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1. A cut that divides the body into anterior and posterior sections is called the:

- A. Sagittal plane
- B. Transverse plane
- C. Frontal (coronal) plane
- D. Median plane

2. What does the anesthesia base unit value represent?

- A. A fixed number of units assigned to a procedure based on complexity and risk
- B. The total time units for the anesthesia service
- C. The number of qualifying circumstances added to the procedure
- D. The anesthesiologist's fee schedule amount

3. What are the two key components that determine the level of E/M service for established office patients under the 2021 AMA guidelines?

- A. Medical decision making (MDM) or total time
- B. History and physical examination
- C. Number of diagnoses and amount of data reviewed
- D. Chief complaint and review of systems

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4. Which federal law establishes national standards to protect individuals' medical records and personal health information?

- A. HIPAA Privacy Rule
- B. False Claims Act
- C. Stark Law
- D. Anti-Kickback Statute



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5. HCPCS Level II codes are maintained by which organization?

- A. American Medical Association (AMA)
- B. Centers for Medicare & Medicaid Services (CMS)
- C. American Health Information Management Association (AHIMA)
- D. National Center for Health Statistics (NCHS)

6. ICD-10-CM codes can contain a maximum of how many characters?

- A. 7
- B. 5
- C. 6
- D. 8

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7. A urinalysis report shows glucose in the urine. Which CPT code range covers urinalysis procedures?

- A. 81000–81099
- B. 80047–80076
- C. 82000–82999
- D. 85002–85999

8. Which directional term describes a structure closer to the point of attachment to the trunk?

- A. Distal
- B. Lateral
- C. Inferior
- D. Proximal

9. Anesthesia time is typically measured in 15-minute increments. If a procedure requires 90 minutes of anesthesia, how many time units would be reported?

- A. 4
- B. 6
- C. 8
- D. 9

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10. A new patient office visit where the physician documents a straightforward MDM and spends 15 total minutes on the encounter date should be reported with which CPT code?

- A. 99201
- B. 99202
- C. 99202
- D. 99203

11. Under HIPAA, what is the term for health information that identifies or could reasonably identify a specific individual?

- A. Electronic Health Record (EHR)
- B. Minimum necessary information
- C. Protected Health Information (PHI)
- D. Business Associate Agreement

12. HCPCS Level II codes begin with which type of character?

- A. A letter (A–V) followed by four digits
- B. Two digits followed by three letters
- C. A number followed by four letters
- D. Five digits only

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13. In ICD-10-CM, what character is placed after the first three characters to separate the category from the etiology, anatomic site, or severity?

- A. A hyphen
- B. A space
- C. A decimal point
- D. A colon

14. A comprehensive metabolic panel (CMP) includes how many analytes as defined by CPT?

- A. 10
- B. 14
- C. 12
- D. 8



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15. The thoracic cavity contains which of the following organs?

- A. Stomach and liver
- B. Kidneys and ureters
- C. Heart and lungs
- D. Bladder and uterus

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16. Which qualifying circumstance code is reported when anesthesia is performed under emergency conditions?

- A. 99100
- B. 99135
- C. 99140
- D. 99150

17. Which CPT code range covers new patient office or other outpatient E/M visits under 2021 guidelines?

- A. 99211–99215
- B. 99202–99205
- C. 99241–99245
- D. 99221–99223

18. The HIPAA Security Rule specifically covers which type of protected health information?

- A. Paper records only
- B. Electronic PHI (ePHI)
- C. Verbal communications only
- D. All PHI regardless of format

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19. Which HCPCS Level II alpha section contains codes for durable medical equipment (DME)?

- A. G codes
- B. J codes
- C. L codes
- D. E codes

20. Which section of ICD-10-CM contains codes for factors influencing health status and contact with health services?

- A. Chapter 1
- B. Chapter 21 (Z codes)
- C. Chapter 19
- D. Chapter 20

21. Which CPT code is used for a basic metabolic panel (BMP)?

- A. 80053
- B. 80076
- C. 80047
- D. 80048

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22. The suffix '-ectomy' means:

- A. Surgical repair
- B. Surgical creation of an opening
- C. Inflammation
- D. Surgical removal

23. Which modifier indicates that an anesthesiologist personally performed the anesthesia service?

- A. AA
- B. AD
- C. QK
- D. QX



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24. CPT code 99211 is unique among established-patient office visit codes because:

- A. It requires high MDM complexity
- B. It is used for telephone visits only
- C. It covers the longest encounters
- D. It may not require the presence of a physician or other qualified health care professional

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25. The False Claims Act imposes liability on individuals or companies that do which of the following?

- A. Fail to obtain prior authorization for procedures
- B. Violate patient confidentiality
- C. Refer patients to facilities in which they have a financial interest
- D. Submit false or fraudulent claims for payment to the federal government

26. Which HCPCS Level II section contains codes for drugs administered other than oral method?

- A. A codes
- B. J codes
- C. K codes
- D. Q codes

27. When an ICD-10-CM code requires a 7th character but the code itself is fewer than 6 characters, what must be used to fill empty positions?

- A. Zeros
- B. Spaces
- C. Hyphens
- D. The letter X

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28. A complete blood count (CBC) with differential is reported with which CPT code?

- A. 85025
- B. 85027
- C. 85022
- D. 85013



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29. The combining form 'hepat/o' refers to the:

- A. Kidney
- B. Spleen
- C. Liver
- D. Gallbladder

30. An anesthesiologist is medically directing two CRNAs concurrently. Which modifier should be reported by the anesthesiologist?

- A. AA
- B. QK
- C. QX
- D. QZ



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Answer Key & Explanations

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1. C — Frontal (coronal) plane

The frontal (coronal) plane runs vertically and divides the body into anterior (front) and posterior (back) portions. The sagittal plane divides right from left; the transverse plane divides superior from inferior.

2. A — A fixed number of units assigned to a procedure based on complexity and risk

The base unit value is a fixed number assigned to each anesthesia procedure code that reflects the relative complexity, skill, and risk involved. Time units and qualifying circumstances are added separately to calculate total units.

3. A — Medical decision making (MDM) or total time

Under the 2021 AMA E/M guidelines, established office/outpatient visits are determined by either MDM complexity or total time on the date of encounter — history and exam are no longer key components.

4. A — HIPAA Privacy Rule

The HIPAA Privacy Rule (Health Insurance Portability and Accountability Act) sets national standards for protecting individually identifiable health information. The other options address fraud and abuse, not privacy specifically.

5. B — Centers for Medicare & Medicaid Services (CMS)

HCPCS Level II codes are maintained by CMS (Centers for Medicare & Medicaid Services). The AMA maintains CPT (Level I) codes, while NCHS maintains ICD-10-CM diagnosis codes.

6. A — 7

ICD-10-CM codes are alphanumeric and may be 3 to 7 characters in length. The first three characters form the category, and characters 4–7 provide greater specificity.

7. A — 81000–81099

CPT codes 81000–81099 are designated for urinalysis. Glucose in urine is reported within this section using the appropriate qualitative or quantitative code.

8. D — Proximal

Proximal means nearer to the point of attachment to the trunk. Distal is its opposite, meaning farther away. These terms are most commonly used for the limbs.

9. B — 6

Anesthesia time units are calculated by dividing total anesthesia minutes by 15. $90 \text{ minutes} \div 15 = 6$ time units. This is added to the base units to determine total anesthesia units.

10. C — 99202

CPT 99202 is used for a new patient office visit with straightforward MDM or 15–29 minutes of total time. Note: 99201 was deleted in 2021.



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11. C — Protected Health Information (PHI)

Protected Health Information (PHI) is individually identifiable health information held or transmitted by a covered entity in any form. Minimum necessary is a principle, not the term for the data itself.

12. A — A letter (A–V) followed by four digits

HCPCS Level II codes consist of one alphabetic character (A through V) followed by four numeric digits, distinguishing them from CPT's all-numeric format.

13. C — A decimal point

A decimal point (period) is placed after the first three characters of an ICD-10-CM code to indicate the beginning of the subcategory and specificity portion of the code.

14. B — 14

CPT 80053 (comprehensive metabolic panel) includes 14 analytes: albumin, bilirubin total, calcium, carbon dioxide, chloride, creatinine, glucose, phosphatase alkaline, potassium, protein total, sodium, transferase ALT, transferase AST, and urea nitrogen (BUN).

15. C — Heart and lungs

The thoracic cavity is enclosed by the rib cage and diaphragm and contains the heart (in the mediastinum) and the lungs. The abdominopelvic cavity contains the stomach, liver, kidneys, bladder, and uterus.

16. D — 99150

CPT code 99140 is used to report anesthesia complicated by emergency conditions. An emergency is defined as a situation in which a delay in treatment would lead to significant increases in the threat to life or body part.

17. B — 99202–99205

99202–99205 are the new patient office/outpatient E/M codes. 99211–99215 are for established patients; 99241–99245 are office consultations; 99221–99223 are initial hospital care.

18. B — Electronic PHI (ePHI)

The HIPAA Security Rule applies specifically to electronic PHI (ePHI). The Privacy Rule covers all forms of PHI (paper, verbal, electronic), but the Security Rule is limited to ePHI.

19. D — E codes

E codes (E0100–E8002) cover durable medical equipment such as wheelchairs, crutches, and hospital beds. J codes cover drugs; L codes cover orthotic and prosthetic procedures; G codes cover procedures or professional services.

20. B — Chapter 21 (Z codes)

Chapter 21 (codes Z00–Z99) covers factors influencing health status and contact with health services, such as screenings, vaccinations, and personal or family history.

21. D — 80048

CPT 80048 is the basic metabolic panel (calcium, total). CPT 80047 uses ionized calcium. CPT 80053 is the comprehensive metabolic panel. CPT 80076 is the hepatic function panel.

22. D — Surgical removal

-Ectomy means surgical excision or removal (e.g., appendectomy). -Plasty means surgical repair, -ostomy means creation of an opening, and -itis means inflammation.



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23. A — AA

Modifier AA indicates anesthesia services performed personally by an anesthesiologist. It is contrasted with modifiers like QK (medical direction of two to four CRNAs) or AD (medical supervision of more than four CRNAs).

24. D — It may not require the presence of a physician or other qualified health care professional

99211 is used for minimal-complexity established-patient visits, such as a nurse visit for a blood pressure check, and does not require physician presence.

25. D — Submit false or fraudulent claims for payment to the federal government

The False Claims Act (FCA) creates liability for knowingly submitting false or fraudulent claims to the government for payment. Referral prohibitions are covered by the Stark Law, and confidentiality by HIPAA.

26. B — J codes

J codes (J0001–J9999) are used to report drugs administered other than by oral method, such as injections and infusions. A codes cover ambulance and medical supplies; K codes are temporary DME codes; Q codes are miscellaneous temporary codes.

27. D — The letter X

The letter 'X' is used as a placeholder in ICD-10-CM codes when a 7th character is required but positions 5 or 6 do not have assigned values, ensuring the 7th character falls in the correct position.

28. A — 85025

CPT 85025 reports a CBC with automated differential WBC count. CPT 85027 is CBC without differential. CPT 85022 is manual differential count.

29. C — Liver

Hepat/o refers to the liver (e.g., hepatitis = inflammation of the liver). Nephr/o refers to the kidney, splen/o to the spleen, and cholecyst/o to the gallbladder.

30. B — QK

Modifier QK is used when an anesthesiologist medically directs two to four concurrent CRNA procedures. The CRNA in this scenario would report modifier QX (CRNA service with medical direction by a physician).



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