Practice Exam

Domain 1Coding Knowledge and Skills

1. A 55-year-old male was transferred to a nursing home for continuing care because of ventilator dependence following complications of cardiac bypass surgery. He was readmitted three weeks later due to ventilator associated pneumonia (VAP) due to Pseudomonas aeruginosa. How should the readmission be coded?

a. T88.9XXA, J18.9, B96.5

b. J16.8

c. J95.851, B96.5

d. J15.1, J95.851

2. Assign code(s) for the following diagnosis: Congestive heart failure due to hypertension.

3. A patient is seen for evaluation of a right orbital roof fracture. How should this be coded?

a. S02.121A

b. S02.31XA

c. S02.92XA

d. S02.91XA

4. Patient presents in the ER with thrombosis of a loop PTFE hemodialysis fistula without mechanical complications. The physician performed a percutaneous thrombectomy of the left brachial vein. Assign a facility code for this outpatient procedure.

a. 05CA3ZZ

b. 36904

c. 37184

d. 36832

5. Patient admitted for thoracoscopic repair of right diaphragmatic hernia. Assign the ICD-10-PCS procedure code for this surgery.

a. 0BQT4ZZ

b. 0BQT3ZZ

c. 0WQF4ZZ

d. 0BQT0ZZ

6. A 45-year-old female patient comes in requesting an HIV test. The patient reports multiple male sexual partners recently. The patient undergoes HIV screening due to high-risk heterosexual behavior. What code(s) should be assigned?

a. Z72.52, Z11.3

b. Z11.4, Z72.51

c. Z72.51, Z11.4

d. Z11.3, Z72.52

7. A 23-year-old female is admitted for vaginal bleeding following a miscarriage two weeks prior to this admission. She is afebrile at this time and is treated with an aspiration dilation and curettage. Products of conception are found. Which of the following should be the principal diagnosis?

a. O03.1, Delayed or excessive hemorrhage following incomplete spontaneous abortion

b. O08.1, Delayed or excessive hemorrhage following ectopic and molar pregnancy

c. O03.6, Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion

d. O07.1, Delayed or excessive hemorrhage following failed attempted termination of pregnancy

8. A patient presents to the emergency department with a fractured arm secondary to a fall precipitated by syncope and ataxia. The patient undergoes a closed reduction of the fracture in the emergency department and is then admitted for work up for metastatic carcinoma secondary to ataxia and syncope in a patient with recent history of lung cancer. The patient's work-up confirms recurrent lung carcinoma metastatic to the brain.

The principal diagnosis should be:

a. Fractured arm

b. Syncope

c. Metastatic carcinoma of the brain

d. Carcinoma of the lung

9. A female patient with hematochezia presents to the hospital outpatient surgery department for a colonoscopy but the procedure was not performed due to elevated blood pressure. What is the first-listed diagnosis for this encounter?

a. Elevated blood pressure

b. Hematochezia

c. Procedure not performed due to contraindication

d. Procedure not performed for other reason

10. A patient was admitted for evaluation of chest pain. CAD was discovered upon completion of a left heart cath done with evaluation of the left heart, multiple coronary arteries, and aortography with low osmolar contrast. A non-drug eluting stent was required in the left anterior descending artery to alleviate the blockage. Prior to discharge the patient fell out of bed and suffered a left greater trochanter hip fracture. Open reduction, internal fixation was performed. Two days after the ORIF, the patient began running a fever and had chills. A post-op infection was diagnosed and a PICC line was inserted into the superior vena cava for administration of IV antibiotics over the next several weeks. Which of the following would be the principal procedure for this patient's stay?

a. 02HV33Z

b. 4A023N7

c. 0QS704Z

d. 02703DZ

11. A 55-year-old patient with AIDS is admitted after being struck by a car while walking in a parking lot. She has a comminuted, right femoral shaft fracture, a contusion of both hands, and a right elbow abrasion. The principal diagnosis should be the:

a. AIDS

b. Fractured femur

c. Abrasion elbow

d. Contusion hand

12. A patient takes Coumadin as prescribed and correctly administered. However, the patient develops hematuria secondary to the Coumadin use. The correct coding assignment for this case would be:

a. Poisoning due to Coumadin

b. Unspecified adverse reaction to Coumadin

c. Hematuria, poisoning due to Coumadin

d. Hematuria, adverse reaction to Coumadin

13. A patient with human immunodeficiency virus (HIV) with methicillin susceptible pneumonia due to Staphylococcus aureus was discharged from the acute-care setting. The physician documented that the pneumonia was HIV related. How should this be coded?

a. B20, J17

b. J15.20, B20

c. B20, J15.211

d. J15.212, B20

14. A patient has a diabetic ulcer of the right foot. How should this patient's record be coded?

a. E11.40, L97.419

b. E11.40, L97.409

c. E11.69, L97.419

d. E11.621, L97.419

15. Acute peptic ulcer with perforation and hemorrhage resulting in acute blood loss anemia. What codes should be assigned?

a. K27.1, D50.0

b. K27.0, D62

c. K27.0, D50.0

d. K27.2, D62

16. A patient is admitted as an inpatient and discharged with chest pain. After evaluation, it is suspected the patient's right upper quadrant pain may have been related to gastroesophageal reflux disease (GERD). The final diagnosis was "Rule out GERD." The correct code assignment would be:

a. Z03.89, Encounter for observation for other suspected diseases and conditions ruled out

b. R10.11, Right upper quadrant pain

c. K21.9, Gastroesophageal reflux disease without esophagitis

d. R07.9, Chest pain, unspecified

17. If a patient undergoes an open biopsy for a frozen section immediately before the definitive surgery, how should this be coded according to ICD-10-PCS guidelines?

a. Definitive surgery only

b. Open biopsy only

c. Exploratory surgery

d. Open biopsy and definitive surgery

18. The physician performed a bilateral myringotomy under general anesthesia for insertion of ventilating tubes on a 4-year-old male. This is due to chronic otitis media. What are the correct CPT code and modifier assignment for this procedure?

a. 69421-RT, LT

b. 69421-LT

c. 69436-51

d. 69436-50

19. A 59-year-old female patient presents with acquired hallux rigidus. Hallux rigidus repair is performed with resection of the joint with implant in the first left toe proximal phalanx. What codes would be assigned?

a. M20.12, 28290-LT

b. M20.22, 28291-TA

c. M20.31, 28291-T5

d. M20.12, 28291-TA

20. In outpatient surgery, a PTCA is completed with insertion of a drug-eluting stent in the left circumflex artery and a non-drug-eluting stent inserted into the left anterior descending artery of this 56-year-old female. Assign the correct CPT code(s) and modifier(s) for this procedure.

a. 92921, 92920

b. 92928-LC, 92928-LD

c. 92920-LC, 92921-LD, 92928-LC, 92929-LD

d. 92921-LD, 92929-LD

21. Itching due to drug reaction to an antihistamine, properly taken. What are the appropriate codes and sequencing for this scenario?

a. R89.2, T45.0X1A

b. R89.2, T45.0X5A

c. T50.905A, T45.0X1A

d. L29.9, T45.0X5A

22. A patient is admitted with abdominal pain. The discharge summary states “pancreatitis vs. noncalculus cholecystitis” as the final diagnoses. Both diagnoses are equally treated. Based on coding guidelines, what is the correct sequencing for these diagnoses?

a. Sequence either the pancreatitis or noncalculus cholecystitis first

b. Pancreatitis; noncalculus cholecystitis; abdominal pain

c. Noncalculus cholecystitis; pancreatitis

d. Sequence the abdominal pain first, followed by pancreatitis and noncalculus cholecystitis as secondary diagnoses

23. The “code, if applicable, any causal condition first” note in the ICD-10-CM Tabular List indicates that this code may be assigned when the causal condition is unknown or not applicable. When the causal condition is known, the code for that condition may be reported as which type of diagnosis?

a. Comorbidity

b. Manifestation

c. Principal

d. Qualified

24. A 70-year-old patient was admitted with pneumonia. The history and physical documented that the patient has a history of diabetes, hypertension, and migraine headache about 10 years ago without recurrence. The patient was administered IV antibiotics, metformin, and Altace during the hospitalization. What is the appropriate reporting and sequencing of these diagnoses?

a. Diabetes, pneumonia, hypertension, and migraine headaches

b. Pneumonia, diabetes, hypertension, and history of migraine headaches

c. Pneumonia, diabetes, and hypertension

d. Hypertension, diabetes, and pneumonia

25. A patient is admitted for removal of the gallbladder due to chronic cholecystitis. While performing a common bile duct exploration, a non-obstructive calculus was found and removed as well. Assign the correct coding sequence for a total laparoscopic cholecystectomy with percutaneous endoscopic removal of common bile duct stones.

a. 0FC90ZZ, Extirpation of matter from common bile duct, open approach 0FB40ZZ, Excision of gallbladder, open approach

b. 0FB40ZZ, Excision of gallbladder, open approach

c. 0FC94ZZ, Extirpation of matter from common bile duct, percutaneous endoscopic approach 0FT40ZZ, Resection of gallbladder, open approach

d. 0FT44ZZ, Resection of gallbladder, percutaneous endoscopic approach and 0FC94ZZ, Extirpation of matter from common bile duct, percutaneous endoscopic approach

26. A patient is admitted with hypotension due to dobutamine taken and prescribed correctly. How should this be coded and sequenced?

a. T44.5X5A, Adverse effect of predominantly beta-adrenoreceptor agonists, initial encounter I95.1, Orthostatic hypotension

b. I95.2, Hypotension due to drugs

T44.5X5A, Adverse effect of predominantly beta-adrenoreceptor agonists, initial encounter

c. T44.5X1A, Poisoning by predominantly beta-adrenoreceptor agonists, initial encounter I95.89, Other hypotension

d. T44.5X1A, Poisoning by predominantly beta-adrenoreceptor agonists, initial encounter I95.81, Postprocedural hypotension

27. A female patient is diagnosed with congestive heart failure and also has a stage IV pressure ulcer. Which of the following POA indicators must be present so that the ulcer will be classified as an MCC for this admission?

a. N

b. Y

c. W

d. U

28. An inpatient undergoes a procedure and has a postoperative complication during the hospitalization. The insurance company will not pay for the entire amount requested. Which POA indicator is likely part of the reason for the reduced reimbursement?

a. N

b. Y

c. W

d. U

29. A patient with COPD is admitted with an acute exacerbation of chronic systolic heart failure. On day three of the admission, the provider documents the patient now is experiencing an acute exacerbation of his COPD. What is the POA indicator for the COPD exacerbation?

a. Y

b. N

c. U

d. W

30. A patient was admitted with hyperglycemia, uncontrolled thirst, constant hunger, and weight gain. Testing indicates that the patient has Type 2 diabetes which is noted in the discharge summary. What is the POA indicator for the diabetes?

a. Y

b. N

c. U

d. W

31. Which of the following is not a function of the outpatient code editor (OCE)?

a. Editing the data on the claim for accuracy

b. Specifying the action the FI should take when specific edits occur

c. Assigning APCs to the claim (for hospital outpatient services)

d. Determining payment-related conditions that require direct reference to ICD-10-CM codes

32. A patient has a laparoscopic appendectomy and this line item is showing on the bill:

a. Medically Unlikely Edit

b. Return to Provider Edit

c. Medical Necessity Edit

d. Procedure to Procedure Edit

33. A patient comes into the hospital with chest pain, shortness of breath, and a history of COPD. An MRI, chest x-ray, troponin, and CKMB are ordered. A coding professional might expect a medical necessity edit to be triggered for which test?

a. Troponin

b. Chest x-ray

c. MRI

d. CKMB

34. A coding professional assigns both 47562 and 47600 on the same patient's record. What edit should be triggered?

a. Medical necessity

b. Medically unlikely

c. Sex/procedure edit

d. Diagnosis/age edit

35. A Medicare patient admitted as an inpatient with acute abdominal pain is found to have appendicitis and has an appendectomy. The patient has a length of stay of two days. Reimbursement will be paid under which classification system?

a. MS-DRG

b. APG

c. RBRVS

d. APC

36. Medicare severity diagnostic-related groups (MS-DRGs) and ambulatory patient classifications (APCs) are dissimilar in that:

a. There is only one MS-DRG per inpatient discharge but one or more APCs per outpatient visit

b. There are many MS-DRGs per inpatient discharge but only one APC per outpatient visit

c. There are more possible MS-DRGs for inpatients than there are APCs for outpatients

d. There are up to three MS-DRGs per each inpatient discharge but there are up to seven APCs per outpatient visit

37. Which of the following services are paid under the outpatient prospective payment system (OPPS)?

a. Ambulance services

b. Same-day surgeries

c. Physician fees

d. Inpatient procedures

38. A terminally ill patient under hospice care is admitted to Hospital A for palliative care. Two days later, the hospital must be evacuated due to an approaching hurricane and patients are transferred out. The terminally ill patient is transferred to another acute-care facility, Hospital B. What is the correct admission source code for the admission to Hospital B?

a. 1

b. 4

c. 6

d. F

39. When a patient has had an outpatient cataract removal, and then requires admission, what is the appropriate admission source code that would be used?

a. 2

b. 4

c. 7

d. E

40. Elements of inpatient procedures that are typically abstracted by coding professionals include which of the following?

a. Procedure date and provider who performs procedure

b. Provider who performs procedure and anesthetist

c. Provider who performs procedure and any assistants

d. Procedure date and CPT code

41. Which abstracted data elements can cause a potential increase in an MS-DRG assignment and corresponding increase in reimbursement?

a. Race and payer

b. Complications and comorbidities

c. Ethnicity and age

d. Discharge date and disposition

42. Which of the following data elements would a coding professional likely be responsible to abstract from a patient's record?

a. Comorbidity

b. Race

c. Ethnicity

d. Admission date

43. What factors of the APR-DRG system allow for capturing the extent of the patient's conditions and expected loss of life while an inpatient?

a. Severity of illness and risk of mortality

b. Severity of diagnosis and risk of morbidity

c. Complications and comorbidities

d. Hospital-acquired conditions and present on admission

44. Which of the following diabetic conditions is considered an MCC?

a. Type II diabetes without complication

b. Type I diabetes without complication

c. Type I diabetes with ketoacidosis

d. Type II diabetes with polyneuropathy

45. Which of the following heart failure codes is considered an MCC?

a. I50.9

b. I50.43

c. I50.32

d. I50.20

46. Which of the following injuries would you expect to see with an MCC designation?

a. Dislocation of jaw

b. Laceration with foreign body of the neck

c. Four-part humeral fracture of surgical neck

d. Blister of the right eyelid and periocular area

Domain 2Coding Documentation

47. A psychiatrist documents that a patient has wide mood swings ranging from excessive happiness to loss of energy and crying. What condition could be suggested by the psychiatrist's documentation?

a. Bipolar disorder

b. Major depression

c. Anxiety

d. Psychosis

48. A patient record has documentation of esophageal varices. Which condition, if related, would affect coding?

a. Arthritis

b. Liver disease

c. Chronic obstructive pulmonary disease

d. Erythema

49. A patient is admitted with lethargy, congestive heart failure, and pleural effusion. The patient underwent treatment with diuretics for the CHF, which has cleared. The pleural effusion required a thoracentesis to determine the cause. At the time of discharge, the effusion was decreased but not resolved. The correct coding assignment for this case would be:

a. Congestive heart failure

b. Pleural effusion

c. Congestive heart failure and pleural effusion

d. Lethargy, congestive heart failure, and pleural effusion

50. A 78-year-old patient is admitted with shortness of breath and a chest x-ray reveals infiltrates in the lung with pleural effusion. The patient also has a history of hypertension with left ventricular hypertrophy. The patient is given Lasix and the shortness of breath is relieved. From the information given, what is the probable principal diagnosis?

a. Pneumonia

b. Congestive heart failure

c. Pleural effusion

d. Chronic obstructive pulmonary disease

51. A patient was admitted directly from his primary physician's office due to suspected avian influenza. The admitting physician documentation indicated suspected avian influenza, along with signs and symptoms of avian influenza. The patient left against medical advice (AMA) before confirmatory lab tests could be drawn to identify the virus. The principal diagnosis should be coded from category:

a. J09, Influenza due to certain identified influenza viruses

b. J10, Influenza due to other identified influenza virus

c. J11, Influenza due to unidentified influenza virus

d. J12, Viral pneumonia, not elsewhere classified

52. In CPT, if a patient has two lacerations of the arm that are repaired; one 1.6 cm and the other 3.5 cm. What additional information does the coding professional need to assign the correct repair code?

a. Specific location on the arm of each laceration

b. If tissue adhesive was utilized

c. The type of repair that was performed for each laceration

d. If anesthesia was necessary for the procedure

53. The patient had an esophagoscopy to control a GI bleed. The coding professional would expect to see the following documentation in the chart for the diagnosis since upper gastrointestinal bleeding manifests as:

a. Hematemesis

b. Occult bleeding

c. Melena

d. Hematochezia

54. A patient was admitted with pneumonia. A sputum culture was able to identify Mycoplasma pneumoniae, which the consulting pulmonologist documented as the cause of the pneumonia. The

patient was also diagnosed with an E. coli UTI. In the final diagnosis statement, the attending physician documents E. coli pneumonia and UTI. How will the coding professional code the pneumonia?

a. Assign the code based on the final diagnostic statement

b. Assign the pneumonia code based on the consultant's documentation

c. Assign the pneumonia code based on the sputum result

d. Query the attending provider to clarify the pneumonia organism

55. A short-stay procedure H&P indicates a patient is coming for a left nephroureteral catheter exchange. The interventional radiologist performs the procedure and states that using the existing access, he places a guide wire into the kidney and removed the catheter. With the same access, over the guide wire the new nephroureteral catheter is inserted into the right kidney and ureter. What needs to be clarified in this scenario?

a. Was the approach open or closed

b. Was laterality the left or right

c. Was this done percutaneously

d. Was this procedure done under anesthesia

56. A patient has presented for back surgery with a diagnosis of lumbar stenosis. Documentation notes the patient has leg pain, tingling, and cramping as a result of the stenosis. In the patient's final diagnosis, the surgeon notes only lumbar stenosis. What other diagnosis appears to be missing from this statement based on the information provided?

a. Neurogenic claudication

b. Neuropathy

c. Degenerative disc

d. Spondylosis

57. When a patient is admitted and a discrepancy is noted in the documentation while the patient is still on the unit, who is responsible for obtaining clarity on the information?

a. The charge nurse

b. The clinical documentation specialist

c. The coding professional

d. The case manager

58. The following information was captured for a patient's ER visit: pulse 75, respirations 18, blood pressure 138/78, PERRLA, weight 267, height 60", BMI 52. The patient complained of back pain after a fall. After no fractures were identified upon x-ray, the patient was discharged with a diagnosis of low back sprain as the only diagnosis. What diagnosis appears to be omitted in this scenario?

a. Hypertension based on the elevated blood pressure reading

b. Tachycardia based on the rapid pulse rate

c. Morbid obesity based on the height, weight, and BMI

d. Diplopia based on the PERRLA

Domain 3Provider Queries

59. A patient has documentation on the discharge summary of urosepsis. The coding staff queries the attending physician about the condition and is provided further information that the patient has septicemia. This is in alignment with the laboratory tests and medication given, but the diagnosis of septicemia was not documented by the physician. How should the physician be requested to document the septicemia?

a. A brand-new history and physical should be dictated to replace the one in the record.

b. An addendum to the chart should be written.

c. The new information should be squeezed in between lines within the progress notes of the last day.

d. The query sheet will be sufficient to document this information.

60. A patient was admitted with Type 1 diabetes with proliferative diabetic retinopathy to have surgery for traction retinal detachment for macular edema. Which of the following questions would make a compliant query for this patient?

a. Was the procedure performed on the left or right eye or bilateral eyes?

b. Is the retinopathy a complication?

c. Will you document use of insulin for this patient?

d. Is there a comorbid condition that can be documented to increase the reimbursement?

61. Compliant multiple-choice queries:

a. Must contain every possible option for the provider to choose from

b. Can provide a new diagnosis with supporting clinical indicators

c. Should provide a minimum of three options

d. Are the preferred query format for establishing POA status

62. Which of the following is a noncompliant query format?

a. Yes/no

b. Open-ended

c. Leading

d. Multiple choice

63. Identify if the following query is compliant and the appropriate rationale.

Dr. Jones, you state the patient has CHF in your discharge summary. Can you please indicate which type of the CHF the patient has?

_____ Acute on chronic

_____ Other

a. Yes, this is compliant query as it is in multiple choice format and the requirement is to provide at least two choices.

b. No, this is not a compliant query as it should have been an open-ended query format to allow the physician to identify the type of CHF.

c. No, this is not a compliant query as this is leading the physician. More reasonable choices should have been provided.

d. Yes, a multiple-choice query format is acceptable and referencing the diagnosed CHF makes this a compliant query.

64. An obstretic patient with a cephalic presentation and anticipating a vaginal delivery failed to progress after a trial of oxytocin. Measurement of the fetal head was performed, and the patient was immediately taken to surgery for a cesarean section. What condition should the coding professional suspect and query the physician about?

a. Twin pregnancy

b. Early delivery

c. Eclampsia

d. Cephalopelvic disproportion

65. A 45-year-old woman underwent a carotid bypass and experienced a significant drop in blood pressure during the surgery. The documentation suggested the patient may have had a myocardial infarction. In accordance with coding guidelines, what should the coding professional do?

a. Code complication of surgery NOS.

b. Query the physician to determine if the patient had hypotension.

c. Query the physician to determine if there was a complication of surgery.

d. Code preoperative shock.

66. A patient's discharge summary does not contain a diagnosis that is documented by the anesthesiologist in a preoperative evaluation and that would impact MS-DRG assignment. The coding professional finds no evidence that the diagnosis contradicts documentation from the attending physician. The coding professional should:

a. Code only from the discharge diagnoses

b. Code the diagnosis reflected on the anesthesia preoperative evaluation

c. Code the most severe symptom

d. Query the attending physician regarding the clinical significance of that diagnosis

67. When an inpatient has had multiple tests to evaluate an abnormal finding but no definitive diagnosis has been documented, the coding professional should:

a. Assign a code for the abnormal finding without confirming with the physician

b. Not assign any code for the abnormal finding

c. Assign a diagnosis code based on the coding professional's judgment

d. Query the physician regarding whether a diagnosis should be assigned or not

68. A patient is admitted with Kaposi's sarcoma of the lung and a history of IV drug dependence is noted. Antiretroviral therapy is initiated for treatment with some alleviation of the patient's shortness of breath. Upon discharge, the only diagnosis listed was Kaposi's sarcoma of the lung. What other diagnosis might the coding professional expect to see with this condition and what action should be taken?

a. CHF, add the code based on the "code also" note in the Tabular for the sarcoma

b. HIV, add the code based on the "add additional code" note in the Tabular for the sarcoma

c. CHF, query the physician based on the patient's shortness of breath and the "code first" note in the Tabular for the sarcoma

d. HIV, query the physician based on the previous drug dependence and the "code first" note in the Tabular for the sarcoma

69. A patient is admitted to the hospital with a high fever, chills, tachycardia, and a respiration rate of 26. Lactic acidosis is noted in the labs. Pneumonia is diagnosed and the patient admitted to ICU where antibiotics are given along with Levophed to help maintain the patient's blood pressure which was in the extremely low range. The patient's breathing was erratic and mechanical ventilation was initiated. With a final diagnosis of pneumonia, what is the query opportunity for this record?

a. Is this aspiration pneumonia?

b. Is this septic shock?

c. Is this Staphylococcus aureus pneumonia?

d. Is this sepsis?

Domain 4Regulatory Compliance

70. Two areas of documentation in the health record that are significant areas of focus of accrediting agencies are:

a. Incident reports notation in the medical record and attorney's notes

b. Past medical reports and social worker's notes

c. Timeliness and legibility of medical documents

d. Patient documentation and pastoral counseling

71. In facilities where electronic signatures are used for residents and attending physicians:

a. Attending signature is all that is needed

b. Resident signature is all that is needed

c. Resident should cosign after the attending signs the documentation

d. Attending should cosign after the resident signs the documentation

72. The coding supervisor is concerned that patients diagnosed with carcinoid colon tumors were miscoded as malignant during the last six months. To address this situation, what work processes could be undertaken?

a. Obtain the cases of carcinoid colon tumors from the cancer registry, obtain the cases of malignant colon tumors from the billing system, import both lists into a spreadsheet, and compare them. The cases in the cancer registry but not coded as carcinoid in the billing system are likely malignant and should be manually reviewed.

b. Compare the cases from the chart completion software with the billing software. Identify the cases that are not in the billing system. These cases should be manually reviewed to ensure they are not carcinoid tumors.

c. Obtain the cases of malignant colon tumors from both the cancer registry and the billing system; import both lists into a spreadsheet and compare them. Identify the cases that are not in the tumor registry but are coded as malignant in the billing system. These cases should be manually reviewed to ensure they are not carcinoid tumors.

d. Compare the cases from the transcription tracking software to the billing system. Identify the cases that are not in the transcription tracking software and are in the billing system. These cases should be manually reviewed to ensure they are not carcinoid tumors.

73. A patient undergoes an open reduction and internal fixation of a fractured femur. The record is coded with blood loss anemia because of a policy that specifies that this should be done when there is intraoperative blood loss of 500 cc or more documented in the operative report and the patient has low hemoglobin. Is this an ethical practice?

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

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

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

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

74. The information in the table represents the APCs and associated data for all the CPT codes assigned for a patient's encounter. From the information provided, what would be the total reimbursement for this patient?

a. $3,550

b. $3,000

c. $3,050

d. $3,300

75. What percentage will the facility be paid for procedure code 10060?

a. 50%

b. 75%

c. 0%

d. 100%

76. If another status S procedure were performed, how much would the facility receive for the second status S procedure?

a. 50%

b. 75%

c. 0%

d. 100%

77. What is assigned to CPT codes to indicate whether a service or procedure will be separately reimbursed under the OPPS?

a. Ambulatory payment classifications

b. Payment status indicators

c. Payment modifiers

d. Diagnosis-related groups

78. The conditions that Medicare put on the hospital-acquired conditions list are:

a. Low volume

b. Preventable

c. High risk

d. Surgical

79. Under which of the following circumstances does a healthcare entity lose a potential increase in reimbursement when a hospital-acquired condition (HAC) is coded without a POA indicator of “Y”?

a. When the HAC is the only CC/MCC on the account

b. When the HAC is listed as the principal diagnosis

c. When the HAC is coded along with a surgical procedure

d. When the HAC is the only diagnosis listed

80. Hospital-acquired conditions and the present on admission indicator are used to identify:

a. Safety issues

b. Quality issues

c. Risk issues

d. Documentation issues

81. Under HIPAA every organization must have:

a. Privacy and Security Officers

b. Security and Compliance Officers

c. Compliance and Safety Officers

d. Safety and Privacy Officers

82. A routine computer back-up procedure is an example of a security program that ensures data loss does not occur. This type of control is:

a. Computer

b. Validity

c. Responsive

d. Preventive

83. The patient was admitted for prostate carcinoma. This was treated with radiation. A member of the medical staff who was not associated with the patient's care requests to see the patient's health record. What should the coding professional do?

a. Provide the record to the physician.

b. Report the incident to hospital security.

c. Ask the physician to come back when the supervisor gets back.

d. Explain that providing the record would violate the privacy policy.

84. In most circumstances, the person who authorizes release of medical information is:

a. Chief executive officer

b. Patient

c. Physician

d. Nurse

85. The combination of username and password is known what type of authentication?

a. Context-based

b. User-based

c. Single-factor

d. Two-factor

86. Which of the following are categories of standards under the HIPAA Security Rule?

a. Administrative, technical, and physical

b. Technical, physical, and governance

c. Physical, governance, and administrative

d. Governance, administrative, and technical

87. According to the AHIMA Standards of Ethical Coding, coding professionals are expected to protect the confidentiality of the health record, accessing protected health information only for performance of their duties including coding-related activities. Which of the following is not considered a coding-related activity?

a. Coding quality evaluation

b. Review of records assigned each day

c. Risk analysis of medical record documentation

d. Completion of abstracting

88. A patient is admitted with vaginal bleeding. One of the concurrent coding analysts reviewing information in the chart has determined that there may be an additional procedure code but there is no operative report to provide definitive information. Coding the additional procedure as the documentation stands now would be considered an ethical practice if:

a. The vice president of finance approves adding the code now

b. The billing department wants this; it can be done

c. Under no circumstances could this be done

d. The coding supervisor approves coding the procedure

89. A coding professional is working from his work queue and gets assigned the outpatient surgery record of the hospital administrator. Is this an ethical issue? Why or why not?

a. Yes, only the coding supervisor should code the record of the administrator

b. Yes, the coding professional should never work on a chart of another hospital employee

c. No, the coding professional can code the record as normal and look at previous encounters

d. No, the coding professional can assign codes for the encounter without an ethical concern

90. An RHIT, who plans to sit for her RHIA certification in six months, wants to apply for the open director of medical records position at her organization. The job description states that the applicant must have an RHIA credential. Ethically, can the RHIT apply for the position?

a. Yes, as long as she lists her RHIT credential on the application.

b. No, she does not have the required credential and should not apply.

c. No, if she lists the RHIA credential she will be lying.

d. Yes, since she plans to get the RHIA credential she can list it and apply.

91. A coding supervisor performs an internal audit on the coding staff. The overall accuracy results are 85 percent and the expectation is 95 percent. She decides to eliminate the worst records from the audit in order to bolster the score which then becomes 93 percent and will make her look better to her boss. Is this ethically okay for her to do?

a. Yes, internal audit criteria are determined by the coding supervisor and can be changed by her.

b. Yes, if her boss approves of the elimination of the records, then it fine and there is no ethical issue.

c. No, only the HIM Director can make changes to the audit including the number of records reviewed.

d. No, the audit criteria should not be altered to provide a better score or improve the supervisor's status.

92. AHIMA's Standards of Ethical Coding apply to which of the following setting(s)?

a. Acute inpatient

b. Outpatient

c. Provider offices

d. All settings

93. An inpatient is discharged with a diagnosis of "either irritable bowel or pancreatitis." Which condition would be the principal diagnosis?

a. Code both and sequence according to the circumstances of the admission

b. Pancreatitis

c. Irritable bowel syndrome

d. Observation for suspected gastrointestinal condition

94. According to the UHDDS, the definition of a secondary diagnosis is a condition that:

a. Is recorded in the patient record

b. Receives evaluation and is documented by the physician

c. Receives clinical evaluation, therapeutic treatment, further evaluation, extends the length of stay, increases nursing monitoring and care

d. Is considered to be essential by the physicians involved and is reflected in the record

95. The best answer to describe how the UHDDS defines a comorbidity is a diagnosis that:

a. Affects the payment rate

b. Occurs after admission

c. Is not documented

d. Preexists before admission

96. A condition that is established after study to be chiefly responsible for the admission is the:

a. Reason for visit

b. Principal procedure

c. A complication of outpatient care

d. Principal diagnosis

97. The UHDDS definition of principal procedure indicates that the principal procedure can be assigned for which of the following?

a. Addressing complications

b. Exploration

c. Diagnostic

d. Clinical evaluation