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Name:_____ Class:_____ Date:_____

Chapter 02: Introduction to ICD-10-CM and ICD-10-PCS Coding Systems

1. The *International Classification of Diseases (ICD)* is published by the World Health Organization (WHO) and is used to classify _____ data from death certificates.

a. disease
b. morbidity
c. mortality
d. procedure

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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2. The *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM) was developed in the United States classify _____ data from inpatient and outpatient records, including physician office records.

a. morbidity
b. mortality
c. procedure
d. service

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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3. All health care settings use ICD-10-CM to report _____.

a. diagnoses
b. equipment
c. procedures
d. services

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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4. ICD-10-PCS is used to code and classify _____ data from hospital inpatient records only.

a. diagnosis
b. equipment
c. procedure
d. signs/symptoms

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ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
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5. The abbreviation for ICD-10-CM and ICD-10-PCS is _____.
   a. ICD-10
   b. ICD-10-CM
   c. ICD-10-CM/ICD-10-PCS
   d. ICD-10-CM/PCS

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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6. Provider offices and outpatient health care settings use _____ to code procedures and services.
   a. CPT
   b. DSM-5
   c. ICD-10-CM
   d. ICD-10-PCS

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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7. The term *clinical* emphasizes the ICD-10-CM modification's intent, which is to describe the clinical picture of the patient, which means the codes must be more _____ than those needed only for statistical groupings and trend analysis.
   a. broad
   b. equivocal
   c. general
   d. precise

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
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8. ICD-10-CM and ICD-10-PCS incorporate specificity and clinical information, resulting in _____.
   a. enhanced ability to conduct public health surveillance
   b. increased need to include supporting documentation with claims
   c. lack of sensitivity when refining grouping and reimbursement methodologies
   d. reduced ability to measure health care services

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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9. ICD-10-CM and ICD-10-PCS include updated medical terminology and classification of diseases, provides codes to allow comparison of mortality and morbidity data, and provides better data for _____.
   a. designing payment systems
   b. eliminating the need for research
   c. increasing fraud and abuse
   d. measuring care furnished to facilities

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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10. Which is an example of a communication method with medical staff about patient record documentation and coding?
   a. coding guidelines
   b. disease index
   c. patient record
   d. physician query

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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11. ICD-10-CM was expanded (as compared with previous classifications) to _____.
   a. include health-related conditions
   b. limit the length of a code to six characters
   c. require a seventh character for all codes

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d. standardize insurance claims processing

ANSWER: a
POINTS: 1
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12. Which incorporate software search features to facilitate the location and verification of diagnosis and procedure codes?

a. coding manuals
b. calculators
c. encoders
d. groupers

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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13. Which federal government agencies serve on the ICD-10-CM/PCS Coordination and Maintenance Committee?

a. AAPC and AMA
b. AHA and AHIMA
c. CDC and HHS
d. CMS and NCHS

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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14. Which federal legislation requires all code sets to be valid at the time services are provided?

a. ACA
b. MMA
c. OBRA
d. TEFRA

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
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15. Which is a face-to-face contact between a patient and a health care provider who assesses and treats the patient's condition?

a. condition
b. diagnosis
c. disease
d. encounter

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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16. Which is the determination that a service or procedure rendered is reasonable and necessary for the diagnosis or treatment of an illness or injury?

a. claims processing
b. code assignment
c. medical necessity
d. third-party payment

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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17. Chapters in ICD-10-CM classify diseases and injuries according to specific body systems as well as _____.

a. anatomy
b. etiology
c. procedure
d. specialty

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
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18. ICD-10-CM categories contain _____ characters.

a. three
b. four

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c. five
d. six

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
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19. ICD-10-CM subcategories contain _____ characters.
a. three or four
b. four, five, or six
c. five or six
d. seven

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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20. ICD-10-CM uses an "X" in the _____ character(s) location as a placeholder to allow for further expansion.
a. fifth only
b. fourth, fifth, or sixth
c. sixth only
d. fourth only

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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21. ICD-10-CM codes have a maximum of _____ characters.
a. five
b. six
c. seven
d. eight

ANSWER: c
POINTS: 1
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22. The ICD-10-CM Index to Diseases and Injuries is organized according to:
    a. categories, subcategories, and subclassifications.
    b. general equivalence mappings (GEMs).
    c. main terms, subterms, and second, third, and fourth qualifiers.
    d. sections, tables, and essential and nonessential modifiers.

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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23. The ICD-10-CM Index to Diseases and Injuries is a(n) _____ list of main terms and their corresponding codes.
    a. alphabetic
    b. alphanumeric
    c. numeric
    d. payer-based

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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24. The ICD-10-CM Table of Drugs and Chemicals is an alphabetic index of medicinal, chemical, and biological _____.
    a. injuries and morbidities that are organized in alphabetic order
    b. neoplasms that contain columns for primary, secondary, and so on
    c. substances that result in poisonings and external causes of adverse effects
    d. treatments for accidental overdoses, poisonings, and unspecified causes

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
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25. The ICD-10-CM Index to External Causes contains main terms for external causes of _____ in alphabetic order.
    a. comorbidities and complications
    b. injuries and morbidities
    c. procedures and surgery

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d. qualified conditions

ANSWER: b
POINTS: 1
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26. ICD-10-CM index main terms are printed in _____ type, and subterms and qualifiers are indented below main terms.

a. boldfaced
b. italicized
c. quoted
d. underlined

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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27. Which are qualifying terms located after ICD-10-CM index main terms that do not have to be included in the diagnostic or procedural statement for the code number listed after the parentheses to be assigned?

a. essential modifiers
b. inclusion terms
c. nonessential modifiers
d. subterms

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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28. Which qualify a main term in the ICD-10-CM index by listing alternative sites, etiology, or clinical status?

a. comorbidities
b. exclusions
c. nonessential modifiers
d. subterms

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False

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29. ICD-10-PCS uses a multiaxial 7-character _____ code structure that provides a unique code for all substantially different procedures.

a. alphabetic
b. alphanumeric
c. decimal
d. numeric

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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30. The development of ICD-10-PCS incorporates an attribute of completeness, which means _____.

a. as new procedures are developed, they can be easily incorporated as unique codes
b. codes consist of independent characters, with each individual axis retaining its meaning across broad ranges of codes to the extent possible
c. definitions of the terminology used, and while the meaning of specific words varies in common usage, each term is assigned a specific meaning
d. there are unique codes for all substantially different procedures

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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31. The development of ICD-10-PCS incorporates an attribute of expandability, which means _____.

a. as new procedures are developed, they can be easily incorporated as unique codes
b. codes consist of independent characters, with each individual axis retaining its meaning across broad ranges of codes to the extent possible
c. definitions of the terminology used, and while the meaning of specific words varies in common usage, each term is assigned a specific meaning
d. there are unique codes for all substantially different procedures

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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32. The development of ICD-10-PCS incorporates a multiaxial attribute, which means _____.
    a. as new procedures are developed, they can be easily incorporated as unique codes
    b. codes consist of independent characters, with each individual axis retaining its meaning across broad ranges of codes to the extent possible
    c. definitions of the terminology used, and while the meaning of specific words varies in common usage, each term is assigned a specific meaning
    d. there are unique codes for all substantially different procedures

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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33. The development of ICD-10-PCS incorporates an attribute of standardized terminology, which means _____.
    a. as new procedures are developed, they can be easily incorporated as unique codes
    b. codes consist of independent characters, with each individual axis retaining its meaning across broad ranges of codes to the extent possible
    c. definitions of the terminology used are included, and while the meaning of specific words varies in common usage, each term is assigned a specific meaning
    d. there are unique codes for all substantially different procedures

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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34. Which is a general principle associated with ICD-10-PCS?
    a. Diagnostic information is included in procedure code descriptions.
    b. Level of specificity is enhanced so that all procedures currently performed can be assigned a specific code.
    c. *Not otherwise specified* (NOS) options are provided so a minimal level of specificity is required for each component of the procedure.
    d. Use of *not elsewhere classified* (NEC) is used extensively so that all significant components of a procedure are included.

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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35. The ICD-10-PCS coding manual contains an index and _____.

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a. external causes
b. neoplasms
c. medications
d. tables

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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36. *Official ICD-10-CM Guidelines for Coding and Reporting* should be used as a(n) _____ when coding from ICD-10-CM.

a. CAC software application
b. coding manual
c. companion document
d. encoder

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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37. With implementation of the ICD-10-CM and ICD-10-PCS coding systems, ICD-9-CM became a _____.

a. general equivalence mapping
b. legacy coding system
c. partial code freeze
d. prospective payment system

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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38. General equivalence mappings (GEMs) serve as a _____ for ICD-9-CM and ICD-10-CM/PCS.

a. crosswalk
b. legal document
c. payment system
d. reimbursement methodology

ANSWER: a
POINTS: 1

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QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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39. Go to ICD-10-CM index main term **Stricture**, and identify the nonessential modifier.

a. condition
b. disease
c. disorder
d. stenosis

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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40. Go to ICD-10-PCS table 001, and identify the code for *open procedure of the cerebral ventricle to insert a pleural cavity shunt using a synthetic substitute*.

a. 00160J4
b. 00160J6
c. 001U0J4
d. 001U0J6

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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41. The *ICD-10-CM Official Guidelines for Coding and Reporting* publish an interpretation of _____ coding guidelines.

a. diagnosis
b. medical equipment
c. procedure
d. service

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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42. The *ICD-10-CM Official Guidelines for Coding and Reporting* are used _____ the official version of the ICD-10-CM coding manual.

a. as a companion to
b. except when ICD-10-PCS is used as
c. instead of
d. with ICD-9-CM as

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/8/2020 10:34 PM
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43. ICD-10-CM disease and injury codes describe causes of illness or clinical symptoms exhibited by the patient, and codes assigned must be supported by _____.

a. documentation in patient records
b. precertification by physicians
c. reimbursement from third-party payers
d. submission of health insurance claims

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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44. ICD-10-PCS codes describe procedures performed for the _____ treatment of illness and injury.

a. home health care
b. inpatient hospital
c. outpatient
d. physician office

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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45. Which Department of Health and Human Services federal government agencies provide official guidelines for coding and reporting using ICD-10-CM?

a. AHA and AHIMA
b. CMS and NCHS
c. FDA and DOJ

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d. OIG and SSA

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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46. Which are the four organizations that comprise the cooperating parties that approve the *Official Guidelines for Coding and Reporting?*

a. AHA, AHIMA, CMS, NCHS
b. AMA, AHIMA, CMS, NCHS
c. AHA, AHIMA, DOJ, FDA
d. AMA, AHIMA, OIG, SSA

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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47. To determine the reason for an encounter and the conditions treated, coders should review the _____ because providers will often document additional information about a condition elsewhere.

a. discharge summary and face sheet
b. list of diagnoses and procedures
c. patient record in its entirety
d. submitted health insurance claim

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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48. Section I of the *Official Guidelines for Coding and Reporting* includes guidelines for the _____.

a. coding and reporting of outpatient diagnoses (e.g., physician offices)
b. reporting of additional diagnoses (e.g., coexisting conditions, complications)
c. selection of the principal diagnosis for nonoutpatient settings (e.g., nursing facility)
d. structure and convention of the classification, including general guidelines

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False

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49. Section II of the *Official Guidelines for Coding and Reporting* includes guidelines for the _____.
a. coding and reporting of outpatient diagnoses (e.g., physician offices)
b. reporting of additional diagnoses (e.g., coexisting conditions, complications)
c. selection of the principal diagnosis for nonoutpatient settings (e.g., nursing facility)
d. structure and convention of the classification, including general guidelines

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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50. Which is the first step to assigning an ICD-10-CM code?
a. Follow instructional notations about the ICD-10-CM index entry
b. Locate a main term in the ICD-10-CM index
c. Review official coding guidelines about the code selected from the ICD-10-CM index
d. Verify the code selected in the ICD-10-CM tabular list

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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51. The ICD-10-CM index and its tabular list must both be used during code assignment because the ICD-10-CM index _____.
a. always includes level of specificity, such as laterality
b. contains a dash at the end of a codes, which is reported
c. does not always provide the complete ICD-10-CM code
d. includes characters that are not verified in the tabular list

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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52. When a dash (-) appears at the end of a code in the ICD-10-CM index, it indicates that _____.
a. additional character(s) are required
b. an encounter is for outpatient care

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c. seventh character(s) must be reported
d. the dash is reported as part of the code

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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53. Codes with four, five, or six characters that require additional character(s) are _____.
a. categories
b. modifiers
c. subcategories
d. subclassifications

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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54. Codes that do *not* require additional character(s) are considered _____ codes.
a. axis
b. incomplete
c. unspecified
d. valid

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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55. An ICD-10-CM code is considered _____ if the number of characters required have not been assigned.
a. complete
b. invalid
c. necessary
d. reportable

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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56. ICD-10-CM category M1A (chronic gout) requires the assignment of a fourth, fifth, sixth, and seventh character to complete the code. It is incorrect to report a category M1A code without the fourth through seventh characters. Thus, which code is assigned for idiopathic chronic gout of the right shoulder, without tophus?

a. M1A
b. M1A.----
c. M1A.X110
d. M1A.0110

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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57. Codes from ICD-10-CM A00.0 through T88.9 and Z00 through Z99.8 are reported to identify diagnoses, symptoms, conditions, problems, complaints, or other reason(s) for the encounter. This means that ICD-10-CM codes V00 through Y99 are reported for _____.

a. external causes of injury
b. health concerns not related to morbidity
c. poisonings, adverse effects, and underdosings
d. procedures and services

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/8/2020 11:03 PM
DATE MODIFIED: 1/8/2020 11:04 PM

58. The patient complains of pain and limited range of motion of the knuckle of his left little finger. Examination of the joint reveals a solid mass. X-ray is negative for arthritis or other mass. The documented diagnosis is ganglion cyst of the left little finger knuckle joint. Which ICD-10-CM code is reported?

a. M25.642
b. M67.442
c. M79.645
d. R22.32

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/8/2020 11:04 PM
DATE MODIFIED: 1/8/2020 11:05 PM

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59. Signs and symptoms associated with a disease process should *not* be assigned as additional codes(s) unless otherwise instructed by ICD-10-CM because they are _____.

a. assigned combination codes
b. documented separately
c. included in the disease process
d. reported as multiple codes

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/8/2020 11:06 PM
DATE MODIFIED: 1/8/2020 11:07 PM

60. The patient is treated for complaints of shortness of breath, with a chest x-ray resulting in the diagnosis of pneumonia for which an antibiotic is prescribed. Assign ICD-10-CM code(s) for _____.

a. pneumonia
b. shortness of breath
c. shortness of breath and pneumonia
d. signs and symptoms of pneumonia

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/8/2020 11:07 PM
DATE MODIFIED: 1/8/2020 11:09 PM

61. The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) requires ICD-10-CM codes to be updated:

a. after a 90-day grace period so computer systems can be updated.
b. annually; and updated codes must be implemented immediately.
c. as the cooperating parties for the ICD-10-CM make monthly changes.
d. each April 1 and October 1; and they must be implemented immediately.

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:06 AM
DATE MODIFIED: 1/22/2020 12:08 AM

62. Which would be used in ICD-10-CM to classify a homicide attempt?

a. Contact with health services
b. External cause of injuries
c. Factors influencing health status

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d. Morphology of neoplasms

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:09 AM
DATE MODIFIED: 1/22/2020 12:11 AM

63. ICD-10-CM subterms, which are indented two spaces below main terms, are also called _____ modifiers.

a. essential
b. necessary
c. nonessential
d. secondary

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:12 AM
DATE MODIFIED: 1/22/2020 12:13 AM

64. The cooperating parties for the ICD-10-CM/PCS approve guidelines that have been prepared for coding and reporting using the ICD-10-CM/PCS and consist of which organizations?

a. AHA, AHIMA, CMS, and NCHS
b. APA, AHIMA, DHHS, and AHA
c. MMA, CMS, APA, and NCHS
d. WHO, DHHS, AHIMA, CMS, and NCHS

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:14 AM
DATE MODIFIED: 1/22/2020 12:15 AM

65. The guidelines prepared by the cooperating parties for the ICD-10-CM/PCS:

a. are published by the American Health Information Management Association.
b. contain coding conventions and rules for the ICD-10-CM and ICD-10-PCS.
c. include coding and sequencing instructions for ICD-10-CM and ICD-10-PCS.
d. override the official conventions and rules in ICD-10-CM and ICD-10-PCS.

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:15 AM

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DATE MODIFIED: 1/22/2020 12:16 AM

66. ICD-10-CM index subterms are indented _____ spaces with respect to main terms.

a. two
b. four
c. five
d. six

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:18 AM
DATE MODIFIED: 1/22/2020 12:19 AM

67. Within the ICD-10-CM tabular list, which contain groups of three-character categories?

a. categories
b. sections
c. subcategories
d. subclassifications

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:20 AM
DATE MODIFIED: 1/22/2020 12:21 AM

68. To properly assign a code from the neoplasm table when a diagnosis is documented as "neoplasm of the pyloric antrum," the coder should:

a. assign a code from the Unspecified column.
b. contact the state cancer registry for clarification.
c. refer to the morphology entry in the index.
d. review the patient record to determine the type of neoplasm.

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:21 AM
DATE MODIFIED: 1/22/2020 12:23 AM

69. The ICD-10-CM Table of Drugs and Chemicals contains a main entry for "Drug" that contains codes for:

a. American Hospital Formulary Services (AHFS) list numbers.
b. drugs that are not elsewhere classified.
c. discontinued prescriptions for medications.

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d. side effects of long-term medicinal substances.

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:24 AM
DATE MODIFIED: 1/22/2020 12:26 AM

70. In the ICD-10-PCS, the operative approach is:
a. considered an integral part of the procedure, and it is assigned a value.
b. considered an integral part of the procedure, and it is not assigned a value.
c. not considered an integral part of the procedure, and it is assigned a value.
d. not considered an integral part of the procedure, and it is not assigned a value.

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:27 AM
DATE MODIFIED: 1/22/2020 12:30 AM

71. Section III of the Official Guidelines for Coding and Reporting includes guidelines for the _____.
a. reporting of additional diagnoses (e.g., coexisting conditions, complications)
b. coding and reporting of outpatient diagnoses (e.g., physician offices)
c. selection of the principal diagnosis for nonoutpatient settings (e.g., nursing facility)
d. structure and convention of the classification, including general guidelines

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:30 AM
DATE MODIFIED: 1/22/2020 12:31 AM

72. Section IV of the Official Guidelines for Coding and Reporting includes guidelines for the _____.
a. coding and reporting of outpatient diagnoses (e.g., physician offices)
b. reporting of additional diagnoses (e.g., coexisting conditions, complications)
c. selection of the principal diagnosis for nonoutpatient settings (e.g., nursing facility)
d. structure and convention of the classification, including general guidelines

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:31 AM
DATE MODIFIED: 1/22/2020 12:32 AM

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73. CMS official coding guidelines about present on admission (POA) reporting is included in _____.
a. Appendix I of the ICD-10-CM Official Guidelines for Coding and Reporting
b. documentation in patient records, which is the responsibility of health care providers
c. includes, excludes1, excludes2, and inclusion notes of the ICD-10-CM coding manual
d. policies and procedures published by third-party payers and government programs

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:32 AM
DATE MODIFIED: 1/22/2020 12:34 AM

74. The term encounter is used in the official coding guidelines to indicate _____.
a. all heath care settings, including inpatient hospital admissions
b. documentation of patient records by any and all providers
c. reconciliation of reimbursement from payers to providers
d. submission of health insurance claims to third-party payers

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:35 AM
DATE MODIFIED: 1/22/2020 12:48 AM

75. Which term is used in the official coding guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient's diagnosis?
a. provider
b. payer
c. encounter
d. record

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:49 AM
DATE MODIFIED: 1/22/2020 12:50 AM

76. Electronic transactions submitted and received by providers and third-party payers, including Medicare administrative contractors (MACs), must adhere to the Official Guidelines for Coding and Reporting. Thus, a violation of the coding guidelines is technically a(n) _____ violation.
a. HIPAA
b. ACA
c. MMA

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d. TEFRA

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:50 AM
DATE MODIFIED: 1/22/2020 12:51 AM

77. Coders must use both the ICD-10-CM _____ when locating and assigning diagnosis codes because relying on just one or the other results in coding errors and less specificity when selecting codes.

a. index and tabular list
b. coding guidelines and index
c. payer policies and guidelines
d. tables and index

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:51 AM
DATE MODIFIED: 1/22/2020 12:52 AM

78. Conditions that are not considered an integral part of a disease process _____.

a. should be coded when present
b. are not coded when documented
c. have modifiers added to them
d. result in a physician query

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:53 AM
DATE MODIFIED: 1/22/2020 12:55 AM

79. Two codes are reported to completely describe a single condition that affects multiple body systems when the _____ coding convention is followed.

a. etiology and manifestation
b. combination code
c. excludes1 or excludes2
d. sequela (late effects)

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False

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DATE MODIFIED: 1/22/2020 12:57 AM

80. When a "code first" note is present in the ICD-10-CM tabular list and an underlying condition is documented in the patient record, the _____.

a. underlying condition is reported first
b. excludes1 note is followed
c. manifestation code is principal
d. combination code is assigned

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:57 AM
DATE MODIFIED: 1/22/2020 12:58 AM

81. For diagnosis trigonitis due to Escherichia coli, report ICD-10-CM code(s) _____.

a. N30.30, B96.20
b. B96.20
c. B96.20, N30.30
d. N30.30

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 12:59 AM
DATE MODIFIED: 1/22/2020 1:00 AM

82. For urinary incontinence and congenital ureterocele, report ICD-10-CM code(s) _____.

a. Q62.31, R32
b. R32
c. R32, Q62.31
d. Q62.31

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:01 AM
DATE MODIFIED: 1/22/2020 1:02 AM

83. For acute gastritis and chronic gastritis, report ICD-10-CM code(s) _____.

a. K29.00, K29.50
b. K29.50

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c. K29.50, K29.00
d. K29.00

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:02 AM
DATE MODIFIED: 1/22/2020 1:03 AM

84. Which is a single code that is used to classify two diagnoses, a diagnosis with an associated secondary process (manifestation), or a diagnosis with an associated complication?

a. combination code
b. infection code
c. manifestation code
d. multiple code

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:03 AM
DATE MODIFIED: 1/22/2020 1:10 AM

85. Combination codes are located by referring to subterm entries in the ICD-10-CM index and by following _____ notes in the ICD-10-CM tabular list.

a. includes and excludes
b. acute and chronic conditions
c. code first underlying condition
d. etiology and manifestation

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:10 AM
DATE MODIFIED: 1/22/2020 1:11 AM

86. Two or more multiple codes may be assigned to completely classify the elements of a complex diagnosis statement. Which is an example of a word or phrase located in a complex diagnosis statement documented by a physician?

a. due to
b. excludes2
c. laterality
d. code also

ANSWER: a
POINTS: 1

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QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:12 AM
DATE MODIFIED: 1/22/2020 1:13 AM

87. A sequela is the residual condition produced _____.
a. after the acute phase of an illness or injury has ended
b. in the hospital, immediately following patient diagnosis
c. upon resolution of the condition as a result of treatment
d. when the findings of ancillary tests have been reported
ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:13 AM
DATE MODIFIED: 1/22/2020 1:14 AM

88. Coding of sequela generally requires two codes sequenced with a code for the _____.
a. residual condition listed first and the sequela code second
b. sequela listed first and the residual condition code second
c. acute phase first followed by a code for chronic phase second
d. combination of the sequela and the residual condition, as one code
ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:14 AM
DATE MODIFIED: 1/22/2020 1:15 AM

89. When a condition is described at the time of encounter/visit as “impending” or “threatened,” assign a code for _____.
a. an underlying condition if the index contains subterms “impending” or “threatened”
b. “impending” or “threatened” condition if confirmed
c. sign or symptom if documented as having occurred
d. the condition if it was documented as having been verified
ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:15 AM
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90. Impending myocardial infarction (MI) is assigned ICD-10-CM code _____ when the MI has not been confirmed

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as having occurred.

a. I20.0
b. I21.3
c. I22.9
d. I25.2

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:16 AM
DATE MODIFIED: 1/22/2020 1:17 AM

91. When a bilateral ICD-10-CM code is not provided and the condition is bilateral, _____.

a. assign separate codes for both the left and right side
b. contact the cooperating parties for official guidelines
c. generate a physician query to determine the code
d. use CPT modifier -50 with the unspecified side code

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:18 AM
DATE MODIFIED: 1/22/2020 1:19 AM

92. The condition bilateral contusion of ovaries (initial encounter) is assigned ICD-10-CM code(s) _____.

a. S37.422A
b. S37.401A, S37.401A
c. S37.402A
d. S37.499A

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:19 AM
DATE MODIFIED: 1/22/2020 1:20 AM

93. The assignment of codes for body mass index (BMI) and pressure ulcer stage may be based on documentation _____.

a. by other clinicians involved in the care of the patient
b. obtained from the ICD-10-CM/PCS coding manuals
c. reviewed by the utilization management coordinator
d. submitted to third-party payers for reimbursement

ANSWER: a

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Name:_____ Class:_____ Date:_____

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POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
DATE CREATED: 1/22/2020 1:20 AM
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