admitted to the nursery from the delivery room. The first twin was also treated for jaundice due to ABO incompatibility. What codes should be assigned and what is the proper sequencing?

a. Z38.31, P07.14, P07.35, P55.1

b. Z38.01, P07.35, P07.14, P55.8

c. P05.04, P07.35, Z38.31, P55.1

d. Z38.31, P07.14, P07.33, P55.1

27. A patient is admitted with hemoptysis. A bronchoscopy with transbronchial biopsy of the lower lobe was undertaken that revealed squamous cell carcinoma of the right lung. Which conditions should be identified as present on admission?

a. C34.31, R04.2

b. R04.2

c. C34.31

d. C34.30, P26.9, R04.2

28. A condition is considered present on admission when it is:

a. The principal diagnosis

b. In accordance with medical staff bylaws

c. A condition that occurs prior to an inpatient admission

d. Present within three days after admission

29. A newborn is diagnosed with meconium aspiration at birth. What is the appropriate POA indicator for the meconium aspiration?

a. Y

b. N

c. U

d. W

30. A woman is admitted to the hospital for an exacerbation of COPD and mentions a lump she has noticed in her right breast. On the fourth day of her hospital stay, a biopsy is done of the breast lump and a diagnosis of ductal carcinoma is made. What is the POA assignment for the carcinoma?

a. Y

b. N

c. U

d. W

31. The use of the outpatient code editor (OCE) is designed to:

a. Correct documentation of home health visits

b. Facilitate reporting of adverse drug events

c. Reduce the use of computer-assisted coding

d. Identify incomplete or incorrect claims

32. Medicare's identification of medically necessary services is outlined in:

a. Program transmittals

b. Claims processing manual

c. Local coverage determinations

d. National Correct Coding Initiative

33. Medically unlikely edits are used to identify:

a. Pairs of procedure codes that should not be billed together

b. Maximum units of service for a HCPCS code

c. Diagnoses that do not meet medical necessity

d. Procedure and gender discrepancies

34. National Correct Coding Initiative (NCCI) Edits are released how often?

a. Monthly

b. Quarterly

c. Semi-annually

d. Annually

35. In 2000, the Centers for Medicare and Medicaid Services (CMS) issued the final rule on the outpatient prospective payment system (OPPS). The final rule:

a. Identified the payment structure for long-term care

b. Divided outpatient services into fixed payment groups

c. Created less opportunity for health information management professionals

d. Facilitated greater use of ICD-9-CM procedure codes

36. Diagnostic-related groups (DRGs) and ambulatory patient classifications (APCs) are similar in that they are both:

a. Determined by HCPCS codes

b. Focused on hospital outpatients

c. Focused on hospital inpatients

d. Prospective payment systems

37. Medicare exerts control of provider reimbursement through adjustment of this component of the resource-based relative value scale (RBRVS).

a. Conversion factor

b. Geographic adjustment

c. Relative value unit

d. Practice expense

38. The process of collecting data elements from a source document is known as:

a. Extracting

b. Mining

c. Abstracting

d. Drilling

39. What piece of claims data from Hospital A alerts a payer that the patient was transferred to Hospital B?

a. Admission source

b. Admit diagnosis

c. Discharge disposition

d. Discharge diagnosis

Use the following table to answer questions 40 and 41.

Admission

40. What admission source code would be used when a patient is admitted to the facility from home?

a. 1

b. 2

c. 6

d. F

41. A terminally ill patient under hospice care is admitted to Hospital A for palliative care. What is the correct admission source code for the admission to Hospital A?

a. 1

b. 2

c. 6

d. F

42. When a patient is transferred from an acute-care facility to a skilled nursing facility, what abstracted data element can impact the DRG assignment?

a. Admission source

b. Patient's blood type

c. Discharge disposition

d. Patient's age

43. For a patient with a principal diagnosis of septicemia, reporting which of the following procedures will have the greatest impact on the MS-DRG?

a. Excision of left main bronchus, percutaneous endoscopic approach, diagnostic (0BB74ZX)

b. Excision of toe nail, external approach (0HBRXZZ)

c. Extraction of perineum skin, external approach (0HD9XZZ)

d. Respiratory ventilation, greater than 96 consecutive hours (5A1955Z)

44. Which of the following is considered a complication or comorbidity?

a. Hypokalemia

b. Dehydration

c. Hypernatremia

d. Fluid overload

Use the following scenario to answer questions 45 and 46.

A patient is admitted for a cerebral infarction. Residual effects at discharge include aphasia and dysphagia. The patient developed acute diastolic congestive heart failure while admitted and was treated with Lasix in addition to being given Betapace for his long-standing hypertension.

45. Which condition is considered a major complication comorbidity?

a. Cerebral infarction

b. Acute diastolic congestive heart failure

c. Hypertension

d. Dysphagia

46. Which condition meets the definition of comorbidity?

a. Cerebral infarction

b. Acute diastolic congestive heart failure

c. Hypertension

d. Dysphagia

Domain 2Coding Documentation

47. A patient was admitted from the emergency department because of chest pain. Following blood work, it was determined that the patient had elevated CK-MB enzymes. The EKG shows nonspecific ST changes. What type of diagnosis might this indicate?

a. Unstable angina

b. Myocardial infarction

c. Congestive heart failure

d. Mitral valve stenosis

48. A patient is admitted to the psychiatric unit of an acute-care facility. Almost every day for the past month, the patient has experienced loss of interest in most or all activities, which is a change from her prior level of functioning. She has also gained 15 lbs., has difficulty falling asleep, feels fatigued, and has difficulty making decisions. What potential diagnosis most closely fits the patient's overall symptoms?

a. Insomnia

b. Major depression

c. Reye's syndrome

d. Bipolar disorder

49. A patient is admitted to the hospital complaining of abdominal pain. Following evaluation, it was determined that the patient had an obstruction of the left colon due to adhesions from a prior abdominal surgery. The patient underwent laparotomy with lysis of adhesions. What conditions and procedures should be coded?

a. Abdominal pain, abdominal adhesions, abdominal obstruction, laparotomy, lysis of adhesions

b. Abdominal adhesions, abdominal obstruction, postoperative complications of the digestive system, laparotomy, lysis of adhesions

c. Abdominal adhesions with obstruction, lysis of adhesions

d. Abdominal adhesions, abdominal obstruction, postoperative complications of the digestive system, lysis of adhesions

50. A patient is diagnosed with infertility due to endometriosis and undergoes an outpatient laparoscopic laser destruction of pelvic endometriosis. In order to code this encounter accurately, what steps must the coding professional take?

a. Review the operative report to determine what procedure codes to use. Determine the site or sites of endometriosis so codes with the highest specificity may be assigned. Use infertility as a principal diagnosis.

b. Review the operative report to determine where the laser was used in the pelvis so the site or sites of endometriosis can be specified. Assign a principal diagnosis of infertility.

c. Review the operative report to determine where the laser was used in the pelvis so the site or sites of endometriosis can be specified as principal. Assign a secondary diagnosis of infertility.

d. Review the operative report to determine what procedure codes to use. Determine the site or sites of endometriosis so codes with the highest specificity may be assigned. Assign endometriosis as the principal diagnosis. Assign infertility as a secondary condition.

51. When coding a cardiac catheterization in CPT, in addition to the approach and the side of the heart into which the catheter was inserted, what else needs to be determined?

a. The type of anesthesia used

b. If additional procedures were performed

c. The duration of the procedure

d. Documentation that stents were considered

52. A female patient is admitted for a second-degree cystocele. A repair is performed. Which report provides the documentation necessary to accurately code the repair?

a. History and physical

b. Discharge summary

c. Consultation

d. Operative report

53. To accurately report wound closures with CPT codes, in addition to knowing the site and length of the closure, what other information is necessary?

a. If anesthesia was used and what kind

b. The repair type: simple, intermediate, or complex

c. The supplies that were used

d. If exploration of tendons or blood vessels occurred

54. A 64-year-old female is admitted to the hospital with nausea, vomiting, and edema. Lab values indicate the patient has dehydration. The patient takes Lisinopril as prescribed along with Levothyroxine for hypothyroidism. On the discharge summary, the final diagnoses of acute renal failure, hypothyroidism, and dehydration are documented. What discrepancy should a coding professional note in this documentation?

a. There is not enough detail in the documentation to assign the dehydration.

b. There is no explanation for the patient's vomiting.

c. There is no correlating diagnosis for the Lisinopril.

d. The nausea, vomiting, and edema are indicative of chronic renal failure not acute.

55. A patient comes in with right upper quadrant pain, nausea, and vomiting. An x-ray confirms inflammation in the gallbladder. The patient has been dealing with episodes like this for the past six months. The final diagnosis in the discharge statement is appendicitis. What discrepancy is noted in this record?

a. The condition indicated is acute appendicitis

b. There is no discrepancy, code the appendicitis

c. The condition indicated is chronic appendicitis

d. The condition indicated is acute on chronic cholecystitis

56. Refer to question 55. What should be done to correct the discrepancy?

a. Since the patient came in with pain, it is appropriate to assign the code for acute appendicitis

b. A query should be issued to determine the diagnosis as it seems appendicitis is incorrect

c. A clinical documentation improvement specialist should be contacted to verify the diagnosis

d. There is no discrepancy, code the appendicitis

57. A resident physician continually documents “CHF” without further clarification in patients’ medical records. What is the most likely rationale for this documentation practice?

a. No problem exists with this documentation as CHF without further clarification is acceptable.

b. The resident is not qualified to make a more definitive determination of the type of CHF.

c. The resident lacks knowledge regarding the need for further clarification.

d. There is not enough information to determine the type of CHF.

58. A patient is scheduled for elective surgery for cataract removal of the left eye. The operative report indicates the surgery on the right eye is performed with the use of phacoemulsification and intraocular lens insertion. What discrepancy is noted in this documentation?

a. The use of irrigation and aspiration is not mentioned

b. No mention of implantation of intraocular lens

c. No indication if general anesthesia was used

d. Laterality is not in agreement

Domain 3Provider Queries

59. On day two of admission, an inpatient progress note states there is a stage three pressure ulcer of the sacrum that requires debridement. The coding professional composes a query to determine if this condition was present on admission (POA) by asking the physician if the pressure ulcer listed in the

progress note of day two was present on admission—yes or no? Is that an acceptable query? Why or why not?

a. No. Yes/no queries are not acceptable in any circumstances.

b. No. Yes/no queries require clinical indicators.

c. Yes. Yes/no queries may be used to established POA status.

d. Yes. Yes/no queries are the preferred query format for all queries.

60. Multiple choice queries must supply how many choices in order to be compliant?

a. 3

b. 4

c. 5

d. No specific number

61. Compliant queries include which of the following?

a. Comparison of reimbursement amounts

b. Relevant clinical indicators

c. Potential impact on quality scores

d. Impact on physician licensure

62. Examine the following query and determine if it is compliant and why:

Dr. Reynolds, is it possible that this patient has acute, postoperative blood loss anemia based on the drop in hemoglobin and hematocrit that occurred after surgery as noted in the lab report? Yes or no?

a. Yes, because the query provides clinical indicators for the additional diagnosis.

b. Yes, because the physician has the option to choose yes or no.

c. No, because the query is leading and inappropriately includes the term “possible” in the question.

d. No, because yes and no queries are not acceptable.

63. Which of the following make a query compliant?

a. Keeping the question vague so the physician has an opportunity to use his discretion when responding

b. Explaining why the requested diagnosis is necessary to achieve a higher reimbursement

c. Addressing the impact the query has on quality indicators

d. Providing a concise presentation of facts and clinical indicators

64. A patient was admitted with heart failure within one week of a heart transplant. Due to the timing, the coding professional thought the heart failure may indicate a transplant rejection. What action(s) should the coding staff take?

a. Query the physician.

b. Assign the codes for the transplant rejection and the heart failure.

c. Assign only the code for the transplant rejection.

d. Assign only the code for heart failure.

65. A patient had a normal pregnancy and delivery with loose nuchal cord. Delivery, with birth of liveborn male infant, was accomplished with an episiotomy and repair. The delivery room record states "no evidence of fetal problem." What is the query opportunity for this record?

a. Age of the patient

b. Weeks of gestation/trimester

c. If there was adequate prenatal care

d. If the pregnancy was high-risk

66. A toddler comes into the hospital admitted from the ER with the following: shortness of breath, wheezing, runny nose, and positive RSV test. The final diagnosis was viral infection upon discharge three days later. What condition should the coding professional query for in this scenario?

a. Acute bronchiolitis

b. Acute bronchitis

c. Croup

d. Laryngitis

67. While admitted for an exacerbation of COPD, a patient developed swelling in the lower legs and had increasing shortness of breath despite the COPD treatment. An echocardiogram was performed that showed an ejection fraction of 33 percent. A urinalysis showed albuminuria. Breathing treatments continued with the addition of Lasix to the medication regime. In the final diagnostic statement, the physician mentions only the COPD exacerbation. What is the query opportunity for this record?

a. Coronary artery disease

b. Acute congestive heart failure

c. Pleural effusion

d. Atrial fibrillation

68. Which of the following condition combinations would benefit from a query?

a. Hypertension and ESRD

b. Diabetes and polyneuropathy

c. CHF and hypertension

d. ESRD and diabetes

69. A patient was admitted with chest pain and shortness of breath. Preliminary lab work indicated nonelevated troponin with LBBB noted on EKG. Patient developed a fever and chills. X-ray finding demonstrated an infiltrate in the left lung. Sputum culture identified Klebsiella. The patient slowly improved after antibiotics were administered. Final discharge diagnosis listed as chest pain and patient was sent home on Piperacillin/tazobactam. For which diagnosis does a query opportunity exist for the principal diagnosis?

a. Gram-negative pneumonia

b. Aspiration pneumonia

c. Myocardial infarction

d. Non-cardiac chest pain

Domain 4Regulatory Compliance

70. Authentication of health record entries means to:

a. Create facsimiles of documents

b. Prove authorship of documents

c. Develop documents

d. Use a rubber stamp on documents

71. The requirements for documentation and record completion (documents such as history and physicals, discharge summaries, and consultations) as well as penalties for nonadherence must be specified in:

a. Hospital rules and regulations

b. Payer guidelines

c. Medical staff bylaws

d. Nursing staff policies

72. Generally, data quality is defined as:

a. Ensuring the greatest amount of data possible is obtained from the health record

b. Ensuring the accuracy and completeness of an organization's data

c. Ensuring accuracy of the data collected for the case-mix index

d. Ensuring the data for external reporting is optimized

73. The Joint Commission considers management that supports decision making to be important for safety and quality. What kind of management supports decision making?

a. Resource management

b. Risk management

c. Information management

d. Case management

74. According to Medicare requirements, a history and physical must:

a. Be coded based on the uniform hospital discharge proposal

b. Include the patient's weight, height, body mass index, and year of birth

c. Be completed for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery

d. Discuss the educational plans for the patient including diet, exercise, and plans for smoking cessation

75. Medicare reimbursement depends on all of the following, except:

a. The correct designation of the principal diagnosis

b. The number of codes that are assigned

c. The presence or absence of additional codes that represent complications, comorbidities, or major complications/comorbidities

d. Procedures performed

76. A coding professional reviews a health record and determines that a code Medicare has designated as "unacceptable principal diagnosis" is the correct code to assign. What should the coding professional do?

a. Assign another code from the history and physical as the principal diagnosis

b. Assign the code even though the insurer may not pay the claim

c. Use a comorbidity as the principal diagnosis

d. Assign a code from the outpatient visit prior to admission

77. A payer's policy does not cover tetanus injections when provided as a preventive service but will cover them when provided as a postinjury service. If the injection is provided in the emergency department, what part of the claim will need to be modified to indicate the injection was a postinjury service rather than a preventive service?

a. Diagnosis code

b. Procedure code

c. Revenue code

d. Disposition code

78. Which of the following is found on the hospital-acquired condition list?

a. Stage 4 pressure ulcer of the coccyx

b. Foreign body of the skin

c. Urinary tract infection

d. Diabetes

79. A 75-year-old patient is admitted for a complex, ventral hernia repair. While in the hospital, the patient slips and falls, suffering a left hip fracture. Will the hip fracture be identified as part of the facility's patient safety indicators (PSI)? Why or why not?

a. No, the hip fracture is the principal diagnosis and will not be part of the PSI

b. Yes, the hip fracture is the principal diagnosis and would still be part of the PSI

c. No, the hip fracture is a secondary diagnosis and therefore, will not be part of the PSI

d. Yes, the hip fracture is a secondary diagnosis and will be part of the PSI

80. A patient is admitted for treatment of hemophilia with a blood transfusion. The patient had an ABO incompatibility reaction to the transfusion and was taken to the ICU for monitoring and IV saline. The admission is complicated by the development of a pneumonia and the patient's ongoing medical conditions of hypothyroidism and hyperlipidemia, both of which required medication during hospitalization. Breathing treatments continued for the pneumonia and no further transfusions were given. Which condition in this scenario reflects a hospital-acquired condition?

a. Hemophilia

b. Pneumonia

c. ABO incompatibility

d. Hypothyroidism

81. An urgent care facility located near a national park treats a significant number of patients with snake bites. Patients receive treatment with antivenom. On occasion, a patient must later be admitted to the hospital. Can the urgent care facility provide the hospital with a list of names of patients treated with snake antivenom?

a. Only the names of patients who are admitted to the hospital for continuation of care could be provided.

b. A full list of names could be provided.

c. No information can be obtained under any circumstances.

d. A list of patients may be available after consultation with the medical director.

82. The patient was admitted for breast carcinoma in the right breast at two o'clock. This was removed via lumpectomy. An axillary lymph node dissection, performed along with the lumpectomy, identified one of seven lymph nodes positive for carcinoma. One of the patient's neighbors, who works at the hospital, called the coding department to get the patient's diagnosis because she is a cancer survivor herself. The coding professional should:

a. Discuss the case with the coworker

b. Report the incident to hospital security

c. Give the caller false information

d. Explain that discussing the case would violate the patient's right to privacy

83. The billing department has requested that copies of patients' final coding summaries with associated code meanings for Medicare be printed remotely in the admission department. Currently, they only request the summaries when there is an unspecified procedure. On previous visits to the admission department, the coding supervisor has found the coding summaries were left on a table near the patient entrance. Of the actions presented here, what would be the best action for the coding supervisor to take?

a. Comply with the request.

b. Refuse to undertake this without further explanation.

c. Ignore the request.

d. Explain to the billing department supervisor that leaving the coding summary in public view violates the patient's right to privacy.

84. Code sets that are mandated under HIPAA include all of the following except:

a. National Drug Codes (NDC)

b. International Classification of Diseases, Tenth Revision, Clinical Modification and International Classification of Disease, Tenth Revision, Procedure Coding System (ICD-10-CM and ICD-10-PCS)

c. Current Procedural Terminology (CPT)

d. Hierarchical Condition Category (HCC)

85. The electronic transactions and code sets standards are found under which part of HIPAA?

a. Administrative Simplification

b. Privacy Rule

c. Security Rule

d. Health Information Technology for Economic and Clinical Health Act

86. Determining employee access to patient information should be based on what HIPAA principle?

a. Medically necessary

b. Minimum necessary

c. Nondisclosure

d. Workforce

87. A facility's coding policy states that inpatients who undergo open reduction and internal fixation of a fractured femur should be routinely coded with blood loss anemia when there is intraoperative blood

loss of 500 cc or more documented in the operative report and the patient has low hemoglobin. Is this correct or incorrect and why?

a. It is correct to code blood loss anemia because the policy requires it.

b. It is correct because the clinical signs are documented in the record.

c. It is incorrect because the patient must also have a blood transfusion in order for blood loss anemia to be coded.

d. It is incorrect because the physician did not document the blood loss anemia in the progress notes.

88. AHIMA's Standards of Ethical Coding apply to which of the following groups?

a. Certified coding professionals

b. Coding managers

c. HIM/coding students

d. Coding auditors

e. All of the above

f. A and D only

g. A and B only

89. At work one day, Mary, who is an outpatient coding professional, overheard another outpatient coding professional mention that whenever she has a chart to code with a procedure that she is unfamiliar with, she assigns an unlisted CPT code. This allows her to keep up her productivity numbers rather than taking time to research the procedure. What is Mary's ethical responsibility upon learning this information?

a. None, as she is an outpatient coding professional and the Code of Ethics applies only to inpatient coding professionals.

b. None, because it is within coding guidelines to assign an unlisted CPT procedure code.

c. Report this to her coding manager as the Code of Ethics requires coding professionals to take steps to correct unethical behavior of colleagues.

d. Report this to the facility's risk manager in order to prevent claim denials.

90. A facility recently implemented a computer-assisted coding (CAC) program to assist their coding staff. Since that time, the coding manager has found that one coding professional, who previously struggled to meet productivity, is now leading the coding staff in productivity. A review shows that he is accepting all CAC suggested codes without validation. Is there an ethical issue here?

a. Yes, the coding professional is required to utilize CAC as a tool, but not without validating the code choices.

b. Yes, CAC codes can be assigned only after a coding professional has independently arrived at the same codes by using a code book.

c. No, CAC codes are populated based on provider documentation and do not require validation.

d. No, CAC programs are built by coding professionals, so the auto-suggested codes can automatically be assigned.

91. A retired coding professional has let her CCS credential lapse. However, she is interested in doing some part-time work for a local hospital that only hires credentialed coding professionals. When interviewed, she is asked about her credential and answers that "I have been credentialed as a CCS." Is there an ethical issue with this statement?

a. No, because it is truthful.

b. Yes, because the statement does not clearly express that the credential is no longer in effect.

c. No, because the responsibility for additional information is on the interviewer.

d. Yes, because the statement is untruthful.

92. Coding professionals at a physician group practice often collaborate on finding the appropriate diagnosis and procedure codes. They do not have access to an encoder, and the books they use are four years old. When they are uncertain about the code selection, they query the physicians. Based on this information, is there anything unethical going on?

a. Yes; coding professionals should not be collaborating to arrive at diagnosis and procedure codes.

b. Yes; it is necessary for coding professionals to have access to an encoder to assign codes.

c. Yes; coding professionals should have current books in order to assign appropriate codes.

d. Yes; coding professionals should not be querying in a physician office to assign codes.

93. A patient has a principal diagnosis of pneumonia (J18.9) (MS-DRG 195). Which of the following may legitimately change the coding of the pneumonia in accordance with the UHDDS and relevant clinical documentation?

a. Sputum culture reflects growth of normal flora

b. Patient has a high fever

c. Patient is found to have dysphagia with aspiration

d. Patient has nonproductive cough

94. A patient was admitted to an acute-care facility with a temperature of 102 and atrial fibrillation. A chest x-ray reveals pneumonia with subsequent documentation by the physician of pneumonia in the progress notes and discharge summary. The patient was treated with oral antiarrhythmic medications and IV antibiotics. What is the correct code sequence?

a. J18.9, I48.91

b. I48.91, J18.9

c. It does not matter which is used as the principal diagnosis.

d. Not enough information is present. Query the physician.

95. The UHDDS definition of principal diagnosis does not apply to the coding of outpatient encounters because:

a. Assigning codes for signs and symptoms is more relevant for outpatient encounters

b. Usually there are multiple reasons for the encounter

c. Short duration of the evaluation does not allow enough time to make an “after study” determination

d. A preadmission work-up is not available

96. A patient is admitted for pneumonia. Additionally, the physician has documented the patient has a history of hypertension and diabetes, which require medication (Lisinopril and insulin) while in the hospital, along with a history of migraines and repeated, recent falls. Which of the following diagnoses does not meet the UHDDS definition of additional diagnoses?

a. I10

b. Z79.4

c. R29.6

d. G43.909

97. In what setting does the UHDDS definition of principal diagnosis not apply?

a. Hospice

b. Provider office

c. Psychiatric hospital

d. Home health