

MODULE 1

GENERAL MEDICAL CONCEPTS

1. What is the main part of a medical word that usually refers to a body part?

- A. Prefix
- B. Suffix
- C. Root
- D. Combining vowel

Ans: C

2. Where is a suffix located in a medical word?

- A. At the beginning
- B. At the end
- C. Between two roots
- D. Before the prefix

Ans: B

3. When a prefix stands alone in this text, how is it written?

- A. It is followed by a hyphen (e.g., peri-)
- B. It is preceded by a hyphen (e.g., -peri)
- C. It is followed by a slash (e.g., peri/)
- D. It is written in capital letters

Ans: A

4. What is the first step in defining a medical word?

- A. Define the root
- B. Define the prefix
- C. Define the suffix
- D. Define the combining vowel

Ans: C

5. Which letter is most commonly used as a combining vowel?

- A. a
- B. i
- C. e
- D. o

Ans: C

D

6. What is the primary purpose of a combining vowel?

- A. To change the meaning of the root
- B. To make the word easier to pronounce
- C. To indicate inflammation
- D. To replace a prefix

Ans: B

7. When connecting a root to a suffix, when is a combining vowel used?

- A. Only when the suffix starts with a vowel
- B. Only when the suffix starts with a consonant
- C. Always
- D. Never

Ans: B

8. What happens to the combining vowel if the suffix begins with a vowel (a, e, i, o, u)?

- A. It is doubled
- B. It is changed to "i"
- C. It is not needed (dropped)
- D. It is moved to the front of the word

Ans: C

9. Is a combining vowel used when joining two roots together (e.g., oste + arthr)?

- A. Yes, usually
- B. No, never
- C. Only if the second root starts with a consonant
- D. Only if the first root ends in a vowel

Ans: A

10. What is a "combining form"?

- A. A prefix plus a root
- B. A suffix plus a vowel
- C. A root followed by a combining vowel
- D. Two suffixes combined

Ans: C

11. What is the meaning of the root aden/o?

- A. Joint
- B. Gland
- C. Nerve
- D. Bone

Ans: B

12. Which root means "joint"?

- A. Arthr
- B. aden
- C. oste
- D. col

Ans: A

13. What is the meaning of the root hemat/o? A. Liver

- B. Head
- C. Heart
- D. Blood

Ans: D

14. Which root means "nerve"?

- A. nephr
- B. neur
- C. natr
- D. norm

Ans: B

15. What is the meaning of the root oste/o?

- A. Bone
- B. Mouth
- C. Opening
- D. Organ

Ans: A

16. Which root refers to the colon?

- A. chir
- B. cephal
- C. col
- D. cyst

Ans: C

17. What is the meaning of the suffix -itis?

- A. Tumor
- B. Pain
- C. Study of
- D. Inflammation

Ans: D

18. Which suffix means "tumor" or "mass"?

- A. -oma
- B. -osis
- C. -otomy
- D. -algia

Ans: A

19. What does the suffix -logy mean?

- A. One who studies
- B. Study of
- C. Process of recording
- D. Instrument to record

Ans: B

20. Which suffix means "pain"?

- A. -phasia
- B. -plasty
- C. -algia
- D. -stomy

Ans: C



MODULE 2

ICD

1. A patient undergoes laboratory testing for HIV, but the results do not clearly confirm or rule out infection. According to ICD-10-CM guidelines, which diagnosis code should be assigned for an inconclusive HIV blood test? a. Z21

b. R75

c. B20

d. Z11.4

(ANS: B)

2. In medical terminology and infectious disease documentation, what does the abbreviation MRSA represent?

a. Methicillin Resistant Staphylococcus Aureus

b. Methicillin Resistant Streptococcus Aureus

c. Moderate Resistance Susceptible Aureus

d. Mild Resistance Streptococcus Aureus

(ANS: A)

3. When reviewing ICD-10-CM diabetes mellitus codes, what specific information is identified by the fourth character of the code? a. Whether the diabetes is controlled or uncontrolled

b. The presence of a complication related to diabetes

c. The classification of diabetes type (Type 1, Type 2, secondary)

d. Whether the diabetes is primary or secondary

(ANS: B)

4. Under ICD-10-CM coding rules, in which situation should acute respiratory failure be reported as a secondary diagnosis rather than the principal diagnosis?

a. When the patient has any other medical condition present

b. When it is identified as the cause of shortness of breath

c. Acute respiratory failure must always be listed as the principal diagnosis

d. When the respiratory failure develops after hospital admission (**ANS: D**)

5. If a provider documents diabetes mellitus but does not specify the type in the medical record, which diabetes type should be assigned by default under ICD-10-CM guidelines? a. Type 2

b. Type 1

c. Either type 1 or type 2

d. Secondary diabetes

(**ANS: A**)

45. Preoperative and Postoperative Diagnoses:

- Symptomatic macromastia
- Chronic upper back pain
- Neck pain
- Shoulder discomfort
- Shoulder grooving from bra straps
- Intertrigo

Procedures Performed:

- Right breast reduction with removal of 1950 grams
- Right free nipple–areolar graft
- Left breast reduction with removal of 1915 grams
- Left free nipple–areolar graft

Clinical Background: The patient is a 43-year-old woman with severe breast hypertrophy resulting in chronic musculoskeletal pain, shoulder grooving, and skin irritation beneath the breasts. Due to the marked ptosis of both breasts, a free nipple graft technique was determined to be the most appropriate surgical approach. The operative plan was reviewed with the patient using preoperative markings, which she observed and approved.

The patient has morbid obesity (BMI 54) and therefore met criteria for DVT prophylaxis, including preoperative administration of Lovenox. She was counseled regarding increased bleeding risk and disclosed that she is a Jehovah's Witness, declining blood transfusion. After discussing risks and alternatives, surgery proceeded.

Operative Description: Prophylactic antibiotics and anticoagulation were administered. Sequential compression devices and TED hose were applied. Under general anesthesia, both breasts were prepped and draped. The nipple-areolar complexes were circumscribed using a 42mm template, harvested as free grafts, and preserved appropriately. The inferior portions of each breast were excised with meticulous hemostasis. Temporary closure was performed, and symmetry was assessed in the seated position. New nipple positions were marked, deepithelialized, and the defatted free nipple grafts were secured in place. Bolster dressings were applied. Final layered closure was completed using absorbable and nonabsorbable sutures. The patient tolerated the procedure without complications and was transferred to recovery in stable condition.

Which CPT® code should be reported? a.

19325-50

b. 19318-50

c. 19325

d. 19318

(ANS: B)

CPT

1. How many distinct tissue layers make up an artery?

a. One

b. Two

c. Three

d. Four

(ANS: C)

2. The cardiac conduction system includes pacemaker cells, nodes, the ____ and the ____.

- a. Bundle of His and electrical system
- b. Purkinje fibers and bundle of His
- c. Heart valves and Purkinje fibers
- d. Electrical system and bundle of His

(ANS: B)

3. Which structure ensures blood flows in only one direction through the chambers of the heart? a. Septum

- b. Heart valves
- c. Bundle of His
- d. Atria

(ANS: B)

4. Which primary coronary artery divides into two smaller branches? a. Right

- b. Left
- c. Inverted
- d. Superficial

(ANS: B)

5. What term refers to the wall that separates the chambers of the heart?

- a. SA node
- b. Bundle branch
- c. Septum
- d. Mitral

(ANS: C)



MODULE 3

Mock Test 01

1. Which of the following is NOT part of the sinuses?
 - A) Ethmoid
 - B) Turbinate
 - C) Maxillary
 - D) Sphenoid

2. The brachial artery is located in the:
 - A) Head
 - B) Upper Leg
 - C) Upper Arm
 - D) Lower Leg

3. The matrix, hyponychium, and lunula are part of the:
 - A) Ear
 - B) Nail
 - C) Mouth
 - D) Colon

4. What does MRSA stand for?
 - A) Methicillin resistant Streptococcus aureus
 - B) Methicillin resilient Staphylococcus aureus
 - C) Methicillin resilient Streptococcus aureus
 - D) Methicillin resistant Staphylococcus aureus

5. What is a pathologic fracture?
 - A) A break in a weakened bone caused by disease
 - B) Any fall from a standing height (fragile)



- C) Fracture caused by some type of accident (traumatic)
- D) Overuse injury caused by repetitive forces placed on the bone (stress)

6. The prefix leuk/o means?

- A) Red
- B) Soft
- C) Hard
- D) White

7. What type of tendon in the hand is found in Zone 2, No Man's Land?

- A) Extensor
- B) Palmer
- C) Flexor
- D) Peroneal

8. Cranial Nerve VII is what type of nerve?

- A) Facial Nerve
- B) Optic Nerve
- C) Vagus Nerve
- D) Trigeminal Nerve

9. A Medicare patient is hospitalized three days with pneumonia. Which part of Medicare is responsible to help cover the hospital stay?

- A) A
- B) B
- C) C
- D) D

10. Medicare Administrative Contractors (MAC) are responsible for interpreting national policies into regional policies. What are these policies called?
- A) NCD
 - B) NCCI
 - C) LCD
 - D) ABN
11. The HIPAA Privacy Rule protects the privacy of individually identifiable health information (PHI). Which of the below is a violation of the Privacy Rule?
- A) Disclose PHI to a relative without consent of the patient
 - B) Disclose PHI for treatment activities of a healthcare provider
 - C) Disclose PHI to another covered entity for payment
 - D) Disclose PHI to another covered entity for healthcare operations
12. What does the lab term presumptive mean in code range 8380580307?
- A) The descriptor of a device that measures multiple analytes.
 - B) Drug test results that indicate possible, but not definitive, presence of drugs and or drug metabolites.
 - C) A term used to describe definitive identification definitive identification/quantitation procedures that are secondary to presumptive screening methods.
 - D) Specific identification of individual drugs and drug metabolites.
13. Which statement is TRUE for reporting burn or corrosion codes?
- A) Nonhealing burns are coded as sequelae codes.
 - B) When sequencing burn codes the lowest degree is always reported as the primary code.
 - C) A burn due to a chemical, use the corrosion code.

D) An infected burn site is reported with one code.

14. According to the Anesthesia guidelines when does anesthesia time start and ends:

Anesthesia Start Time: 7:00 am

(Preparing the patient for induction of anesthesia) Surgery Start Time: 7:15 am

Surgery End Time: 9:30 am

Anesthesia End Time: 9:45 am (Anesthesiologist no longer in attendance)

A) 7:00 am – 9:30 am

B) 7:00 am – 9:45 am

C) 7:15 am – 9:30 am

D) 7:15 am – 9:45 am

15. What CPT® code does not get modifier 51 appended to it?

A) 33221

B) 32674

C) 31653

D) None of the above

96. Preoperative Diagnosis: Basal cell carcinoma.

Postoperative Diagnosis: Same.

Operation: Mohs micrographic surgery.

Indications: The patient has a biopsy proven basal cell carcinoma on the nasal tip measuring 8 x 7 mm. Due to its location, Mohs surgery is indicated. Mohs surgical procedure was explained including other therapeutic options, and the inherent risks of bleeding, scar formation, reaction to local anesthesia, cosmetic deformity, recurrence, infection, and nerve damage. Informed consent was obtained and the patient underwent fresh tissue Mohs surgery as follows.

STAGE I: | 5 | The site of the skin cancer was identified concurrently by both the patient and doctor and marked with a surgical pen; the margins of the excision were delineated with the marking pen. The patient was placed supine on the operating table. The area identified for excision was cleaned, draped and infiltrated with 1% lidocaine with epinephrine 1:100,000. The area of the tumor and margins were marked for excision. Additional soft tissue markings were created to keep the specimen oriented with the excision site. Hemostasis was obtained by electrocautery. A pressure dressing was placed. The tissue was divided into two tissue blocks| which were mapped, color coded at their margins, and sent to the technician for frozen sectioning. The surgeon examined the tissue and no microscopic tumor was found persisting in the tumor margins on the tissue blocks. Following surgery, the defect measured 10 x 13 mm to the subcutaneous tissue. Closure will be done by the Dr. Hill from Plastics with a Burow's graft.

Condition at Termination of Therapy: Carcinoma was removed.

Pathology report is on file.

What CPT® and ICD-10-CM codes are reported?

- A) 17311, C34.311
- B) 17313, C34.311
- C) 17311, 17312 C34.312, C34.311
- D) 17313,17314

97. Preoperative Diagnosis: Painful L2 vertebral non-traumatic compression fracture. Postoperative Diagnosis: Painful L2 vertebral non-traumatic compression fracture.

Name of Operation: L2 kyphoplasty.

Findings Preoperatively: She had compression fractures at T11 and L1 for which she previously underwent a kyphoplasty. She initially had very good results, but then developed back pain once again. The repeat MRI two weeks later showed that she had fresh high intensity signal changes in the body of L2 and some scalloping of the superior end plate, consistent

with a compression fracture at L2. After some preoperative discussions and patience to see if she would get better, she was admitted to the hospital for L2 kyphoplasty when she did not improve. At surgery, L2 had some scalloping of the superior end plate. Most of the softness was in the back part of the vertebral body.

Procedure: The patient was taken to the operating room and placed under general endotracheal anesthesia in a supine position. She was then placed prone on the Jackson table and her back was prepped and draped in the usual sterile fashion. Using biplane image intensifiers, the skin incision sites were marked. 0.5% Marcaine with epinephrine was injected. Initially on the left side, A Kyphon trocar was passed down to the superior lateral edge of the pedicle, through the pedicle, and into the vertebral body in the usual fashion. The drill was placed into the vertebral body followed by the Kyphon bone tamp. In a similar fashion, the same thing was done on the other side. Balloons were inflated uneventfully. The balloons were then deflated and removed, and the cement (when it was in the doughy state) was injected into the two sides in the usual fashion. This was done carefully and sequentially to make sure there were no cement extrusions, which, after inspection, there were none. There was a good fill to the vertebral body edges, up towards the superior end plate, and across the midline. The bone filling devices were removed, and the trocars were removed. Pressure was applied after which the skin was sutured with 4-0 nylon. Band-Aids were applied and she was taken to recovery in stable condition.

Complications: There were no complications. **Blood Loss:** Minimal blood loss.

Counts: Sponge and needle counts were correct.

What are the CPT codes Reported?

- A) 22514
- B) 22513
- C) 22511
- D) 22224

98. Preoperative Diagnosis: Malignant neoplasm glottis. Postoperative Diagnosis: Malignant neoplasm glottis.

Procedure: An incision is made low in the neck. The trachea is identified in the middle and an opening is created to allow for the new breathing passage. A tracheostomy |2| tube is inserted and secured with sutures. The patient tolerated the procedure well and was sent to recovery without complications.

What are the CPT codes Reported?

- A) 31603
- B) 31610
- C) 31600
- D) 31605

99. Preoperative Diagnosis: Sinus of Valsalva aneurysm on the left coronary sinus. Postoperative Diagnosis: Same.

Operation: Repair sinus of Valsalva aneurysm with pericardial patch.

Procedure: The patient was taken to the operating room and placed supine on the table. After general endotracheal anesthesia was induced, rectal temperature probe, a Foley catheter and TEE probe were placed. The extremities were padded in the appropriate fashion. Her neck, chest, abdomen, and legs were prepared and draped in standard surgical fashion. The chest was opened through a standard median sternotomy. The patient was fully heparinized and placed on cardiopulmonary bypass. At this point, we started to open the pericardium. We were met with a large amount of dense adhesions and some fluid that was blood-tinged, salmon colored, and it was cultured. Tonsil clamps were placed on the inferior portion of the pericardial sac and we used Bovie cautery and Metzenbaum scissors to take down all the adhesions laterally, exposing the right atrium first and then the aorta. There were some lighter adhesions over the left ventricle, which were broken with finger dissection. There was a moderate amount of fluid in different pockets that were suctioned free. There was no evidence of frank blood. After dissecting out the right atrium, we dissected out the aorta circumferentially using Bovie cautery and Metzenbaum scissors. We

then freed up the entire LV and the apex, as well as the inferior and lateral borders of the heart. After this, we then checked the activated clotting time (ACT), which was greater than 550. The ascending aorta was cannulated without difficulty. A dual stage venous cannula was placed in the right atrium. Retrograde cardioplegia was placed in the right atrium through the coronary sinus, and antegrade cardioplegia was placed in the ascending aorta. After the patient was on bypass, we completed dissection. We looked through the superior pulmonary vein. It appeared to be densely adhered, so we opted to vent through the apex of the LV. We proceeded to flush our lines, cooled to 32 degrees. Once we had a nice arrest we opened the aorta. An aortotomy was created in standard fashion, the area was tacked back, and we were able to identify the aneurysm in question. There was a large amount of thrombus and it was removed. There was also some mural thrombus which was laminar and stuck to the aneurysm, and I elected not to debride this area. This defect apparently took up the entire left of the sinus of Valsalva. The coronary was probed and there was approximately 2–3 mm rim of tissue beneath the coronary to sew to, and the valve was intact. The aortic valve was intact, and there was a rim of tissue just lateral to the annulus for us to sew to. After debriding and irrigating, we sized a bovine pericardial patch and sutured it in place with 4-0 Prolene suture. This was done in a running fashion, working from the annulus up towards the coronary artery underneath the coronary, and then around laterally and superiorly, sewing through the aortic tissue. We now successfully excluded the aneurysm and packed the entire sinus. We gave cardioplegia in a retrograde fashion, with nice flow back from the left main. We inspected the repair and it was competent. We irrigated one more time and closed the We irrigated one more time and closed the aorta, de-aired the heart with standard maneuvers, and removed the cross-clamp. We then weaned the patient off of bypass and re-warmed the patient. There was no aortic insufficiency, good function of the aortic valve, and no flow into the aneurysm anymore, with a nice patch repair. We closed the chest with stainless steel wires, the fascia was closed with Vicryl sutures, and subcutaneous tissue and skin were closed in similar fashion aorta, de-aired the heart with standard maneuvers, and removed the cross-clamp. We then weaned the patient off of bypass and re-warmed

the patient. There was no aortic insufficiency, good function of the aortic valve, and no flow into the aneurysm anymore, with a nice patch repair. We closed the chest with stainless steel wires, the fascia was closed with Vicryl sutures, and subcutaneous tissue and skin were closed in similar fashion. What are the cpt codes reported?

- A) 33720
- B) 33702
- C) 33722
- D) 33710

100. Operative Note

Preoperative Diagnosis: Desire for circumcision.
Postoperative Diagnosis: Desire for circumcision. Procedure:
Circumcision. Anesthesia: General.

Indications: The patient is a 19-year-old white male, sexually active for two years. He requests circumcision. He understands the risks and benefits of circumcision.

Procedure Description: The patient is a 19-year-old, white male, sexually active for two years. He requests circumcision. He understands the risks and benefits of circumcision.

Procedure description: The patient was brought to the operating room and placed on the operating room table in the supine position. After adequate LMA anesthesia was accomplished, he was given a dorsal penile block and a modified ring block with 0.25% Marcaine plain.

Two circumferential incisions were made around the patient's penis to allow for the maximal aesthetic result. Adequate hemostasis was then achieved with the Bovie, and the skin edges were re-approximated using 4-0 chromic simple interrupted sutures with a U-stitch at the frenulum.

The patient was extubated and taken to the recovery room in good condition.

Disposition: The patient was taken to the post anesthesia care unit and then discharged home.

What are the cpt codes reported?

- A) 54160
- B) 54161
- C) 54150
- D) 54162

ANSWER KEY

MOCK TEXT 01:

1) B	2) C	3) B	4) D	5) A	6) D	7) C	8) A	9) A	10) C
11) A	12) B	13) C	14) B	15) B	96) A	97) A	98) C	99) A	100) B