Mobius Institute Board of Certification (MIBoC) Certification Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. What does the root "colp" signify in medical terminology?

- **A. Uterus**
- **B. Vagina**
- **C. Stomach**
- **D. Intestine**

2. What are the three sections of the Alphabetic Index in medical coding?

- **A. Index to diseases, Index to medications, Index to symptoms**
- **B. Index to diseases, Table of drugs and chemicals, Index to external causes of injury**
- **C. Table of diseases, Patient index, External Cause Index**
- **D. Index of health conditions, Table of treatments, External Source Index**

3. Which term is associated with the stomach in medical terminology?

- **A. Hepato**
- **B. Gloss**
- **C. Gastro**
- **D. Chondro**

4. What does the -50 modifier signify in coding?

- **A. Procedure performed on opposite sides of the body**
- **B. Single procedure performed on bilateral sites**
- **C. Procedure that requires prior authorization**
- **D. Unrelated service provided during the postoperative period**

5. When is the ICD manual typically updated?

- **A. Annually, usually in March**
- **B. Biannually, in April and October**
- **C. Annually, usually in October**
- **D. Quarterly, in January, April, July, and October**

6. What is Medicare Part C also known as?

A. Medicare Supplement Plans

B. Medicare Managed Care Plans

C. Medicare Advantage Plans

D. Medicare Secondary Insurance

7. Which factor is multiplied by a code's relative value to determine payments under Medicare's RBRVS?

A. Value Factor

B. Conversion Factor

C. Cost Factor

D. Payment Factor

8. What are the last two pairs of ribs commonly referred to as?

A. False ribs

B. True ribs

C. Floating ribs

D. Attached ribs

9. How many chapters does the Tabular List (Volume 1) contain?

A. 10

B. 15

C. 17

D. 20

10. What does the prefix 'sub' signify?

A. above, beyond

B. four

C. under

D. cartilage

Answers

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

Explanations

1. What does the root "colp" signify in medical terminology?

A. Uterus

B. Vagina

C. Stomach

D. Intestine

The root "colp" comes from the Greek word "kolpos," which refers specifically to the vagina. In medical terminology, this root is commonly used in various terms related to the female reproductive system. For example, "colposcopy" refers to the examination of the vagina and cervix using a special instrument, emphasizing the connection of "colp" to vaginal anatomy and reproductive health. In contrast, other roots related to the provided options include "hyster" for uterus, "gastr" for stomach, and "enter" for intestine. This distinction highlights that "colp" is exclusively linked to the vaginal structure, making it the correct choice in this context.

2. What are the three sections of the Alphabetic Index in medical coding?

A. Index to diseases, Index to medications, Index to symptoms

B. Index to diseases, Table of drugs and chemicals, Index to external causes of injury

C. Table of diseases, Patient index, External Cause Index

D. Index of health conditions, Table of treatments, External Source Index

In medical coding, the Alphabetic Index is vital for finding specific codes related to diseases and conditions. The correct choice highlights the three main sections: the Index to diseases, the Table of drugs and chemicals, and the Index to external causes of injury. The Index to diseases includes a comprehensive list of illnesses and conditions, facilitating the coder's ability to locate the corresponding codes quickly. The Table of drugs and chemicals provides coding information relevant to various medications, ensuring accurate coding for prescriptions and treatments. Lastly, the Index to external causes of injury classifies codes related to accidents and external factors contributing to health conditions, which is essential for proper documentation and billing. Other options may contain terms that do not accurately represent the standard classification in the Alphabetic Index or include sections that do not belong. For instance, terms like "Patient index" or "Table of treatments" do not form part of the established sections within the Alphabetic Index for medical coding, making those options unsuitable.

3. Which term is associated with the stomach in medical terminology?

A. Hepato

B. Gloss

C. Gastro

D. Chondro

The term associated with the stomach in medical terminology is "gastro." This prefix is derived from the Greek word "gaster," meaning stomach. It is commonly used in various medical terms to describe conditions, procedures, or anatomical references related to the stomach. For example, "gastroenteritis" refers to inflammation of the stomach and intestines, and "gastrostomy" refers to a surgical procedure to create an opening in the stomach. The other terms listed are associated with different parts of the body or functions. "Hepato" relates to the liver, "gloss" pertains to the tongue, and "chondro" refers to cartilage. Understanding these prefixes helps in deciphering medical terminology, allowing for better comprehension of health-related discussions and documentation.

4. What does the -50 modifier signify in coding?

A. Procedure performed on opposite sides of the body

B. Single procedure performed on bilateral sites

C. Procedure that requires prior authorization

D. Unrelated service provided during the postoperative period

The -50 modifier in coding specifically indicates that a procedure has been performed on both sides of the body, which is often referred to as a bilateral procedure. This modifier is essential when billing for procedures where the same surgical intervention is conducted symmetrically, such as a mastectomy on both sides or a bilateral knee replacement. By using the -50 modifier, it notifies the payer that the service was performed bilaterally, which is essential for accurate reimbursement. In contrast, the other choices describe different contexts in coding that do not correlate with the function of the -50 modifier. The use of modifiers enhances the specificity of the billed services but each modifier can signify different actions or circumstances specific to the procedure or patient scenario. Understanding these distinctions is critical for accurate coding and billing practices.

5. When is the ICD manual typically updated?

A. Annually, usually in March

B. Biannually, in April and October

C. Annually, usually in October

D. Quarterly, in January, April, July, and October

The ICD (International Classification of Diseases) manual is typically updated annually, with the updates commonly released in October. This schedule aligns with the World Health Organization's efforts to ensure that healthcare professionals worldwide have access to the most current and relevant coding standards for diagnosis and health management. By holding updates in October, organizations can implement changes in their systems effectively at the start of the new year, allowing time for training and workflow adjustments. Other update frequencies mentioned, such as biannual or quarterly updates, do not reflect the established practice of the ICD, which has consistently followed the annual update model for over a decade. This annual update is vital for maintaining the relevance of the coding system in addressing evolving healthcare practices and technologies.

6. What is Medicare Part C also known as?

A. Medicare Supplement Plans

B. Medicare Managed Care Plans

C. Medicare Advantage Plans

D. Medicare Secondary Insurance

Medicare Part C is also known as Medicare Advantage Plans. This designation reflects the structure of these plans, which are offered by private insurance companies that contract with Medicare to provide all the benefits of Parts A (Hospital Insurance) and B (Medical Insurance). Medicare Advantage Plans often include additional benefits, such as vision, dental, and wellness services, which are not typically covered under Original Medicare. The Medicare Advantage framework allows for a managed care system, where these plans may require members to use a network of doctors and hospitals, and they often have set co-pays and deductibles, distinguishing them from traditional Medicare. This organized approach to providing healthcare services through private plans is a defining characteristic of Medicare Part C, aligning it closely with what is known as managed care in the broader healthcare domain. While the other terms provided may refer to different aspects of Medicare or insurance coverage, they do not accurately reflect the specific nature of Medicare Part C. Medicare Supplement Plans, for instance, are intended to complement Original Medicare and cover additional costs, while Medicare Secondary Insurance refers to any insurance that pays after Medicare has processed a claim.

7. Which factor is multiplied by a code's relative value to determine payments under Medicare's RBRVS?

A. Value Factor

B. Conversion Factor

C. Cost Factor

D. Payment Factor

In the context of Medicare's Resource-Based Relative Value Scale (RBRVS), the conversion factor plays a critical role in determining the payment amounts for healthcare services. The RBRVS is designed to create a more equitable payment system for physicians by establishing a relative value for each procedure based on the resources required, which includes factors like the complexity of the service, the skill of the provider, and the overhead costs. The relative value assigned to a code reflects the work and expertise involved in delivering a service. By multiplying this relative value by the conversion factor, payments can be appropriately established, translating the relative values into dollar amounts that reflect the cost of providing care. The conversion factor acts as a monetary weight that standardizes payments across different procedures, ensuring uniformity and fairness in reimbursement. In contrast, the other options, such as Value Factor, Cost Factor, and Payment Factor, do not specifically describe the concept used in the RBRVS system. The Value Factor and Payment Factor are not formally defined components of the RBRVS, and the Cost Factor does not directly relate to how payments are calculated. The use of the conversion factor in this formula is essential for the administrative process of setting the reimbursement rates within Medicare's framework.

8. What are the last two pairs of ribs commonly referred to as?

A. False ribs

B. True ribs

C. Floating ribs

D. Attached ribs

The last two pairs of ribs are commonly referred to as floating ribs. This is because they do not attach to the sternum or to the costal cartilage of other ribs, which is a distinguishing feature of these specific ribs. Instead, their posterior ends are attached to the vertebrae, while the anterior ends remain free, hence the term "floating." Floating ribs typically are the 11th and 12th pairs of ribs in the human rib cage and are important in providing protection to the kidneys and other organs in the lower torso, while also allowing for some flexibility in the lower part of the ribcage.

9. How many chapters does the Tabular List (Volume 1) contain?

A. 10

B. 15

C. 17

D. 20

The Tabular List, also known as Volume 1, contains 17 chapters. Each chapter is organized to categorize and classify various conditions and diseases systematically, facilitating better understanding and ease of access for users, such as healthcare professionals who rely on this information for coding and reporting purposes. This structure is crucial for ensuring consistency and clarity in the use of medical terminology and classification across different environments, primarily in healthcare settings. Understanding the number of chapters is important for anyone studying medical coding or related fields, as it provides insight into how comprehensive and organized the content is for effective learning and application in practice.

10. What does the prefix 'sub' signify?

A. above, beyond

B. four

C. under

D. cartilage

The prefix 'sub' signifies the meaning 'under' or 'below.' This prefix is derived from Latin, where it conveys a position that is lower than or beneath something else. In various contexts, 'sub' can be part of terms to indicate a lower level or lesser degree, such as 'submarine' (meaning under the sea) or 'suboptimal' (indicating below the best or ideal condition). In the context of the choices given, it's essential to recognize that the other options convey entirely different meanings that do not align with the definition of 'sub.' For instance, 'above, beyond' suggests a position higher than something, while 'four' refers to a number, and 'cartilage' describes a specific type of tissue in the body. None of these relate to the idea of being 'under,' making the definition of 'sub' clear and distinct in this context.