Acquiring Medical Language 3rd edition Jones Test Bank

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Acquiring Medical Language 3rd Edition by Jones CH01

ANSWERS ARE LOCATED IN THE SECOND PART OF THIS DOCUMENT

MULTIPLE CHOICE - Choose the one alternative that best completes the statement or answers the question.

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

A) condition
B) diagnosis
C) procedure
D) status

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAAHEP : IX.C.2 Describe how to use the most current diagnostic coding classification system
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
Gradable : automatic

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

A) condition
B) diagnosis
C) procedure
D) status

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Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Gradable : automatic

3) The category term used in healthcare to identify ICD-10-CM, CPT, ICD-10-PCS, and HCPCS Level II code sets is referred to as

A) medical necessity.
B) nonessential modifiers.
C) external cause.
D) Classification Systems.

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
Gradable : automatic

4) The determination that the health care professional was acting according to standard practices in providing a particular procedure for an individual with a particular diagnosis is known as:

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A) medical necessity.
B) reimbursement.
C) services.
D) treatments.

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
Gradable : automatic

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

A) Statistical analyses
B) Reimbursement
C) Resource allocation
D) all of these

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
Bloom's : Understand
Gradable : automatic

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

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A) a diagnosis
B) a procedure
C) a condition
D) an eponym

Question Details
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
ABHES : 3.a Define and use the entire basic structure of medical terminology and be able to accuratel
Learning Objective : 01.02
Topic : Diagnosis Coding
Gradable : automatic

7) A _____ is the physician’s determination of a patient’s condition, illness, or injury.

A) diagnosis
B) procedure
C) condition
D) service

Question Details
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
ABHES : 3.a Define and use the entire basic structure of medical terminology and be able to accuratel
Learning Objective : 01.02
Topic : Diagnosis Coding
Gradable : automatic

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

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A) Diagnoses
B) Procedures
C) Conditions
D) Services

Question Details
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
ABHES : 3.a Define and use the entire basic structure of medical terminology and be able to accuratel
Learning Objective : 01.03
Topic : Procedure Coding
Gradable : automatic

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

A) Medical necessity
B) Statistical analyses
C) Reimbursement
D) Resource allocation

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
Gradable : automatic

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

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A) First
B) Second
C) Third
D) Fourth

Question Details
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Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
Gradable : automatic

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

A) First
B) Second
C) Third
D) Fourth

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
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Learning Objective : 01.01
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12) In reimbursement, the insurance company or other organization financially responsible is known as the ____-party payer.

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A) First
B) Second
C) Third
D) Fourth

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ABHES : 7.c Perform billing and collection procedures
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Learning Objective : 01.01
Topic : The Purpose of Coding
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
Gradable : automatic

13) The WHY justifies the _____.

A) WHERE
B) HOW
C) WHO
D) WHAT

Question Details
ABHES : 7.c Perform billing and collection procedures
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Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
CAAHEP : VIII.C.1.B Identify: information required to file a third party claim
Gradable : automatic

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

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A) fracture
B) history
C) Cushing's disease
D) Jackson's syndrome

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Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
Bloom's : Understand
Learning Objective : 01.02
Topic : Diagnosis Coding
Gradable : automatic

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

A) anatomical site.
B) condition.
C) level of disease.
D) All of these

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16) An eponym is a:

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A) disease of the epiglottis.
B) disease of the epithelial tissue.
C) disease named after a person.
D) disease that is congenital.

Question Details
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
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Topic : Diagnosis Coding
Gradable : automatic

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

A) Epstein-Barr Syndrome
B) Lou Gehrig's Disease
C) HIV
D) Parkinson's Disease

Question Details
Accessibility : Keyboard Navigation
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
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Est Time : 0-1 minute
CAAHEP : V.P.3 Use medical terminology correctly and pronounced accurately to communicate information
Bloom's : Understand
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18) ICD-10-CM contains codes for reporting _____.

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A) diagnoses
B) payers
C) systems
D) treatments

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Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.02
Topic : Diagnosis Coding
Gradable : automatic

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

A) an adverse effect.
B) an injury.
C) been poisoned.
D) all of these

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
CAAHEP : IX.C.2 Describe how to use the most current diagnostic coding classification system
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Bloom's : Understand
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Topic : Diagnosis Coding
Gradable : automatic

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

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A) 39501
B) E1391
C) G32.8
D) 06QM4ZZ

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Est Time : 0-1 minute
CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Learning Objective : 01.03
Topic : Procedure Coding
Bloom's : Apply
Difficulty : 2 Medium
Gradable : automatic

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

A) 095C3ZZ
B) K0018
C) S43.303A
D) 88304

Question Details
ABHES : 7.c Perform billing and collection procedures
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CAAHEP : IX.C.2 Describe how to use the most current diagnostic coding classification system
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Est Time : 0-1 minute
Learning Objective : 01.02
Topic : Diagnosis Coding
Bloom's : Apply
Difficulty : 2 Medium
Gradable : automatic

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

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A) conventional
B) alternative
C) traditional
D) conservative

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Bloom's : Remember
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CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.02
Topic : Diagnosis Coding
Gradable : automatic

23) Descriptors whose inclusion in the physician's notes are not absolutely necessary and that are provided simply to further clarify a code description are known as:

A) medical necessity.
B) nonessential modifiers.
C) external cause.
D) Classification Systems.

Question Details
ABHES : 7.c Perform billing and collection procedures
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CAAHEP : IX.C.2 Describe how to use the most current diagnostic coding classification system
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Bloom's : Understand
Learning Objective : 01.02
Topic : Diagnosis Coding
Gradable : automatic

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

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A) International Classification of Diseases, Tenth Revision, Clinical Modification.
B) International Classification of Diseases, Tenth Revision, Current Modification.
C) International Classification of Diagnoses, Tenth Revision, Clinical Modification.
D) International Classification of Diagnoses, Tenth Revision, Current Modification.

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAAHEP : IX.C.2 Describe how to use the most current diagnostic coding classification system
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.02
Topic : Diagnosis Coding
Gradable : automatic

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

A) 5
B) 6
C) 7
D) 8

Question Details
ABHES : 7.c Perform billing and collection procedures
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Est Time : 0-1 minute
Learning Objective : 01.02
Topic : Diagnosis Coding
Gradable : automatic

26) The definition of _____ is spending time with a patient and/or family about health care situations.

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A) Treatment
B) Services
C) Tests
D) Procedures

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ABHES : 7.c Perform billing and collection procedures
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CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Bloom's : Understand
Learning Objective : 01.03
Topic : Procedure Coding
Gradable : automatic

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

A) procedures.
B) tests.
C) treatment.
D) services.

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Bloom's : Understand
Learning Objective : 01.03
Topic : Procedure Coding
Gradable : automatic

28) What establishes medical necessity for procedures provided?

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A) Durable medical equipment
B) Superbill
C) Abstracting
D) Diagnosis codes

Question Details
ABHES : 7.c Perform billing and collection procedures
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CAAHEP : IX.C.2 Describe how to use the most current diagnostic coding classification system
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
Bloom's : Understand
Gradable : automatic

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

A) They are items used in the care and treatment of a patient.
B) It provides evidence of what was provided to the patient and why.
C) It enables the sharing of information, in a specific and efficient way, between all those involved in health care.
D) It helps the physician summarize the patient's history in his or her notes.

Question Details
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CAAHEP : IX.C.2 Describe how to use the most current diagnostic coding classification system
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Learning Objective : 01.01
Topic : The Purpose of Coding
CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Bloom's : Understand
Gradable : automatic

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

A) CPT
B) ICD-10-CM
C) ICD-10-CM volume III
D) ICD-10-PCS

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Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Bloom's : Understand
Learning Objective : 01.03
Topic : Procedure Coding
Gradable : automatic

31) An _____ is a patient who receives services for a short amount of time (less than 24 hours) in a physician's office or clinic, without being kept overnight.

A) inpatient
B) outpatient
C) ambulatory patient
D) none of these

Question Details
ABHES : 7.c Perform billing and collection procedures
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Difficulty : 1 Easy
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Topic : Procedure Coding
Gradable : automatic

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32) CPT stands for:

A) Current Procedural Terminology.
B) Capitation Procedures and Treatments.
C) Certified Procedures and Treatments.
D) Current Procedures and Treatments.

Question Details
ABHES : 7.c Perform billing and collection procedures
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CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
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CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Learning Objective : 01.03
Topic : Procedure Coding
Gradable : automatic

33) In the main section of the CPT book there are _____ sections.

A) 2
B) 4
C) 6
D) 8

Question Details
ABHES : 7.c Perform billing and collection procedures
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CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
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Gradable : automatic

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34) A CPT category I code has:

A) five numbers.
B) two numbers.
C) five characters.
D) two characters.

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Learning Objective : 01.03
Topic : Procedure Coding
Gradable : automatic

35) Category II codes are:

A) four numbers followed by the letter F.
B) five numbers with no punctuation.
C) four numbers followed by the letter T.
D) one number and one letter.

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
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CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Learning Objective : 01.03
Topic : Procedure Coding
Gradable : automatic

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36) Category III codes are:

A) four numbers followed by the letter F.
B) five numbers with no punctuation.
C) four numbers followed by the letter T.
D) one number and one letter.

Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
Bloom's : Remember
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
CAAHEP : IX.C.1 Describe how to use the most current procedural coding system
Learning Objective : 01.03
Topic : Procedure Coding
Gradable : automatic

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

A) alphabetic
B) numeric
C) alphanumeric
D) no specific

Question Details
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38) Modifiers are appended to _____ codes.

A) ICD-10-CM
B) ICD-10-PCS
C) CPT
D) ICD

Question Details
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Bloom's : Understand
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Topic : Procedure Coding
Gradable : automatic

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

A) 99202-99499.
B) 10021-69990.
C) 70010-79999.
D) 80047-89398, 0001U-0222U.

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40) An outpatient facility includes which of the following?

A) a hospital emergency room
B) ambulatory care center
C) same-day surgery center
D) all of these

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Topic : Procedure Coding
Gradable : automatic

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

A) outpatient.
B) inpatient.
C) ER patient.
D) none of these.

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

A) International Classification of Diseases, Tenth Revision, Process Coding System.
B) International Classification of Diagnoses, Tenth Revision, Practice Coding System.
C) International Classification of Diseases, Tenth Revision, Procedure Coding System.
D) International Classification of Diagnoses, Tenth Revision, Performance Coding System.

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

A) DME
B) ICD-10-PCS
C) ICD-10-CM, Volume III
D) ICD-10-CM

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44) A patient was admitted into the hospital as an inpatient for a total abdominal hysterectomy. Which code set would be used by the hospital to report for the procedure?

A) ICD-10-PCS
B) ICD-10-CM
C) CPT
D) HCPCS Level II

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Topic : Procedure Coding
Bloom's : Apply
Difficulty : 2 Medium
Gradable : automatic

45) The CPT codes are used to report:

A) who came to see the physician for treatment.
B) why the patient came to see the physician.
C) what treatments were provided to the patient .
D) all of these

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

A) H33.24
B) 0D160ZA
C) 10060
D) G0378

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Gradable : automatic

47) HCPCS Level II codes are used:

A) when no CPT code is accurate.
B) to report supplies.
C) when the insurance carrier permits.
D) all of these

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Question Details
ABHES : 7.c Perform billing and collection procedures
Accessibility : Keyboard Navigation
CAHIIM : I.A.1 Apply diagnosis/procedure codes according to current guidelines
Difficulty : 1 Easy
Est Time : 0-1 minute
Bloom's : Understand
CAAHEP : IX.C.3 Describe how to use the most current HCPCS level II coding system
Learning Objective : 01.04
Topic : Equipment and Supplies
Gradable : automatic

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

A) 12345.
B) H2027.
C) 1234F.
D) 1234T.

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Bloom's : Apply
Difficulty : 2 Medium
Gradable : automatic

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

A) Three characters: two letters followed by one number
B) Three letters
C) Five characters: one letter followed by four numbers
D) Two numbers

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

A) Excision
B) Insertion
C) Syndrome
D) Humidifier

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Acquiring Medical Language 3rd Edition by Jones CH01

Answer Key

Test name: CH01

1) B
The diagnosis, or diagnostic statement, will explain why the patient was seen and treated.

2) C
A procedure explains WHAT the physician or health care provider did for the patient.

3) D
We use the concept of "languages" to help you relate medical coding—and its code sets—to an idea you already understand. In the health care industry, however, the various code sets, such as ICD-10-CM, ICD-10-PCS, CPT, or HCPCS Level II, are referred to as Classification Systems.

4) A
The determination that the health care professional was acting according to standard practices in providing a particular procedure for an individual with a particular diagnosis is known as medical necessity.

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

- Medical necessity
- Statistical analyses
- Reimbursement
- Resource allocation

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6) C
The state of abnormality or dysfunction is known as a condition.

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

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

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

10) A
In most cases, there are three parties involved in reimbursement: The health care provider = First party.

11) B
In most cases, there are three parties involved in reimbursement: The patient = Second party.

12) C
In most cases, there are three parties involved in reimbursement: The insurance company or other organization financially responsible = Third-party payer.

13) D
The WHY justifies the WHAT.

14) A
An example of a condition would be a fracture, infection, or wound.

15) B

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The ICD-10-CM Alphabetic Index lists diagnoses by conditions, never by anatomical site or disease level.

16) C
An eponym is a disease or condition named after a person.

17) C
HIV is not named after a person. It is not an eponym; it's a diagnosis.

18) A
ICD-10-CM is a directory of every diagnosis, sign, symptom, or other valid reason that could possibly be identified by a health care provider with regard to a patient encounter.

19) D
External cause codes are used when an individual has an injury, poisoning, or adverse effect.

20) A
An example of a procedure code would be 39501
E1391 is an example of a HCPCS Level II code
G32.8 is an example of an ICD-10-CM code
06QM4ZZ is an example of an ICD-10-PCS code

21) C
An example of a diagnosis code would be S43.303A
095C3ZZ is an example of an ICD-10-PCS code
K00.18 is an example of a HCPCS Level II code
88304 is an example of a CPT code

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

23) B

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Descriptors whose inclusion in the physician's notes are not absolutely necessary and that are provided simply to further clarify a code description are known as nonessential modifiers.

24) A
The acronym ICD-10-CM stands for International Classification of Diseases, Tenth Revision, Clinical Modification.

25) C
ICD-10-CM codes can include up to 7 characters.

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

27) C
Treatment is the provision of medical care for a disorder or disease.

28) D
Diagnosis codes are very important because they establish medical necessity, and every procedure code reported must be accompanied by a diagnosis code that justifies that specific procedure.

29) C
Around the world, languages exist to enable clear and accurate communication between individuals in similar groups or working together in similar functions. The purpose of using health care coding languages is to enable the sharing of information, in a specific and efficient way, between all those involved in health care.

30) A

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There are three different code sets available for you to use to translate health care procedures, services, and treatments into codes. These three code sets are Current Procedural Terminology (CPT) International Classification of Diseases – 10th Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Level II. Outpatient procedures provided by the physician are reported with the CPT classification system.

31) B

An outpatient is a patient who receives services for a short amount of time (less than 24 hours) in a physician's office or clinic, without being kept overnight.

32) A

The CPT book lists services, procedures, and treatments provided by all types of healthcare professionals.

33) C

The CPT book has six sections, which are generally presented in numeric order by code number:

- Evaluation and Management: 99201-99499
- Anesthesia: 00100-01999 and 99100-99140
- Surgery: 10021-69990
- Radiology: 70010- 79999
- Pathology and Laboratory: 80047-89398, 0001U-0017U
- Medicine: 90281-99199, 99500-99607

34) A

CPT codes (category I codes) are five-digit codes: all numbers with no punctuation.

35) A

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Category II codes are five-character codes, with four numbers followed by the letter F. Example: 2001F Weight recorded.

36) C
Category III codes are five-character codes: four numbers followed by the letter T; for example, 0208T Pure tone audiometry (threshold), automated; air only

37) B
CPT codes and sections run, generally, in numeric order; however, there are exceptions throughout. Bottom line: read carefully and completely.

38) C
Modifiers are two characters: two numbers, two letters, or one letter and one number. Modifiers are appended to CPT codes.

39) C
The CPT book (see Figure 1-6) has six sections, which are generally presented in numeric order by code number:

- Evaluation and Management: 99202-99499
- Anesthesia: 00100-01999 and 99100-99140
- Surgery: 10004-69990
- Radiology: 70010-79999
- Pathology and Laboratory: 80047-89398, 0001U-0222U
- Medicine: 90281-99199, 99500-99607

40) D
An outpatient facility includes a hospital emergency room, ambulatory care center, same-day surgery center, or walk-in clinic.

41) B
Inpatient is a patient admitted into a hospital for an overnight stay or longer.

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42) C
ICD-10-PCS is an acronym for International Classification of Diseases, Tenth Revision, Procedure Coding System.

43) B
There are three different code sets available for you to use to translate health care procedures, services, and treatments into codes. These three code sets are Current Procedural Terminology (CPT) International Classification of Diseases – 10th Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Level II.

44) A
When a hospital provides services and treatments to an individual who has been admitted into the hospital as an inpatient, codes will be used from ICD-10-PCS.

45) C
The CPT book lists services, procedures, and treatments provided by all types of healthcare professionals.

46) B
0D160ZA is an example of an ICD-10-PCS. ICD-10-PCS codes are seven characters long and consist of alphanumeric characters.

47) D
HCPCS Level II codes are used to report services, procedures, and supplies that are not properly described in the CPT book.

48) B
H2027 is a possible HCPCS Level II code. HCPCS Level II codes begin with one letter followed by four numbers.

49) C

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The codes listed in the HCPCS Level II code book are all structured the same way: one letter followed by four numbers. No dots, no dashes.

50) D
A humidifier is considered durable medical equipment and would be located in the HCPCS Level II Alphabetic Index.

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