

Member ID: \_\_\_\_\_

Time: \_\_\_\_\_

Rank: \_\_\_\_\_



# Medical Coding (600) **REGIONAL 2025**

## Multiple Choice and Practical Application:

Multiple Choice (10 @ 5 points each) \_\_\_\_\_ (75 points)

Practical Application (10 @ 5 points each) \_\_\_\_\_ (50 points)

*Total Points* \_\_\_\_\_ (*125 points*)

## Test Time: 60 minutes

**GENERAL GUIDELINES:**

*Failure to adhere to any of the following rules will result in disqualification:*

1. Member must hand in this test booklet and all printouts if any. Failure to do so will result in disqualification.
2. No equipment, supplies, or materials other than those specified for this event are allowed in the testing area. No previous BPA tests and/or sample tests (handwritten, photocopied, or keyed) are allowed in the testing area.
3. Electronic devices will be monitored according to ACT standards.

**Multiple Choice Questions**

*Directions:* Identify the letter of the choice that best completes the statement or answers the question.

1. What code set is generally used for conditions treated in outpatient and physician offices in the US?
  - A. CPT
  - B. ICD-10-CM
  - C. HCPCS
  - D. ICD-10-PCS
  
2. What is the purpose of CPT codes?
  - A. Identifying patient demographics
  - B. Describing medical diagnoses
  - C. Describing medical services
  - D. Tracing patient payments
  
3. In medical coding, what does the term “ICD-10-PCS” refer to?
  - A. Procedure Coding System
  - B. Primary Care Service
  - C. Pediatric Clinical Standards
  - D. Prescription Classification System
  
4. What is the purpose of modifiers in medical coding?
  - A. To change a patient’s diagnosis
  - B. To determine the severity of a disease
  - C. To identify the patient’s insurance plan
  - D. To provide additional information about a procedure
  
5. Which of the following is an example of a CPT code?
  - A. 780.79
  - B. OBDN4ZX
  - C. 99213
  - D. Q4021
  
6. What does E/M stand for in medical coding?
  - A. Emergency Medicine
  - B. Evaluation and Management
  - C. Echocardiography and MRI
  - D. Endocrine Management

7. Which code set is used for reporting procedures and services in the hospital inpatient setting in the US?
  - A. ICD-10-CM
  - B. CPT
  - C. HCPCS
  - D. ICD-10-PCS
8. What is the purpose of the National Correct Coding Initiative in medical coding?
  - A. To establish ethical guidelines for coders
  - B. To prevent improper coding combinations and ensure accurate reimbursement
  - C. To create new coding conventions
  - D. To educate new coders during their first 90 days on the job
9. What is the correct description of a “bundled code” in medical coding?
  - A. A code that includes multiple procedures or services
  - B. A code used for mental health diagnoses
  - C. A code related to obstetric and gynecological procedures
  - D. A code for external causes of injury and poisoning
10. What is the primary purpose of modifier -25?
  - A. Identifying surgical procedures
  - B. Indicating a significant, separately identifiable E/M service by the same physician on the same day
  - C. Identifying emergency services were required
  - D. Identifying an unrelated procedure during the same session
11. Which of the following is an example of an ICD-10-CM code?
  - A. J45.1
  - B. 99214
  - C. G0438
  - D. Q0091
12. What does the acronym HIPAA stand for in the context of medical coding and healthcare privacy?
  - A. Healthcare Information Program and Accountability Act
  - B. Health Insurance Portability and Accountability Act
  - C. Hospital Information Privacy and Access Act
  - D. Health Information and Patient Privacy Act

13. What is the purpose of CPT code modifier -59
  - A. Identifying an unrelated procedure during the same session
  - B. Indicating a repeat procedure
  - C. Indicating a bilateral procedure
  - D. Identifying a discontinued procedure
14. Which section of the CPT manual would you consult to code an x-ray exam?
  - A. Surgery
  - B. Radiology
  - C. Medicine
  - D. Laboratory
15. What does DRG stand for in the context of hospital coding and reimbursement?
  - A. Diagnosis Related Groups
  - B. Diagnostic Radiology Guidelines
  - C. Documentation Review Guidelines
  - D. Disease Recovery Groups

## PRACTICAL APPLICATION

**Directions:** Use current ICD-10-CM, ICD-10-PCS, CPT and HCPCS coding manuals to code the following scenarios. Do not include modifiers or external cause codes. All answers must be legible. Scenarios may require multiple codes. Scenarios may require codes from more than one coding manual. For answers that require multiple codes, format your answer as follows:

Code 1, Code 2, etc.

1. A patient presents with a sore throat and fever. The physician diagnoses the patient with acute pharyngitis due to Streptococcus. \_\_\_\_\_
2. Flu shot administration. \_\_\_\_\_
3. Removal of a small, benign skin lesion on the arm using cryosurgery.  
\_\_\_\_\_
4. Needle core biopsy of suspicious mass in the left breast. \_\_\_\_\_
5. Intermediate repair of 4.2 cm laceration on nose. \_\_\_\_\_
6. Outpatient MRI of lumbar spine to evaluate a diagnosis of lower back pain.  
\_\_\_\_\_

7. A patient presents with symptoms of acute bronchitis. The physician diagnoses the patient with acute bronchitis, not specified as acute or chronic. \_\_\_\_\_
8. The patient undergoes an inpatient laparoscopic cholecystectomy.  
\_\_\_\_\_
9. Removal of a polyp via snare technique during a routine colonoscopy (flexible).  
\_\_\_\_\_
10. A patient undergoes a cesarean section delivery of a single liveborn infant.  
\_\_\_\_\_