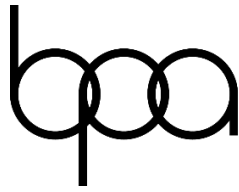


Contestant ID: _____

Time: _____

Rank: _____



**BUSINESS
PROFESSIONALS
of AMERICA**
Giving Purpose to Potential

MEDICAL CODING

(600)

REGIONAL 2026

OBJECTIVE:

Multiple Choice (25 @ 3 points each) _____ (75 points)

APPLICATION:

Practical Application (20 @ 4 points each) _____ (80 points)

Total Points _____ **(155 points)**

Test Time: 60 minutes

GENERAL GUIDELINES.

Failure to follow any of these rules may result in disqualification:

1. **Submission Requirements:** Contestants must submit this test booklet along with any printouts.
2. **Permitted Items:** Only the equipment, supplies, and materials specified for this event are allowed in the testing area. Previous BPA tests and sample tests (whether handwritten, photocopied, or typed) are not permitted. ICD-10-CM manual (2024) and CPT (2024) only manuals allowed.

Electronic Devices: Electronic devices will be monitored according to ACT standards.

Multiple Choice Questions

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

1. Medical coding updates are released annually by organizations like the AMA and CMS.
 - A. True
 - B. False
2. CPT codes are used to describe a patient's condition or disease.
 - A. True
 - B. False
3. The principal diagnosis is always the first condition listed on the patient's medical record.
 - A. True
 - B. False
4. The principal diagnosis is the condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.
 - A. True
 - B. False
5. Staying up to date with medical coding changes ensures more accurate billing.
 - A. True
 - B. False
6. What is the primary purpose of medical coding?
 - A. A method for tracking pharmaceutical inventory in hospitals
 - B. A system of organizing medical records by patient name
 - C. The act of creating new medical procedures
 - D. The process of translating medical diagnoses, procedures, and service into universal medical alphanumeric codes.
7. What does EHR stand for?
 - A. Electronic Hospital Record
 - B. Electronic Health Record
 - C. Emergency Health Response
 - D. Essential Health Resource
8. What is the fundamental difference between ICD-10-CM and CPT code sets?
 - A. There is no significant difference; they are interchangeable.
 - B. ICD-10-CM is for diagnoses and CPT is for procedures and services
 - C. ICD-10-CM is for procedures, CPT is for diagnoses.
 - D. ICD-10-CM is used for diagnoses and inpatient procedures; CPT is for outpatient services.
9. Medical code numbers are primarily used only in large hospital settings and are not relevant for smaller clinics or private practices.
 - A. True
 - B. False

10. Why are coding guidelines important in medical billing and documentation?
 - A. To make coding more challenging for new coders
 - B. To allow coders to use their own discretion when assigning codes
 - C. To prevent healthcare providers from charging for certain services
 - D. To ensure consistency and accuracy in billing and health data reporting
11. What is the primary benefit of staying updated with the latest advancements in medical technology?
 - A. Improved patient outcomes
 - B. Increased administrative workload
 - C. Higher costs
 - D. Reduced need for training
12. When encountering an unspecified code, what should the coder do first?
 - A. Submit the code anyway
 - B. Ignore and move on
 - C. Choose a different chapter
 - D. Query the provider for more detail
13. What does CPT stand for?
 - A. Current Patient Treatment
 - B. Current Physician Treatment
 - C. Current Procedural Terminology
 - D. Current Procedure Technology
14. Which of the following is the purpose of CPT codes?
 - A. To identify diseases
 - B. To identify medications
 - C. To identify procedures and services
 - D. To identify patient demographics
15. What is the primary purpose of medical record review?
 - A. To diagnose patient conditions
 - B. To extract relevant information for accurate coding
 - C. To prescribe medication
 - D. To perform surgery
16. What is the primary purpose of code selection in medical coding?
 - A. To ensure accurate billing and reimbursement
 - B. To support patient care
 - C. To create new regulations
 - D. To ensure data accuracy
17. Which section of the CPT manual would you consult to code an x-ray exam?
 - A. Surgery
 - B. Radiology
 - C. Medicine
 - D. laboratory

18. What is a diagnosis code?
- A. A code used to describe a patient's condition or disease
 - B. A code used to describe a patient's medication
 - C. A code used to describe a patient's treatment plan
 - D. A code used to describe a patient's insurance details
19. What is a procedure code?
- A. A code used to describe a patient's condition or disease
 - B. A code used to describe a patient's medication
 - C. A code used to describe medical procedures performed
 - D. A code used to describe a patient's insurance details
20. A 12-year-old presents with painful hip, diagnosed with Juvenile osteochondrosis of hip and pelvis. Based on ICD-10-CM guidelines, which code would be most appropriate?
- A. 'S72.001A' for Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
 - B. 'M91.3' for Juvenile osteochondrosis of hip and pelvis, unilateral
 - C. 'R29.6' for Repeated falls
 - D. 'G80.0' for Spastic cerebral palsy
21. What resources are crucial for accurately assigning medical codes and ensuring compliance with coding guidelines?
- A. The coder's personal preference
 - B. Previous coding assignments for similar cases
 - C. Official coding guidelines, conventions, and clinical documentation
 - D. The physician's handwritten notes only
22. A code that reports more than one diagnosis with one code is a _____ code.
- A. multiple
 - B. compound
 - C. complex
 - D. combination
23. What does a status code indicate?
- A. A new condition or disease
 - B. Patient is either a carrier of a disease or residual of past disease or condition
 - C. They are used with diagnosis code from one of the body systems
 - D. Status codes are always used to indicate body systems
24. The ICD-10-CM was designed for classification of patient morbidity and mortality
- A. True
 - B. False

25. A phlebotomist performs a routine venipuncture to collect a blood sample from an outpatient facility. Which CPT code should be assigned for this procedure?
- A. 99000 for Handling and/or conveyance of specimens for transfer from the office to a laboratory.
 - B. 36415 for Collection of venous blood by venipuncture.
 - C. 99213 for Office or another outpatient visit, established patient.
 - D. 80053 for Comprehensive metabolic panel.

PRACTICAL APPLICATION:

Directions: Use the 2024 edition of the ICD-10-CM and CPT coding manuals to code the following scenarios. Do not include modifiers or external cause codes. All answers must be legible.

ICD-10-CM

26. Dementia with paranoia _____
27. Heparin-associated thrombocytopenia _____
28. Mitral valve heart murmur with tricuspid valve disease _____
29. Tonsillaris keratosis _____
30. Ameloblastoma of left femur _____
31. Dengue hemorrhagic fever _____
32. Acute suppurative otitis media of the right ear _____
33. Flajani's disease _____
34. Pathological dislocation of left elbow _____
35. Peruvian wart _____

CPT

36. Ultrasound of the spinal canal _____
37. Gastrointestinal endoscopy with ablation of polyp _____
38. Office visit for established patient with moderate medical decision making _____

- 39. Complex repair of a 3.2 cm skin wound on the scalp _____
- 40. Radical mastoidectomy with tympanoplasty _____
- 41. Anesthesia for panniculectomy _____
- 42. Incision and drainage of the Skene's gland abscess _____
- 43. Abdominal mass biopsy _____
- 44. Diagnostic MRI with contrast material of the elbow _____
- 45. Excision of a cyst of the hand _____