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Chapter 2. Demystifying the ICD-10-CM Coding System

Multiple Choice

1. What are the **components** of the *International Classification of Functioning, Disability, and Health* (ICF)?
A. Body structure, activities and participation, and personal factors
B. Body structure and function, activities and participation, and environmental factors
C. Body function, activities and participation, personal, and environmental factors
D. Body function and structure, personal and environmental factors

ANS: B
Rationale: The components of the ICF are body structure and function, activities and participation, and environmental factors.

2. When was the ICD-10-CM coding system **implemented** in the United States?
A. July 1, 2015
B. September 1, 2015
C. October 1, 2015
D. October 21, 2015

ANS: C
Rationale: The ICD-10-CM coding system was implemented on October 1, 2015.

3. What year did most other countries **implement** the ICD-10-CM coding system?
A. 2014
B. 2012
C. 2010
D. 2008

ANS: D
Rationale: Most other countries had implemented the ICD-10-CM coding system by 2008, and it took the United States another 7 years to follow suit.

4. What was the main **reason** for the transition from the ICD-9 coding system to the ICD-10-CM coding system?

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A. The ICD-10-CM coding system adds more numbers for billing.
B. The ICD-10-CM coding system provides a higher number to be used for functional outcomes.
C. The ICD-10-CM coding system provides specificity to delineate functional outcomes.
D. The ICD-10-CM coding system is no different from the ICD-9 coding system, just a higher number.

ANS: C
Rationale: The ICD-10-CM coding system accommodates changes in newer medical diagnoses and provides specificity to delineate specific functional outcomes necessary for reimbursement.

5. Identify the **characteristics** that are consistent with the ICD-10-CM coding system.
A. Contains 3 to 5 characters; uses 2 to 5 numeric digits; identifies laterality of affected side
B. Contains 2 to 5 numeric digits; supports health exchange with other countries; digit 1 is alpha
C. Contains 4 to 7 alphanumeric digits; is flexible to accommodate new codes; has approximately 17,000 diagnostic codes
D. Contains digit 1, which may be alpha or numeric; has limited spacing for new codes; is very specific

ANS: B
Rationale: The ICD-10-CM coding system uses approximately 69,000 diagnostic codes; is 3 to 7 characters in length; digit 1 is alpha and digits 4 to 7 are numeric; is flexible to accommodate new codes; is very specific; supports health data exchange with other countries; addresses laterality of affected side.

6. What are some of the common chapters used by PTs in the ICD-10-CM coding system?
A. Chapter 2: Diseases of the Urinary Tract System
B. Chapter 6: Diseases of the Nervous System
C. Chapter 12: Diseases of the Reproductive System
D. Chapter 16: Diseases of the Hand

ANS: B
Rationale: Chapter 6: Diseases of the Nervous System is one of the systems that physical therapist's address in their evaluation and subsequent care of the patient receiving skilled PT services.

7. Under the Merit Based Incentive Payment System (MIPS), clinics that meet one of the criteria listed below, must participate in MIPS, unless otherwise exempt with:
A. bills more than $50,000 for Part B covered professional services and sees more than 150 Part B patients **and** provides 200 or more covered professional services to Part B services.
B. bills more than $200,000 for Part B covered professional services and sees more than 150

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Part B patients **and** provides 150 or more covered professional services to Part B services.
C. bills more than $90,000 for Part B covered professional services and sees more than 200 Part B patients **and** provides 200 or more covered professional services to Part B services.
D. bills more than $200,000 for Part B covered professional services and sees more than 150 Part B patients **and** provides 150 or more covered professional services to Part B services.

ANS: C
Rationale: Clinics must participate in MIPS (unless otherwise exempt) if, in both 12-month segments, the clinic:

- Bills more than $90,000 for Part B covered professional services **and**
- Sees more than 200 Part B patients, **and**;
  Provides 200 or more covered professional services to Part B patients

8. What is the **purpose** of the 7th character in the ICD-10-CM coding system?
A. Identifies how many episodes of care the patient has received treatment
B. Identifies when the patient entered into the treatment process
C. Shows how many times the patient has been given therapy
D. Identifies what portion of the evaluation process has been completed

ANS: B
Rationale: The purpose of the 7th character in the ICD-10-CM coding system is to provide providers and third-party payers with the ability to determine at what point the patient entered into the treatment process.

9. What letter identifies the patient is receiving **active** medical care for an injury from a new medical professional in the ICD-10-CM coding system?
A. A
B. I
C. S
D. D

ANS: A
Rationale: The letter A denotes the patient is receiving active medical care for an injury from a new medical professional in the ICD-10-CM coding system.

10. What letter identifies the patient is receiving **routine** care for an injury during the healing or recovery process?
A. A
B. I
C. S

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D. D

ANS: D
Rationale: The letter D denotes the patient is receiving routine care for an injury during the healing or recovery process in the IDC-10-CM coding system.

11. What letter identifies the patient is receiving medical care for an initial injury that has caused an **additional** deficit for which the patient may seek treatment?
A. A
B. I
C. S
D. D

ANS: C
Rationale: The letter S denotes the patient is receiving medical care for an initial injury that has caused an additional deficit for which the patient was seeking treatment.

12. In the ICD-10-CM coding system, which encounter denotes the patient is receiving active care for an injury by a new medical professional?
A. Beginning encounter
B. Initial encounter
C. Previous encounter
D. Sequela encounter

ANS: B
Rationale: The initial encounter denotes the patient is receiving active care for an injury by a new medical professional in the ICD-10-CM coding system.

13. In the ICD-10-CM coding system, which encounter denotes the patient is receiving routine care for an injury during the healing or recovery phase of treatment?
A. Beginning encounter
B. Initial encounter
C. Subsequent encounter
D. Sequela encounter

ANS: C
Rationale: The subsequent encounter denotes the patient is receiving routine care for an injury during the healing or recovery phase of treatment.

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14. In the ICD-10-CM coding system, what code identifies where the injury happened?
A. Activity code
B. Place of occurrence code
C. Excluded code
D. Environmental code

ANS: B
Rationale: The place of occurrence code identifies where the injury happened (e.g., a soccer field, in the house, etc.).

15. Identify the functional outcomes that are used when evaluating a patient with Medicare coverage under the ICD-10-CM coding system that include, but are not limited to:
A. Mobility, changing and maintaining body position and self-care
B. Mobility, carrying objects, and moving in different directions
C. Mobility, self-care, and ADL functions
D. Mobility, walking, and maintaining body position

ANS: A
Rationale: The functional outcomes used in the evaluation of a patient with Medicare coverage, under the ICD-10-CM coding system, include: mobility, walking and moving around, changing and maintaining body position, carrying, moving and handling objects, self-care, other PT/OT primary functional limitation, and other PT/OT secondary limitations.

16. When using a functional outcome for a patient receiving Medicare coverage, which impairment, limitation, or restriction is identified with the modifier “CK”?
A. At least 1% but less than 20% impaired, limited, or restricted
B. At least 20% but less than 40% impaired, limited, or restricted
C. At least 40% but less than 60% impaired, limited, or restricted
D. At least 60% but less than 80% impaired, limited, or restricted

ANS: C
Rationale: The correct impairment, limitation, or restriction for the modifier “CK” is at least 40% but less than 60% impaired, limited, or restricted.

17. Under the ICD-10-CM coding system, which acronym identifies specific quality measures used when treating a patent with Medicare coverage?
A. PQRT
B. PQIT
C. PSET

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D. MIPS

ANS: D
Rationale: MIPS is a merit-based incentive payment system that was introduced in 2017, as a program to replace the PQRS system, and rewards value and outcomes through use of the MIPS and Advanced Alternative Payment Modes (APMs).

18. For a patient with Medicare coverage receiving physical therapy treatments 3x/week, when must the reassessment of progress be performed?
A. 5th visit
B. 10th visit
C. 25th visit
D. 30th visit

ANS: B
Rationale: For patients under Medicare coverage, functional outcome assessments are required over a specific time period, dependent on the number of weekly visits. Reassessments, following the initial evaluation, must occur on the 10th visit or 30th day of treatment. If a patient is being seen 3x/week, the reassessment would occur on the 10th visit. If the patient is being seen 1x/ week, the reassessment would occur on the 30th day.

19. CMS requires patients to be billed using specific time periods that can be divided into units. What is the collective name used for such units?
A. 8-minute rule
B. 10-day rule
C. 30-day rule
D. 60-day rule

ANS: A
Rationale: The 8-minute rule is used to bill specific time periods in billable units, as required through CMS for Medicare patients.

20. Specific units for the 8-minute rule that would equate with 4 units would equal how many minutes of direct treatment time?
A. 8 to 22 minutes
B. 23 to 37 minutes
C. 38 to 52 minutes
D. 53 to 67 minutes

ANS: D

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Rationale: Under the 8-minute rule, 4 units equates to 53-67 minutes of direct treatment time.

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