

MULTIPLE CHOICE

1. Which of the following would NOT be studied through the use of ICD-10-CM?
- a. Patterns of disease
 - b. Causes of pregnancy
 - c. Disease epidemics
 - d. Causes of mortality

ANS: B DIF: M REF: p.2 OBJ: 1
TOP: Background

2. In a closed system like the ICD-10-CM system, a disease or condition can be classified only in ____ location(s).
- a. one
 - b. two
 - c. three
 - d. four

ANS: A DIF: M REF: p.2 OBJ: 2
TOP: Classification

3. Which organization is NOT responsible for the maintenance of ICD-10-CM?
- a. National Center for Health Statistics (NCHS)
 - b. American Academy of Professional Coders (AAPC)
 - c. American Hospital Association (AHA)
 - d. American Health Information Management Association (AHIMA)

ANS: B DIF: M REF: p.3 OBJ: 3
TOP: History

4. As explained in the article that appeared in AHIMA by Joette Hanna titled “Constructing a Coding Compliance Plan,” several steps must be taken for a coding department to be certain the department is in compliance. Which of the following is NOT one of the steps?
- a. Abide by AHIMA’s Standards of Ethical Coding
 - b. Develop coding policies and procedures
 - c. Conduct coding audits
 - d. Follow the Coding Clinic Guidelines

ANS: D DIF: D REF: p.6 OBJ: 6
TOP: Compliance

5. A nomenclature is a system of ____ as used in preferred terminology.
- a. diseases
 - b. procedures
 - c. conditions
 - d. names

ANS: D DIF: M REF: p.2 OBJ: 2
TOP: Nomenclature

6. Nomenclature of diseases was first developed in the United States around ____.
- a. 1893
 - b. 1958
 - c. 1928
 - d. 1898

ANS: C DIF: M REF: p.2 OBJ: 2
TOP: History

7. The ICD-10-CM classification system is a closed system composed of ____.
- a. diseases
 - b. symptoms
 - c. injuries
 - d. all of the above

ANS: D DIF: M REF: p.2 OBJ: 2
TOP: History

8. The ____ Bills of Mortality in the 17th century was the first attempt to statistically gather data on disease.
- a. Paris
 - b. London
 - c. France
 - d. England

ANS: B DIF: M REF: p.2 OBJ: 2
TOP: History

9. Clinical Modification (CM) was developed in ____ by the United States to more accurately capture morbidity data for study within the United States and operative and diagnostic procedures that were not included in the original publication of ICD.

- a. 1877
- b. 1947
- c. 1977
- d. 1997

ANS: C DIF: M REF: p.3 OBJ: 2
TOP: History

10. In ICD-10-CM the CM stands for ____.

- a. Clinical Modification
- b. Centers for Medicaid and Medicare
- c. Core Measures
- d. Chief Medical Officer

ANS: A DIF: E REF: p.3 OBJ: 1
TOP: Application

11. All of the following are members of the cooperating parties EXCEPT ____.

- a. NCHS
- b. AHA
- c. AAPC
- d. AHIMA

ANS: C DIF: M REF: p.3 OBJ: 3
TOP: History of ICD-10-CM

12. Work for ICD-10-CM began in ____.

- a. 1963
- b. 1973
- c. 1983
- d. 1993

ANS: C DIF: M REF: p.3 OBJ: 3
TOP: History of ICD-10-CM

13. Coded data are used for ____.

- a. reimbursement/payment
- b. the study of anatomy and physiology
- c. determining lab ranges
- d. developing a nomenclature

ANS: A DIF: M REF: p.2 OBJ: 1
TOP: Application

14. Official coding advice is published in the publication ____.

- a. *Coding Edge*
- b. *AHA Coding Clinic*
- c. *Journal of the American Health Information Management Association*
- d. *In Record Time*

ANS: B DIF: M REF: p.3 OBJ: 2
TOP: History

15. Which of the following statements follows the AHIMA Standards of Ethical Coding?

- a. Coders should change codes as requested by the business office for payment.
- b. Coders should share personal health information with anyone who asks for it.
- c. Coders should assign only codes supported by documentation in the record.
- d. It is acceptable for coders to participate in practices that do not follow the official coding guidelines.

ANS: C DIF: M REF: p.5 OBJ: 7
TOP: Coding Ethics

16. Compliance officers became part of the healthcare industry as a result of ____.

- a. Obamacare
- b. OIG findings
- c. HIPAA
- d. the False Claims Act

ANS: C DIF: M REF: p.6 OBJ: 6
TOP: Compliance

17. Personal health information be shared with ____.

- a. those who have a need to know
- b. people requesting information on the phone
- c. your neighbors
- d. all of the above

ANS: A DIF: E REF: p.7 OBJ: 7
TOP: Confidentiality

18. Which coding credential requires coders to be familiar with Hierarchical Condition Categories (HCC), which are the basis for reimbursement for Medical Advantage plans.

- a. CIC
- b. CRC
- c. CPC
- d. CCS-P

ANS: B DIF: M REF: p.4 OBJ: 4
TOP: Credentials

TRUE/FALSE

1. Procedures for processing claim rejections should be included in a coding compliance plan.

ANS: T DIF: E REF: p.7 OBJ: 6
TOP: Compliance

2. It is acceptable to share personal information about a patient's medical history with anyone who requests this information.

ANS: F DIF: E REF: p.7 OBJ: 7
TOP: Confidentiality

3. Coded data are used for only one purpose.

ANS: F DIF: E REF: p.2 OBJ: 1
TOP: Application

4. CCS-P stands for Certified Coding Specialist–Pediatric Based.

ANS: F DIF: E REF: p.4 OBJ: 4
TOP: Credentials

5. CPC-H stands for Certified Professional Coder–Health Care Based.

ANS: F DIF: E REF: p.4 OBJ: 4
TOP: Credentials

6. Both AHIMA and AAPC have standards for ethical coding.

ANS: T DIF: E REF: p.4 OBJ: 5
TOP: Coding Ethics

7. Compliance officers and programs are found only in healthcare organizations.

ANS: F DIF: E REF: p.6 OBJ: 6
TOP: Compliance

8. Compliance is defined as acting according to certain accepted standards or, in simple terms, abiding by the rules.

ANS: T DIF: E REF: p.6 OBJ: 6
TOP: Compliance

COMPLETION

1. Without the _____ system the comparison of data would be impossible.

ANS: classification

DIF: M REF: p.2 OBJ: 2 TOP: History

2. ICD-10-CM can be updated _____ times each year.

ANS: two

DIF: E REF: p.3 OBJ: 2 TOP: History

3. ICD-10-CM updates contain additional codes, _____ codes, and _____ codes.

ANS: revised; deleted

DIF: M REF: p.3 OBJ: 2 TOP: History

4. The two most well-known professional associations for coders are _____ and _____.

ANS:
AHIMA; AAPC
AAPC, AHIMA

DIF: E REF: p.4 OBJ: 4 TOP: History

5. To maintain their credentials, coders must earn _____.

ANS:

continuing education units (CEUs)

continuing education units

CEUs

DIF: E REF: p.4 OBJ: 4 TOP: Coding Organizations

6. WHO stands for _____.

ANS: World Health Organization

DIF: E REF: p.3 OBJ: 2 TOP: Abbreviations

7. HIPAA stands for _____ of 1996.

ANS: Health Insurance Portability and Accountability Act

DIF: E REF: p.6 OBJ: 8 TOP: Abbreviations

8. ICD-10-CM stands for _____.

ANS: International Classification of Diseases, 10th Revision, Clinical Modification

DIF: E REF: p.2 OBJ: 2 TOP: Abbreviations

MATCHING

Match the following terms with their abbreviations.

- a. American Academy of Professional Coders
- b. Certified Coding Specialist
- c. American Hospital Association
- d. National Center for Health Statistics
- e. Registered Health Information Technician

1. RHIT
2. CCS
3. NCHS
4. AAPC
5. AHA

1. ANS: E DIF: E REF: p.4 OBJ: 2
TOP: Abbreviations
2. ANS: B DIF: E REF: p.4 OBJ: 2
TOP: Abbreviations
3. ANS: D DIF: E REF: p.3 OBJ: 2
TOP: Abbreviations
4. ANS: A DIF: E REF: p.4 OBJ: 2
TOP: Abbreviations
5. ANS: C DIF: E REF: p.3 OBJ: 2
TOP: Abbreviations

Match each item to one of the following definitions.

- a. Has more than 100,000 members and was started in 1981
- b. Translating diagnoses and procedures into special alphanumeric characters for the purposes of statistically capturing data
- c. Grouping like items together for easy storage and retrieval
- d. To maintain credentials, coders must earn these
- e. Published by the College of American Pathologists, the most up-to-date system of nomenclature
- f. The current coding classification system in use in the United States

6. Medical coding
7. Systematized Nomenclatures of Medicine
8. Classification systems
9. ICD-10-CM
10. Continuing education units (CEUs)
11. AAPC

6. ANS: B DIF: E REF: p.2 OBJ: 1|2|3
TOP: Background
7. ANS: E DIF: E REF: p.2 OBJ: 1|2|3
TOP: Background
8. ANS: C DIF: E REF: p.2 OBJ: 1|2|3
TOP: Background
9. ANS: F DIF: E REF: p.3 OBJ: 1|2|3
TOP: Background
10. ANS: D DIF: E REF: p.4 OBJ: 1|2|3
TOP: Background

11. ANS: A DIF: E REF: p.4 OBJ: 1|2|3
TOP: Background

SHORT ANSWER

1. Coded data are used for various purposes. List three of these purposes.

ANS:

Coded data are used to purchase more equipment, add an operating room, hire additional staff, or gain additional skills, or for reimbursement purposes, risk management, quality improvement, or nursing clinical pathways.

DIF: M REF: p.2 OBJ: 1 TOP: Application

2. AHIMA has standards for ethical coding. Name two of these standards and describe why they are important.

ANS:

- a. Apply accurate, complete, and consistent coding practices for the production of high-quality healthcare data.
- b. Report all healthcare data elements (eg, diagnosis and procedure codes, present on admission indicator, discharge status) required for external reporting purposes (eg, reimbursement and other administrative uses, population health, quality and patient safety measurement, and research) completely and accurately, in accordance with regulatory and documentation standards and requirements and applicable coding conventions, rules, and guidelines.
- c. Assign and report only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, rules, and guidelines.
- d. Query provider (physician or other qualified healthcare practitioner) for clarification and additional documentation prior to code assignment when there is conflicting, incomplete, or ambiguous information in the health record regarding a significant reportable condition or procedure or other reportable data element dependent on health record documentation (eg, present on admission indicator).
- e. Refuse to change reported codes or the narratives of codes so that meanings are misrepresented.
- f. Refuse to participate in or support coding or documentation practices intended to inappropriately increase payment, qualify for insurance policy coverage, or skew data by means that do not comply with federal and state statutes, regulations, and official rules and guidelines.
- g. Facilitate interdisciplinary collaboration in situations supporting proper coding practices.
- h. Advance coding knowledge and practice through continuing education.
- i. Refuse to participate in or conceal unethical coding or abstraction practices or procedures.
- j. Protect the confidentiality of the health record at all times and refuse to access protected health information not required for coding-related activities (examples of coding-related activities include completion of code assignment, other health record data abstraction, coding audits, and educational purposes).
- k. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.

DIF: M REF: p.5 OBJ: 5 TOP: Ethics