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

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

2. The *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* was developed in the United States and is used to code and classify __________ data from inpatient and outpatient records, including physician office records.

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

   *ANSWER:*  a

   *POINTS:*  1

3. All health care settings use ICD-10-CM to report __________.

   a. diagnoses
   b. equipment
c. procedures

d. services

ANSWER: a
POINTS: 1

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

ANSWER: c
POINTS: 1

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

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
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

8. ICD-10-CM and ICD-10-PCS (or ICD-10-CM/PCS) incorporate much greater 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

9. ICD-10-CM/PCS also includes 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
10. To prepare for implementation of ICD-10-CM/PCS, health care professionals have assessed their coding staff to determine whether they require education and training to effectively communicate with members of the medical staff. 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

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
   d. standardize insurance claims processing

**ANSWER:** a

**POINTS:** 1

12. Companies publish __________, 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

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

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

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

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
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

18. ICD-10-CM categories contain __________ characters.
   a. three
   b. four
   c. five
   d. six

   ANSWER: a

   POINTS: 1

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

20. ICD-10-CM uses an “X” in the __________ character(s) location as a placeholder to allow for further expansion.
   a. fifth only
   b. fifth or sixth
   c. sixth only
   d. seventh
21. ICD-10-CM codes have a maximum of _____ characters.
   a. five
   b. six
   c. seven
   d. eight
   ANSWER: c
   POINTS: 1

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

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

24. The 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

25. The ICD-10-CM Index to External Causes is a separate index from the Index to Diseases and Injuries that contains main terms for external causes of _________ in alphabetic order.

   a. comorbidities and complications

   b. injuries and morbidities

   c. procedures and surgery

   d. qualified conditions

**ANSWER:** b  
**POINTS:** 1

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

27. Which are qualifying terms located after ICD-10-CM index main terms, which 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
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

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

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

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

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

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

35. The ICD-10-PCS coding manual contains an index and ________.

   a. external causes

   b. neoplasms

   c. medications

   d. tables

   **ANSWER:**  d

   **POINTS:**  1

36. *Official ICD-10-CM and ICD-10-PCS Guidelines for Coding and Reporting* should be used as a(n) ________ when coding from ICD-10-CM and ICD-10-PCS.

   a. CAC software application
b. coding manual

c. companion document

d. encoder

**ANSWER:** c  

**POINTS:** 1  

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  

38. General equivalence mappings (GEMs) are published annually and 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  

39. Go to ICD-10-CM index main term **Stricture**, and identify the subterm.

   a. aqueduct of Sylvius (congenital)

   b. hydrocephalus

   c. spina bifida

   d. stenosis
ANSWER: a

POINTS: 1

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