# 002/2021

Question Booklet Alpha Code



Question Booklet Serial Number

#### Total No. of Questions : 100

Maximum : 100 Marks

Time : 75 Minutes

# INSTRUCTIONS TO CANDIDATES

- 1. The question paper will be given in the form of a Question Booklet. There will be four versions of question booklets with question booklet alpha code viz. A, B, C & D.
- 2. The Question Booklet Alpha Code will be printed on the top left margin of the facing sheet of the question booklet.
- 3. The Question Booklet Alpha Code allotted to you will be noted in your seating position in the Examination Hall.
- 4. If you get a question booklet where the alpha code does not match to the allotted alpha code in the seating position, please draw the attention of the Invigilator IMMEDIATELY.
- 5. The Question Booklet Serial Number is printed on the top right margin of the facing sheet. If your question booklet is un-numbered, please get it replaced by new question booklet with same alpha code.
- 6. The question booklet will be sealed at the middle of the right margin. Candidate should not open the question booklet, until the indication is given to start answering.
- 7. Immediately after the commencement of the examination, the candidate should check that the question booklet supplied to him contains all the 100 questions in serial order. The question booklet does not have unprinted or torn or missing pages and if so he/she should bring it to the notice of the Invigilator and get it replaced by a complete booklet with same alpha code. This is most important.
- 8. Blank sheets of paper is attached to the question booklet. These may be used for rough work.
- 9. Please read carefully all the instructions on the reverse of the Answer Sheet before marking your answers.
- 10. Each question is provided with four choices (A), (B), (C) and (D) having one correct answer. Choose the correct answer and darken the bubble corresponding to the question number using Blue or Black Ball-Point Pen in the OMR Answer Sheet.
- 11. Each correct answer carries 1 mark and for each wrong answer 1/3 mark will be deducted. No negative mark for unattended questions.
- 12. No candidate will be allowed to leave the examination hall till the end of the session and without handing over his/her Answer Sheet to the Invigilator. Candidates should ensure that the Invigilator has verified all the entries in the Register Number Coding Sheet and that the Invigilator has affixed his/her signature in the space provided.
- 13. Strict compliance of instructions is essential. Any malpractice or attempt to commit any kind of malpractice in the Examination will result in the disqualification of the candidate.



002/2021

# 002/2021

#### **Total Marks : 100 Marks**

Time : 1 hour and 15 minutes

- 1. The lymphatic system contains four organs :
  - (A) Spleen, tonsils, bone marrow and thymus
  - (B) Spleen, Peyer's patches and tonsils
  - (C) Spleen, tonsils, Peyer's patches and thymus
  - (D) Tonsils, Peyer's patches, thymus and bone marrow
- 2. Which coding and classification system is primarily used by dentists ?
  - (A) CPT (B) ICD-10-PCS
  - (C) CDT (D) ICD-10-CM

**3.** The process of simply taping the small items to a larger sheet of paper (especially lab reports) and then filing that paper in the patient's medical records is called

- (A) collating (B) conserving paper
- (C) unit filing (D) shingling
- 4. Medical records of patients who are deceased or moved away, probably never to be seen again by the provider, are under what status ?
  - (A) Closed (B) Inactive
  - (C) Active (D) Charged out
- 5. MAR refers to
  - (A) Medical Allergies Required (B) Medication Administration Record
  - (C) Medication and Allergies Record (D) Medical Alert Record
- 6. Which of the following may be used in telemedicine ?
  - (A) "Store and forward" technology (B) "Cut and paste" technology
  - (C) "VHS" technology (D) "Tap and Go<sup>TM</sup>" technology

#### 7. Important uses of the medical record include all of the following Except :

- (A) means of communication
- (B) statistical data
- (C) payment data
- (D) information to pharmaceutical companies
- 8. Documentation in a medical record that supports the skilled services that are medically reasonable and necessary are called
  - (A) treatment plan (B) medical approval
  - (C) medical necessity (D) admission necessity

002/2021 [P.T.O.]

A

- 9. The standard of care in cases of medical negligence is measured against
  - (A) The most recent medical research evidence available
  - (B) What is expected of a reasonable doctor
  - (C) What the majority of doctors would recommend
  - (D) The standard of experts in the field
- Which term describes a best way to organize and chart patient progress ? 10.
  - (A) SOAP (B) POMR
  - (C) MAR (D) PRN
- Which of the following standards are used to create standardized nomenclature within an 11. electronic health record program?
  - (A) ICD-10 CM (B) NADA PC
  - (C) CTNS HER (D) SNOMED CT
- 12. If a patient is in the prone position, he is :
  - (A) Lying flat on his back.
  - (B) Lying flat on his stomach.
  - (C) Sitting up straight.
  - (D) Lying flat on his back with his feed elevated.
- When you see the symbol # in front of a CPT code, what does it mean? 13.
  - (A) That the code is listed out of numerical order.
  - (B) That the code is listed in numerical order.
  - (C) That the code used to be listed with a different number.
  - (D) That the code description has changed.
- 14. What is removed by a pneumonectomy?
  - (A) The pleural sac (B) A tumor of the inner ear
  - The lung (D) A cyst in the muscle of the foot (C)
- The Hospital Management Committee is concerned about the growing number of history 15. and physical examination reports that are not being completed in a timely manner. Which monitoring process will the Medical records department implement to correct this problem?
  - (A) Concurrent analysis
- (B) Discharge analysis
- (C) Discharge planning (D) Retrospective review
- 16. In ICD symbol is used in listing of inclusion and exclusion terms when the words that precede it are not complete terms for assignment to the rubric.
  - (A) () Parenthesis (B) : Colon (D) } Brace (C) [] Brackets
- is defined as the symptom of disease (such as rash or fever) which appear before 17. and signal the onset of approaching more severe illness.
  - (A) Prognosis (B) Relapse (C) Prodrome
    - (D) Remission

Α

(D) None of these (C) Bed occupancy What is one advanced method used to input data into an EMR? 19. (A) Typing with a keyboard (B) Use an iPod (C) Use of voice recognition system (D) Use of a transcriptionist 20. Chiropractors are complementary and alternative healthcare professionals who focus on the diagnosing and treating of what body part? (A) Respiratory system Spine and musculoskeletal system (B) (C) Cardiovascular system Intestinal system (D) 21. What type of code is assigned when the provider documents reason for a patient seeking healthcare that is not an injury or disease? (A) Z code (B) U code (C) V code (D) Y code The process of moving an active file to inactive status is called 22. (A) collating (B) shingling (C) purging (D) sequestering 23. Who ultimately decides whether a medical record can be released for insurance/reimbursement? (A) Physician (B) Medical Records personnel (C) Third party payers (D) Patient 24. Which of the following is NOT considered as part of the integumentary system? (A) Skin Hair **(B)** (C) Exocrine glands (D) Teeth 25. A condition occurring without a clearly identified cause is known as : (A) Idiopathic **(B)** Systemic (D) Symptom (C) Progressive Which of the following guards against duplication of patients records ? 26. (A) In-patient index (B) Disease/operation index (C) Number index (D) Master patient index 27. MRD files the records as follows : 13-40-05, 14-40-05, 14-41-05, 15-41-05 and 16-41-05. Which system is being used ? (A) Terminal digit (B) Middle digit (C) Unit numbering (D) Serial numbering 5 002/2021

is the defined as the number of hospital beds, exclusive of newborn bassinets,

(B)

Bed compliment

[P.T.O.]

18.

normally available for use by Inpatients.

(A) Bed Turnover

- **28.** In which chapters of the ICD 10 could the following diagnostic statement have their codes ? They are : pulmonary tuberculosis, ebola virus and disease and malarial fever.
  - (A) Certain infectious and parasitic disease and diseases of the digestive system.
  - (B) Diseases of the respiratory system and certain infectious and parasitic diseases.
  - (C) Diseases of the respiratory system and External Causes of Morbidity.
  - (D) Diseases of the nervous system and symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified.
- **29.** Sequela describes a condition that is (a) :
  - (A) Combination of two or more diseases
  - (B) Late effect of a previous condition
  - (C) Manifestation of an underlying etiology
  - (D) Not represented in ICD-10
- **30.** What would be the best process to follow if Patient's records and information in hospital information systems is discovered to have duplicated during the patient care or after the care of patient ?
  - (A) Merging of Medical Records
  - (B) Cancelling the duplicate Medical Records
  - (C) Preserving both the Medical Records separately
  - (D) Sequestering of Medical Records
- **31.** A method to quickly assess the health of newborn children immediately after birth is named after this physician

(A)	Babinski	(B)	Charcot
(		( <b>-</b> )	- • •

- (C) Apgar (D) Pick
- **32.** A patient who receives ambulatory care services in a hospital based clinic or department is statistically considered as a/an :

(A)	Outpatient	(B)	Inpatient
(C)	Emergency	(D)	Day Care

- 33. As per the guidelines of ICD 10, when Acute and Chronic Conditions are noted :
  - (A) Code only the Chronic Condition
  - (B) Code both and sequence the Chronic Condition code first
  - (C) Code both and sequence the acute (sub-acute) code first
  - (D) Code only the Acute Condition
- **34.** How should an unanticipated death of a full-term infant be reported in a hospital mortality committee by the Medical Records Department ?
  - (A) As a sentinel event
  - (B) As a violation of a clinical practices guideline
  - (C) As medical negligence
  - (D) As a medical complication

- **35.** Which of the following Qualitative analysis method is done by medical records department after an Inpatient has been discharged ?
  - (A) Concurrent Analysis
- (B) Quality Assurance
- (C) Retrospective Analysis
- (D) Peer Review Audits
- **36.** Why is an open-ended query preferred to a closed-ended query format by coding professionals ?
  - (A) Allows physicians to communicate their medical expertise describing the diagnosis and treatment of the patient.
  - (B) Open-ended options are required by the Insurance Companies.
  - (C) Closed-ended options are not efficient to formulate in the varying EHR systems.
  - (D) Either format is accepted in all situations.
- **37.** Which key clinical document is essential in outlining a patient's course of treatment while submitting the claims for reimbursement ?
  - (A) History and physical examination (B) Operative reports
  - (C) Consultation reports (D) Discharge summary
- **38.** Protected health information may be disclosed to law enforcement officials :
  - (A) Only with the patient's written authorization.
  - (B) With the patient's verbal permission.
  - (C) Only if the law enforcement official requests it in person.
  - (D) Upon written request for essential government functions.
- **39.** \_\_\_\_\_\_ is the use of medical information transmitted from one site to another via electronic communication to improve a patient's health status.
  - (A) Telemedicine

- (B) Diagnostic imaging
- (C) Mobile health units (D) Video conferencing
- **40.** A storage solution based on digital scanning technology in which Medical record documents are scanned to create digital images of the documents that can be stored electronically?
  - (A) Electronic Health Record (EHR)
  - (B) Database Management Systems (DBMS)
  - (C) Electronic Document Management System (EDMS)
  - (D) Health Information Exchange (HIE)
- **41.** What is the proper way to destroy medical records ?
  - (B) Giving the record to the patient
  - (C) Demagnetizing (D) Shredding
- **42.** Which medical record format is arranged in chronological order with documentation from various sources intermingled ?
  - (A) Source oriented
- (B) Problem oriented(D) None of these

(C) Integrated

(A) Incineration

- **43.** \_\_\_\_\_\_ is a late entry added to a Medical record to provide additional information in conjunction with a previous entry. The late entry should be timely and bear the current date and reason for the additional information being added to the health record.
  - (A) Addendum

(B) Abstracting

(C) Aggregate data

- (D) Amendment
- 44. Which of the following activities is not a traditional medical records function ?
  - (A) Forms control

- (B) Quantitative analysis
- (C) Retrospective Review (D) Data administration
- **45.** An incomplete record not finished or made complete within the time frame determined by the medical records department of the hospital is called
  - (A) Deficiency slip (B) Delinquent record
  - (C) Audit trail (D) Hybrid health record
- **46.** What would you term a situation in which a patient is issued a medical record number that has been previously issued to a different patient ?
  - (A) Overlay (B) Overlap
  - (C) Outguide (D) None of these
- 47. Which of the following is considered as 'impersonal' use of a medical record ?
  - (A) Used for Insurance Claim processing
  - (B) Used for treatment purpose
  - (C) Submitting to court
  - (D) Used for academic/research purpose
- **48.** Which of the following is "True" regarding "Copying and pasting notes from a patient's previous visit into the current progress notes" ?
  - (A) is not a recommended practice
    - (B) is also known as Cloning
  - (C) is a risk to Data integrity
- (D) All of these
- 49. In which of these records you normally would not find physician documentation?
  - (A) Admission Record

(C) Informed Consent

- (B) Triage forms(D) Drug Order forms
- **50.** The method by which records with medico-legal implications are secured in such a manner as to prevent loss and to ensure that no alteration after the fact can occur is called
  - (A) Inactivation of medical records (B) Sequestering of medical records
  - (C) Purging of Medical records
- 51. is the process of withdrawing samples of fluid from a joint.
  - (A) Arthrocentesis
- (B) Paracentesis(D) Cannulation
- (C) Thoracocentesis
- **52.** Find the correctly spelled word.
  - (A) Acetiminophen
- (B) Acetaminophen(D) Acetamenophen
- (C) Acetaminophin

- (D) Weeding of Medical records
- A

- 53. Which form of medication administration involved a liquid or ointment that is rubbed into the skin?
  - (A) Rectal suppository
- (B) **Topical application**
- (C) Sublingual administration
- (D) Transdermal medication
- 54. Which term describes the surgical incision of the eardrum to create an opening for the placement of tympanostomy tubes?
  - (A) Myringoplasty (B) Otoplasty
    - (C) Myringotomy (D) Tympanoplasty
- The abbreviation \_\_\_\_\_\_ means left eye, especially used in lens prescriptions. 55.
  - (A) OD (B) AU (C) OS (D) OU
- Which term describes the surgical repair of the tube extending from the kidney to the 56. bladder?
  - (A) Pyeloplasty (B) Urethroplastv
  - (C) Meatoplasty (D) Ureteroplasty
- 57. A medical condition that coexists with the primary cause of hospitalization and affects the patients treatment and length of stav is known as
  - (A) complication (B) differential diagnosis
  - (C) prognosis (D) comorbidity
- 58. A legal term referring to a patient's right to make his or her own treatment decisions based on the knowledge of the treatment to be administered or the procedure to be performed
  - (A) Informed consent

(C) Implied consent

- (B) General consent
- (D) None of these
- **59.** What is the most common type of tracking system used to track paper-based medical records?
  - (A) Master patient index (B) Registers
  - (C) Outguide (D) Number Index
- The process of assuring that all records of discharged patients have been received by the **60**. Medical records department for processing is called :
  - (A) record retention (B) record reconciliation
  - (C) file maintenance (D) downtime management
- 61. Process that determines which individuals or groups should be granted permission to make entry in medical records, what portions of the medical record should be made available and what right should be granted related to his or her job requirements, is referred to as
  - (A) Release of Information
- (B) Review of system

(D) Information Governance

(C) Access control

002/2021 [P.T.O.]

- **62.** In a paper-based system, individual Medical records are organized in a pre-established order. This is called
  - (A) Analysis (B) Assembly
  - (C) Numbering (D) Serial-unit filing

63. Right of individuals to control access to their personal health information is

- (A) privacy (B) confidentiality
- (C) security (D) None of these
- **64.** Final event in the causal sequence that occurred closest to the time of death. Filled in as top line diagnosis on Medical Certification for Cause of Death form. It is
  - (A) Underlying Cause of Death (B) Prov
    - (B) Pronouncement of Death
  - (C) Immediate Cause of Death (D) Manner of Death

**65.** According to rules and guidelines for mortality & morbidity coding; If there is no reported sequence terminating in the condition first entered on the certificate, select this first-mentioned condition. State the selection rule for selection of the underlying cause of death for mortality tabulation.

(A)	Rule 1	(B)	Rule 2
(C)	Rule A	(D)	Rule D

**66.** The certifier's report in Medical Certificate of cause of death is stated as below : Cause of death

Part I	(a) Cerebral haemorrhage	1 month	I61.9
	(b) Nephritis	6 months	N05.9
	(c) Cirrhosis of liver	2 years	K74.6
Part II	Large bowel obstruction		K56.6
Which is t	he underlying cause of Death	?	
(A)	Nephritis	(B)	Cerebral haemorrhage
(C)	Cirrhosis of liver	(D)	Large bowel obstruction

**67.** A surgical patient develops a wound infection during hospitalization. How is this type of infection classified ?

(A) Primary	(B)	Secondary
-------------	-----	-----------

- (C) Superimposed (D) Nosocomial
- **68.** Which of the following is not a benefit of EMR ?
  - (A) Little or no training necessary
  - (B) Enhanced access to clinical information
  - (C) Improved patient safety
  - (D) Decreased medical errors

- **69.** Which of the following terms refers to the ability to breathe comfortably only when in an upright position ?
  - (A) Dyspnea (B) Apnea

(C) Hypercapnia (D) Orthopnea

70. Which of the following is the master gland of the endocrine system ?

- (A) Pancreas (B) Pineal
- (C) Pituitary (D) Thyroid

71. Blood flows from the right ventricle of the heart into which of the following structures ?

- (A) Inferior vena cava (B) Left ventricle
- (C) Pulmonary arteries (D) Pulmonary veins
- 72. The anatomic location of the spinal canal is
  - (A) Caudal (B) Dorsal
  - (C) Frontal (D) Transverse
- 73. The term, "iatrogenic" refers to :
  - (A) Occurring during patient's hospitalization
  - (B) Occurring because of the patient's medical treatment
  - (C) Present on admission
  - (D) Contagious

74. Which rate is based on the presence of a pre-existing condition at the time of admission ?

- (A) Comorbidity rate (B) Nosocomial infection rate
- (C) Admission rate (D) Complication rate

### **75.** Medico legal autopsy required the permission of

- (A) Magistrate (B) Relatives
- (C) Police (D) Medical Superintendent
- 76. Information required for an informed consent generally does not include :
  - (A) diagnosis (and/or any other possible diagnosis).
  - (B) alternative options for treatment.
  - (C) significant risks and benefits of a recommended treatment plan.
  - (D) anticipated charges for treatment.
- 77. The year in which Supreme Court of India legalized passive euthanasia is
  - (A) 9<sup>th</sup> March, 2015 (B) 8<sup>th</sup> April, 2018
  - (C) 9<sup>th</sup> March, 2018 (D) 8<sup>th</sup> April, 2015

Α

- 78. Before release of patients medical records the following conditions must be met, except :
  - (A) Request must be in writing.
  - (B) Patient permission must be sought.
  - (C) There must be reason for the request.
  - (D) Duration of use of the records must be stated.
- 79. The disadvantage of chronological documentation is
  - (A) subjective data may be missing.
  - (B) objective data may be missing.
  - (C) vital signs are not done.
  - (D) medical problems may go undiscovered.
- **80.** Who can make a correction in the medical record ?
  - (A) The Physician
  - (B) Anybody from the medical office
  - (C) The author of the incorrect information
  - (D) Head of the Department
- Which of the following is the medical term for hair loss? 81.

(A)	Folliculitis	(B)	Eczema
(C)	Pediculosis	(D)	Alopecia

82. Which of the following allows gas exchange in the lungs?

- (A) Alveoli (B) Bronchioles
- (C) Capillaries (D) Pleurae

Calcium, potassium and sodium are classified as which of the following ? 83.

- (A) Androgens (B) Catecholamines
- (C) Electrolytes (D) Estrogens
- 84. Diagnosis coding under ICD 10-CM uses how many digits ?
  - (A) 4-8 (B) 3-6 (C) 2-6 (D) 3-7
- 85. The abbreviation "PRN" means :

(A) as required	(B) immediately
-----------------	-----------------

- (C) three times a day (D) four times a day
- This lab test measures the level of oxygen and carbon dioxide in the blood to determine 86. how well your lungs are working?

002/2021	12		
$(\mathbf{C})$	Hgb	$(\mathbf{D})$	BUN
(A)	HDL	(B)	ABG

- **87.** Which of the following represents the most common cancer staging system used to indicate the tumor size and whether it has spread to lymph nodes or other sites in the body ?
  - (A) FIGO staging (B) TNM staging
  - (C) Gleason Score (D) Dukes Classification

**88.** What does the medical abbreviation "a.c." mean?

- (A) After Completion (B) Before Meals
- (C) After Meals (D) Before Bed
- **89.** Which is not a best practice for the document imaging process ?
  - (A) Duplicate documents received for scanning should not be rescanned.
  - (B) Placing patient's medical record number on each page of the document prior to scanning.
  - (C) Use of highlighters is recommended to enhance and portion of the document that is difficult to read.
  - (D) Production and quality should be measured
- 90. In which type of record format would SOAP notes most likely be found ?
  - (A) MAR (B) Integrated
  - (C) Source Oriented (D) POMR
- **91.** Which of the following procedures would be the best process to follow when a charting error has been discovered in the EMR ?
  - (A) Make the correction as an addendum.
  - (B) Make a backdated note
  - (C) All incorrect information must be deleted from the record when discovered.
  - (D) None of these
- **92.** In cases where patient care is questioned, the patient medical record will provide legal protection to which of the following parties ?
  - (A) Organizations (B) Patients
  - (C) Physicians (D) All of the above
- **93.** A document keyed by a medical transcriptionist is introduced into a patient's clinical record. Which of the following statements regarding this information is correct?
  - (A) The user will see a "modified" notation associated with the notes.
  - (B) Only the medical transcriptionist should apply the signature to their transcribed entry.
  - (C) Make the note as an addendum.
  - (D) The practitioner who dictated the information must authenticate the transcribed entry.

**94.** A patient statement "feels queasy, especially when standing up quickly." This is an example of which SOAP format component ?

(A)	S	(B)	0
(C)	А	(D)	Р

- **95.** The disease or condition that was present on admission, was the principal reason for admission and received treatment or evaluation during the hospital stay or visit or the reason established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care is known as
  - (A) Prognosis (B) Principle diagnosis
  - (C) Chief Complaint (D) Complication
- **96.** The process that provides a means of addressing requests for additional information from physicians as part of the coding and reimbursement process is called
  - (A) Quantitative Analysis (B) Physician query process
  - (C) Delinquency (D) Ongoing record review process
- 97. \_\_\_\_\_\_ is a procedure used by Joint Commission surveyors in the accreditation process for assessment of operational systems and processes in relation to the actual experiences of selected patients who are currently under the organization's care. This allows the surveyor to identify performance issues.
  - (A) Tracer Methodology (B) Structured Interview
  - (C) Unstructured Interview (D) Unannounced Survey
- **98.** An unexpected occurrence involving death or serious physical or psychological injury or risk thereof in a hospital setting is called
  - (A) unusual event (B) sentinel event
  - (C) unexpected event (D) serious event
- **99.** Inappropriate timing of dose, transcription errors, missed doses and extra doses are all examples of this type of medication error
  - (A) pharmacy (B) discharge
  - (C) prescribing (D) administration
- **100.** Which of the following is an accessory organ of the gastrointestinal system that is responsible for secreting insulin ?
  - (A) Gallbladder (B) Liver
  - (C) Pancreas (D) Spleen

# SPACE FOR ROUGH WORK

# SPACE FOR ROUGH WORK