CORRINA LYNCH | CPC PREPARATION

Chapter 1 Homework

Introduction to Medical Coding

Name: _____ Date: _____

Score (instructor): _____ / 10

Choose the best answer for each question. Each question is worth 1 point. Submit this PDF in Teams if your instructor assigns it there.

1. Which term matches this description? “The code set used to report diagnoses and reasons for care”

[ ] A. ICD-10-CM
[ ] B. Fraud
[ ] C. RBRVS
[ ] D. Medical necessity

2. Which term matches this description? “The code set used mainly to report physician and professional services and procedures”

[ ] A. Abuse
[ ] B. Provider query
[ ] C. PHI
[ ] D. CPT

3. Which term matches this description? “The alphanumeric code set used for many drugs, supplies, equipment, and services”

[ ] A. Coder's primary source
[ ] B. Minimum necessary
[ ] C. HCPCS Level II
[ ] D. Upcoding

4. Which term matches this description? “The requirement that a service be reasonable and necessary for the patient's condition”

[ ] A. Fraud
[ ] B. Medical necessity
[ ] C. Unbundling
[ ] D. ICD-10-CM

5. Which term matches this description? “Individually identifiable health information protected under HIPAA”

[ ] A. PHI
[ ] B. NCCI edits
[ ] C. CPT
[ ] D. Abuse

6. Which term matches this description? “The principle of limiting many PHI uses and disclosures to information reasonably needed”

[ ] A. ABN
[ ] B. HCPCS Level II
[ ] C. Upcoding
[ ] D. Minimum necessary

7. Which term matches this description? “Intentional deception or misrepresentation to obtain an unauthorized benefit”

[ ] A. Medical necessity
[ ] B. Unbundling
[ ] C. Fraud
[ ] D. RBRVS

8. Which term matches this description? “An improper practice that may cause unnecessary cost or payment without the same proof of intent as fraud”

[ ] A. NCCI edits
[ ] B. Abuse
[ ] C. Provider query
[ ] D. PHI

9. Which term matches this description? “Reporting a higher service level than the documentation supports”

[ ] A. Upcoding
[ ] B. Coder's primary source
[ ] C. Minimum necessary
[ ] D. ABN

10. Which term matches this description? “Improperly reporting components separately when rules require a comprehensive service”

[ ] A. ICD-10-CM
[ ] B. Fraud
[ ] C. RBRVS
[ ] D. Unbundling

End of Chapter Homework - answers are submitted separately.