Chapters 1-3 | Pop Quiz

15 multiple-choice questions | November 9, 2026
Name: _____ Score: ____ / 15

Choose one best answer (A-D). Use your ICD-10-CM book and FY 2026 official guidelines. All patients are fictional. Suggested class time: 25 minutes.

1. A physician documents a confirmed diagnosis during an office visit. Which code set primarily classifies that diagnosis?

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

2. A patient receives a separately reportable walker for home use. Which code set identifies the equipment?

A. HCPCS Level II
B. ICD-10-CM
C. ICD-10-PCS
D. CPT E/M section

3. Documentation supports a lower service level, but a coworker suggests a higher code because it pays more. What should the coder do?

A. Use the higher level if the payer accepts it
B. Use an average of the levels
C. Assign the level supported by documentation and rules
D. Let reimbursement determine the level

4. The Alphabetic Index leads to a diagnosis code. What must the coder do before assigning it?

A. Confirm the code and instructions in the Tabular List
B. Assign it if its title resembles the diagnosis
C. Use the first search-engine result
D. Skip the Tabular List when the Index is specific

5. A three-character category has subdivisions and the record supports a complete code. What should be reported?

A. The category, because three characters are always enough
B. A seventh character on every category
C. Both the category and its subdivision
D. The complete code with all required characters

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6. A code requires a seventh character and the classification directs placeholder use. How are empty required positions filled?

A. Move the encounter character to the next position
B. Use zeros
C. Insert X placeholders so the encounter character is seventh
D. Omit the seventh character

7. A specific disease form is documented, but no individually named code exists. The Index directs NEC. What does this mean?

A. Other specified: detail exists without a dedicated code
B. Unspecified: no detail was documented
C. A provisional diagnosis that cannot be coded
D. A code that must always be first

8. An Excludes1 note links two conditions. The provider clearly documents they are unrelated and both meet reporting criteria. What is most accurate?

A. Only the more severe condition is reportable
B. Excludes1 and Excludes2 always mean the same thing
C. Codes must be in alphabetical order
D. The unrelated-condition exception may permit both

9. A code-also note identifies another supported condition. No other instruction establishes order. What does the note itself mean?

A. The noted condition must always be first
B. The condition above the note must always be first
C. Another code may be needed; the note does not set order
D. Only one condition may be reported

10. OUTPATIENT: Elena has headache. The provider documents possible migraine, with no confirmed cause. Dizziness is denied. Which code is supported?

A. G43.909
B. R42
C. Z86.69
D. R51.9

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11. INPATIENT: At discharge from a short-term acute-care hospital, Marcus has probable urinary tract infection, site unspecified. No organism or more specific infection is identified. Which code applies?

A. R30.0
B. N39.0
C. Z87.440
D. N30.00

12. OUTPATIENT: Sofia has left knee pain without an established cause. The right knee is asymptomatic. Which code best reflects the encounter?

A. M25.561
B. M25.569
C. M25.562
D. M17.12

13. OUTPATIENT: Daniel has confirmed pneumonia, organism unspecified. Cough and fever are documented as routine symptoms of that pneumonia. No separate reporting instruction applies. Which choice is best?

A. J18.9 only
B. J18.9, R05.9 and R50.9
C. J18.9 and R05.9
D. R05.9 and R50.9 only

14. One condition is documented as acute and chronic. Separate Index subentries exist at the same indentation level; no combination code or contrary instruction applies. What is the general rule?

A. Report chronic only
B. Report acute only
C. Report both, chronic first
D. Report both, acute first

15. OUTPATIENT: Nina has pain in both knees, with no diagnosed arthritis or injury. Both sides affect care; there is no bilateral knee-pain code. Which selection applies?

A. M25.561 and M25.562
B. M25.569 only
C. M17.0 only
D. M25.561 only