

ICD-10-PCS Coding Practice Exam (Sample)

Study Guide



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Questions

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- 1. In Table 6A1, which body system is represented?**
 - A. Nervous**
 - B. Musculoskeletal**
 - C. Circulatory**
 - D. Digestive**
- 2. What is the term for moving a body part to take over a function without removal?**
 - A. Repositioning**
 - B. Transfer**
 - C. Mobilization**
 - D. Reimplantation**
- 3. In Table 3E0, which character value represents products of conception?**
 - A. A**
 - B. B**
 - C. C**
 - D. E**
- 4. Which of the following codes would report monitoring of peripheral arterial saturation, external approach?**
 - A. 4A13XR1**
 - B. 4A13XR2**
 - C. 4A10XR1**
 - D. 4A20XR1**
- 5. In the Chiropractic Table of ICD-10-PCS, what value does the approach always have? (repeat question for reinforcement)**
 - A. X**
 - B. Y**
 - C. Z**
 - D. W**

- 6. In coding, what is the importance of coding chemical agents accurately?**
- A. Ensures compliance with regulations**
 - B. Determines cost of treatment**
 - C. Affects insurance reimbursements**
 - D. All of the above**
- 7. What is the correct value for a substance of a destructive agent in Table 3E0?**
- A. S**
 - B. R**
 - C. Q**
 - D. T**
- 8. Is it true that Hyperthermia means raising of the pulse?**
- A. True**
 - B. False**
 - C. It can vary**
 - D. Only in certain conditions**
- 9. Which character of the code denotes the duration of extracorporeal assistance and performance?**
- A. First**
 - B. Third**
 - C. Fifth**
 - D. Seventh**
- 10. Does a first character value of B in ICD-10-PCS denote imaging?**
- A. True**
 - B. False**
 - C. Only for specific conditions**
 - D. Only in pediatrics**

Answers

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

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Explanations

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1. In Table 6A1, which body system is represented?

- A. Nervous**
- B. Musculoskeletal**
- C. Circulatory**
- D. Digestive**

In Table 6A1 of the ICD-10-PCS coding system, the body system represented is the Circulatory system. This table specifically addresses procedures related to cardiovascular interventions, including the heart and blood vessels. It encompasses various types of surgical and non-surgical procedures focused on treating circulatory conditions, such as angioplasty, stent placement, and other operations related to the vascular system. The focus of the table on procedures pertinent to the circulatory system allows coders to accurately capture the specific nature of interventions in this area, contributing to clearer and more precise medical records and billing practices. Understanding the anatomical and procedural relationships is crucial when selecting the correct code for documentation of interventions performed within the circulatory system.

2. What is the term for moving a body part to take over a function without removal?

- A. Repositioning**
- B. Transfer**
- C. Mobilization**
- D. Reimplantation**

The term for moving a body part to take over a function without removal is "transfer." In medical terminology, transfer specifically refers to relocating a body part, such as a graft or segment of tissue, to a different site in the body for functional purposes. This often can be seen in procedures like tissue transfer in plastic surgery, where a body part is moved to provide coverage or support to another area while still maintaining its blood supply and functionality. Repositioning typically involves adjusting the position of a body part but does not inherently imply taking over a function. Mobilization refers to the process of moving or enabling movement in a joint or body part, often in the context of physical therapy or rehabilitation, rather than transferring a function. Reimplantation usually involves reattaching a body part or tissue that has been removed, thereby indicating a return rather than a transfer for functional takeover. Given these definitions, "transfer" accurately describes the act of moving a body part for a functional purpose without removing it.

3. In Table 3E0, which character value represents products of conception?

- A. A**
- B. B**
- C. C**
- D. E**

The character value representing products of conception in Table 3E0 is E. In the ICD-10-PCS coding system, each character in a code has a specific meaning that pertains to the procedure being coded. In the context of Table 3E0, which deals with obstetric procedures, the designation for products of conception is specifically denoted by the letter E. This classification is critical because it allows coders to accurately reflect the procedures involving pregnancy and delivery, ensuring that medical records and claims are clear and precise. Understanding the meanings of these character values is essential for proper coding practices, as it contributes to the overall accuracy of medical data reporting and assists in healthcare statistics, research, and billing. The other character values do not correspond to products of conception, emphasizing the uniqueness of the correct choice within the context of obstetric coding.

4. Which of the following codes would report monitoring of peripheral arterial saturation, external approach?

- A. 4A13XR1**
- B. 4A13XR2**
- C. 4A10XR1**
- D. 4A20XR1**

The chosen code 4A13XR1 accurately reflects the procedure of monitoring peripheral arterial saturation using an external approach. In ICD-10-PCS coding, the structure of the code indicates the specifics of the procedure performed, including the body system involved (in this case, the cardiovascular system), the type of procedure (monitoring), and the approach used (external). The first character '4' designates the section for Physiological Measurement. The second character 'A' identifies the specific objective of monitoring, which relates to observing the function or status of the cardiovascular system. The '13' further specifies that the focus is on oxygen saturation, particularly in peripheral arterial circulation, which is what is being monitored. The 'XR1' at the end signifies that this is an external approach. This level of detail in coding is essential for accurate reporting and data collection in healthcare settings. Monitoring peripheral arterial saturation provides critical information regarding a patient's respiratory and circulatory efficiency, making this code important in clinical documentation and billing. Other codes presented may reference different measurements or approaches. For instance, codes that start with '4A10' would relate to other physiological measurements not specific to arterial saturation. Codes such as '4A20' typically pertain to other body systems.

5. In the Chiropractic Table of ICD-10-PCS, what value does the approach always have? (repeat question for reinforcement)

- A. X**
- B. Y**
- C. Z**
- D. W**

In the Chiropractic Table of ICD-10-PCS, the approach is consistently represented by the value "X." This reflects a standardized coding method applied specifically for chiropractic procedures within the ICD-10-PCS framework. The use of "X" serves to identify the approach utilized for the procedure, ensuring uniformity and clarity in coding practices specific to chiropractic treatments. Understanding the significance of this coding practice is crucial for accurate documentation and reporting of chiropractic care, where consistency in the approach aids in data collection and analysis. The approach value of "X" enables healthcare providers and coders to ensure that they are following the established conventions within the ICD-10-PCS system specifically tailored to chiropractic interventions.

6. In coding, what is the importance of coding chemical agents accurately?

- A. Ensures compliance with regulations**
- B. Determines cost of treatment**
- C. Affects insurance reimbursements**
- D. All of the above**

Accurate coding of chemical agents is crucial for several reasons, which collectively underscore the importance of selecting the correct option. First, ensuring compliance with regulations is essential because healthcare providers must adhere to various local, state, and federal laws regarding medical coding and billing practices. Incorrectly coding chemical agents can lead to violations that may result in penalties or legal repercussions. Second, accurate coding directly impacts the determination of treatment costs. The coding defines the specific chemical agents used in treatments, which can vary significantly in cost. Inaccurate coding could lead to mispricing of services provided to patients, affecting budgeting and financial planning within healthcare organizations. Furthermore, the way in which chemical agents are coded significantly affects insurance reimbursements. Insurance companies rely on precise codes to process claims and determine what services they will reimburse. Mistakes or inaccuracies in coding chemical agents can lead to delays in payments, denied claims, or incorrect reimbursements, all of which can strain the financial resources of healthcare facilities. Altogether, the accuracy in coding chemical agents ensures compliance, cost determination, and adequate insurance reimbursements, which solidifies the rationale for selecting the choice that encapsulates all these aspects.

7. What is the correct value for a substance of a destructive agent in Table 3E0?

- A. S**
- B. R**
- C. Q**
- D. T**

In ICD-10-PCS coding, Table 3E0 pertains to the coding for the use of various destructive agents and their substances. The correct value for a substance of a destructive agent is denoted by the letter "T". This value indicates that the agent being utilized is a specific type of destructive agent rather than other types represented by different letters. A substance coded with "T" typically refers to a thermal or chemical substance used in a destructive context during a procedure. This aligns with the specific guidelines provided in the coding manual for correctly identifying the substances based on their category and use. Understanding the classification within Table 3E0 helps in accurately capturing the nature of the procedure and the agent used in a clinical scenario, which is essential for coding claims and ensuring proper reimbursement and records. The other letters correspond to different substances or categories that do not represent the destructive agent as effectively as "T" does.

8. Is it true that Hyperthermia means raising of the pulse?

- A. True**
- B. False**
- C. It can vary**
- D. Only in certain conditions**

Hyperthermia refers to an abnormal increase in body temperature that occurs when the body absorbs more heat than it can dissipate. It is not directly defined as a raising of the pulse; however, elevated body temperature can lead to an increased heart rate as the body attempts to cool itself down and maintain homeostasis. The concept that hyperthermia causes a rise in pulse is related, but it does not define hyperthermia itself. Pulse rate changes can vary and are influenced by multiple factors such as the individual's response to temperature changes, hydration status, and existing medical conditions. Therefore, the statement that hyperthermia means a raising of the pulse is not accurate, making the false option the appropriate choice. In understanding this condition, it's important to differentiate between the symptoms that might accompany hyperthermia, such as an increased heart rate, versus a definitive definition of what hyperthermia itself specifically is.

9. Which character of the code denotes the duration of extracorporeal assistance and performance?

- A. First**
- B. Third**
- C. Fifth**
- D. Seventh**

In the ICD-10-PCS coding system, the duration of extracorporeal assistance and performance is specifically indicated by the fifth character of the code. This character provides vital details about how long the assistance or performance is applied during the procedure. The first character of the code represents the section of the procedure, which sets the context but does not give specific details about duration. The third character identifies the body system involved, while the seventh character is used for additional information, such as the type of procedure performed in certain situations. Therefore, while all characters of the code play important roles, it is the fifth character that directly signifies the duration aspect of extracorporeal assistance and performance, making it the correct choice.

10. Does a first character value of B in ICD-10-PCS denote imaging?

- A. True**
- B. False**
- C. Only for specific conditions**
- D. Only in pediatrics**

In ICD-10-PCS, the first character of a code denotes the section of the procedure being performed. A first character value of B specifically indicates that the procedure involves imaging. This encompasses a variety of imaging modalities, such as X-rays, CT scans, MRIs, and ultrasounds, which are all integral components of diagnostic imaging. The assignment of the letter B helps coders accurately categorize these imaging procedures within the larger classification system, facilitating standardized documentation and billing practices. Other options suggest scenarios that are not applicable to the first character "B." For instance, claiming that imaging is only relevant for specific conditions or only in pediatrics contradicts the standardized nature of coding, as the "B" section applies broadly to imaging procedures across various patient demographics and conditions. Thus, the assertion that the first character value of B denotes imaging is fundamentally correct, highlighting the crucial role that it plays in the coding framework.