

# Certified Patient Service Specialist (CPSS) Ophthalmology Practice Exam (Sample)

## Study Guide



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## **Questions**

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- 1. Which of the following codes signifies a post-operative complication?**
  - A. Sequela**
  - B. Manifestation Code**
  - C. Excludes Type 1**
  - D. Combination Code**
- 2. What should be done if you encounter a language barrier with a patient?**
  - A. Ask the patient to write their questions down**
  - B. Utilize a translator service or bilingual staff if available**
  - C. Speak louder and slower**
  - D. Use basic medical terms only**
- 3. Why should Patient Service Specialists have knowledge about common eye diseases?**
  - A. To impress patients with medical terminology**
  - B. To offer treatments directly to patients**
  - C. To better inform and assist patients regarding their conditions and treatments**
  - D. To train other staff members**
- 4. Devices prescribed to correct refractive errors include which of the following?**
  - A. Artificial Tears**
  - B. Glasses and Contact Lenses**
  - C. Vision Therapy**
  - D. Sunglasses**
- 5. What is the name of the test that measures intraocular pressure?**
  - A. Tonometry**
  - B. Ophthalmoscopy**
  - C. Refraction**
  - D. Optometry**

- 6. Which agency is responsible for oversight and compliance of ICD-10?**
- A. World Health Organization**
  - B. Center for Medicare and Medicaid Services**
  - C. American Medical Association**
  - D. National Institute of Health**
- 7. What is an essential factor for ethical treatment of patients?**
- A. Providing services regardless of financial status**
  - B. Offering discounts for referrals**
  - C. Prioritizing the doctor's needs**
  - D. Making decisions based on staff preferences**
- 8. Which communication action is essential when transferring calls to another department?**
- A. Asking the caller to hold**
  - B. Explaining briefly why the transfer is necessary**
  - C. Waiting for a reaction from the caller**
  - D. Disconnected at the end of the call**
- 9. In what type of facility are major surgeries most commonly performed?**
- A. A certified surgical facility**
  - B. Private practice**
  - C. Outpatient dining center**
  - D. Community health center**
- 10. When does the patient registration process typically take place?**
- A. Upon check-in**
  - B. During the appointment**
  - C. Over the phone**
  - D. When scheduling**

## **Answers**

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- 1. A**
- 2. B**
- 3. C**
- 4. B**
- 5. A**
- 6. B**
- 7. A**
- 8. B**
- 9. A**
- 10. A**

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## **Explanations**

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**1. Which of the following codes signifies a post-operative complication?**

**A. Sequela**

**B. Manifestation Code**

**C. Excludes Type 1**

**D. Combination Code**

The choice of "Sequela" as the answer is correct because it directly refers to conditions that result from a previous disease or injury, often characterized as complications following a surgical procedure. In medical coding, a sequela is used to describe a condition that is a consequence of a previous surgery or event. This enables healthcare providers and insurers to understand that the current condition is directly linked to prior medical treatment or complications arising from it. For instance, if a patient experiences a complication like an infection or scarring following cataract surgery, that complication would be classified as a sequela of the surgical procedure. This classification ensures proper documentation of the patient's medical history and the ongoing care needs stemming from the surgery. The other answer choices refer to different aspects of medical coding and do not specifically denote post-operative complications. Manifestation codes, for example, describe conditions that arise from another underlying condition but do not explicitly indicate a complication from a surgical procedure. Excludes Type 1 addresses conditions that cannot coexist and are therefore separate in coding. A combination code refers to codes that represent two diagnoses or a diagnosis with associated symptoms, but again, it doesn't specifically indicate a complication following surgery. Therefore, the recognition of sequela as a coding category for complications is critical in accurately

**2. What should be done if you encounter a language barrier with a patient?**

**A. Ask the patient to write their questions down**

**B. Utilize a translator service or bilingual staff if available**

**C. Speak louder and slower**

**D. Use basic medical terms only**

Utilizing a translator service or bilingual staff is essential when encountering a language barrier with a patient. This approach ensures effective communication, allowing the patient to express their concerns and understand the information provided. Professional translators are trained to convey not just words, but also nuances and emotions, which is vital in healthcare settings where comprehension can directly affect treatment outcomes. Having bilingual staff available can bridge communication gaps efficiently, fostering a trusting relationship between patients and healthcare providers. When patients clearly understand their diagnosis, treatment options, and care instructions, they are more likely to adhere to medical recommendations, leading to better health outcomes. Other options may not effectively solve the communication issue. For example, asking a patient to write down their questions may not be practical if they are not literate or do not have a clear understanding of medical terminology. Speaking louder and slower typically does not enhance understanding and can come off as patronizing, while using only basic medical terms may omit critical information and fail to convey the full scope of the patient's health needs.

### **3. Why should Patient Service Specialists have knowledge about common eye diseases?**

- A. To impress patients with medical terminology**
- B. To offer treatments directly to patients**
- C. To better inform and assist patients regarding their conditions and treatments**
- D. To train other staff members**

Having knowledge about common eye diseases is crucial for Patient Service Specialists as it enables them to better inform and assist patients regarding their conditions and the potential treatments available. This understanding allows them to respond effectively to patient inquiries, providing clear and accurate information that can help patients feel more comfortable and engaged in their care process. When Patient Service Specialists are well-versed in eye diseases, they can explain complex medical concepts in an accessible way, helping patients to understand their diagnosis and treatment options. This can lead to better patient outcomes, as informed patients are more likely to adhere to recommended treatments and participate actively in their care. Furthermore, this knowledge enhances the overall patient experience, fostering trust and satisfaction. The other options do not align with the primary responsibilities and roles of Patient Service Specialists. Impressing patients with medical terminology may create confusion rather than clarity. Offering treatments directly to patients is beyond the scope of their role, which typically does not include making clinical decisions or providing medical care. While training other staff members may require some level of experience and knowledge, the primary focus of a Patient Service Specialist is direct patient interaction and support, not staff training.

### **4. Devices prescribed to correct refractive errors include which of the following?**

- A. Artificial Tears**
- B. Glasses and Contact Lenses**
- C. Vision Therapy**
- D. Sunglasses**

The correct choice highlights the use of glasses and contact lenses as primary devices for correcting refractive errors, which occur when the eye does not bend light correctly, leading to blurred vision. Glasses typically consist of lenses that are shaped to redirect light entering the eye, thus sharpening the focus on the retina. Contact lenses serve a similar purpose but are placed directly on the eye's surface, providing a wider field of vision and eliminating the potential distortions that can occur with glasses. Artificial tears are designed to alleviate dry eye symptoms rather than correct vision. Vision therapy is a type of rehabilitation focusing on improving visual skills but does not serve as a direct correction for refractive errors. Sunglasses mainly protect against harmful UV rays and provide comfort from glare, but they do not correct refractive errors. Thus, glasses and contact lenses are the only options from the list that directly address the need to adjust the focus of light entering the eye, making them essential tools for individuals with refractive errors.

**5. What is the name of the test that measures intraocular pressure?**

**A. Tonometry**

**B. Ophthalmoscopy**

**C. Refraction**

**D. Optometry**

The test that measures intraocular pressure is called tonometry. This procedure is essential in ophthalmology because it helps assess the risk of glaucoma, a condition characterized by increased pressure within the eye that can lead to optic nerve damage and vision loss. Tonometry can be performed using various methods, including applanation tonometry and non-contact tonometry, each providing valuable information about the eye's pressure. Ophthalmoscopy refers to the examination of the interior of the eye, particularly the retina, to detect various ocular diseases, not to measure pressure. Refraction involves determining the eye's refractive error and assessing the best corrective lenses needed for clear vision, which is unrelated to intraocular pressure measurements. Optometry is the field of eye care profession focused on vision health, examinations, and correction, encompassing various services, but it is not a specific test for measuring intraocular pressure. Therefore, tonometry is the most accurate answer when discussing the measurement of intraocular pressure.

**6. Which agency is responsible for oversight and compliance of ICD-10?**

**A. World Health Organization**

**B. Center for Medicare and Medicaid Services**

**C. American Medical Association**

**D. National Institute of Health**

The agency responsible for oversight and compliance of ICD-10 is the Center for Medicare and Medicaid Services (CMS). This organization plays a critical role in the healthcare system within the United States, overseeing important regulations related to medical coding and billing practices. ICD-10, which stands for the International Classification of Diseases, 10th Revision, is a system used to classify and code diagnoses, symptoms, and procedures recorded in conjunction with healthcare services. Compliance with ICD-10 is essential for accurate billing and reimbursement processes, particularly in Medicare and Medicaid programs. CMS sets the required standards and guidelines for the implementation of ICD-10 to ensure that healthcare providers use the coding system correctly and consistently. This oversight helps to improve the quality of data regarding diseases and health conditions, which can significantly impact public health, research, and healthcare funding decisions. In contrast, the World Health Organization (WHO), while responsible for the international version of the ICD and its revisions, does not oversee compliance within the U.S. healthcare system. The American Medical Association (AMA) is involved in representing physicians and advocating for healthcare practices, but it does not have the compliance authority that CMS holds. The National Institutes of Health (NIH) focuses on biomedical research and does not have a role

**7. What is an essential factor for ethical treatment of patients?**

- A. Providing services regardless of financial status**
- B. Offering discounts for referrals**
- C. Prioritizing the doctor's needs**
- D. Making decisions based on staff preferences**

An essential factor for ethical treatment of patients is providing services regardless of financial status. This principle is rooted in the ethical obligation to ensure that all individuals have access to necessary healthcare services, regardless of their ability to pay. It emphasizes the importance of equity in healthcare, where all patients should receive the same level of care and support, ensuring that financial barriers do not prevent individuals from accessing needed treatments and services. This approach fosters trust between patients and healthcare providers and upholds the values of compassion and dignity that are central to the medical profession. It also aligns with various ethical guidelines and legal standards, which advocate for the fair treatment of all patients. By prioritizing access to care over financial considerations, healthcare providers can contribute to better health outcomes for the community as a whole.

**8. Which communication action is essential when transferring calls to another department?**

- A. Asking the caller to hold**
- B. Explaining briefly why the transfer is necessary**
- C. Waiting for a reaction from the caller**
- D. Disconnected at the end of the call**

When transferring calls to another department, explaining briefly why the transfer is necessary is essential for several reasons. First, this action provides clarity to the caller about why they are being transferred, which can help alleviate any potential frustration. Callers often have specific concerns or queries, and knowing that their call is being redirected for a valid reason reassures them that their needs are being addressed appropriately. Additionally, this explanation fosters transparency and builds trust between the patient and the service representative. It shows that the company values the caller's time and is making an effort to connect them with the right resources. This can prevent confusion and reduce the likelihood of the caller feeling lost or disconnected during the transfer process. Furthermore, providing a brief explanation allows the caller to understand who they will be speaking with next and why it's the best fit for their questions or concerns, which can make the transition smoother. Overall, it's an important communication action that enhances the quality of patient service.

**9. In what type of facility are major surgeries most commonly performed?**

- A. A certified surgical facility**
- B. Private practice**
- C. Outpatient dining center**
- D. Community health center**

Major surgeries are most commonly performed in certified surgical facilities. These facilities are specifically equipped with the necessary technology, sterile environments, and trained staff to handle complex surgical procedures that require anesthesia and comprehensive post-operative care. Such facilities often have operating rooms designed to meet stringent safety and regulatory standards, ensuring optimal outcomes for patients undergoing major surgeries. In contrast, the other options generally do not have the same level of specialization or equipment. Private practices may be suitable for certain minor procedures or examinations but are typically not equipped for major surgeries. Outpatient dining centers are not healthcare facilities and focus primarily on providing food services. Community health centers, while valuable for preventive care and managing chronic conditions, usually focus on outpatient services and may not have the capacity to perform major surgeries. Thus, the environment and resources available in certified surgical facilities uniquely position them to carry out significant surgical procedures safely and effectively.

**10. When does the patient registration process typically take place?**

- A. Upon check-in**
- B. During the appointment**
- C. Over the phone**
- D. When scheduling**

The patient registration process typically occurs upon check-in at the facility. This is when patients arrive for their appointment, and the practice collects essential information needed to create or update their medical records. This includes personal identification details, insurance information, and any necessary consent forms. While registration can theoretically happen at various stages—such as during scheduling or even over the phone—doing so at check-in allows for direct interaction with staff, enabling immediate clarification of any discrepancies or questions the patient may have. Furthermore, this in-person registration can ensure that all information is accurately captured and processed in real-time, contributing to a smoother overall patient experience. Overall, registering upon check-in is vital to ensure that the practice has the most current and complete information about the patient, facilitating efficient and effective care delivery.