1. Schedule Appointment for Talibah Nasser

Objectives
• Search for a patient record.
• Schedule an appointment.

Overview
Talibah Nasser (DOB 07/09/1980) is calling the Walden-Martin office to request a post-operative follow-up appointment with Jean Burke, NP in approximately two weeks. She recently had a laparoscopic cholecystectomy and states that she is doing fine. Tuesday afternoons work well for her and the appointment should last 30 minutes.

Competencies
• Describe scheduling guidelines, CAAHEP V.C-2
• Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
• Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

Estimated completion time: 20 minutes

Measurable Steps
1. Within the Calendar of the Front Office module, click the Add Appointment button or anywhere within the calendar to open the New Appointment window.
2. Select the Patient Visit radio button as the Appointment Type.
3. Select Follow-Up/Established Visit from the Visit Type dropdown.
4. Document “Cholecystectomy follow-up” in the Chief Complaint text box.
5. Select the Search Existing Patients radio button.
7. Select the radio button for Talibah Nasser and click the Select button. Confirm the auto-populated details.
8. Use the calendar picker to confirm or select the appointment day.
10. Select a start and end time for the appointment using the Start Time and End Time dropdowns.
11. Click the Save button. A confirmation message will appear.
12. Click the OK button to proceed.
13. Talibah Nasser’s appointment will appear on the calendar.

Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.

Quiz Questions
1. Post-operative appointments should be approximately _____ in length.
   • 10 minutes
   • 45 minutes
   • 30 minutes
   • 1 hour

Answer: 30 minutes

Rationale: Each medical office will have their own protocol. However, most physicians need about 30 minutes to review a patient’s health status after being discharged from the hospital. A longer appointment would not be a good use of the physician’s time and a shorter appointment would not allow for a sufficient examination discussion. The amount of time needed might also vary depending on the age and health condition of the patient.
2. In _______ scheduling, patients are given a specific appointment time for the first half of the hour, leaving the second half of the hour open for walk-in patients.
   - stream
   - wave
   - modified wave
   - open booking

   **Answer:** modified wave

   **Rationale:** With modified wave scheduling, patients are given a specific appointment time during the first half of the hour and the second half of the hour is kept open for walk-in patients, catch up time, or accommodating urgent patients.

3. True or false? A clustering appointment type is where patients with similar conditions are seen on the same day.

   **Answer:** True

   **Rationale:** A clustering appointment type is used to group patients with similar problems together and they are then seen on the same day.

4. A type of appointment scheduling where two patients are given the same appointment time is called:
   - stream scheduling.
   - wave scheduling.
   - modified wave scheduling.
   - double-booking scheduling.

   **Answer:** double-booking scheduling

   **Rationale:** Double-booking is an appointment scheduling type where two patients are given the same appointment time. This is often used when one patient is going to need some preparation before the physician can see them, so the physician is seeing one patient while the other one is being prepped.

5. True or false? Always ask the physician if you are unsure whether a patient should be seen right away.

   **Answer:** False

   **Rationale:** Check the office policies about what types of problems should be seen on the same day if you are unsure. If you are still unsure, check with the physician.

6. Most post-operative protocols require the patient to have their first follow-up appointment within ___ days of having the procedure.
   - 2
   - 5
   - 10
   - 14

   **Answer:** 10

   **Rationale:** Most physicians will want to see a patient within 10 days of the procedure to address any issues the patient may have and remove any sutures or staples that were used.
7. What is the chief complaint for Ms. Nasser’s visit?

Answer: Laparoscopic cholecystectomy follow-up

Rationale: The chief complaint is the reason the patient is being seen in the medical office that day. Ms. Nasser is being seen for a laparoscopic cholecystectomy follow-up. Validate student answer in simulation.

Competency: Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

8. It is office policy that a physician can be double-booked once every two hours. This means that once during a two hour block of time, how many patients could have the same appointment time?

• 1
• 2
• 3
• 4

Answer: 2

Rationale: When double-booking is used, two patients are given the same appointment time. The patient that arrives first or the patient with the most urgent condition may be seen first.

Competency: Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

9. Which of the following patients should be seen on the same day they call the medical office?

• A patient who needs a post-operative follow-up.
• A patient who has had a fever of 103°F for three days.
• A patient who has been nauseous for the past 24 hours.
• A patient who needs a refill of Coumadin.

Answer: A patient who has had a fever of 103°F for three days.

Rationale: A patient who has had a high fever for several days should be seen on the same day they call. The other patients could wait for another day.

Competency: Describe scheduling guidelines, CAAHEP V.C-2
2. Schedule Appointment for Celia Tapia

Objectives
- Search for a patient record.
- Schedule an appointment.

Overview
Celia Tapia (DOB 05/18/1970) would like to schedule an appointment with Dr. Martin. She thinks she might have a bladder infection because she feels like she has to urinate constantly and experiences pain during urination. Dr. Martin has an opening at 1:15 pm today. Schedule the urgent appointment for 30 minutes.

Competencies
- Describe scheduling guidelines, CAAHEP V.C-2
- Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
- Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

Estimated completion time: 20 minutes

Measurable Steps
1. Within the Calendar of the Front Office module, click the Add Appointment button or anywhere within the calendar to open the New Appointment window.
2. Select the Patient Visit radio button as the Appointment Type.
3. Select Urgent Visit from the Visit Type dropdown.
5. Select the Search Existing Patients radio button.
6. Using the Patient Search fields, search for Celia Tapia’s patient record. Once you locate Celia Tapia in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
7. Select the radio button for Celia Tapia and click the Select button. Confirm the auto-populated details.
8. Use the calendar picker to confirm or select the appointment day.
9. Select a start and end time for the appointment using the Start Time and End Time dropdowns.
10. Click the Save button. A confirmation message will appear.
11. Click the OK button to proceed.
12. Celia Tapia’s appointment will appear on the calendar.

Quiz Questions
1. When should you schedule an appointment for a patient who might have a bladder infection?
   - The same day
   - Within the next few days
   - Within the following week
   - An appointment is not necessary to address this condition
   Answer: The same day
   Rationale: A bladder infection could be a very serious condition that requires prompt treatment.
   Competency: Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

2. True or false? A patient who has been vomiting off and on for several days should be sent to the emergency room rather than be seen in the medical office.
   Answer: False
**Rationale:** A patient who has been vomiting off and on for several days should be seen in the medical office on the same day. While this is an urgent condition, it is not an emergency. If intermittent vomiting is the patient’s only complaint, the patient should be evaluated by his or her physician.

**Competency:** Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

3. True or false? A patient complaining of burning and frequency associated with urination should be seen on the same day.

**Answer:** True

**Rationale:** A patient complaining of the burning and frequency associated with urination should be seen on the same day, especially if these symptoms are accompanied by fever or blood in the urine.

**Competency:** Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

4. The type of appointment scheduling in which three or four patients are scheduled every half hour and are seen in the order in which they arrive is called:
   - stream scheduling.
   - wave scheduling.
   - modified wave scheduling.
   - open booking scheduling.

**Answer:** wave scheduling

**Rationale:** With wave scheduling, three or four patients are scheduled every half hour and seen in the order in which they arrive.

**Competency:** Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

5. If the appointment schedule is set up with 10-minute time slots, a patient scheduled for a 30-minute appointment would use ____ time slots. If the appointment schedule is set up with 15-minute time slots the same patient would use ____.
   - two, three
   - three, two
   - two, four
   - four, two

**Answer:** three, two

**Rationale:** If the appointment schedule is set up with 10-minute time slots a 30-minute appointment would use 3 time slots; if the appointment schedule is set up with 15-minute time slots a 30-minute appointment would take up 2 time slots.

**Competency:** Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

6. The process of separating patients by the urgency of their need for care is called:
   - schedule cycling.
   - triage.
   - wave scheduling.
   - need-based scheduling.

**Answer:** triage

**Rationale:** Triage is often used in the medical office to determine if a patient should be seen on the same day in the medical office, wait until another day, or be sent to the emergency department of a hospital. The medical office should have policies in place to assist in making those decisions.

**Competency:** Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3
7. True or false? The appointment schedule for today is completely full. A 62-year-old patient calls complaining of having a 100°F fever and diarrhea since the previous night. She should be worked into the schedule for today.
Answer: False
Rationale: The patient’s fever is less than 103°F and she has only had diarrhea since the previous night. This patient could wait until tomorrow to see the physician.
Competency: Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

8. A patient calls complaining of chest pain and shortness of breath. The medical assistant is the only one in the medical office at the time. The medical assistant should:
   • have the patient call back later when the physician is in the office.
   • tell the patient to lie down and remain calm.
   • tell the patient to call 911.
   • tell the patient to take a nitroglycerin tablet and come to the office right away.
Answer: tell the patient to call 911
Rationale: In the case of an emergency situation when the physician is not in the medical office, the medical assistant should have the patient call 911 or emergency services.
Competency: Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

9. The most important consideration when scheduling a patient appointment is:
   • how many patients are already scheduled for the day.
   • maintaining patient confidentiality.
   • following what works best for the physician.
   • scheduling appointments for the medical office’s favorite patients first.
Answer: maintaining patient confidentiality
Rationale: The medical assistant should always maintain patient confidentiality, even when scheduling appointments.
Competency: Describe scheduling guidelines, CAAHEP V.C-2

10. True or false? A patient calls complaining of painful urination and blood in her urine but her physician is out for the day. The medical assistant should schedule an appointment for the next day.
Answer: False
Rationale: The medical assistant should schedule an appointment on the same day with another physician as this is an urgent medical condition.
Competency: Describe scheduling guidelines, CAAHEP V.C-2

11. True or false? A new patient requires more time for an appointment than an established patient.
Answer: True
Rationale: A new patient will require more time for the medical assistant and physician to gather the necessary information than an established patient.
Competency: Describe scheduling guidelines, CAAHEP V.C-2

12. An established patient is one who has been seen within the last _____ years.
   • one
   • two
   • three
   • four
Answer: three
**Rationale:** Most medical offices consider a patient an established patient if they have been seen within the last three years.

**Competency:** Describe scheduling guidelines, CAAHEP V.C-2


3. Prepare Scheduling Matrix

Objectives
• Prepare a scheduling matrix according to established guidelines.

Overview
The Walden-Martin medical office just implemented an electronic health record system with a scheduling feature. Dr. Walden would like to block time every day for a 30-minute lunch break at 11:30 am. Dr. Martin would like to block time every day for a 30-minute lunch break at 12:00 pm and rounds from 8:00 am to 9:00 am. Jean Burke, NP would like to block time every day for a 30-minute lunch break at 12:30 pm and next Wednesday for an out-of-office meeting from 2:00 pm to 4:00 pm. Block the schedule for lunch breaks, rounds, and meetings for the next year.

Competencies
• Describe scheduling guidelines, CAAHEP V.C-2
• Discuss applications of electronic technology in effective communication, ABHES 8-f, CAAHEP IV.C-9
• Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
• Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

Estimated completion time: 25 minutes

Measurable Steps
1. Within the Calendar of the Front Office module, click the Add Appointment button or anywhere within the calendar to open the New Appointment window.
2. Select the Block radio button as the Appointment Type.
3. Select Lunch from the Block Type dropdown.
4. Select Julie Walden, MD from the For dropdown.
5. Using the calendar picker, select a date.
6. Select the start time from the Start Time dropdown, and an end time from the End Time dropdown.
7. Check the Recurrence checkbox.
8. Check the Daily radio button in the Recurrence Pattern field.
9. Check the End By radio button in the Recurrence Duration field and use the calendar picker to select an end date.
10. Click the Save button. A confirmation message will appear.
11. Click the OK button to proceed.
12. The calendar will display Dr. Walden’s lunch break.
13. Repeat these steps to block lunch breaks for Dr. Martin and Jean Burke, NP.
14. Click on a time slot to open the New Appointment window.
15. Select the Block radio button as the Appointment Type.
16. Select Other from the Block Type dropdown and document “Rounds” in the Other field.
17. Select James Martin, MD from the For dropdown.
18. Using the calendar picker, select a date
19. Select the start time from the Start Time dropdown, and an end time from the End Time dropdown.
20. Check the Recurrence checkbox.
21. Check the Daily radio button in the Recurrence Pattern field.
22. Check the End By radio button in the Recurrence Duration field and use the calendar picker to select an end date.
23. Click the Save button. A confirmation message will appear.
24. Click the OK button to proceed.
25. The calendar will display Dr. Martin’s blocked time.
26. Click on a time slot to open the New Appointment window.
27. Select the Block radio button as the Appointment Type.
28. Select Out-of-office from the Block Type.
29. Select Jean Burke, NP from the For dropdown.
30. Using the calendar picker, select next Wednesday as the date.
31. Select 2:00 PM from the Start Time dropdown.
32. Select 4:00 PM from the End Time dropdown.
33. Click the Save button. A confirmation message will appear.
34. Click the OK button to proceed.
35. The calendar will display Jean Burke’s blocked time and the matrix for Walden-Martin.

Quiz Questions
1. The action of blocking time when a physician is unavailable is referred to as setting up an appointment:
   - plan.
   - book.
   - calendar.
   - matrix.
   **Answer:** matrix
   **Rationale:** By blocking times when a physician is not available to see patients, the medical assistant creates a schedule that will display available times for appointments. This schedule is referred to as the appointment matrix.
   **Competency:** Describe scheduling guidelines, CAAHEP V.C-2

2. A patient’s mother calls the medical office stating that her child sprained his ankle. The child should have an appointment:
   - on the same day.
   - within three days.
   - next week to allow for the swelling to go down.
   - No appointment should be made at the medical office. The medical assistant should refer the patient to the emergency department at a hospital.
   **Answer:** on the same day
   **Rationale:** Certain situations, such as sprains and strains, call for same-day appointments.
   **Competency:** Manage appointment schedule, using established priorities, ABHES 8-c, CAAHEP V.P-1

3. Dr. Martin has been called to the hospital because of an emergency and will not be able to see any patients for the rest of the day. Several patients are already in the waiting room. The medical assistant should:
   - explain the situation and offer to reschedule the appointment as soon as possible.
   - explain the situation and ask if the patient would feel comfortable seeing Dr. Walden or Jean Burke, NP.
   - tell the patients that they will have to come back another time.
   - explain the situation and offer to reschedule the appointment as soon as possible or ask if the patient would feel comfortable seeing by Dr. Walden or Jean Burke, NP.
   **Answer:** explain the situation and offer to reschedule the appointment as soon as possible or ask if the patient would feel comfortable seeing by Dr. Walden or Jean Burke, NP.
   **Rationale:** If a physician is called away from the office for an emergency, the medical assistant should explain the situation to the patients in the waiting room and offer them the opportunity to see another physician or to reschedule with their physician.
Competency: Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

4. When setting up a recurring appointment in an electronic scheduling system, the medical assistant should enter the information _______ and then indicate how often the appointment should recur.
   - twice
   - once
   - repeatedly
   - three times
Answer: once
Rationale: When entering a recurring appointment in an electronic scheduling system, the appointment information only needs to be entered once.

Competency: Discuss applications of electronic technology in effective communication, ABHES 8-f, CAAHEP IV.C-9

5. True or false? A medical assistant can check for available exam rooms and providers using an electronic scheduling system.
Answer: True
Rationale: With an electronic scheduling system, a medical assistant can check for the availability of a specific exam room needed for a certain procedure as well as physician availability.

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

6. True or false? When using an electronic scheduling system, the medical assistant must set a blocked appointment time individually for each physician.
Answer: False
Rationale: When using an electronic scheduling system, the medical assistant can indicate that a blocked appointment time is for the entire staff of the office rather than blocking time individually for each staff member.

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b.2, CAAHEP V.P-5

7. True or false? When scheduling a procedure such as a sigmoidoscopy, the medical assistant must consider the physician’s availability as well as the availability of the exam room.
Answer: True
Rationale: When scheduling a patient for a procedure, the medical assistant must consider physician availability as well as exam room availability, depending on the equipment needed for that procedure.

Competency: Use office hardware and software to maintain office systems, ABHES 8-a/8-z, CAAHEP V.P-6
4. Prepare Appointment Reminder Letter for Amma Patel

Objectives
• Search for a patient record.
• Create an appointment reminder letter.
• Compose professional communication.

Overview
Amma Patel (DOB 01/14/1988) has an appointment with Dr. Walden next Thursday at 10:15 am. It is Walden-Martin policy to send appointment reminder letters to patients. Prepare an appointment reminder letter for Amma Patel.

Competencies
• Compose professional/business letters, ABHES 7-a, CAAHEP IV.P-10
• Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Correspondence icon.
2. Select the Appointment Reminder template from the Letters section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the letter to Amma Patel.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
4. Confirm the auto-populated details and document any additional information needed.
5. Click the Save button. A confirmation message will appear.
6. Click the Find Patient icon.
8. Select the radio button for Amma Patel and click the Select button. Confirm the auto-populated details.
9. Scroll down to view the Correspondence section of the Patient Dashboard.
10. Select the letter you prepared. The letter will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. The sender’s address on the envelope is called the ________ address.
   • Return
   • Professional
   • Official
   • Standard

   Answer: Return

   Rationale: The sender’s address on the envelope is in the upper left hand corner is called the return address. The return address is often preprinted on the envelope.

   Competency: Compose professional/business letters, ABHES 7-a, CAAHEP IV.P-10

2. Which portion of a professional business letter contains the purpose of the correspondence?
   • Heading
   • Salutation
   • Body
   • Enclosure notation
3. What information is contained in the signature line of a business letter?
   - The name and title
   - Only the name
   - The name and address
   - The name and phone number

   **Answer:** The name and title

   **Rationale:** The signature line depicts the professional title and full name of the sender.

   **Competency:** Compose professional/business letters, ABHES 7-a, CAAHEP IV.P-10

4. True or false? It is not necessary to include a professional letterhead on professional medical office correspondence.

   **Answer:** False

   **Rationale:** All professional business correspondence should include an appropriate letterhead indicating the medical practice name, physician’s name and title, address, telephone number, and fax number.

   **Competency:** Compose professional/business letters, ABHES 7-a, CAAHEP IV.P-10

5. Patient letters created from ____________ use structured data and do not require a large amount of typing from the medical assistant.

   **Answer:** templates

   **Rationale:** Templates allow for the quick letter creation without a lot of data entry for the medical assistant.

   **Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

6. ______ letters notify patients of no-shows, while ______ letters inform patients of upcoming appointments.
   - Normal lab result, missed appointment
   - Termination, missed appointment
   - Missed appointment, appointment reminder
   - Appointment reminder, missed appointment

   **Answer:** Missed appointment, appointment reminder

   **Rationale:** There are several different types of patient correspondence used by the medical office. Many of them are used to ensure seamless patient flow.

   **Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

7. Which of the following documents is not a common type of patient correspondence?
   - Appointment reminder letter
   - Missed appointment letter
   - Lab results letter
   - Supply invoice

   **Answer:** Supply invoice

   **Rationale:** An invoice for supplies is not a type of patient correspondence.

   **Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

8. True or false? Appointment reminder letters help to increase the number of appointment no-shows.

   **Answer:** False

   **Rationale:** Appointment reminder letters help to decrease the number of appointment no-shows.

   **Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b
9. Which of the following is not a function of practice management software?

- Appointment books
- Patient ledger
- Day sheet
- Order entry
- Deposit slips

**Answer:** Order entry

**Rationale:** Order entry is a clinical function. Appointment books, patient ledgers, day sheets and deposit slips are all examples of PMS functions.

**Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b
5. Prepare Certificate to Return to Work for Diego Lupe

Objectives
• Search for a patient record.
• Access patient forms.
• Update patient information using the correct form.

Overview
Diego Lupe (DOB 08/01/1982) stepped on a nail at work one week ago and has now been cleared to return to work without restrictions. Prepare a certificate to return to work form for Diego Lupe. Assume the signature of the physician is on file.

Competencies
• Describe guidelines for third party claims, CAAHEP VII.C-9
• Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3
• Discuss workers’ compensation as it applies to patients, CAAHEP VII.C-3
• Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Certificate to Return to Work or School from the Patient Forms section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the form to Diego Lupe.
   Helpful Hint: Performing a patient search before completing a form helps to ensure accurate documentation.
4. Confirm the auto-populated details and document any additional information needed (including clicking the radio button for Signature on File).
5. Click the Save to Patient Record button. A confirmation message will appear.
6. Click the Find Patient icon.
7. Using the Patient Search fields, search for Diego Lupe’s patient record. Once you locate Diego Lupe in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
8. Select the radio button for Diego Lupe and click the Select button. Confirm the auto-populated details.
9. Scroll down to view the Forms section of the Patient Dashboard.
10. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. If a medical office is in violation of Health Insurance Portability and Accountability Act (HIPAA) regulations, that office can face both ________ penalties.
   • federal and state
   • state and civil
   • civil and criminal
   • state and local
   Answer: civil and criminal
   Rationale: Violators of The Health Insurance Portability and Accountability Act (HIPAA) regulations can face both civil and criminal penalties.
   Competency: Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3
2. ______ requires all medical office staff members to have an individual user ID and password to access
electronic patient information.
   - The Health Insurance Portability and Accountability Act (HIPAA)
   - The police
   - The physician
   - The Patient Protection and Affordable Care Act

   **Answer:** The Health Insurance Portability and Accountability Act (HIPAA)

   **Rationale:** HIPAA requires anyone who has access electronic patient information to have a user name and
   password. This password must be changed periodically.

   **Competency:** Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP
   IX.C-3

3. True or false? According to The Health Insurance Portability and Accountability Act (HIPAA), a patient has
the right to access their medical records but cannot request to change them.

   **Answer:** False

   **Rationale:** According to HIPAA, a patient has the right to access their medical records and request changes if
   they believe any information in the records is inaccurate.

   **Competency:** Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP
   IX.C-3

4. True or false? The daily schedule displaying patient names can be placed in a high patient traffic area
because that is the most convenient place for the medical office staff to see it.

   **Answer:** False

   **Rationale:** The daily schedule with patient names visible should not be displayed where patients can see it. It
   can be posted with a blank sheet of paper over it to keep the patient’s names confidential.

   **Competency:** Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP
   IX.C-3

5. True or false? Information such as patient demographics only needs to be entered into the electronic health
record once but can be used in multiple applications such as patient letters and forms.

   **Answer:** True

   **Rationale:** Information entered into the electronic health record can be used for multiple purposes. Patient
demographics can be used for billing information such as statements and also for the filing of insurance
claims.

   **Competency:** Execute data management using electronic healthcare records such as the EMR, ABHES 7-b,
   CAAHEP V.P-5

6. True or false? Information from electronic health records can be used within the medical office, at the local
level, at the state level, and at the federal level.

   **Answer:** True

   **Rationale:** Data from electronic health records can be used by the medical office to make many different
   practice-based decisions. Many communicable diseases need to be reported at the local and state level.
   Information can help to determine what health issues are most prevalent at the federal level.

   **Competency:** Execute data management using electronic healthcare records such as the EMR, ABHES 7-b,
   CAAHEP V.P-5

7. A collection of related files that serves as a foundation for retrieving information is a:
   - byte.
   - hard drive.
database

Answer: database

Rationale: A database is a collection of related files that serves as a foundation for retrieving information. An electronic health record has a database of information related to patient care.

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

8. Which of the following documentation elements are out of the scope of practice for the medical assistant?
- Allergies status
- Subjective data in the progress note
- Health history
- Assessment and plan data in the progress note

Answer: Assessment and plan data in the progress note

Rationale: The physician must determine and document an assessment and plan for the patient visit.

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

9. How should records related to a workplace injury be maintained?
- Records related to a work injury should be kept at the patient’s place of work because it is the site of the injury.
- Records related to a work injury should be saved in a separate section of the medical record so that there is no confusion as to what services are related to the work injury and what services are part of the patient’s regular care.
- Records related to a work injury should just be given to the patient for their safekeeping.
- Records related to a work injury should be shredded to protect patient confidentiality.

Answer: Records related to a work injury should be saved in a separate section of the medical record so that there is no confusion as to what services are related to the work injury and what services are part of the patient’s regular care.

Rationale: Information regarding workers’ compensation claims should be kept separate from the rest of the medical record. Release of information in connection with a work-related injury is treated differently than rest of the medical record only the work injury related information should be released to the employer or their workers’ compensation carrier

Competency: Discuss workers’ compensation as it applies to patients, CAAHEP VII.C-3

10. Workers’ compensation covers which of the following services for workplace injuries.
- Doctor visits
- Surgery
- Rehabilitation
- Doctor visits, surgery, and rehabilitation

Answer: Doctor visits, surgery, and rehabilitation

Rationale: Coverage for work-related injuries includes doctor visits, surgery, and rehabilitation.

Competency: Discuss workers’ compensation as it applies to patients, CAAHEP VII.C-3

11. Patients who are injured at work are covered under:
- CHAMPVA
- CHAMPUS
- Medicaid
- workers’ compensation
Answer: workers’ compensation
Rationale: Workers’ compensation plans protect patients who are injured at work.
Competency: Discuss workers’ compensation as it applies to patients, CAAHEP VII.C-3

12. ____________ in each state pay a premium into a state fund to cover healthcare costs for injuries on the job.
   • Employees
   • Employers
   • Patients
   • Government leaders

Answer: Employers
Rationale: Employers in each state pay a premium into a fund to cover health care costs of injured workers.
Competency: Discuss workers’ compensation as it applies to patients, CAAHEP VII.C-3

13. True or false? If the patient’s injury is the result of a work-related accident, the patient’s medical insurance should be billed first.

Answer: False
Rationale: Workers’ compensation is billed for employee injuries before the patient’s private insurance. The workers’ compensation insurance payer will be the primary payer as the patient’s injuries occurred at work.
Competency: Describe guidelines for third party claims, CAAHEP VII.C-9
6. Prepare Medical Records Release Form for Daniel Miller

Objectives
• Search for a patient record.
• Access patient forms.
• Update patient information using the correct form.

Overview
Daniel Miller (DOB 03/21/2012) will be attending a new daycare that requires copies of immunization records before his first day. Daniel’s mother, Tracy Miller, called to request these records. Prepare a Medical Records Release form with an expiration of one year to Laura Wasser’s attention at the following address:

Tiny Tots Watch
4531 Anystreet
Anytown, AL 12345

Competencies
• Demonstrate sensitivity to patient rights, CAAHEP IX.A-1
• Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3
• Execute data management using electronic healthcare records such as the EMR, ABHES7-b, CAAHEP V.P-5
• Incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures, CAAHEP IX.P-5

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Medical Records Release from the Patient Forms section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the form to Daniel.
   Helpful Hint: Performing a patient search before completing a form helps to ensure accurate documentation.
4. Confirm the auto-populated details and document any additional information needed. Obtain the signature of Daniel’s guardian on the printed form.
5. Click the Save to Patient Record button. A confirmation message will appear.
6. Click the Find Patient icon.
7. Using the Patient Search fields, search for Daniel’s patient record. Once you locate Daniel in the List of Patients, confirm his date of birth.
8. Select the radio button for Daniel Miller and click the Select button. Confirm the auto-populated details.
9. Scroll down to view the Forms section of the Patient Dashboard.
10. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. True or false? All letters and forms related to a patient should be saved and accessed via the Patient Dashboard.
   Answer: True
   Rationale: All letters and forms related to a patient must be saved as part of the electronic healthcare record for that patient as evidence of care.
   Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
2. True or false? When releasing a patient’s medical records, the medical office must release all of the records from the electronic health record.

Answer: False

Rationale: The patient stipulates what records should be released and to whom. Only those records specified by the patient should be released.

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

3. The medical assistant needs to confirm the patient’s NKA status. Which record section of the patient record should they reference?

- Immunizations
- Allergies
- Vital Signs
- Health History

Answer: Allergies

Rationale: The allergies record of the chart will store the No Known Allergies (NKA) status of the patient.

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

4. True or false? It is not necessary to document patient medications prescribed by other physicians.

Answer: False

Rationale: All medications should be documented in the patient record to avoid undesirable drug interactions.

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

5. The History of the Present Illness (HPI) is documented in which section of the patient record?

- Chief complaint
- Vital signs
- Order entry
- Immunizations

Answer: Chief complaint

Rationale: HPI elements describe the details surrounding the patient’s reason for seeking care (chief complaint).

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

6. True or false? Health Insurance Portability and Accountability Act (HIPAA) regulations have made medical records release forms more complex by requiring more information and giving the patient more options to restrict the information released.

Answer: True

Rationale: HIPAA regulations stipulate that specific information must be included on medical records release forms, including termination date, which specific records should be released, and who the records are being released to. In the past, many medical offices simply required a letter from the patient with their signature.

Competency: Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3

7. True or false? Health Insurance Portability and Accountability Act (HIPAA) regulations prohibit family members from picking up prescriptions, medical supplies, or x-rays.

Answer: False
**Rationale:** The HIPAA Privacy Rule allows family members to pick up prescriptions, medical supplies or xrays.

**Competency:** Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3

8. A _____ form explains how and when private health information is used and disclosed by the medical office.
   - Notice of Privacy Practice
   - Patient Bill of Rights
   - Patient information
   - Medical records release

**Answer:** Notice of Privacy Practice

**Rationale:** The Notice of Privacy Practice form (NPP) is given to all new patients and annually to established patients in order to detail how private health information is used and protected by the medical office.

**Competency:** Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3

9. The physician has asked the medical assistant to provide patient education for hypertension. What is the best way to provide this information?
   - Via email communication
   - In the waiting room
   - In a private exam room
   - At the discharge window

**Answer:** In a private exam room

**Rationale:** Even patient education is confidential communication. It should be conducted away from others and in a manner in which the patient feels comfortable to ask questions.

**Competency:** Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3

10. Patients have the right to:
   - review their medical records.
   - request corrections to their medical information.
   - respectful care from all health care providers.
   - review their medical records, request corrections to their medical information, and receive respectful care from all healthcare providers.

**Answer:** review their medical records, request corrections to their medical information, and receive respectful care from all healthcare providers.

**Rationale:** Under the law, patients have the right to review their medical records, request corrections to their medical information, and respectful care from all health care providers.

**Competency:** Demonstrate sensitivity to patient rights, CAAHEP IX.A-1

11. True or false? Since the medical record belongs to the provider the patient does not have the right to review his or her medical record.

**Answer:** False

**Rationale:** A patient has the right to review and to receive a copy of their medical records, as stated in the Patient’s Bill of Rights. Medical offices should have policies and procedures in place to ensure that patients have access to their medical records.

**Competency:** Incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures, CAAHEP IX.P-5
7. Complete Incident Report for Celia Tapia

Objectives
• Search for a patient record.
• Access office forms.
• Complete an incident report for a patient-related incident.
• Access a saved incident report.

Overview
Celia Tapia (DOB 05/18/1970) experiences issues with repeated urinary tract infections. She is in the office today to provide a clean catch urine specimen. Around 10:30 am, after providing the specimen and while washing her hands, she spilled water on the floor and slipped. Dr. Martin determined that she developed minor bruising. Complete an Incident Report for this accident.

Competencies
• Complete an incident report, CAAHEP IX.P-6
• Discuss the application of Standard Precautions with regard to all bodily fluids, secretions, excretions, CAAHEP III.C-12a
• Identify personal safety precautions as established by the Occupational Safety and Health Administration (OSHA), CAAHEP III.C-4
• Perform risk management procedures, ABHES 4-e
• Recognize and protect personal boundaries in communicating with others, CAAHEP IV.A-9

Estimated completion time: 40 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Incident Report from the Office Forms section of the left Info Panel.
3. Document the date and time in the date and time fields.
4. Select the Patient checkbox for the Incident Type.
5. Select the Patient checkbox for the Witness.
6. Document “Urology” as the Department.
7. Document “Bathroom” as the Exact Location.
8. Document “physician, medical assistant” as the Medical Team.
10. Select the No radio button to indicate that the incident is not a Medication Incident.
11. Document “Patient slipped and fell because of water spilled on the floor after washing her hands.” in the Incident Description field.
12. Document “Physician and medical assistant assisted patient to exam room. Physician determined that there was minor bruising from the fall.” in the Immediate Actions and Outcome field.
15. Select the No checkbox to indicate that the next of kin/guardian has not been notified.
16. Select the Yes checkbox to indicate that the medical staff has not been notified.
17. Document your name in the Reported By field.
19. Document “123-123-1234” in the Contact Phone Number field.
20. Document “Dr. Martin” in the Other Persons Involved.
22. Document “123-123-1234” in the Contact Phone Number field.
24. Select James A. Martin, MD from the Provider dropdown.
26. Select the Signature on File checkbox and document the date and time in the Date/Time field.
27. Click the Save button.
28. Within the Saved Forms tab, select the incident form from the drop-down menu.
29. Click the Print button to print the saved Incident Form.

**Quiz Questions**

1. True or false? The first step in completing an incident report is to interview all witnesses to the incident.
   **Answer:** True
   **Rationale:** It is necessary to first interview all witnesses to the incident to complete an incident report.
   **Competency:** Complete an incident report, CAAHEP IX.P-6

2. Which of the following scenarios would warrant an incident report?
   - A patient tripping over a chair in the waiting room.
   - An employee is stuck with a used needle.
   - Incorrect medication administered to a patient.
   - A patient tripping over a chair in the waiting room, an employee sticking herself with a used needle, or a medical assistant administering the incorrect medication to a patient.
   **Answer:** A patient tripping over a chair in the waiting room, an employee sticking herself with a used needle, or a medical assistant administering the incorrect medication to a patient.
   **Rationale:** All of the scenarios would require the completion of an incident report.
   **Competency:** Complete an incident report, CAAHEP IX.P-6

3. Information about the injured party needed to complete an incident report includes:
   - name.
   - date of birth.
   - medical record number.
   - name and date of birth.
   **Answer:** name and date of birth.
   **Rationale:** The patient’s name, date of birth, address, telephone number, and gender are needed to complete an incident report.
   **Competency:** Complete an incident report, CAAHEP IX.P-6

4. True or false? An incident report only needs to be completed for employee-related injuries.
   **Answer:** False
   **Rationale:** An incident report should be completed for all injuries, whether it is an employee, physician, patient, or visitor.
   **Competency:** Complete an incident report, CAAHEP IX.P-6

5. True or false? If medical care is provided to treat an injury, it must be reported on the incident report.
   **Answer:** True
   **Rationale:** Incident reports should be completed for all injuries, whether the injured party is an employee, physician, patient, or visitor.
   **Competency:** Complete an incident report, CAAHEP IX.P-6

6. True or false? No signatures are required on an incident report.
Answer: False
**Rationale:** The person completing the incident report form must sign it. It is also advisable to obtain signatures of the patients and witnesses.
**Competency:** Complete an incident report, CAAHEP IX.P-6

7. When completing an incident report, it is important to obtain viewpoints from all ______________ to gain a complete picture of the incident.
   * co-workers
   * patients
   * witnesses
   * relatives
**Answer:** witnesses
**Rationale:** Each witness can have a different perspective of what occurred, so it is important to obtain each person’s account of what happened.
**Competency:** Complete an incident report, CAAHEP IX.P-6

8. The completion of an incident report is part of assessing risk and implementing policies and procedures to minimize risk, otherwise known as:
   * risk management.
   * due diligence.
   * office procedures.
   * office management.
**Answer:** risk management
**Rationale:** Incident reports are part of risk management. Practicing risk management will help an organization identify problems and develop or change procedures to prevent a particular incident from happening again.
**Competency:** Perform risk management procedures, ABHES 4-e

9. ______ management is the process of identifying problems before they cause injury to patients or staff.
   * Paper
   * Risk
   * Resource
   * None of the above
**Answer:** Risk
**Rationale:** The process for identifying potential problems for patients and employees is risk management.
**Competency:** Perform risk management procedures, ABHES 4-e

10. Which of the following would not require an incident report?
    * Medication error
    * A fall by a patient or employee
    * Accidental needle sticks
    * Measuring a low birth weight newborn’s length and weight
**Answer:** Measuring a low birth weight newborn’s length and weight
**Rationale:** Negative events in the office will require an incident report to be generated.
**Competency:** Perform risk management procedures, ABHES 4-e

11. True or false? Incident reports do not assign fault, just simply document the event.
**Answer:** True
**Rationale:** The incident report serves as evidence of the event and what course of action is taken.
**Competency:** Perform risk management procedures, ABHES 4-e
12. What type of equipment protects medical assistants from direct contact with bodily fluids?

- Gloves and masks
- Face shields
- Surgical gowns and drapes
- Gloves, masks, face shields, surgical gowns, and drapes

**Answer:** Gloves, masks, face shields, surgical gowns, and drapes

**Rationale:** OSHA regulations require health care workers who have direct contact with patients to use PPE.

**Competency:** Identify personal safety precautions as established by the Occupational Safety and Health Administration (OSHA), CAAHEP III.C-4

13. True or false? The Occupational Safety and Health Administration (OSHA) conducts workplace inspections, and violations identified can carry heavy fines.

**Answer:** True

**Rationale:** OSHA inspections are looking for potential hazards to the employees. Safety violations carry heavy fines and penalties

**Competency:** Identify personal safety precautions as established by the Occupational Safety and Health Administration (OSHA), CAAHEP III.C-4

14. The patient is instructed to obtain a clean catch urine specimen. After several minutes, the patient is not able to obtain the specimen. The medical assistant should:

- ask the doctor if the patient can obtain the specimen at home.
- offer the patient some water.
- tell the patient not to worry about it, the specimen is not that important.
- offer the patient some water and ask the doctor if the patient can obtain the specimen at home.

**Answer:** offer the patient some water and ask the doctor if the patient can obtain the specimen at home.

**Rationale:** Use positive and encouraging communication to make the patient comfortable while collecting specimens.

**Competency:** Recognize and protect personal boundaries in communicating with others, CAAHEP IV.A-9

15. Which of the following personal protective equipment (PPE) should be used to remove a drop of blood from an exam room bed?

- Gown
- Face shield
- A brush
- Water

**Answer:** Face shield

**Rationale:** Personal Protective Equipment (PPE) includes any materials or tools that protect an employee from exposure to bodily fluids. Brushes, buckets and water all help to clean a spill, but will not protect from exposure.

**Competency:** Discuss the application of Standard Precautions with regard to all bodily fluids, secretions and excretions, CAAHEP III.C-12a

16. True or false? A patient should wear gloves while obtaining a clean catch urine specimen.

**Answer:** False

**Rationale:** It is not necessary for a patient to wear gloves while obtaining their own specimen.

**Competency:** Discuss the application of Standard Precautions with regard to all bodily fluids, secretions and excretions, CAAHEP III.C-12a
17. True or false? A medical assistant should don sterile gloves and a mask before conducting a urine dip test.

Answer: False

Rationale: Although gloves should be worn, sterile gloves are not necessary. In addition, it is not likely that a mask would be needed for a urine dip test.

Competency: Discuss the application of Standard Precautions with regard to all bodily fluids, secretions and excretions, CAAHEP III.C-12a

18. Bodily fluids covered under Standard Precaution include:

- blood.
- joint fluid.
- cervical secretions.
- blood, joint fluid, and cervical secretions.

Answer: blood, joint fluid, and cervical secretions.

Rationale: All of the above are examples of body fluids for which Standard Precautions must be used.

Competency: Discuss the application of Standard Precautions with regard to all bodily fluids, secretions and excretions, CAAHEP III.C-12a
8. Complete Incident Report for Employee

Objectives
• Access office forms.
• Complete an incident report for an employee-related incident.
• Access a saved incident report.

Overview
Around 9:30 am, an employee dropped a bottle of bleach in the laboratory while preparing a 1:10 bleach solution used as a disinfectant, causing it to splash in their face and eyes. After a 15-minute eyewash and basic first aid, Dr. Walden assessed the employee and determined that no additional treatments were needed. Complete an incident report for this accident.

Competencies
• Complete an incident report, CAAHEP IX.P-6
• Demonstrate the proper use of eyewash, CAAHEP XI.P-5a
• Describe basic principles of first aid, CAAHEP XI.C-6
• Perform first aid procedures, ABHES 9-g, CAAHEP XI.P-10
• Recognize and respond to medical office emergencies, ABHES 9-g
• Recognize the effects of stress on all persons involved in emergency situations, CAAHEP XI.A-1

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Incident Report from the Office Forms section of the left Info Panel.
3. Document the date and time in the date and time fields.
4. Select Staff for the Incident Type.
5. Select Staff for the Witness.
6. Document “Laboratory” as the Department and Exact Location.
7. Document “physician, medical assistant” as the Medical Team.
8. Document “N/A” as the Patient Reason for Visit.
9. Select the No radio button to indicate that the incident is not a Medication Incident.
10. Document “Employee dropped bottle of bleach causing the bleach to splash into their face and eyes.” in the Incident Description field.
11. Document “Employee was assisted at the eyewash station and the eyes were flushed with water for 15 minutes.” in the Immediate Actions and Outcome field.
12. Document “N/A” in the Contributing Factors field.
14. Select the No checkbox to indicate that the next of kin/guardian has not been notified.
15. Select the Yes checkbox to indicate that the medical staff has not been notified.
16. Document your name in the Reported By field.
18. Document “123-123-1234” in the Contact Phone Number field.
21. Document “000-000-0000” in the Contact Phone Number field.
23. Select Julie Walden, MD from the Provider dropdown.
25. Select the Signature on File checkbox.
26. Document the date and time in the Date/Time field and click the Save button.
27. Within the Saved Forms tab, select the incident form from the drop-down menu.
28. Click the Print button to print the saved Incident Form.

Quiz Questions

1. True or false? An incident report should only be completed if an employee is injured on the job.
   Answer: False
   Rationale: An incident report is used to make the facility safe for everyone who enters it. If there is a patient
   or visit injury, an incident report should be completed so that the cause can be evaluated and steps can be
   implemented to help prevent the accident from happening again.
   Competency: Complete an incident report, CAAHEP IX.P-6

2. True or false? You don’t need to worry about keeping the eyelids open when rinsing the eyes.
   Answer: False
   Rationale: Eyelids should remain open with the thumb and index finger to ensure adequate rinsing of the
   entire eye and eyelid surface. It is a normal reflex to close the eyes tightly, which would prevent removal of all
   contaminated material.
   Competency: Demonstrate the proper use of eyewash, CAAHEP XI.P-5a

3. True or false? In an emergency situation, a medical assistant should prioritize both the urgency of the
   situation and the status of the patients before taking any action.
   Answer: True
   Rationale: During an emergency, it is important for healthcare professionals to remain calm so they can think
   clearly and prioritize their actions.
   Competency: Describe basic principles of first aid, CAAHEP XI.C-6

4. True or false? Both direct and indirect pressure can be used to control bleeding.
   Answer: True
   Rationale: If bleeding occurs during an emergency, the medical assistant could apply direct or indirect
   pressure to control the bleeding, depending on the injury. Direct pressure is applied directly to the wound
   while indirect pressure is applied to the artery that supplies blood to the injured area.
   Competency: Perform first aid procedures, ABHES 9-g, CAAHEP XI.P-10

5. Which of the following symptoms might indicate a heart attack?
   • Dusky skin color
   • Bluish lips and nail beds
   • Shortness of breath
   • Dusky skin color, bluish lips and nail beds, and shortness of breath
   Answer: Dusky skin color, bluish lips and nail beds, and shortness of breath
   Rationale: It is important to be able to recognize the symptoms of a heart attack when working in healthcare
   so that the appropriate care can be given as quickly as possible. Dusky skin color, bluish lips and nail beds, and
   shortness of breath are all heart attack symptoms. Other symptoms include diaphoresis, rapid and/or weak
   pulse, and chest pain.
   Competency: Perform first aid procedures, ABHES 9-g, CAAHEP XI.P-10

6. A patient sitting in the waiting room looks panicked and is clutching his throat. He is unable to talk. It is
   likely that he is:
   • excited to see the physician.
• upset about something.
• having a heart attack.
• choking.

**Answer:** choking

**Rational:** Most people will clutch their throat when they are choking and are unable to breathe. The inability to speak this is another indication that they are choking. The medical assistant should perform the Heimlich maneuver.

**Competency:** Recognize and respond to medical office emergencies, ABHES 9-g

7. A feeling of worry or uneasiness, often triggered by an event with an uncertain outcome is defined as:

• sadness.
• depression.
• anxiety.
• euphoria.

**Answer:** anxiety

**Rationale:** Employees can feel anxiety after an event, even if they were not directly involved in the event. It is important to recognize that others might be experiencing anxiety over the situation and develop a plan to address those feelings.

**Competency:** Recognize effects of stress on all persons involved in emergency situations, CAAHEP XI.A-1
9. Complete Incident Report for Medical Office Evacuation

Objectives
• Access office forms.
• Complete an incident report for an emergency.
• Access a saved incident report.

Overview
A frayed cord on the coffee maker in the employee break room has caused a fire, which went unnoticed for several minutes and started to spread. A medical assistant walking past the break room discovered the fire around 2:00 pm, shut the door to the room, and sounded the alarm. The Walden-Martin staff evacuated the patients following the established evaluation plan. The exam rooms, laboratory, restrooms, and waiting room were checked for patients and staff who then left the medical office using the primary route of the front stairway and entrance when available and the secondary route of the back stairway and entrance when needed. All staff and visitors reported to the designated assembly site so that all individuals could be accounted for. It was decided that there should be a policy in place to inspect all electrical cords on a weekly basis. Complete an incident report to document this occurrence.

Competencies
• Complete an incident report, CAAHEP IX.P-6
• Explain an evacuation plan for a physician’s office, CAAHEP XI.P-7

Estimated completion time: 40 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Incident Report from the Office Forms section of the left Info Panel.
3. Document the date and time in the date and time fields.
4. Select Equipment/Property for the Incident Type.
5. Select Staff for the Witness.
6. Document “Break room” as the Department and the Exact Location.
7. Document “medical assistant” as the Medical Team.
8. Document “N/A” as the Patient Reason for Visit.
9. Select the No radio button to indicate that the incident is not a Medication Incident.
11. Document “Employee closed the door to the break room, sounded the alarm, and initiated evacuation of patients.” in the Immediate Actions and Outcome field.
14. Select the No checkbox to indicate that the next of kin/guardian has not been notified.
15. Select the Yes checkbox to indicate that the medical staff has not been notified.
18. Document “123-123-1234” in the Contact Phone Number field.
19. Document “None” in the Other Persons Involved.
21. Document “000-000-0000” in the Contact Phone Number field.
23. Select Julie Walden, MD from the Provider dropdown.
25. Select the Signature on File checkbox.
26. Document the date and time in the Date/Time field and click the Save button.
27. Within the Saved Forms tab, select the incident form from the dropdown menu.
28. Click the Print button to print the saved Incident Form.

Quiz Questions
1. True or false? The only input needed in an incident report is from the person who was injured.
   Answer: False
   Rationale: Anyone who witnessed the incident should have his or her perspective documented on the incident report.
   Competency: Complete an incident report, CAAHEP IX.P-6

2. True or false? It is not necessary to complete an incident report if someone other than a patient or employee is injured at the medical office.
   Answer: False
   Rationale: An incident report should be completed whenever someone is injured in the medical office even if they are not a patient or employee.
   Competency: Complete an incident report, CAAHEP IX.P-6

3. Evacuation plans should be posted:
   - in the waiting room.
   - in the main hallway.
   - in multiple locations.
   - in the physician’s office.
   Answer: in multiple locations
   Rationale: Evacuation plans must be posted in multiple locations so the plan is visible by all need it.
   Competency: Explain an evacuation plan for a physician’s office, CAAHEP XI.P-7

4. An evacuation of the medical office might occur during which of the following?
   - Fire
   - Tornado
   - Environmental exposure
   - Fire, tornado, and/or environmental exposure
   Answer: Fire, tornado, and/or environmental exposure
   Rationale: Elevators should not be used for an emergency exit at any time. This should be clearly stated on the evacuation plan.
   Competency: Explain an evacuation plan for a physician’s office, CAAHEP XI.P-7

5. Which of the following is not a component of an evacuation plan?
   - Preplanned escape route from the facility
   - Diagram of the escape route posted on the front door of the office
   - Identification of conditions that would require evacuation of the area
   - Information on evacuation of individuals with disabilities
   Answer: Diagram of the escape route posted on the front door of the office
   Rationale: The diagram of the escape route should be posted in multiple locations throughout the office, but is not required to be posted on the front door of the office.
   Competency: Explain an evacuation plan for a physician’s office, CAAHEP XI.P-7
6. True or false? Anyone in the medical office can declare that the office must be evacuated.
Answer: False
Rationale: The safety officer must give the order for an evacuation of the medical office.
Competency: Explain an evacuation plan for a physician’s office, CAAHEP XI.P-7

7. True or false? Elevators should be indicated on the evacuation floor plan to ensure quick evacuation.
Answer: False
Rationale: Elevators should not be used for an emergency exit at any time. This should be clearly stated on the evacuation plan.
Competency: Explain an evacuation plan for a physician's office, CAAHEP XI.P-7

8. True or false? The evacuation plan for the medical office should include an assembly site for employees and office visitors to gather after the evacuation so everyone can be accounted for.
Answer: True
Rationale: Every evacuation plan should identify an assembly site for employees and office visitors to gather after the evacuation so everyone can be accounted for.
Competency: Explain an evacuation plan for a physician’s office, CAAHEP XI.P-7
10. Prepare Office Memorandum

Objectives
• Compose a memorandum for the medical assistant staff.
• Compose professional communication.

Overview
Using today’s date, compose an email Memorandum to inform the entire office staff that the refrigerator will be cleaned on Friday and that any items left in the refrigerator when the office closes will be disposed of.

Competencies
• Compose professional/business letters, ABHES 7-a, CAAHEP IV.P-10
• Perform basic keyboarding skills including typing medical correspondence and basic reports, ABHES 7-a
• Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Correspondence icon.
2. Select the Memorandum template from the Letters section of the left Info Panel.
3. Document “All staff” in the To field.
4. Document medical assistant name in the From field.
5. Document the current date in the Date field.
7. Compose a professional business letter notifying the staff of the refrigerator cleaning in the message field.
8. Click the Send button. A confirmation message will appear.
9. Within the Saved Memorandums tab, select the saved memorandum.
10. Click the Print button if instructed to print.

Quiz Questions
1. True or false? A memorandum is a type of business communication used to share important information with patients.
   Answer: False
   Rationale: A memorandum is a type of business communication used to share important information within an office. It is seldom used to communicate information to patients.
   Competency: Compose professional/business letters, ABHES 7-a, CAAHEP IV.P-10

2. When using a template to compose a memorandum, which key on the keyboard moves the cursor to the next text field?
   • Caps lock
   • Tab
   • Shift
   • Ctrl
   Answer: Tab
   Rationale: Depressing the tab key moves the cursor to the next text field.
   Competency: Perform basic keyboarding skills including typing medical correspondence and basic reports, ABHES 7-a
3. _____________ is the process of changing verbal dictation to a typed or printed format.

- Scanning
- Transcription
- Recording
- None of the above

**Answer:** Transcription

**Rationale:** When a letter or memorandum is dictated by the physician, transcription is used to change it into a typed or printed format.

**Competency:** Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6
11. Complete Office Inventory Form

Objectives
• Maintain an inventory supply list.

Overview
As the lead medical assistant at Walden-Martin, it is your responsibility to complete an Inventory form every week. The supplier is McKesson (123-123-4579) and the PO Number is S00425662. Use the information collected below to complete the Inventory form and determine the supplies needed based on the Quantity on Hand and the Reorder Levels. Then, use this information to complete a Purchase Order.

• Table paper, Unit – Case/12, Manufacturer – Medi-Pak, Quantity on Hand – 1, Reorder Levels – 2, Quantity to Reorder – 5, Price/Unit - $49.19
• Anti-micro Soap, Unit – each, Manufacturer – Lab Guard, Quantity on Hand – 6, Reorder Levels – 5, Quantity to Reorder – 10, Price/Unit - $6.19
• Alcohol prep pads, Unit – Box/200, Manufacturer – Webcol, Quantity on Hand – 5, Reorder Levels – 10, Quantity to Reorder – 20, Price/Unit - $3.39
• Non-sterile 2x2 gauze squares, Unit – Pkg/200, Manufacturer – Curity, Quantity on Hand – 20, Reorder Levels – 15, Quantity to Reorder – 30, Price/Unit - $4.75
• Sterile 4x4 gauze squares, Unit – Box/100, Manufacturer – Curity, Quantity on Hand – 8, Reorder Levels – 10, Quantity to Reorder – 30, Price/Unit - $30.69
• 25G x 5/8” 3cc syringes, Unit – Box/100, Manufacturer – VanishPoint, Quantity on Hand – 3, Reorder Levels – 5, Quantity to Reorder – 10, Price/Unit - $73.89
• Tuberculin 27G x ½” 1cc syringes, Unit – Box/100, Manufacturer – VanishPoint, Quantity on Hand – 7, Reorder Levels – 5, Quantity to Reorder – 10, Price/Unit - $80.99
• Nitrile Powder-free exam gloves, Unit – Box/100, Manufacturer – Kimberly-Clark, Quantity on Hand – 2, Reorder Levels – 5, Quantity to Reorder – 20, Price/Unit - $12.49
• Surpass facial tissues, Unit – Case/30, Manufacturer – Kimberly-Clark, Quantity on Hand – 1, Reorder Levels – 2, Quantity to Reorder – 4, Price/Unit - $52.89

Competencies
• Perform an office inventory, ABHES 8-e, CAAHEP V.P-10

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Inventory from the Office Forms section of the left Info Panel.
3. Document your name in the Submitter field.
4. Document “S00425662” in the PO Number field.
5. Document today’s date in the Date field.
8. Within the first row of the inventory grid, document “table paper” in the Product column.
10. Document “Medi-Pak” in the Manufacturer column.
15. Click the Add button.
17. Document “each” in the Units column.
23. Document the rest of the inventory needs as directed in row two through nine. Follow the same steps as used to document the table paper.
24. Click the Save button after entering the inventory.
25. Determine which items to reorder and complete the Purchase Order by selecting Purchase Order from the Form Repository.

Quiz Questions
1. True or false? An inventory only needs to be conducted for the clinical supplies used for patient care in the medical office.
   Answer: False
   Rationale: All supplies used in the medical office, clinical or administrative, should be inventoried.
   Competency: Perform an office inventory, ABHES 8-e, CAAHEP V.P-10

2. True or false? One purpose of conducting an inventory is to determine if any supplies should be ordered.
   Answer: True
   Rationale: One purpose of taking an inventory is to determine which items are close to the reorder point and should be added to the next purchase order.
   Competency: Perform an office inventory, ABHES 8-e, CAAHEP V.P-10

3. A detailed list of items in stock or in possession of an individual or business is a/an:
   • tally.
   • fee schedule.
   • inventory.
   • manual.
   Answer: inventory
   Rationale: An inventory is a detailed list of items in stock or in possession of an individual or business.
   Competency: Perform an office inventory, ABHES 8-e, CAAHEP V.P-10

4. True or false? Having an accurate equipment inventory is helpful in the event of a fire or robbery.
   Answer: True
   Rationale: An accurate, up-to-date inventory would be helpful to determine what equipment is damaged or missing.
   Competency: Perform an office inventory, ABHES 8-e, CAAHEP V.P-10

5. True or false? An inventory of controlled substances should be conducted weekly.
   Answer: False
   Rationale: An inventory of controlled substances should be conducted daily by two people.
   Competency: Perform an office inventory, ABHES 8-e, CAAHEP V.P-10

6. When conducting an inventory of medical supplies, it is important to check the _____________, as outdated supplies should not be used or counted as part of the inventory.
   • warranty
• return information
• expiration date
• size and color
Answer: expiration date
Rationale: Outdated supplies cannot be used in the treatment of patients and should not be counted as part of the inventory and should be disposed of properly.
Competency: Perform an office inventory, ABHES 8-e, CAAHEP V.P-10
12. Complete New Patient Registration for Malcolm Little

Objectives
• Search for a patient record.
• Register a patient.

Overview
Malcolm Little moved into the area five months ago and has been with his new employer for four months. Now that his new insurance plan is effective, he would like to see Dr. Martin. He faxed his completed Patient Information form to the Walden-Martin office this morning. Complete the new patient registration process for Malcolm Little using the patient information form and insurance card provided. Refer to Malcolm Little’s insurance card and Patient Information Form at the end of the Measurable Steps to complete this assignment.

Competencies
• Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures, CAAHEP IX.P-5

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Patient Demographics icon.
2. Perform a patient search to confirm that Malcolm Little is not an existing patient.
3. Click the Add Patient button.
4. Using the completed patient information form as reference, complete the required fields within the Patient, Guarantor, and Insurance tabs to add Malcolm Little as a new patient. Click the Save button before moving to a different tab in order to save your work.
5. Once the information in all of the three tabs has been provided, click the Complete button to save Malcolm Little’s demographic information.
6. A confirmation message will appear. Click the Save Patient button. You will automatically be redirected to Malcolm Little’s patient record.

Quiz Questions
1. A patient usually completes which of the following forms during their first visit at a new office?
   • Referral
   • Patient information
   • Insurance claim tracer
   • Prior authorization

   Answer: Patient information

   Rationale: To collect the necessary patient demographic information, a patient is often times asked to complete a patient registration form and then the medical assistant enters that information into the electronic health record database where it can be used for multiple functions within the electronic health record.

   Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

2. True or false? The Patient’s Bill of Rights requires healthcare providers to supply information to patients using medical terminology only.

   Answer: False
Rationale: The Patient’s Bill of Rights requires health care professionals to supply information to patients in easy-to-understand language.

Competency: Incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures, CAAHEP IX.P-5

3. Most individual states have passed legislation defining a Patient Bill of Rights, based on the Federal Consumer Bill of Rights and Responsibilities adopted in 1998. Which of the following is NOT considered a component of patient rights?
   - Right to refuse treatment
   - Right to continuity of care
   - Right to compensation in cases of malpractice
   - Right to select a physician

Answer: Right to compensation in cases of malpractice

Rationale: The Patient’s Bill of Rights does not state that a patient has the right to compensation in cases of malpractice.

Competency: Incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures, CAAHEP IX.P-5

4. Medical office ______ and procedures should be reviewed to ensure that all aspects of the Patient’s Bill of Rights are addressed.
   - Policies
   - Law
   - Preferences
   - manuals

Answer: Policies

Rationale: A medical office should have policies and procedures in place to address all aspects of the Patient’s Bill of Rights.

Competency: Incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures, CAAHEP IX.P-5

5. True or false? A medical assistant has a responsibility to be familiar with all aspects of the Patient Bill of Rights in order to ensure that patient rights are honored within the medical office.

Answer: True

Rationale: All medical assistants have the responsibility to be familiar with the Patient’s Bill of Rights to ensure that everyone involved in the patient’s care are honoring those rights.

Competency: Incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures, CAAHEP IX.P-5
13. Update Demographics and Complete Advance Directive Form for Amma Patel

Objectives
- Search for a patient record.
- Update patient demographics.
- Access patient forms.
- Update patient information using the correct form.

Overview
Amma Patel (DOB 01/14/1988) was hospitalized one week ago for GERD and anemia. At the time of discharge, she was told to take a daily iron supplement, 325 mg Ferrous Sulfate, and schedule a follow-up visit for a hemoglobin check. She does not have an Advance Directive on file. She would like to complete the form and name her brother, Robert Patel, as her primary representative and her mother, Indira Patel, as her alternate power of attorney. She would also like to update her phone number because she no longer has a landline telephone. Her cell phone number is 123-315-1572. Complete an Advance Directive form for Amma Patel and update her demographic information.

Competencies
- Explain how the medical durable power of attorney impacts the medical assistant’s practice and give an example, CAAHEP IX.C-10g
- Explain how living wills/advanced directives impact the medical assistant’s practice and give examples, CAAHEP IX.C-10f

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Advance Directive from the Patient Forms section of the left Info Panel.
3. Print the form to obtain Amma Patel’s signature.
4. Click the Patient Search button to perform a patient search and assign the form to Amma Patel.
5. Click the Upload Complete Form link and then click the Browse button to select Amma Patel’s signed Advance Directive and save the form to her patient record.
6. Click the Save to Patient Record button and select the date.
7. A confirmation message will appear.
8. In order to update Amma Patel’s patient demographics, click the Patient Demographic icon.
9. Enter Patel in the Last Name field and select the Search Existing Patients button.
10. Once you locate Amma Patel in the List of Patients, confirm her date of birth and select her first name.
11. Within the Patient tab, change Amma Patel’s phone number to 123-315-1572. Click the Save Patient button. A confirmation message will appear and the Patient Dashboard will appear.

Quiz Questions
1. True or false? It is the medical assistant’s responsibility to determine whether a patient has an advance directive in place.
   Answer: True
   Rationale: The Patient Self-Determination Act requires healthcare providers to provide information about advance directives to patients. It is the medical assistant’s responsibility to determine if a patient has an Advance Directive in place and, if not, provide the proper resources.
Competency: Explain how living wills/advanced directives impact the medical assistant’s practice and give examples, CAAHEP IX.C-10f

2. What is a living will?
   - A document in which a patient states how they wish to be treated in the event they become incompetent
   - A document in which a patient designates who should make healthcare decisions for them if they are not able to do so
   - Document distributing the patient's finances after death
   - A document that explains the patient's privacy rights
   
   Answer: A document in which a patient states how they wish to be treated in the event they become incompetent
   
   Rationale: A living will is completed by the patient and outlines their wishes for treatment when they are unable to communicate those wishes.

   Competency: Explain how living wills/advanced directives impact the medical assistant's practice and give examples, CAAHEP IX.C-10f

3. True or false? A living will is the advance directive in which a patient can indicate who should make decisions about their healthcare if they are not able to do so.
   
   Answer: False
   
   Rationale: A Healthcare Proxy is the advance directive that allows a patient to name someone to make decisions about their healthcare if they are not able to.

   Competency: Explain how living wills/advanced directives impact the medical assistant’s practice and give examples, CAAHEP IX.C-10f

4. Many medical offices ask their patients if they have an advance directive. “Advance directive” is a general term used to refer to which of the following forms?
   - DNR
   - Living will
   - Health care proxy
   - DNR, living will, and health care proxy
   
   Answer: DNR, living will, and health care proxy
   
   Rationale: The term “advance directive” refers to any document that defines a person’s wishes when they are unable to do so.

   Competency: Explain how living wills/advanced directives impact the medical assistant’s practice and give examples, CAAHEP IX.C-10f

5. Living will and healthcare proxy/medical durable power of attorney documents impact the medical assistant’s practice because:
   - Medical assistants need to be aware of the fact that the patient has these documents in place when scheduling procedures.
   - Medical assistants must know who to contact if the physician decides the patient is no longer able to make his or her own medical decisions.
   - Medical assistants will need to know who the patient allows confidential communication with on his or her behalf.
   - Medical assistants need to be aware of the fact that the patient has these documents in place when scheduling procedures, must know who to contact if the physician decides the patient is no longer able to make his or her own medical decisions, and will need to know who the patient allows confidential communication with on his or her behalf.
Answer: medical assistants need to be aware of the fact that the patient has these documents in place when scheduling procedures, must know who to contact if the physician decides the patient is no longer able to make his or her own medical decisions, and will need to know who the patient allows confidential communication with on his or her behalf.

Rationale: Legal documents are referenced by the medical assistant to provide the best care and communication on behalf of the patient.

Competency: Explain how the medical durable power of attorney impacts the medical assistant’s practice and give an example, CAAHEP IX.C-10g

6. True or false? Every patient is required to have a documented medical durable power of attorney.
   Answer: False
   Rationale: Although it is suggested, not all patients decide to designate a medical durable power of attorney.
   Competency: Explain how the medical durable power of attorney impacts the medical assistant’s practice and give an example, CAAHEP IX.C-10g

7. The patient states, “I already have a living will. Do I still need a medical durable power of attorney?” Select the most appropriate response:
   • “No, the living will should be enough.”
   • “No, you should have one or the other.”
   • “Yes, the medical durable power of attorney establishes who will follow the wishes of the living will.”
   • “Neither document is helpful.”
   Answer: “Yes, the medical durable power of attorney establishes who will follow the wishes of the living will.”
   Rationale: The living will and medical durable power of attorney are two different documents with different purposes. The medical assistant must understand the importance of each document to best educate patients.
   Competency: Explain how the medical durable power of attorney impacts the medical assistant’s practice and give an example, CAAHEP IX.C-10g

8. The patient’s sister-in-law calls the office to ask what medication the physician prescribed for the patient. The medical assistant should:
   • enter the medication section of the patient record in order to provide the requested information.
   • reference the patient record for any medical durable power of attorney documents to determine if the caller is allowed to know this health information.
   • place the call on hold and call the patient to confirm.
   • tell the caller to call the pharmacy.
   Answer: reference the patient record for any medical durable power of attorney documents to determine if the caller is allowed to know this health information.
   Rationale: All patient communication is private. The documented durable power of attorney states other individuals privileged to the patient information.
   Competency: Explain how the medical durable power of attorney impacts the medical assistant’s practice and give an example, CAAHEP IX.C-10g
14. Schedule Appointment and Prepare New Patient Forms for Al Neviaser

Objectives
• Search for a patient record.
• Schedule an appointment.
• Access patient forms.
• Prepare patient paperwork.

Overview
Al Neviaser (DOB 06/21/1968) moved into the area five months ago and has been with his new employer for four months. Now that his new insurance plan is effective, he would like to schedule an appointment with Dr. Martin. New patient appointments are 30 minutes and there is an available time at 11:15 am next Thursday. Prepare for the appointment by printing one copy each of the Notice of Privacy Practice and Patient Bill of Rights forms for Al Neviaser to review once he arrives.

Competencies
• Describe scheduling guidelines, CAAHEP V.C-2
• Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3
• Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
• Perform basic keyboarding skills including locating the keys on a keyboard, ABHES 7-a
• Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

Estimated completion time: 30 minutes

Measurable Steps
1. Within the Calendar of the Front Office module, click the Appointment button or anywhere within the calendar to open the New Appointment window.
2. Select the Patient Visit radio button as the Appointment Type.
3. Select New Patient Visit from the Visit Type dropdown.
5. Select the Search Existing Patients radio button.
6. Using the Patient Search fields, search for Al Neviaser’s patient record. Once you locate him in the List of Patients, confirm his date of birth and select the radio button for Al Neviaser.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
7. Use the calendar picker to confirm or select the appointment day.
8. Select a start and end time for the appointment using the Start Time and End Time dropdowns.
9. Click the Save button. A confirmation message will appear.
10. Click the OK button to proceed.
11. Al Neviaser’s appointment will be displayed on the calendar.
12. Click on the Form Repository icon.
13. Select the Notice of Privacy Practice from the left Info Panel.
14. Click the Patient Search button.
15. Using the Patient Search fields, search for Al Neviaser’s patient record. Once you locate his in the List of Patients, confirm his date of birth.
16. Select the radio button for Al Neviaser and click the Select button.
17. Click the Print button at the bottom of the screen to provide a hard copy for Al Neviaser.
18. Click the Save to Patient Record button and select the date. A confirmation message will appear.
19. Select the Patient Bill of Rights from the left Info Panel.
20. Click the Patient Search button.
22. Select the radio button for Al Neviaser and click the Select button.
23. Click the Print button at the bottom of the screen to provide a hard copy for Al Neviaser.
24. Click the Save to Patient Record button and select the date. A confirmation message will appear.
25. Click the Find Patient icon.
27. Select the radio button for Al Neviaser and click the Select button. Confirm the auto-populated details.
28. Scroll down to view the Forms section of the Patient Dashboard.
29. Select the forms you prepared. The forms will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. A new patient generally needs a _________ appointment than an established patient.
   - shorter
   - longer
   - faster
   - quicker
   **Answer:** longer
   **Rationale:** A physician generally spends more time with a new patient gathering past history than they would with an established patient.
   **Competency:** Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

2. What should the chief complaint be for Mr. Neviaser’s visit?
   - Flu
   - New patient PE
   - Diabetes check
   - Back injury
   **Answer:** New patient PE
   **Rationale:** The chief complaint is the reason the patient is being seen in the medical office that day. Mr. Neviaser is being seen for a new patient physical exam. Validate student answer in simulation.
   **Competency:** Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

3. True or false? A new patient who shows up at the medical office and wants to have a physical examination done should be seen on the same day even if there are no openings so that the practice does not lose a new patient.
   **Answer:** False
   **Rationale:** A new patient that shows up at the office and wants an appointment for the same day for a physical exam could be seen if there is an opening, but should be offered the next available appointment if one is not.
   **Competency:** Describe scheduling guidelines, CAAHEP V.C-2

4. If a patient was last seen in the medical office five years ago, their appointment should be schedule for the amount of time needed for a _______ patient.
   - registered
   - no-show
   - new
   - late
   **Answer:** registered
   **Rationale:** If a patient was last seen in the medical office five years ago, their appointment should be scheduled for the amount of time needed for a new patient.
   **Competency:** Describe scheduling guidelines, CAAHEP V.C-2
Answer: new
Rationale: A patient who has not been seen in the medical office for more than 3 years should be scheduled for the same amount of time as a new patient would be.
Competency: Describe scheduling guidelines, CAAHEP V.C-2

5. This document required by the Health Insurance and Portability and Accountability Act (HIPAA) to be given to all patients informs patients, in writing, how their protected health information will be used by the medical office.
   - PHI
   - NPP
   - EOB
   - ABN
Answer: NPP
Rationale: The Health Insurance and Portability and Accountability Act (HIPAA) requires that all medical offices provide their patients with a document that informs them of how their protected health information will be used by the medical office.
Competency: Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3

6. Insurance information should be verified:
   - at every visit.
   - at every other visit.
   - once a year.
   - only when the patient states that their insurance has changed.
Answer: at every visit
Rationale: Insurance information should be verified at every visit as insurance coverage can change at any time and the billing process will be slowed down significantly if the medical office has the incorrect insurance information.
Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

7. Which piece of data is entered into the patient record as patient demographics?
   - Smoking status
   - Allergies
   - Date of birth
   - Preferred hospital
Answer: Date of birth
Rationale: The patient date of birth is entered as part of the patient demographics.
Competency: Perform basic keyboarding skills, ABHES 7-a

8. All of the following are front office duties of the medical assistant except:
   - greeting patients upon arrival.
   - drawing blood.
   - verifying insurance eligibility.
   - calling to confirm patient appointments.
Answer: drawing blood
Rationale: Drawing blood is a clinical duty of the medical assistant.
Competency: Perform basic keyboarding skills, ABHES 7-a
9. A patient is unable to complete the necessary paperwork due to a laceration to the hand. The medical assistant:

- tells the patient to complete the paperwork at home.
- informs the patient they cannot be seen without the paperwork completed.
- takes the patient into an exam room, reads the form to the patient, and documents the patient’s responses.
- says the paperwork is not that important and tells the patient they can complete the forms next time.

**Answer**: takes the patient into an exam room, reads the form to the patient, and documents the patient’s responses.

**Rationale**: The medical assistant should make every attempt to be helpful to the patient, including assisting with the completion of any necessary paperwork.

**Competency**: Perform basic keyboarding skills, ABHES 7-a
15. Schedule Appointment and Prepare New Patient Forms for Ella Rainwater

Objectives
- Search for a patient record.
- Schedule an appointment.
- Compose professional communication.
- Access patient forms.
- Prepare patient paperwork.

Overview
New patient Ella Rainwater (DOB 07/11/1959) is fully registered and would like an appointment with Dr. Martin next Monday. She is available at 9:00 and new patient appointments are 30 minutes. It is Walden-Martin policy to send a welcome letter before the first appointment. Create the New Patient Welcome letter. Print a Patient Bill of Rights and Notice of Privacy Practice to include with the letter.

Competencies
- Describe scheduling guidelines, CAAHEP V.C-2
- Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3
- Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
- Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3
- Work with physician to achieve the maximum reimbursement, CAAHEP VIII.A-1

Estimated completion time: 25 minutes

Measurable Steps
1. Within the Calendar of the Front Office module, click the Add Appointment button or anywhere within the calendar to open the New Appointment window.
2. Select the Patient Visit radio button as the Appointment Type.
3. Select New Patient Visit from the Visit Type dropdown.
5. Select the Search Existing Patients radio button.
6. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
7. Select the radio button for Ella Rainwater and click the Select button. Confirm the auto-populated details.
8. Returning to the New Appointment window, use the calendar picker to confirm or select the appointment day.
9. Select a start and end time for the appointment using the Start Time and End Time drop downs.
10. Click the Save button. A confirmation message will appear.
11. Click the OK button to proceed.
12. Ms. Rainwater’s appointment will be displayed on the calendar.
13. Click on the Correspondence icon.
14. Select the New Patient Welcome template from the Letters section of the left Info Panel.
15. Click the Patient Search button at the bottom to assign the letter to Ella Rainwater. The patient demographics are auto-populated.
16. Confirm the auto-populated details and click the Save to Patient Record button. A confirmation message will appear.
17. Click on the Form Repository icon and select the Notice of Privacy Practice from the left Info Panel.
18. Click the Patient Search button.
19. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
20. Select the radio button for Ella Rainwater and click the Select button.
21. Click the Save to Patient Record button and select the date. A confirmation message will appear.
22. Select the Patient Bill of Rights from the left Info Panel.
23. Click the Patient Search button.
24. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate Ms. Rainwater in the List of Patients, confirm her date of birth.
25. Select the radio button for Ella Rainwater and click the Select button.
26. Click the Save to Patient Record button. A confirmation message will appear.
27. Click the Find Patient icon.
28. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
29. Select the radio button for Ella Rainwater and click the Select button. Confirm the auto-populated details.
30. Scroll down to view the Forms section of the Patient Dashboard.
31. Select the forms you prepared. The forms will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. Which appointment will require the longest time slot?
   - Established patient; otitis media
   - New patient physical exam
   - Established patient physical exam
   - Established child’s sports physical

   Answer: New patient physical exam
   Rationale: New patient visits will take longer than established patient visits due to the lack of documented health history.
   Competency: Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

2. True or false? Electronic appointment calendars are easier to manage than paper appointment calendars.
   Answer: True
   Rationale: It is easier to search, view, and edit appointments in an electronic appointment book. The electronic appointment book can also accommodate more than one user at a time.
   Competency: Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

3. What should the chief complaint be for Ms. Rainwater’s visit?
   - Nail in foot
   - Sports physical exam
   - Depression
   - New patient PE

   Answer: New patient PE
   Rationale: The chief complaint is the reason the patient is being seen in the medical office that day. Ms. Rainwater is being seen for a new patient physical exam. Validate student answer in simulation.
   Competency: Recognize office policies and protocols for handling appointments, ABHES 8-cd CAAHEP V.C-3

4. Which of the following scenarios would be considered a new patient?
   - A patient who has not been in the office for one year
   - A patient who has not been in the office for two years
   - A patient who has not seen the physician in five years, but has seen the nurse practitioner yearly
   - A patient who has not been in the office for more than three years
Answer: A patient who has not been in the office for more than three years
Rationale: A new patient is defined as a patient who has not seen a provider or any provider in the same group for a period of three years or more.
Competency: Describe scheduling guidelines, CAAHEP V.C-2

5. The Notice of Privacy Practices must include all of the following except:
- how complaints can be filed if a patient believes their privacy has been violated.
- how PHI is used and disclosed by the facility.
- where the patient’s medical information is stored.
- whom to contact at the facility for more information.

Answer: where the patient’s medical information is stored
Rationale: The Notice of Privacy Practice does not need to state where the patient’s medical information is stored.
Competency: Describe the implications of HIPAA for the medical assistant in various medical settings, CAAHEP IX.C-3

6. True or false? If a patient provides an insurance card to the medical office, the medical assistant can assume eligibility because he or she has the actual card. Only check eligibility if the patient does not present an insurance card.
Answer: False
Rationale: Even if the patient has an insurance card, eligibility should be checked. The card itself does not guarantee eligibility.
Competency: Work with physician to achieve the maximum reimbursement, CAAHEP, VIII.A-1

7. Which of the following administrative activities will work to maximize appropriate reimbursement in the medical office?
- Collect all insurance information for new patients
- Obtaining approvals required by insurance payers
- Coding diagnosis and procedures for patient claims
- Collecting all insurance information for new patients, obtaining approvals required by insurance payers, and coding diagnosis and procedures for patient claims

Answer: Collecting all insurance information for new patients, obtaining approvals required by insurance payers, and coding diagnosis and procedures for patient claims
Rationale: There are several duties of the medical assistant to ensure the appropriate reimbursement for the medical office.
Competency: Work with physician to achieve the maximum reimbursement, CAAHEP, VIII.A-1

8. True or false? A copayment should be paid at the time of service.
Answer: True
Rationale: Collecting the copays at the time of service will decrease the amount of collections procedures performed by the office staff.
Competency: Work with physician to achieve the maximum reimbursement, CAAHEP, VIII.A-1
16. Schedule Appointment and Prepare Appointment Reminder Letter for Anna Richardson

Objectives
• Search for a patient record.
• Schedule an appointment.
• Create appointment reminder letter.
• Compose professional communication.

Overview
Anna Richardson (DOB 02/14/1978) was released from the hospital two days ago following a vaginal delivery with postpartum hemorrhage complications. She is calling to request a follow-up appointment with Dr. Martin within the next two weeks and states that Monday afternoons are best for her. She states that she is feeling great and is not currently experiencing any complications. Schedule the appointment for 30 minutes and prepare an Appointment Reminder letter.

Competencies
• Describe scheduling guidelines, CAAHEP V.C-2
• Execute data management using electronic healthcare records, ABHES 7-b, CAAHEP V.P-5
• Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b
• Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
• Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

Estimated completion time: 25 minutes

Measurable Steps
1. Within the Calendar of the Front Office module, click the Add Appointment button or anywhere within the calendar to open the New Appointment window.
2. Select the Patient Visit radio button as the Appointment Type.
3. Select Follow-Up/Established Visit from the Visit Type dropdown.
4. Document “Post-partum hemorrhage follow-up” in the Chief Complaint text box.
5. Select the Search Existing Patients radio button.
6. Using the Patient Search fields, search for Anna Richardson’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
7. Select the radio button for Anna Richardson and click the Select button. Confirm the auto-populated details.
8. Select James A. Martin, MD from the Provider dropdown.
9. Use the calendar picker to confirm or select the appointment day.
10. Select a start and end time for the appointment using the Start Time and End Time dropdowns.
11. Click the Save button. A confirmation message will appear.
12. Click the OK button to proceed.
13. Anna Richardson’s appointment will be displayed on the calendar.
14. Click on the Correspondence icon.
15. Select the Appointment Reminder template from the Letters section of the left Info Panel.
16. Click the Patient Search button to assign the letter to Anna Richardson. The patient demographics are auto-populated.
17. Confirm the auto-populated details and click the Save button. A confirmation message will appear.
Click the Find Patient icon.

Using the Patient Search fields, search for Anna Richardson’s patient record. Once you locate her in the List of Patients, confirm her date of birth.

Select the radio button for Anna Richardson and click the Select button. Confirm the auto-populated details.

Scroll down to view the Correspondence section of the Patient Dashboard.

Select the letter you prepared.

The letter will open as a PDF in a new window, allowing you to print.

**Quiz Questions**

1. True or false? The electronic health record is a computerized system of maintaining and storing patient data from several different healthcare providers.

   **Answer:** True
   
   **Rationale:** The EHR is the hub of all medical information for the patient. The electronic medical record contains electronic data of one provider group.
   
   **Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

2. True or false? Computers are essential to the operations of a medical office.

   **Answer:** True
   
   **Rationale:** Computers have become essential equipment for the medical office workflow.
   
   **Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

3. This device plugs into the computer and is so small that users can attach it to a key chain.
   - Flash drive
   - External hard drive
   - Digital video disks
   - Zip drives

   **Answer:** Flash drive

   **Rationale:** Flash drives or jump drives are small devices that make it very easier to move files from computer to computer.
   
   **Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

4. All of the following are common duties of the medical assistant except:
   - regularly checking office equipment to be sure it is working correctly.
   - communicating daily with patients via phone, email and mail.
   - conducting regular equipment inventory.
   - determining the diagnosis for patients who call the medical office.

   **Answer:** determining the diagnosis for patients who call the medical office.

   **Rationale:** There are several different types of office machines and equipment used by the medical assistant. Regular maintenance and monitoring will ensure proper working order.
   
   **Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

5. True or false? It is necessary to verify patient demographics during each patient visit.

   **Answer:** True

   **Rationale:** Patient demographic information often changes between office visits. Patients might not remember that this information needs to be updated. Ensuring that patient demographic information is current is important for providing proper patient care and facilitating the billing process.

   **Competency:** Execute data management using electronic healthcare records, ABHES 7-b, CAAHEP V.P-5
6. True or false? If a patient requests an appointment during a time that the provider is already booked, it is permissible to overbook the provider because the patient’s needs always come first.

**Answer:** False

**Rationale:** Every attempt should be made to accommodate the patient. However, this may not always be possible.

**Competency:** Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

7. What should the chief complaint be for Ms. Richardson’s visit?
   - New patient lab results
   - Established patient PE
   - New patient sports physical
   - New patient PE

**Answer:** Established patient PE

**Rationale:** The chief complaint is the reason a patient is being seen in the medical office that day. Ms. Richardson has a post-partum visit for a vaginal delivery with post-partum hemorrhage complications. Validate student answer in simulation.

**Competency:** Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

8. True or false? The physician’s habits and preferences should be taken into account when determining how many patients should be scheduled in a day.

**Answer:** True

**Rationale:** Some physicians like to always see the waiting room full and some will worry about patient’s waiting too long. Some physicians like to take longer with their patients even if it means seeing fewer patients in a day. The medical assistant should work with the doctor to determine how many patients should be seen in a day.

**Competency:** Describe scheduling guidelines, CAAHEP V.C-2
17. Send Missed Appointment Email to Ella Rainwater

Objectives
• Search for a patient record.
• Create an email for a patient.
• Compose professional communication.

Overview
Ella Rainwater (DOB 07/11/1959) missed her 11:00 am appointment yesterday to discuss hypertension with Dr. Martin. It is Walden-Martin policy to notify patients when they miss an appointment and her preferred method of communication is email. Prepare a missed appointment email for Ella Rainwater.

Competencies
• Discuss applications of electronic technology in effective communication, ABHES 8-f, CAAHEP IV.C-9
• Explain general office policies, ABHES 9-h, CAAHEP IV.P-4
• Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b
• Perform basic keyboarding skills by locating the keys on a keyboard, ABHES 7-a
• Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

Estimated completion time: 15 minutes

Measurable Steps
1. Click on the Correspondence icon.
2. Select the Missed Appointment template from the Emails section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the email to Ella Rainwater.
4. Confirm the auto-populated details and document any additional information needed.
5. Click the Send button to send the missed appointment email to Ella Rainwater.

Quiz Questions
1. An email written to a patient should still be considered business communication. Emails should start with a______________ and end with an ________________.
   • salutation, electronic signature
   • electronic signature, salutation
   • salutation, subject line
   • electronic signature, subject line
   Answer: salutation, electronic signature
   Rationale: An email is still considered a type of business communication and should follow the same rules as a letter.
   Competency: Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

2. The @ symbol is used when entering an email address. This symbol is created by pressing the shift key what other key simultaneously?
   • 1
   • 2
   • 3
   • 4
   Answer: 2
   Rationale: The @ symbol is created by depressing the shift and 2 keys simultaneously.
Competency: Perform basic keyboarding skills by locating the keys on a keyboard, ABHES 7-a

3. The medical office has a patient that frequently no-shows. It would be best to schedule this patient:
   - first thing in the morning.
   - in the middle of the morning.
   - right after lunch.
   - at the end of the day.
Answer: at the end of the day
Rationale: It would be best to schedule this patient at the end of the day so that it would impact the least number of people if that patient no-showed.
Competency: Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

4. True or false? When a patient doesn’t show up for an appointment the medical assistant only needs to try to contact the patient to reschedule the appointment.
Answer: False
Rationale: When a patient does not show up for an appointment, it should be documented in the patient’s medical record.
Competency: Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

5. When a patient misses his or her appointment and does not call to cancel, that patient is considered:
   - tardy.
   - a no-show.
   - deactivated.
   - late.
Answer: a no-show
Rationale: When patient fails to show up for their appointment and has not called to cancel it they are considered a no-show.
Competency: Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

6. True or false? If a new employee does not have a password, it is acceptable to share your login information as long as it is for training purposes.
Answer: False
Rationale: Never share your login information or allow another person to enter patient information using your username.
Competency: Discuss applications of electronic technology in effective communication, CAAHEP IV.C-9, ABHES 8-f

7. True or false? An email address is a required field for a patient account.
Answer: False
Rationale: Although helpful to communicate office and medical information, an email address is not a requirement for a patient account. Some patients may not use this technology and prefer to be called or mailed letters.
Competency: Explain general office policies, ABHES 9-h, CAAHEP IV.P-4
18. Complete New Patient Registration and Schedule Appointment for Lisa Rae

Objectives
• Search for a patient record.
• Register a patient.
• Schedule an appointment.

Overview
Lisa Rae just moved to Anytown in order to live closer to her daughter and grandchildren. She would like to find a physician and her friend, Norma Washington, recommended Dr. Walden. She has completed the patient information form and would like to schedule an appointment for next Monday morning. Refer to Lisa Rae’s insurance card and Patient Information Form at the end of the Measurable Steps to complete this assignment.

Competencies
• Discuss principles of using Electronic Medical Record (EMR), ABHES 7-b, CAAHEP V.C-11
• Incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures, CAAHEP IX.P-5
• Perform basic keyboarding skills including locating the keys on a keyboard, ABHES 7-a
• Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

Estimated completion time: 30 minutes

Measurable Steps
1. Click the Patient Demographics icon.
2. Perform a patient search to confirm that Lisa Rae is not an existing patient.
3. Click the Add Patient button.
4. Using the completed patient information form as reference, complete the required fields within the Patient, Guarantor, and Insurance tabs to add Lisa Rae as a new patient. Click the Save button before moving to a different tab in order to save your work.
5. Once the information in all of the three tabs has been provided, click the Save Patient button to save Lisa Rae’s demographic information.
6. A confirmation message will appear. Click the OK button. You will automatically be redirected to Lisa Rae’s new patient record.
7. Click the Calendar icon at the top of the screen.
8. Click the Appointment button or anywhere within the calendar to open the New Appointment window.
9. Select the Patient Visit radio button as the Appointment Type.
10. Select New Patient Visit from the Visit Type dropdown.
12. Select the Search Existing Patients radio button.
13. Using the Patient Search fields, search for Lisa Rae’s patient record. Once you locate her in the List of Patients, confirm her date of birth.

Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
14. Select the radio button for Lisa Rae and click the Select button. Confirm the auto-populated details.
15. Select Julie Walden, MD from the Provider dropdown.
16. Use the calendar picker to confirm or select the appointment day.
17. Select a start and end time for the appointment using the Start Time and End Time dropdowns.
18. Click the Save button. A confirmation message will appear.
19. Click the OK button to proceed.
20. Lisa Rae’s appointment will be displayed on the calendar.

**Quiz Questions**

1. **True or false? Data entry is a combination of structured and unstructured data.**
   
   **Answer:** True

   **Rationale:** Various EHR systems lean heavier on either type, but systems must sometimes allow for both structured and unstructured data entry. For example, the medical assistant may need to document a patient complaint in their own words. He or she will use unstructured or free text entry to document in the record.

   **Competency:** Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

2. **An output device used to produce a hard copy of a patient record is a:**
   - monitor.
   - printer.
   - mouse.
   - keyboard.
   
   **Answer:** printer

   **Rationale:** A printer is an output device used to produce a hard copy of a patient’s medical record.

   **Competency:** Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

3. **True or false? Medical assistants may mail paperwork to new patients before the first appointment.**
   
   **Answer:** True

   **Rationale:** Due to the numerous documents to complete for the first visit, many offices mail new patient documents before the visit to expedite the registration process.

   **Competency:** Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

4. **The medical assistant should send appointment reminder letters:**
   - weekly.
   - daily.
   - monthly.
   - only if specifically requested by the patient.
   
   **Answer:** daily

   **Rationale:** To limit the number of no-shows, the medical assistant should send appointment reminder letters daily.

   **Competency:** Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

5. **Pressing the _________ key will make it easier to type all letters in upper case.**
   - F9
   - caps lock
   - Ctrl
   - tab
   
   **Answer:** caps lock

   **Rationale:** The caps lock key will allow all letters to be typed in upper case.

   **Competency:** Perform basic keyboarding skills including locating keys on a keyboard, ABHES 7-a

6. **The number pad is located:**
   - above the alphabet.
   - on the right side of the keyboard.
   - at the bottom of the keyboard.
   - either above the alphabet or on the right side of the keyboard, depending on the keyboard.
Answer: either above the alphabet or on the right side of the keyboard, depending on the keyboard.
Rationale: The medical assistant must be aware of common placements of letters and numbers on various keyboards.
Competency: Perform basic keyboarding skills by locating the keys on a keyboard, ABHES 7-a

7. True or false? The shift key will move the cursor to the next field in most programs.
Answer: False
Rationale: The tab key will move the cursor to the next field in most programs.
Competency: Perform basic keyboarding skills including locating keys on a keyboard, ABHES 7-a

8. True or false? Confidentiality of patient information is not one of the key points in the Patient’s Bill of Rights.
Answer: False
Rationale: Confidentiality of patient information is one of the key points in the Patient’s Bill of Rights. How a medical office keeps patient information confidential should be explained in their Patient’s Bill of Rights document.
Competency: Incorporate the Patient’s Bill of Rights into personal practice and medical office policies and procedures, CAAHEP IX.P-5

9. In an EHR, the patient’s insurance card is often ______ so that it can be uploaded to the patient record.
   • copied
   • transferred
   • scanned
   • replicated
Answer: scanned
Rationale: The patient’s insurance card must be scanned to keep an electronic copy in the EHR.
Competency: Discuss principles of using Electronic Medical Record (EMR), ABHES 7-b, CAAHEP V.C-11
19. Prepare Referral Form for Ella Rainwater

Objectives
• Search for a patient record.
• Access patient forms.
• Complete a referral form.

Overview
Ella Rainwater (DOB 07/11/1959) continues to have trouble with bronchitis. Dr. Martin (NPI 234216738) would like her to have a consultation with Dr. Bronchi, the pulmonologist. Dr. Martin notes the following information for the referral: “Significant Clinical Symptoms: Chest x-ray shows infiltrate of the left lung. Previous Clinical Treatments: Two courses of antibiotics (Augmentin and Cipro).” Ella Rainwater’s insurance company has authorized three visits to the pulmonologist.

Dr. Bronchi
Respiratory Care Associates
333 Lobar Lane
Anytown, AL 12345

Competencies
• Apply both managed care policies and procedures, CAAHEP VII.P-1
• Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Referral from the Patient Forms section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the form to Ella Rainwater. **Helpful Hint:** Performing a patient search before completing a form helps to ensure accurate documentation.
4. Confirm the auto-populated details and document any additional information needed.
7. Document “Two courses of antibiotics (Augmentin and Cipro) in the Previous clinical Treatments field.
8. Document “Respiratory Care Associates, Dr. Bronchi” in the Place of Service field.
10. Document “3” in the Number of Visits field.
14. Select the Same as Referring Physician checkbox.
15. Click the Save to Patient Record button. A confirmation message will appear.
16. Click the Find Patient icon.
17. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
18. Select the radio button for Ella Rainwater and click the Select button. Confirm the auto-populated details.
19. Scroll down to view the Forms section of the Patient Dashboard.
20. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

**Quiz Questions**

1. True or false? It is possible to document more than one allergy for a patient during the same encounter.
   **Answer:** True
   **Rationale:** The patient may express no allergies, one allergy, or multiple allergies. The medical assistant must document the allergy status of the patient accurately.
   **Competency:** Execute data management using electronic health care records such as the EMR, ABHES 7-b, CAAHEP V.P-5

2. True or false? The medical assistant does not need to review the patient’s medication list, only their allergies.
   **Answer:** False
   **Rationale:** The medical assistant should review both allergies and medications with the patient to ensure the proper documentation of each provided for the physician’s review.
   **Competency:** Execute data management using electronic health care records such as the EMR, the proper documentation of each provided for the physician’s review.
   **Competency:** Execute data management using electronic health care records such as the EMR, ABHES 7-b, CAAHEP V.P-5

3. True or false? Diagnostic lab results may not be given to a patient without the physician’s review.
   **Answer:** True
   **Rationale:** The physician must review and interpret all test results before the results are given to the patient.
   **Competency:** Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

4. True or false? The patient’s chief complaint should be documented in his or her own words.
   **Answer:** True
   **Rationale:** The patient’s chief complaint is subjective data that is most accurately reported in the patient’s own words.
   **Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

5. Which medical professional would be considered a primary care provider?
   - Pulmonologist
   - Cardiologist
   - Endocrinologist
   - Internist
   **Answer:** Internist
   **Rationale:** Internal medicine is the practice of adult medicine. The patients see their internist for their primary care needs.
   **Competency:** Apply both managed care policies and procedures, CAAHEP VII.P-1
20. Prepare Prior Authorization Request Form for Mora Siever

Objectives

• Search for a patient record.
• Access patient forms.
• Update patient information using the correct form.

Overview

Mora Siever (DOB 01/24/1964) fell off her bike and injured her right knee yesterday. The physical therapist at Range of Motion Physical Therapy Group recommended a course of treatment (CPT 97110 Therapeutic exercises) including three visits over the next two weeks for the diagnosis of “right knee sprain” (ICD-10 S83.91x). Jean Burke asks you to prepare a prior authorization request.

Range of Motion
565 Rehab Way
Anytown, AL 12345

Competencies

• Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
• Obtain preauthorization, including documentation, CAAHEP VII.P-5
• Obtain precertification, including documentation, ABHES 8-c.2, CAAHEP VII.P-4
• Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

Estimated completion time: 20 minutes

Measurable Steps

1. Click on the Form Repository icon.
2. Select Prior Authorization Request from the Patient Forms section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the form to Mora Siever.
   Helpful Hint: Performing a patient search before completing a form helps to ensure accurate documentation.
4. Confirm the auto-populated details.
6. Document your name in the Provider Contact Name field.
7. Document “Range of Motion, 565 Rehab Way, Anytown, AL 12345” in the Place of Service/Treatment and Address field.
9. Document the current date as the Starting Service Date field.
10. Document the date two weeks from the current date as the Ending Service Date field.
12. Document “S83.91x” Sprain of unspecified site of right knee” in the Diagnosis/ICD Code field.
14. Select the Yes radio button to indicate that this treatment is injury related.
15. Select the No radio button to indicate that this injury is not Worker’s Compensation related.
16. Document yesterday’s date as the Date of Injury.
17. Click the Save to Patient Record button. A confirmation message will appear.
18. Click the Find Patient icon.
19. Using the Patient Search fields, search for Mora Siever’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
20. Select the radio button for Mora Siever and click the Select button. Confirm the auto-populated details.
21. Scroll down to view the Forms section of the Patient Dashboard.
22. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

**Quiz Questions**

1. **What must a patient pay before the insurance starts paying?**
   - Claim
   - Deductible
   - Office fees
   - Premium

**Answer:** Deductible

**Rationale:** Understanding the patient’s insurance plans and payment requirements will help the office stay financially stable.

**Competency:** Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

2. **Which of the following is an example of fraud?**
   - Accidentally miscoding a diagnosis
   - Leaving a field blank on the claim
   - Altering patient documentation to increase levels of reimbursement
   - Appealing a denied service

**Answer:** Altering patient documentation to increase levels of reimbursement

**Rationale:** Fraud is intentional deception. Falsifying medical documentation is fraud.

**Competency:** Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

3. **The signature on file that authorizes the insurance company to pay the doctor directly is:**
   - assignment of benefits.
   - coordination of benefits.
   - SOF.
   - NPI.

**Answer:** assignment of benefits

**Rationale:** The assignment of benefits authorization on the claim form allows the insurance company to pay the provider directly.

**Competency:** Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

4. **Which of the following statements is true of non-participating Medicare providers?**
   - The patient will directly pay the doctor
   - The patient will directly pay Medicare
   - Medicare will reimburse the doctor
   - The doctor pays Medicare

**Answer:** The patient will directly pay the doctor

**Rationale:** If the patient chooses to seek services from a non-participating doctor, they will be responsible for payments of services.

**Competency:** Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

5. **Precertification may be done via:**
   - phone.
   - fax.
   - online.
   - phone, fax, and email.

**Answer:** phone, fax, and email
**Rationale:** Precertification may be done by many different methods. The most common is to complete the form on the insurance carrier’s website, but it may also be done by telephone, fax, or even a paper copy.

**Competency:** Obtain precertification, including documentation, ABHES 8-c.2, CAAHEP VII.P-4

6. What process indicates that a patient’s insurance company has verified a service is covered by the patient’s policy, reviewed the medical necessity for the service, and agreed that it is medically appropriate?

- Precertification
- Claim overview
- Advanced Directive
- Reimbursement

**Answer:** Precertification

**Rationale:** When a medical office has obtained precertification for services it shows that the insurance company has verified that the service is covered by the patient’s policy, reviewed the medical necessity, and agreed that it is medically appropriate.

**Competency:** Obtain precertification, including documentation, ABHES 8-c.2, CAAHEP VII.P-4

7. Providing the diagnosis when requesting precertification for a procedure will help the insurance carrier to determine what?

- Patient viability
- Diagnosis code
- Medical necessity
- Procedure code

**Answer:** Medical necessity

**Rationale:** Part of the precertification process is for the insurance carrier to determine if they feel the procedure is medically necessary. The diagnosis is an important part of making that determination.

**Competency:** Obtain precertification, including documentation, ABHES 8-c.2, CAAHEP VII.P-4

8. Documentation for precertification can include which of the following?

- Diagnosis
- Proposed procedure
- Insurance ID number
- Diagnosis, proposed procedure, and insurance ID number

**Answer:** Diagnosis, proposed procedure, and insurance ID number

**Rationale:** When requesting precertification, the medical assistant should be prepared to provide the diagnosis with the diagnosis code, the proposed procedure with the procedure code, the insured’s information, patient name and date of birth, physician name and NPI number.

**Competency:** Obtain precertification, including documentation, ABHES 8-c.2, CAAHEP VII.P-4

9. An x-ray report would go in which section of the patient record?

- Progress notes
- Health history
- Radiology
- Correspondence

**Answer:** Radiology

**Rationale:** An x-ray report would be filed as Radiology in the Diagnostics/Lab Results section of the medical record.

**Competency:** Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3
10. True or false? There is nothing that needs to be indicated on an insurance claim regarding preauthorization.

**Answer:** False

**Rationale:** When a preauthorization is received for a procedure, the insurance carrier will supply a preauthorization number that should be included on the claim.

**Competency:** Obtain preauthorization, including documentation, CAAHEP VII.P-5

11. Services that usually require preauthorization or precertification include:

- laboratory tests.
- emergency room services.
- routine “wellness” examinations.
- inpatient hospitalization.

**Answer:** inpatient hospitalization

**Rationale:** Most insurance carriers require precertification for inpatient hospitalizations.

**Competency:** Obtain preauthorization, including documentation, CAAHEP VII.P-5
21. Schedule Appointment and Order X-Ray for Mora Siever

Objectives
• Search for a patient record.
• Schedule an appointment.
• Order a procedure.

Overview
Jean Burke, NP is treating Mora Siever (DOB 01/24/1964) for depression. At their last visit, Jean suggested she spend some time with her friends. Mora Siever took her advice and went cycling with friends last Monday. During the trip, she fell off her bike and injured her left knee. Schedule an appointment and order a left knee x-ray to be done prior to the appointment. She can come in any time today.

Competencies
• Describe scheduling guidelines, CAAHEP V.C-2
• Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4
• Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
• Recognize office policies and protocols for handling appointments, CAAHEP V.C-3
• Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations, ABHES 3-c/8-f, CAAHEP IV.P-3

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Appointment button or anywhere within the calendar to open the New Appointment window.
2. Select the Patient Visit radio button as the Appointment Type.
3. Select Urgent Visit from the Visit Type dropdown.
4. Document “left knee injury” in the Chief Complaint text box.
5. Select the Search Existing Patients radio button.
6. Using the Patient Search fields, search for Mora Siever’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
7. Select the radio button for Mora Siever and click the Select button. Confirm the auto-populated details.
8. Select Jean Burke, NP from the Provider dropdown.
9. Use the calendar picker to confirm or select the appointment day.
10. Select a start and end time for the appointment using the Start Time and End Time dropdowns.
11. Click the Save button. A confirmation message will appear.
12. Click the OK button to proceed.
13. Mora Siever’s appointment will appear on the calendar.
14. Click the Find Patient icon.
15. Using the Patient Search fields, search for Mora Siever’s patient record.
16. Select the radio button for Mora Siever and click the Select button.
17. Confirm the auto-populated details such as date of birth.
18. Create a new encounter by clicking Office Visit in the left Info Panel.
19. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
20. Click the Save button.
21. Select Order Entry from the Record dropdown menu that is already open. The menu will close once you navigate away from this screen.
22. Click the Add button below the Out-of-Office grid to add an order.
23. In the Add Order window, select Requisitions from the Order dropdown menu.
24. Select Radiology from the Requisition Type dropdown menu.
26. Document any additional information provided and click the Save button. A confirmation will appear and the grid will display the new order.
27. Click the Form Repository icon.
28. Select the Requisition form from the left Info Panel.
29. Select Radiology from the Requisition Type dropdown menu.
30. Click the Patient Search button to assign the form to Mora Siever. Patient demographics will auto-populate.
31. Confirm the auto-populated details.
32. In the Diagnosis field, document “left knee pain”.
33. In the Diagnosis Code field, document the ICD-10 code of M25.562.
34. In the X-ray field, select the ‘L’ checkbox for Knee.
35. Complete any additional necessary fields and click the Save to Patient Record button. A confirmation message will appear.
36. Click the Find Patient icon.
37. Using the Patient Search fields, search for Mora Siever’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
38. Select the radio button for Mora Siever and click the Select button. Confirm the auto-populated details.
39. Scroll down to view the Forms section of the Patient Dashboard.
40. Select the form you prepared.
41. The form will open as a PDF in a new window, allowing you to print.

Quiz Questions

1. Two appointments scheduled during the same time slot is an example of:
   - double-scheduling.
   - double-booking.
   - overflowing.
   - emergency visits.

Answer: double-booking

Rationale: Double-booking is the result of two patient appointments being scheduled for the same time slot. An example might be two very short visits such as a tick removal and an ear infection.

Competency: Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

2. The physician is running about 45 minutes late according to the appointment calendar. What should the medical assistant do?
   - Remain calm and professional
   - Inform arriving patients that the physician is running about 45 minutes late
   - Allow the patients to see another provider
   - Remain calm, inform arriving patients that the physician is running about 45 minutes late, and allow patients to see another physician

Answer: Remain calm, inform arriving patients that the physician is running about 45 minutes late, and allow patients to see another physician

Rationale: The physician will run behind schedule from time to time. It is important to be respectful of the patient’s time and notify them of any delays in a professional manner.

Competency: Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
3. Which of the following best describes the wave scheduling system?
   - Appointments are made months in advance, each patient has a designated time on the schedule
   - Appointments are made in order to create short-term flexibility within each hour, for example, three patients are scheduled in the office at the same time, and they are seen in the order of their arrival
   - Patients are scheduled to arrive at given intervals during the first half of the hour, and none are scheduled to arrive during the second half of the hour
   - Patients are scheduled at 20-minute intervals throughout the day

   **Answer:** Appointments are made in order to create short-term flexibility within each hour, for example, three patients are scheduled in the office at the same time, and they are seen in the order of their arrival

   **Rationale:** Wave scheduling protocol breaks the daily schedule into short increments and more than one patient is assigned to that increment. Patients are then seen on a first come, first served basis.

   **Competency:** Recognize office policies and protocols for handling appointments, CAAHEP V.C.3

4. True or false? Communicating the results of a normal chest x-ray to a patient requires an appointment.
   - **Answer:** False
   - **Rationale:** The physician may designate the medical assistant to call or mail notification of normal test results. Appointments are rarely necessary for normal results unless requested by the physician or patient.

   **Competency:** Describe scheduling guidelines, CAAHEP V.C-2

5. When scheduling diagnostic procedures that require the use of contrast media, the medical assistant must inform the imaging department of:
   - how long the procedure will take.
   - how old the patient is.
   - the patient’s allergies.
   - the patient’s blood pressure.

   **Answer:** the patient’s allergies

   **Rationale:** If a patient is allergic to iodine or shellfish, the use of some types of contrast media could cause an allergic reaction. It is important for the imaging department to know about any patient allergies before performing procedures.

   **Competency:** Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4

6. When scheduling diagnostic procedures that require fasting, the medical assistant must inform the patient of:
   - which medications to take before the procedure and which medications to wait until after the procedure to take.
   - what clothing to wear.
   - where to park.
   - None of the above.

   **Answer:** which medications to take before the procedure and which medications to wait until after the procedure to take

   **Rationale:** The patient may take certain medications prior to a procedure even if the test requires fasting, while others such as insulin should not be taken until after a procedure, especially if the patient is not going to eat prior to the test. The medical assistant should clarify any questions with the physician.

   **Competency:** Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4
7. True or false? If a physician is on staff at more than one hospital he or she will decide where the patient will be admitted. There is no input from the patient.
Answer: False
Rationale: The physician will discuss with the patient which hospital will be better given the patient’s condition and they will make the decision together.
Competency: Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4

8. True or false? A patient’s insurance information usually includes an identification number and a group number. Both should be given to the hospital when scheduling a patient admission or procedure.
Answer: True
Rationale: Most insurance carriers need an identification number and group number in order to process a claim, so the hospital will need both numbers.
Competency: Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4

9. With regard to treatment of sports injuries, the protocol RICE stands for:
   • rest, ice, compression and elevation.
   • reimbursement, insurance, collection, and entry.
   • relax, incident, collect, and entry.
   • rest, ice, compassion, and elevation.
Answer: rest, ice, compression and elevation
Rationale: RICE is a common clinical abbreviation for rest, ice, compression and elevation.
Competency: Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations, ABHES 3-c/8-f, CAAHEP IV.P-3
22. Schedule Appointment and Order Procedures for Aaron Jackson

Objectives
• Search for a patient record.
• Document orders in the patient record.
• Schedule an appointment.

Overview
Patricia Jackson has brought her son Aaron (DOB 10/17/2011) in to see Dr. Walden due to an increased ostomy output and decreased appetite. Aaron was born at 38 weeks gestation by cesarean section due to Patricia Jackson’s worsening hypertension. He was diagnosed with Hirschsprung’s disease at two months of age and a colostomy was placed at that time. He was hospitalized at Anytown Hospital six weeks ago for the same issue. Aaron is on breast milk that is supplemented with formula and is up to date with vaccinations. He is sleeping throughout the night. Some activities are slightly delayed for his age. His stool is usually green and foul smelling from colostomy. Dr. Walden orders an outpatient abdominal x-ray from Anytown Radiology, a CBC, and a stool culture from Anytown Lab. Schedule a follow-up appointment four days from today’s date and create requisitions for the orders. The appointment should be for 15 minutes at 9:30 am.

Competencies
• Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4
• Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
• Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

Estimated completion time: 40 minutes

Measurable Steps
1. Click on the Appointment button or anywhere within the calendar to open the New Appointment window.
2. Select the Patient Visit radio button as the Appointment Type.
3. Select Follow-Up/Established Visit from the Visit Type dropdown.
4. Document “increased ostomy output and decreased appetite” in the Chief Complaint text box.
5. Select the Search Existing Patients radio button.
6. Using the Patient Search fields, search for Aaron’s patient record. Once you locate Aaron in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
7. Select the radio button for Aaron Jackson and click the Select button. Confirm the auto-populated details.
8. Select Julie Walden, MD from the Provider dropdown.
9. Use the calendar picker to confirm or select the appointment day.
10. Select a start and end time for the appointment using the Start Time and End Time dropdowns.
11. Click the Save button. A confirmation message will appear.
12. Click the OK button to proceed.
13. Aaron’s appointment will appear on the calendar.
14. Click the Find Patient icon.
15. Using the Patient Search fields, search for Aaron’s patient record.
16. Select the radio button for Aaron Jackson and click the Select button.
17. Confirm the auto-populated details such as date of birth.
18. Create a new encounter by clicking Office Visit in the left Info Panel.
19. In the Create New Encounter window, select Follow-Up/Established from the Visit Type dropdown.
20. Click the Save button.
21. Select Order Entry from the Record dropdown menu that is already open. The menu will close once you navigate away from this screen.
22. Click the Add button below the Out-of-Office grid to add an order.
23. In the Add Order window, select Requisitions from the Order dropdown menu.
24. Select Radiology from the Requisition Type dropdown menu.
27. Click the Save button.
28. Click the Add button below the Out-of-Office grid to add an order.
29. In the Add Order window, select Requisitions from the Order dropdown menu.
30. Select Laboratory from the Requisition Type dropdown menu.
32. Document “CBC and stool culture” in the Notes field.
33. Document any additional information provided and click the Save button. A confirmation will appear and the Out-of-Office grid will display the new order.
34. Click the Form Repository icon.
35. Select the Requisition form from the left Info Panel.
36. Select Radiology from the Requisition Type dropdown menu.
37. Click the Patient Search button to assign the form to Aaron. Patient demographics will auto-populate. Confirm the auto-populated details before documenting in the form.
39. Place the cursor in the Diagnosis Code field to access the encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
40. Enter “Hirschsprung’s disease” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
41. Click the Search button.
42. Click the code Q43.1 to expand this code and confirm that it is the most specific code available.
43. Click the code Q43.1 for “Hirschsprung’s disease” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
44. In the X-ray field, select the Abdomen Supine checkbox.
45. Complete any additional necessary fields and click the Save to Patient Record button. A confirmation message will appear.
46. Select the Requisition form from the left Info Panel.
47. Select Laboratory from the Requisition Type dropdown menu.
48. Click the Patient Search button to assign the form to Aaron. Patient demographics will auto-populate.
50. Place the cursor in the Diagnosis Code field to access the encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
51. Enter “Hirschsprung’s disease” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
52. Click the Search button.
53. Click the code Q43.1 to expand this code and confirm that it is the most specific code available.
54. Click the code Q43.1 for “Hirschsprung’s disease” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
55. In the Laboratory Tests field, select the CBC checkbox.
56. In the Microbiology field, select the Occult Blood Stool checkbox.
57. Complete any additional necessary fields and click the Save to Patient Record button. A confirmation message will appear.
58. Click the Find Patient icon.
59. Using the Patient Search fields, search for Aaron’s patient record. Once you locate Aaron in the List of Patients, confirm his date of birth.
60. Select the radio button for Aaron Jackson and click the Select button. Confirm the auto-populated details.
61. Within the Patient Dashboard, scroll down to view saved forms in the Forms section.
62. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

**Quiz Questions**

1. Which type of appointment scheduling allows physicians to see more patients with less pressure?
   - Open office hours
   - Scheduled appointments
   - Flexible office hours
   - Wave scheduling

   **Answer:** Scheduled appointments

   **Rationale:** Physicians can see more patients with less pressure when their appointments are scheduled.

   **Competency:** Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

2. What is the most common position for a patient during an x-ray?
   - Dorsal recumbent
   - Supine
   - Prone
   - None of the above

   **Answer:** Supine

   **Rationale:** In the supine position, the patient is laying on their back with their face up. In the prone position, the patient is lying face down on their stomach. In the dorsal recumbent position, the patient is lying on their back with knees bent and feet flat on the table.

   **Competency:** Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

3. An established patient is:
   - a patient who has been seen by the same physician over time.
   - a patient who has been seen by the same group of physicians over time.
   - a patient that has been seen in the office within the last 2 years.
   - a patient who has been seen by the same physician over time, the same group of physicians over time, or been seen in the office within the last two years.

   **Answer:** a patient who has been seen by the same physician over time, the same group of physicians over time, or been seen in the office within the last two years.

   **Rationale:** An established patient is a patient who has had the same physician or group of physicians over time, and has been in the office within the past three years.

   **Competency:** Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4

4. True or false? It is the responsibility of the medical assistant to inform the patient of any necessary preparations, such as fasting before a test.

   **Answer:** True

   **Rationale:** The medical assistant must be knowledgeable about the types of tests and corresponding patient preparation for the procedures. Failure for the patient to properly prepare may result in a cancellation of the procedure appointment.
5. A patient is scheduled for a CT of the knee. What information is not necessary to schedule the procedure?
- Allergies
- Patient name
- Insurance or payer information
- Smoking status

**Answer:** Smoking status

**Rationale:** Smoking status is not necessary information when scheduling procedures.

6. A patient is scheduled for a chest x-ray. What information is necessary to schedule the procedure?
- Chance of pregnancy
- Smoking status
- Occupation
- Dietary habits

**Answer:** Chance of pregnancy

**Rationale:** Exposure of radiation can be harmful to a developing fetus and the patient must inform the radiology technician of any chance of pregnancy.
23. Prepare Order and Medical Records Release Form for Norma Washington

Objectives
- Search for a patient record.
- Document an order.
- Access patient forms.

Overview
Norma Washington (DOB 08/01/1944) is calling the medical office because her right knee pain (Right Degenerative Joint Disease) makes it difficult for her to get around in public. She would like to have a wheelchair to help her ambulate and decrease her risk of falling. Norma Washington is eligible for a grant to cover the wheelchair cost and must prove medical necessity in order to qualify. The committee offering the grant, Happy Helpers, requests copies of her most recent progress note. Happy Helpers also requires a signed doctor’s order for the wheelchair. Document the phone message and prepare the requested documents.

Happy Helpers
107 Hope Drive
Anytown, AL 12345
123-123-8956

Competencies
- Apply HIPAA rules in regard to privacy/release of information, ABHES 4-b, CAAHEP IX.P-3
- Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations, ABHES 3-c/8-f, CAAHEP IV.P-3

Estimated completion time: 40 minutes

Measurable Steps
1. Click the Find Patient icon.
2. Using the Patient Search fields, search for Norma Washington’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Norma Washington and click the Select button.
4. Create a new encounter by clicking Phone Encounter in the left Info Panel.
5. In the Create New Encounter window, document “Norma Washington” in the Caller field.
6. Select James A. Martin, MD from the Provider dropdown.
8. Click the Save button.
9. Select Order Entry from the Record dropdown menu that is already open.
10. Select the TruCode encoder link in the top right corner. The encoder tool will open in a new tab.
11. Enter “Right Knee DJD” in the Search field and select ICD-10-CM from the corresponding dropdown menu.
12. Click the Search button.
13. Click the code M17.9 that appears in red to expand this code and confirm that it is the most specific code available.
14. Copy the code M17.11 for “Unilateral primary osteoarthritis, right knee” that populates in the search results.
15. Click the Add button below the Out-of-Office grid to add an order.
16. In the Add Order window, select Blank Prescription from the Order dropdown menu.
17. Paste the diagnosis retrieved from TruCode into the Blank Prescription.
18. Return to the TruCode tab and enter “Standard Wheelchair” in the Search field and select HCPCS Tabular from the corresponding dropdown menu.
19. Click on the code Standard Wheelchair K0001 to confirm that this is the correct code.
20. Copy the code for Standard Wheelchair K0001 that populates in the search results.
22. Compose the text for the order of the standard wheelchair to be used due to Rt knee DJD.
24. Click the Save button. A confirmation will appear and the Out-of-Office grid will display the new order.
25. Select the order you prepared and hit the Print button.
26. Click the Form Repository icon.
27. Select the Medical Records Release form from the left Info Panel.
28. Click the Patient Search button to assign the record to Norma Washington. Patient demographics will auto-populate.
29. Confirm the auto-populated details, document any additional information needed, and click the Save to Patient Record button. A confirmation message will appear.
30. Click the Find Patient icon.
32. Select the radio button for Norma Washington and click the Select button. Confirm the auto-populated details.
33. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

Quiz Questions

1. DME stands for:
   - direct medicine entry.
   - durable medical equipment.
   - discoverable medical ethics.
   - direct medical equipment.

   **Answer:** durable medical equipment

   **Rationale:** Durable medical equipment (DME) supplies are coded from the HCPCS manual. Wheelchairs are one example of DME.

   **Competency:** Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations, ABHES 3-c/8-f, CAAHEP IV.P-3

2. DJD is a type of what kind of disease?
   - Autoimmune
   - Genetic
   - Degenerative
   - Infectious

   **Answer:** Degenerative

   **Rationale:** DJD is Degenerative Joint Disease and if left untreated, can progressively get worse over time.

   **Competency:** Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations, ABHES 3-c/8-f, CAAHEP IV.P-3

3. True or false? While the Health Insurance and Portability Accountability Act (HIPAA) requires medical offices to keep patient information private, medical offices are not required to inform patients of how this is accomplished.

   **Answer:** False
Rationale: HIPAA requires that medical offices keep patient information private and to tell patients how they do that by providing them with a Notice of Privacy Practice.
Competency: Apply HIPAA rules in regard to privacy/release of information, ABHES 4-b, CAAHEP IX.P-3

4. True or false? Once a patient has signed a release of information form, they do not have to ever sign one again.
Answer: False
Rationale: HIPAA requires all release of information forms to include an expiration date.
Competency: Apply HIPAA rules in regard to privacy/release of information, ABHES 4-b, CAAHEP IX.P-3

5. True or false? The Health Insurance and Portability Accountability Act (HIPAA) does not require the patient to sign a release of information form before his or her physician can talk to another physician in the same office about their condition.
Answer: True
Rationale: Health Insurance and Portability Accountability Act (HIPAA) states that a patient’s written consent is not required for disclosure of PHI for the purpose of medical treatment.
Competency: Apply HIPAA rules in regard to privacy/release of information, ABHES 4-b, CAAHEP IX.P-3

6. The Health Insurance and Portability Accountability Act (HIPAA) requires which of the following information to be included on a medical records release form?
   • The phone number of the facility receiving the information
   • The purpose of releasing the information
   • The releasing facility’s NPI number
   • The patient’s medical record number
Answer: The purpose of releasing the information
Rationale: HIPAA requires that certain information be included on the release of medical information form including the purpose of releasing the information.
Competency: Apply HIPAA rules in regard to privacy/release of information, ABHES 4-b, CAAHEP IX.P-3
24. Schedule Appointment and Update Problem List for Ella Rainwater

Objectives
• Search for a patient record.
• Schedule an appointment.
• Update the problem list.

Overview
Ella Rainwater (DOB 07/11/1959) has decided that she needs to quit smoking cigarettes. She would like to make an appointment with Dr. Martin for Friday at 4:00 pm to discuss available resources for her tobacco dependence. Schedule an appointment for 15 minutes and add tobacco dependence to Ella Rainwater’s problem list using ICD-10 coding.

Competencies
• Describe scheduling guidelines, CAAHEP V.C-2
• Develop and maintain a current list of community resources related to patients’ healthcare needs, ABHES 9-i, CAAHEP IV.P-12
• Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
• Execute data management using electronic health care records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1
• Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

Estimated completion time: 25 minutes

Measurable Steps
1. Click the Appointment button or anywhere within the calendar to open the New Appointment window.
2. Select the Patient Visit radio button as the Appointment Type.
3. Select Follow-Up /Established Visit from the Visit Type dropdown.
4. Document “tobacco dependence” in the Chief Complaint text box.
5. Select the Search Existing Patients radio button.
6. Using the Patient Search fields, search for Ms. Rainwater’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
7. Select the radio button for Ella Rainwater and click the Select button. Confirm the auto-populated details.
8. Select James A. Martin, MD from the Provider dropdown.
9. Use the calendar picker to select Friday for the appointment day.
10. Select a start time of 4:00 pm and end time of 4:15 pm for the appointment using the Start Time and End Time dropdowns.
11. Click the Save button. A confirmation message will appear.
12. Click the OK button to proceed.
13. Ella Rainwater’s appointment will be displayed on the calendar.
14. Click the Find Patient icon.
15. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate Ms. Rainwater’s patient record in the List of Patients, confirm her date of birth.
16. Select the radio button for Ella Rainwater and click the Select button.
17. Create a new encounter by clicking Phone Encounter in the left Info Panel.
19. Document “Ella Rainwater wants to quit smoking and would like to discuss available resources.” Click the Save button.
20. Select Problem List from the Record dropdown menu.
21. Click the Add Problem button to add a problem.
22. In the Add Problem window, document “tobacco dependence” in the Diagnosis field.
23. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
   **Helpful Hint**: Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
24. Enter “tobacco dependency” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
25. Click the Search button.
26. Click the code F17.200 to expand this code and confirm that it is the most specific code available.
27. Click the code F17.200 for “Nicotine dependence, unspecified, uncomplicated” that appears in the tree.
   This code will auto-populate in the ICD-10 field of the Add Problem window.
28. Document the current date in the Date Identified field.
29. Select the Active radio button in the Status field.
30. Click the Save button. A confirmation will appear and the Problem List table will display the new problem.

**Quiz Questions**

1. True or false? A medical assistant cannot delete information from a patient record once it is documented.
   **Answer**: True
   **Rationale**: Once information has been documented in the patient record it should remain there. If the information is documented in error, that should be noted and the correct information supplied.
   **Competency**: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

2. Match the following details to the correct section of the patient record:
   1. Shingles vaccine   a. Immunizations
   2. Chicken pox at age 6   b. Health history
   3. Dental exam   c. Preventative services
   4. Calcium supplement   d. Medications
   **Answer**: 1-a, 2-b, 3-c, 4-d
   **Rationale**: The chief complaint is the reason the patient has come to the medical office. The past medical history section is a review of the patient’s past medical care. The family history section is a record of the patient’s blood relative’s health status. The social history section is a record of the patient’s lifestyle factors.
   **Competency**: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

3. Which of the following details should be documented in the patient record?
   - The patient calls to confirm the time of his appointment
   - A patient shares that her daughter has a dance recital later
   - A patient states that she has a different insurance provider
   - A patient states that he is in a hurry
   **Answer**: A patient states that she has a different insurance provider
   **Rationale**: Patient registration should be documented in the patient record.
   **Competency**: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

4. True or false? A patient’s alcohol use would be documented in the Medical History section of Health History.
   **Answer**: False
   **Rationale**: The Social and Family History sections of the patient record include information about the patient’s lifestyle such as health habits and living environment.
   **Competency**: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
5. There is one appointment time available for today's schedule. Which patient should be given that appointment?
   - A well child check-up patient
   - A patient who has had a rash for one day
   - A patient who has been feeling rundown for about a week or so
   - A patient who has had a fever of 102.6°F for the past three days

   **Answer:** A patient who has had a fever of 102.6°F for the past three days
   **Rationale:** The patient with the fever should be seen today, as this could be a serious health issue. All of the others could wait until the next available appointment without jeopardizing their health.
   **Competency:** Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

6. True or false? No patient appointments should be scheduled after 2:00 pm on a Friday.
   **Answer:** False
   **Rationale:** Most offices maintain regular business hours on Fridays and closing at 2:00 pm on Fridays would be inconvenient for patients.
   **Competency:** Recognize office policies and protocols for handling appointments, ABHES 8-d, CAAHEP V.C-3

7. True or false? An annual physical examination for an established patient will require the same amount of time for all physicians.
   **Answer:** False
   **Rationale:** Some physicians will only require 20 minutes for an annual examination and some may take a full hour.
   **Competency:** Describe scheduling guidelines, CAAHEP V.C-2

8. Patient demographic and insurance information should be verified:
   - every visit.
   - once every 3 months.
   - once every year.
   - only when the patient states that there has been a change.

   **Answer:** every visit
   **Rationale:** Patient demographic and insurance information should be verified at every visit as this information can change frequently.
   **Competency:** Execute data management using electronic health care records such as the EMR, ABHES 7-b, CAAHEP V.P-5

9. When developing a list of community resources, it is helpful to include which of the following?
   - Hours of operation
   - Address
   - Contact name
   - Hours of operation, address, and contact name

   **Answer:** Hours of operation, address, and contact name
   **Rationale:** It would be helpful for patients to know the hours of operation along with address, contact information, web site address, and services offered.
   **Competency:** Develop and maintain a current list of community resources related to patients’ healthcare needs, ABHES 9-i, CAAHEP IV.P-12

10. True or false? A list of community resources should only include information about resource that will directly help the patient.
    **Answer:** False
**Rationale**: The list of community resources should include information that would be of help to the family members of patients as well. Including information about adult day care, grief support groups, Alcoholics Anonymous, daycare centers, AL anon, etc. should be included in the list of community resources.

**Competency**: Develop and maintain a current list of community resources related to patients’ healthcare needs, ABHES 9-i, CAAHEP IV.P-12

11. Patients can join a number of different _________ in order to connect with other people facing the same healthcare concerns.
   - care clinics
   - support groups
   - reading groups
   - outpatient clinics

**Answer**: support groups

**Rationale**: Maintaining a list of local support groups will be a great resource for patients. By having the information readily available, the medical office will be providing a wonderful service for patients.

**Competency**: Develop and maintain a current list of community resources related to patients’ healthcare needs, ABHES 9-i, CAAHEP IV.P-12

12. True or false? A list of community resources should be approved by the physician before the information is shared with patients.

**Answer**: True

**Rationale**: The physicians of the medical office should approve of the information included in the list of community resources before it is shared with patients.

**Competency**: Develop and maintain a current list of community resources related to patients’ healthcare needs, ABHES 9-i, CAAHEP IV.P-12
Objectives

- Search for a patient record.
- Upload test results.
- Create a patient letter.
- Compose professional communication.

Overview

Walden-Martin just received the report for Julia Berkley’s (DOB 07/05/1992) mammogram and the results are normal. It is office policy to notify patients of normal lab results via mail. Upload the results to Julia Berkley’s patient record and prepare a normal lab results letter.

Competencies

- Discuss filing procedures, CAAHEP V.C-10
- Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P.5
- Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b
- Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP IX.P-7

Estimated completion time: 30 minutes

Measurable Steps

1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Julia Berkley’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Julia Berkley and click the Select button.
4. Select Diagnostics/Lab Results in the left Info Panel.
5. Click the Add button.
6. Document the date in the Date field.
7. Select Radiology from the Type dropdown menu.
9. Click the Choose File button to upload the results.
10. Click the Save button. A confirmation will appear and the Diagnostic/Lab Results grid will display the new order.
11. Click on the Correspondence icon.
12. Select the Normal Test Results template from the Letters section of the left Info Panel.
13. Click the Patient Search button to perform a patient search and assign the letter to Julia Berkley.
   Helpful Hint: Performing a patient search before preparing a letter helps to ensure accurate documentation.
14. Confirm the auto-populated details and document any additional information needed.
15. Click the Send button. A confirmation message will appear.
16. Click the Find Patient icon.
17. Using the Patient Search fields, search for Julia Berkley’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
18. Select the radio button for Julia Berkley and click the Select button. Confirm the auto-populated details.
19. Scroll down to view the Correspondence section of the Patient Dashboard.
20. Select the letter you prepared. The letter will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. Which of the following would be considered part of the patient record?
   - Patient demographics
   - Laboratory results
   - Correspondence
   - Patient demographics, laboratory results, and correspondence

**Answer:** Patient demographics, laboratory results, and correspondence

**Rationale:** Patient demographics, laboratory results, and correspondence are all part of the patient medical record.

**Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

2. The medical assistant just received a letter from a physician who provided a consultation for a patient. The medical assistant should save the letter to the patient record by:
   - retyping the letter directly into the patient record.
   - taking a picture of the letter and uploading the picture to the patient record.
   - scanning and uploading the letter.
   - adding the letter to a pile of documents to file whenever there is time to do so.

**Answer:** scanning and uploading the letter.

**Rationale:** When paper documents are received, they should be scanned into a digital format and then added to the electronic health record.

**Competency:** Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

3. One software program used to compose a letter would be:
   - Microsoft Access.
   - Microsoft Excel.
   - Microsoft PowerPoint.
   - Microsoft Word.

**Answer:** Microsoft Word

**Rationale:** Microsoft Word is word processing software that a medical assistant would use to compose a letter to a patient.

**Competency:** Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

4. Before an order can be saved to the patient record, it must be:
   - shredded.
   - approved by the physician.
   - reviewed by the patient.
   - five days old.

**Answer:** approved by the physician

**Rationale:** Before a report can be filed in a patient’s medical record, it must first be initialed by the physician, indicating that they have reviewed the information.

**Competency:** Discuss filing procedures, CAAHEP V.C-10

5. Reports are filed in a medical record in _________________ order.
   - reverse chronological
   - forward
   - chronological
   - backward

**Answer:** reverse chronological

**Rationale:** Reverse chronological order is used when filing reports so that the most recent report is on top.
Competency: Discuss filing procedures, CAAHEP V.C-10
26. Update Problem List and Document Vital Signs for Aaron Jackson

Objectives
• Search for a patient record.
• Document in the problem list.
• Document diagnostic codes.
• Document vital signs.

Overview
Aaron Jackson was born at 38 weeks gestation by cesarean section due to mother Patricia Jackson’s worsening hypertension. He was diagnosed with Hirschsprung’s disease at two months of age and a colostomy was placed at that time. The medical assistant obtains Aaron’s vital signs as HT: 24 in, WT: 16 lbs, HC: 18 in, T: 99.6F (TA), P: 124. Document the vital signs and update the problem list for Aaron Jackson using ICD-10 coding.

Competencies
• Maintain growth charts, CAAHEP II.P-3
• Perform diagnostic coding, ABHES 8.c-3, CAAHEP VIII.P-2

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Aaron’s patient record. Once you locate Aaron’s patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Aaron Jackson and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel. Note: If an encounter already exists for this date, please skip to Step 7.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Vital Signs from the Record dropdown menu that is already open.
8. In the Vital Signs tab, click the Add button.
9. Document “99.6” in the Temperature field and select Forehead from the Site dropdown menu.
10. Document “124” in the Pulse field and select Apical from the Site dropdown.
11. In the Height/Weight tab, click the Add button (Figure 3-23).
14. In the Infant Measurements tab, click the Add button.
15. Document “18” in the inches field for Head Circumference.
16. Click the Save button. The Height/Weight grid will display the height and weight.
17. Select Problem List from the Record dropdown menu.
18. Click the Add Problem button to add a problem.
19. In the Add Problem window, document “Hirschsprung’s disease” in the Diagnosis field.
20. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
   Helpful Hint: Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
21. Enter “Hirschsprung’s disease” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
22. Click the Search button.
23. Click the code Q43.1 to expand this code and confirm that it is the most specific code available.
24. Click the code Q43.1 for “Hirschsprung’s disease” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
25. Document the current date in the Date Identified field.
26. Select the Active radio button in the Status field.
27. Click the Save button. A confirmation will appear and the Problem List grid will display the new problem.

Quiz Questions
1. True or false? To find the correct diagnostic code, you must first find the code in the tabular list of diseases and then verify it in the index.
   Answer: False
   Rationale: To find the correct diagnostic code, you first find the disease and code in the index and then verify the code in the tabular list of diseases.
   Competency: Perform diagnostic coding, CAAHEP VIII.P-2

2. The correct ICD-10 code for Hirschsprung disease is:
   - Q43.1.
   - G30.8.
   - C43.9.
   - None of the above.
   Answer: Q43.1
   Rationale: By looking up Hirschsprung disease in the index of the ICD-10 manual and then verifying in the tabular list of diseases you can confirm that Q43.1 is the correct ICD-10 code for Hirschsprung disease.
   Competency: Perform diagnostic coding, CAAHEP VIII.P-2

3. The correct ICD-9 code for Hirschsprung disease is:
   - 211.2.
   - 751.3.
   - V10.3.
   - None of the above.
   Answer: 751.3.
   Rationale: By looking up Hirschsprung disease in index of the ICD-9 manual and then verifying the code in the tabular list of diseases, you can confirm that 751.3 is the correct ICD-9 code for Hirschsprung disease.
   Competency: Perform diagnostic coding, CAAHEP VIII.P-2

4. In order to determine the BMI of a pediatric patient the medical assistant must first measure:
   - stature, weight, and head circumference.
   - head circumference and weight.
   - stature, head circumference, and chest circumference.
   - stature and weight.
   Answer: stature and weight
   Rationale: Stature and weight are used to calculate BMI.
   Competency: Maintain growth charts, CAAHEP II.P-3

5. True or false? If a patient’s measurement falls between two percentile lines on the growth chart, the medical assistant should use the one closest to the measurement.
   Answer: False
Rationale: If the measurement does not fall exactly on a percentile line the medical assistant will need to estimate what the percentile would be.

Competency: Maintain growth charts, CAAHEP II.P-3

6. The birth to 36 months of age growth chart allows for the charting of:
   - weight.
   - length.
   - head circumference.
   - weight, length, and head circumference.

Answer: weight, length, and head circumference

Rationale: The birth to 36 months of age growth charts allows for the charting of weight, length, and head circumference.

Competency: Maintain growth charts, CAAHEP II.P-3

7. In order to plot the length measurement of an infant, that measurement must be in:
   - inches.
   - centimeters.
   - either inches or centimeters.
   - feet.

Answer: either inches or centimeters

Rationale: A medical assistant can use either inches or centimeters to plot a measurement on a growth chart.

Competency: Maintain growth charts, CAAHEP II.P-3
27. Update Problem List for Johnny Parker

Objectives
• Search for a patient record.
• Document in the problem list.
• Document diagnostic codes.

Overview
Johnny Parker’s mother, Lisa, brought him to the Walden-Martin office because he presumably ingested 3900 mg of acetaminophen this morning while she was in the shower. Update the problem list for the acetaminophen poisoning using the ICD-10 CM code of T39.8x1A.

Competencies
• Document patient care, CAAHEP IV.P-8
• File medical records, ABHES 8-a, CAAHEP V.P-4
• Perform diagnostic coding, ABHES 8.c-3, CAAHEP VIII.P-2

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Johnny’s patient record. Once you locate Johnny’s patient record in the List of Patients, confirm his date of birth. 
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Johnny Parker and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Problem List from the Record dropdown menu that is already open.
8. Click the Add Problem button to add a problem.
10. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
    **Helpful Hint:** Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
11. Enter “acetaminophen poisoning” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
12. Click the Search button.
13. Click the Table of Drugs and Chemicals link.
14. Scroll down to reach the row for acetaminophen and click anywhere within the row to expand the details.
15. Click the code T39.1x1 to expand this code and confirm that it is the most specific code available.
16. Click the black triangle to the left of the code T39.8x1A for “Poisoning by, adverse effect of and underdosing of other nonopioid analgesics and antipyretics, not elsewhere classified.”
17. Click the A that appears for “initial encounter.” This code will auto-populate in the ICD-10 field of the Add Problem window.
18. Document the current date in the Date Identified field.
19. Select the Active radio button in the Status field.
20. Click the Save button. A confirmation will appear and the Problem List grid will display the new problem.

Quiz Questions
1. The correct ICD-10 code for acetaminophen toxicity is:
   - L60.3.
   - E850.4.
   - T39.8x1A.
   - 965.4.

   **Answer:** T39.8x1A.

   **Rationale:** By locating the code for acetaminophen poisoning in the Table of Drugs and Chemicals and then verifying the code in the Tabular list, you can confirm that the correct ICD-10 code for acetaminophen toxicity is T39.8x1A.

   **Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

2. True or false? The index of the coding manual contains two tables to help facilitate the finding of certain diagnostic codes.

   **Answer:** True

   **Rationale:** The index of the ICD manual contains a Table of Neoplasms and a Table of Drugs And Chemicals to help facilitate locating the correct diagnostic code.

   **Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

3. The correct ICD-9 code for acetaminophen toxicity is:
   - E850.4.
   - T39.8x1A.
   - 965.4.
   - E850.4 and 965.4.

   **Answer:** E850.4 and 965.4.

   **Rationale:** By locating the code for acetaminophen poisoning in the Table of Drugs and Chemicals and then verifying the code in the Tabular list, you can confirm that the correct ICD-9 code for acetaminophen toxicity is E850.4 and 965.4.

   **Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

4. In order to ensure that no information is lost if the computer system crashes, the medical assistant should _________ the electronic health record system frequently.
   - backup
   - sweep
   - clean
   - test

   **Answer:** backup

   **Rationale:** All computer systems should follow a regular backup schedule so that no information is lost.

   **Competency:** File medical records, ABHES 8-a, CAAHEP V.P-4

5. True or false? Acetaminophen poisoning is an acute illness.

   **Answer:** True

   **Rationale:** Acute illnesses come on suddenly. Any type of poisoning would be classified as acute.

   **Competency:** File medical records, ABHES 8-a, CAAHEP V.P-4

6. Which part of the Progress Note relates to the Problem List the most closely?
   - Subjective
   - Objective
   - Assessment
   - Plan
Answer: Assessment
Rationale: The problem list is a collection of past and current diagnosis of the patient. Each visit diagnosis is determined by the physician and documented in the assessment area.
Competency: File medical records, ABHES 8-a, CAAHEP V.P-4

7. In the Problem List, acetaminophen poisoning is documented as a/an _________ status:
   - active
   - inactive
   - resolved
   - ongoing
Answer: active
Rationale: At the time of the patient visit, the poisoning is an active status.
Competency: File medical records, ABHES 8-a, CAAHEP V.P-4

8. “Ingested this morning” is documented as the:
   - duration.
   - timing.
   - location.
   - severity.
Answer: duration
Rationale: The Medical Assistant asks the patient how long symptoms have been occurring. This amount of time is called duration. In this case, the illness has been occurring since “this morning”.
Competency: Document patient care, CAAHEP IV.P-8

9. The patient’s reason for visit is the:
   - HPI.
   - ROS.
   - CC.
   - BP.
Answer: CC
Rationale: The Chief Complaint (CC) is the patient’s reason for visit. In this case, the chief complaint is accidental poisoning.
Competency: Document patient care, CAAHEP IV.P-8

10. True or false? A medication accidentally ingested is documented in the medication list.
    Answer: False
    Rationale: A medication accidentally ingested is not part of the patient’s regular medications. The medication list is for documentation of a patient’s prescribed medications.
    Competency: Document patient care, CAAHEP IV.P-8

11. True or false? Vital sign documentation is an important part of the physician’s assessment for a patient with accidental medication poisoning.
    Answer: True
    Rationale: Any type of poisoning will affect a patient’s vital signs negatively and should be documented in the record.
    Competency: Document patient care, CAAHEP IV.P-8
28. Update Problem List for Anna Richardson

Objectives
• Search for a patient record.
• Document in the problem list.
• Document diagnostic codes.

Overview
Anna Richardson was released from the hospital two days ago following a normal vaginal delivery with postpartum hemorrhage complications. She states that she is feeling great and is not currently experiencing any pain. Document Ms. Richardson’s postpartum care, normal vaginal delivery, and postpartum hemorrhage in the problem list using ICD-10.

Competencies
• Document accurately in the patient record, ABHES 4-a, CAAHEP IV.P-7
• Perform diagnostic coding, ABHES 8.c.3, CAAHEP VIII.P-2

Estimated completion time: 15 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Anna Richardson’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Anna Richardson and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Problem List from the Record dropdown menu that is already open.
8. Click the Add Problem button to add a problem.
9. In the Add Problem window, document “Postpartum care” in the Diagnosis field.
10. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
   Helpful Hint: Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
11. Enter “Postpartum maternal care” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
12. Click the Search button.
13. Click the code Z39.0 to expand this code and confirm that it is the most specific code available.
14. Click the code Z39.0 for “Postpartum care” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
15. Document the current date in the Date Identified field.
16. Select the Active radio button in the Status field.
17. Click the Save button. A confirmation will appear and the Problem List grid will display the new problem.
18. Click the Add Problem button to add a problem.
19. In the Add Problem window, document “Normal vaginal delivery” in the Diagnosis field.
20. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
21. Enter “Normal vaginal delivery” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
22. Click the Search button.
23. Click the code O80 to expand this code and confirm that it is the most specific code available.
24. Click the code O80 for “Normal vaginal delivery” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
25. Document the current date in the Date Identified field.
26. Select the Active radio button in the Status field.
27. Click the Save button. A confirmation will appear and the Problem List grid will display the new problem.
28. Click the Add Problem button to add a problem.
29. In the Add Problem window, document “Postpartum hemorrhage” in the Diagnosis field.
30. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
31. Enter “Postpartum hemorrhage” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
32. Click the Search button.
33. Click the code O72.0 to expand this code and confirm that it is the most specific code available.
34. Click the code O72.0 for “Postpartum hemorrhage” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
35. Document the current date in the Date Identified field.
36. Select the Active radio button in the Status field.
37. Click the Save button. A confirmation will appear and the Problem List grid will display the new problem.

Quiz Questions

1. The correct ICD-10 code for normal vaginal delivery is:
   - F95.2.
   - NOS O80.
   - H80.01.
   - M54.4.

   Answer: NOS O80
   Rationale: By locating the code for vaginal delivery in the Index to Diseases and then verifying the code in the Tabular list, you can confirm that the correct ICD-10 code for a vaginal delivery is NOS O80.
   Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

2. The correct ICD-10 code for postpartum hemorrhage is:
   - O72.0.
   - K71.2.
   - M61.339.
   - Z39.90.

   Answer: O72.0
   Rationale: By locating the code for postpartum hemorrhage in the Index to Diseases and then verifying the code in the Tabular list, you can confirm that the correct ICD-10 code for a postpartum hemorrhage is O72.0.
   Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

3. The correct ICD-10 code for pregnancy is:
   - M54.4.
   - NOS O80.
   - Z39.90.
   - O72.0.

   Answer: Z39.90
   Rationale: By locating the code for normal pregnancy in the Index to Diseases and then verifying the code in the Tabular list, you can confirm that the correct ICD-10 code for a pregnancy is Z39.90.
   Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
4. The correct CPT code for a vaginal delivery, including routine obstetric care and postpartum care, is:
   - 59320.
   - 59400.
   - 59510.
   - 59610.

**Answer:** 59400

**Rationale:** By locating the procedure code for a vaginal delivery in the index of the CPT manual and verifying the code in the Surgery section, you can confirm that the correct CPT code for a vaginal delivery including routine obstetric and postpartum care is 59400.

**Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

5. True or false? When adding a new item to a patient’s problem, list the number given to that problem can be a random number entered by the medical assistant.

**Answer:** False

**Rationale:** In an electronic health record, the number assigned to the item added to a patient’s problem list will be the next available consecutive number and is assigned by EHR software.

**Competency:** Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
29. Update Problem List for Ella Rainwater

Objectives
• Search for a patient record.
• Document in the problem list.
• Document diagnostic codes.

Overview
Ella Rainwater (DOB 07/11/1959) has had a cold and cough for more than one week, preventing her from sleeping. After conducting an examination, Dr. Martin has determined that Ella Rainwater has bronchitis. Document her diagnosis in the problem list using ICD-10.

Competencies
• Document accurately in the patient record, ABHES 4-a, CAAHEP IV.P-7
• Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 15 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth. **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Ella Rainwater and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Problem List from the Record dropdown menu that is already open.
8. Click the Add Problem button to add a problem.
9. In the Add Problem window, document “Bronchitis” in the Diagnosis field. **Helpful Hint:** Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
10. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
11. Enter “Bronchitis” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
12. Click the Search button.
13. Click the code J40 to expand this code and confirm that it is the most specific code available.
14. Click the code J40 for “Bronchitis” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
15. Document the current date in the Date Identified field.
16. Select the Active radio button in the Status field.
17. Click the Save button. A confirmation will appear and the Problem List grid will display the new problem.

Quiz Questions
1. A problem list is used with which type of medical record format?
   • Paper-oriented
   • Source-oriented
   • Control-oriented
2. An adult BMI of ____ is considered obese.
   a. 18
   b. to 24.9
   c. 25 to 29.9
   d. 30 to 34.9
Answer: 30 to 34.9
Rationale: A BMI of >18 is classified as underweight, 18.5-24.9 is normal weight, 25-29.9 is overweight, and 30-34.9 is Class 1 obesity.
Competency: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

3. True or false? The ICD-10 code for obesity is E66.9.
Answer: True
Rationale: By locating the code for obesity in the index to diseases and the verifying the code in the tabular list, the medical assistant can confirm that the correct ICD-10 code for obesity is E66.9.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

4. True or false? The ICD-10 code for hypertension is H10.
Answer: False
Rationale: By locating the code for hypertension in the Index to Diseases and then verifying the code in the Tabular list, you can confirm that the correct ICD-10 code for hypertension is I10.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

5. True or false? A health history is an important part of a new patient’s medical record and can be obtained in a paper format or electronically.
Answer: True
Rationale: A comprehensive health history is needed for a new patient. This information can be obtained from a paper form or entered directly into the electronic health record by the medical assistant.
Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3
30. Document Allergies for Al Neviaser

Objectives
• Search for a patient record.
• Document allergies.

Overview
During his appointment with Dr. Martin, Al Neviaser (DOB 06/21/1968) reported an allergy to sulfa drugs (N&V). He also mentioned that he developed a rash from the latex gloves he wore while volunteering at the Anytown Food Pantry last week. Document Al Neviaser’s allergies.

Competencies
• Document accurately in the patient record, ABHES 4-a, CAAHEP IV.P-7
• Explain the rationale for performance of a procedure to the patient, HIM III.A-2
• Identify types of records common to the healthcare setting, CAAHEP V.C-12
• Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Al Neviaser’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Al Neviaser and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Allergies is the first option available within the Record dropdown menu, automatically landing the user in that section of the patient chart.
8. Click the Add Allergy button to add sulfa as an allergy for Al Neviaser.
9. Within the Add Allergy window, select the Medication radio button in the Allergy Type field.
11. Check Nausea and Vomiting in the Reactions field.
12. Click the Save button in the Add Allergy window. The allergy you added will display in the Allergies grid.
13. Click the Add Allergy button to add latex as an allergy for Al Neviaser.
14. Select the Environmental radio button in the Allergy Type field.
15. Select Latex from the Select Allergen dropdown menu.
17. Click the Save button in the Add Allergy window. A confirmation will appear and the Allergies grid will display the new allergy.

Quiz Questions
1. A ________________ is a system that protects the computer network from unauthorized access.
   • shield
   • firewall
   • Guard
   • Lock
Answer: firewall
Rationale: A firewall is needed to help protect a computer network from unauthorized access, hackers.
Competency: Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

2. A patient’s allergy to latex would be considered what type of allergy?
   - Medication
   - Environmental
   - Food
   - Hereditary
   
Answer: Environmental
Rationale: A patient’s allergy to latex should be documented as an environmental allergy because latex is not a medication or a food.
Competency: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

3. True or false? The medical assistant should ask a patient about his or her allergies once a year, usually during a wellness exam.
   
Answer: False
Rationale: The medical assistant should ask about patient allergies during every encounter.
Competency: Explain the rationale for performance of a procedure to the patient, CAAHEP III.A-2

4. Which records are maintained in the patient record?
   - Health History
   - Vital Signs
   - Allergies
   - Health History, Vital Signs, and Allergies
   
Answer: Health History, Vital Signs, and Allergies
Rationale: Health history, vital signs, and allergies are all found in the patient record.
Competency: Identify types of records common to the healthcare setting, CAAHEP V.C-12

5. True or false? Medication allergies are the only allergies documented in the allergy record.
   
Answer: False
Rationale: Environmental and food allergies are documented in the Allergy record, in addition to medication allergies.
Competency: Identify types of records common to the healthcare setting, CAAHEP V.C-12

6. Which part of the patient record is classified as administrative?
   - Allergies
   - Demographics
   - Order Entry
   - Patient Education
   
Answer: Demographics
Rationale: Demographics is an administrative record. Allergies and order entry are clinical records.
Competency: Identify types of records common to the healthcare setting, CAAHEP V.C-12

7. True or false? Medication strength, name, frequency, and indication are all documented within the medication record.
   
Answer: True
Rationale: All of the above include information about the medication and are documented in the medication record.
**Competency:** Identify types of records common to the healthcare setting, CAAHEP V.C-1
31. Document Immunizations and Schedule Follow-up Appointment for Daniel Miller

Objectives
- Search for a patient record.
- Document immunizations.
- Schedule an appointment.

Overview
Daniel Miller (DOB 03/21/2012) has a well child check-up with Dr. Martin. Daniel needs his immunizations and Dr. Martin orders MMR and DTaP. The labels display the following information:

MMR, Dosage: 0.5 mL. Manufacturer: Medical Corp. Lot#: K023L, Expiration: 03/15.* The dose is given IM in the left Vastus Lateralis.
DTaP, Dosage: 0.5 mL. Manufacturer: Medical Corp. Lot#: Y043L, Expiration: 02/05.* The dose is given IM in the right Vastus Lateralis.

Dr. Martin tells Daniel’s mom, Tracy Miller, to schedule another check-up in two months. Ms. Miller states Monday mornings work best for her, and well child check-ups usually last 30 minutes.

*The year of expiration displayed on the labels should reflect an expiration date of three years from the current year.

Competencies
- Discuss legal scope of practice for medical assistants, CAAHEP IX.C-1
- Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
- Explain the rationale for performance of a procedure to the patient, HIM III.A-2
- Identify both abbreviations and symbols used in calculating dosages, CAAHEP II.C-6
- Comply with federal, state, and local health laws and regulations, ABHES 6-e
- Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1

Estimated completion time: 50 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Daniel’s patient record. Once you locate Daniel’s patient record in the List of Patients, confirm his date of birth. 
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Daniel Miller and click the Select button.
4. Confirm the auto-populated details in the Patient Header.
5. Create an encounter for Daniel by clicking Office Visit in the Info Panel to the left.
6. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
7. Click the Save button.
8. Select Immunizations from the Record dropdown menu that is already open.
9. Locate the row for the “MMR” vaccine and click on the green plus sign to the far right of that row. That row will become active so you can add an immunization to Daniel’s record.
10. In the Type column, select MMR.
11. Locate the Date Admin column, use the calendar picker to select the date the vaccine was administered.
12. Within the Provider column, document “James Martin, MD” in the text box.
13. Within the Route/Site column, document “0.5 mL, to left Vastus Lateralis” in the text box.
14. Within the Manufacturer/Lot# column, document “Medical Corp./K023L” in the text box.
15. Within the Exp column, document the expiration in the text box.
16. Within the Reaction column, document “No Reaction” in the text box.
17. Click the Save button. A Save successful message will display. Click the OK button. The immunization you added will display in the Immunization Review grid.
18. Locate the row for the “DTaP, DTP, Td Diptheria, Tetanus, Pertussis” vaccine and click on the green plus sign to the far right of that row. That row will become active so you can add an immunization to Daniel’s record.
19. Within the Type column, select DTaP.
20. Within the Date Admin column, use the calendar picker to select the date the vaccine was administered.
21. Within the Provider column, document “James Martin, MD” in the text box.
22. Within the Route/Site column, document “0.5 mL to right Vastus Lateralis” in the text box.
23. Within the Manufacturer/Lot# column, document “Medical Corp./Y043L” in the text box.
24. Within the Exp column, document the expiration in the text box.
25. Within the Reaction column, document “No Reaction” in the text box.
26. Click the Save button. A Save successful message will display. Click the OK button. The immunization you added will display in the Immunization Review grid.
27. Click on the Calendar icon.
28. Within the weekly calendar, click on a time slot to open the New Appointment window
29. Select the Patient Visit radio button as the Appointment Type.
30. Select Wellness Exam from the Visit Type dropdown.
32. Select the Search Existing Patients radio button.
33. Using the Patient Search fields, search for Daniel’s patient record. Once you locate Daniel in the List of Patients, confirm his date of birth.
34. Select the radio button for Daniel Miller and click the Select button. Confirm the auto-populated details.
35. Select James A. Martin, MD from the Provider dropdown.
36. Use the calendar picker to confirm or select the appointment day.
37. Select a start and end time for the appointment using the Start Time and End Time dropdowns.
38. Click the Save button. A confirmation message will appear.
39. Click the OK button to proceed.
40. Daniel’s appointment will be displayed on the calendar.

Quiz Questions
1. True or false? The best time to document the administration of an immunization is before it is administered.
   Answer: False
   Rationale: Nothing should be documented before it is done. The administration of an immunization should be documented as soon as possible after it has been given.
   Competency: Maintain medication and immunization records, ABHES 6-e

2. It is important to document the ______ number and manufacturer of any immunization given.
   • tube
   • social security
   • lot
   • warranty
   Answer: lot
   Rationale: The lot number, expiration date, and manufacturer should be included in the medication record for any immunization given.
   Competency: Maintain medication and immunization records, ABHES 6-e
3. True or false? By recording the lot number of immunizations, the medical assistant can quickly identify patients who may have received an immunization from a batch that has been reported to have issues.

   **Answer:** True

   **Rationale:** Adverse events from immunizations are reported at the national level. As problems occur the lot numbers are used to identify the vaccines that are causing the problem. Electronic health records can quickly supply the names of patients that received the immunizations from that particular lot.

   **Competency:** Execute data management using electronic healthcare records such as the EMR, ABHES7-b, CAAHEP V.P-5

4. By performing only procedures a medical assistant has been trained to do, along with the approval and supervision of a physician, the medical assistant will be working within the legal ______________ for medical assistants.

   - office policy
   - federal law
   - scope of practice
   - local law

   **Answer:** scope of practice

   **Rationale:** To be working within the legal scope of practice for medical assistants, a medical assistant must only perform procedures that they have been trained and be under the supervision of a physician.

   **Competency:** Discuss legal scope of practice for medical assistants, CAAHEP IX.C-1

5. True or false? Offering a patient advice on whether or not he or she should have a procedure is within the legal scope of practice for a medical assistant.

   **Answer:** False

   **Rationale:** Giving medical advice to a patient would be considered practicing medicine without a license and would not be within the legal scope of practice for a medical assistant.

   **Competency:** Discuss legal scope of practice for medical assistants, CAAHEP IX.C-1

6. True or false? The legal scope of practice for medical assistants is decided at the federal level.

   **Answer:** False

   **Rationale:** The legal scope of practice for medical assistants is decided at the state level.

   **Competency:** Discuss legal scope of practice for medical assistants, CAAHEP IX.C-1

7. Identify the following abbreviations:

   1. ID
   2. IM
   3. IN
   4. IV

   **Answer:** 1-Intradermal, 2-Intramuscular, 3-Inhalation, 4-Intravenous

   **Rationale:** Common abbreviations and symbols used in medication documentation.

   **Competency:** Identify both abbreviations and symbols used in calculating dosages, CAAHEP II.C-6

8. CPT criteria for assigning preventative visit codes include:

   - age and gender.
   - age and patient status.
   - patient status.
   - severity of visit.

   **Answer:** age and patient status
Rationale: The preventative E&M visits are assigned for wellness exams and are coded based on the patient status and age.
Competency: Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1

9. A physician would order an MMR immunization in order to:
   a. protect against meningitis
   b. protect against chicken pox.
   c. screen for exposure to rubella.
   d. protect against mumps, measles and rubella.
Answer: protect against mumps, measles and rubella.
Rationale: The MMR vaccination protects a patient against measles, mumps and rubella.
Competency: Explain the rationale for performance of a procedure to the patient, CAAHEP III.A-2

10. Which of the following is not a reason to order a DTaP immunization?
   • To protect against pertussis
   • To protect against measles
   • To protect against diphtheria
   • To protect against lock jaw
Answer: To protect against measles
Rationale: The DTaP immunization protects the patient against diphtheria, pertussis and tetanus (lock jaw).
Competency: Explain the rationale for performance of a procedure to the patient, CAAHEP III.A-2

11. Ms. Miller asks why you are injecting her son, Daniel, in the leg instead of the arm because she always receives injections in her arm. What reason do you share with her?
   • “The leg muscle is the most developed muscle in infants.”
   • “The vastus lateralis is the most developed muscle in infants.”
   • “Infants rarely stay still, so injections in arms are a little tricky.”
   • “I’m not sure. This is just how Dr. Martin ordered it.”
Answer: “The leg muscle is the most developed muscle in infants.”
Rationale: When answering patient questions, do so in a friendly manner and avoid using medical terminology in order to ensure patient understanding.
Competency: Explain the rationale for performance of a procedure to the patient, CAAHEP III.A-2

12. True or false? A patient says she heard the MMR vaccine was administered yearly and wants to schedule two appointments for her son. The medical assistant would be acting appropriately by scheduling these appointments as requested.
Answer: False
Rationale: The MMR is not administered annually. The patient will have two injections by the age of 5.
Competency: Explain the rationale for performance of a procedure to the patient, CAAHEP III.A-2
Objectives
• Search for a patient record.
• Document allergies.
• Document medications.

Overview
Daniel Miller (DOB 03/21/2012) has a well-child check-up with Dr. Martin. Daniel’s mom, Tracy Miller, says that Daniel developed hives from the amoxicillin prescribed during a previous visit. During this visit’s exam, Dr. Martin diagnoses Daniel with an ear infection and prescribes cepalexin tablet for oral suspension 250 mg twice daily for seven days. Document Daniel Miller’s allergy and update his medication record.

Competencies
• Define basic units of measurement in metric, apothecary, and household systems, CAAHEP II.C-4
• Maintain medication and immunization records, ABHES 6-e

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Daniel’s patient record. Once you locate Daniel’s patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Daniel Miller and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-up/Established visit from the Visit Type dropdown.
6. Click the Save button.
7. Allergies is the first option available within the Record dropdown menu, automatically landing the user in that section of the patient chart.
8. Click the Add Allergy button to add amoxicillin suspension as an allergy for Daniel. An Add Allergy window will appear.
9. Select the Medication radio button in the Allergy Type field.
11. Check Hives in the Reactions field.
12. Click the Save button in the Add Allergy window. The allergy you added will display in the Allergies grid.
13. Select Medications from the Record dropdown menu.
14. Select the edit icon from the Action column for amoxicillin.
15. Select the Discontinued radio button in the Status field.
16. Document the date one week from the Start Date for the amoxicillin in the Discontinued Date field.
18. Click the Save button. The status will be changed to Discontinued in the Medications grid.
19. Click the Add Medication button.
22. Document “Suspension tablet” in the Form field.
25. Document today’s date in the Start Date field.
26. Select the "Active" radio button in the Status field.
27. Click the Save button. The medication you added will display in the Medications grid.

Quiz Questions
1. Augmentin is in which class of drugs?
   - Antibacterial
   - ACE inhibitor
   - Antidiarrheal
   - Antifungal
   **Answer:** Antibacterial
   **Rationale:** Augmentin is an antibacterial drug.
   **Competency:** Maintain medication and immunization records, ABHES 6-e

2. Any herbal supplement a patient takes should be documented in the __________ section of the medical record.
   - problem list
   - medication
   - allergy
   - patient education
   **Answer:** medication
   **Rationale:** Patient use of herbal supplements should be documented in the medication section of the medical record.
   **Competency:** Maintain medication and immunization records, ABHES 6-e

3. Which of the following statements is false?
   - The metric system employs a uniform decimal scale based on units of 10.
   - Pharmaceutical companies use the Apothecary system to measure and label medication.
   - The basic metric units of measurement are the gram, liter, and meter.
   - The metric units used most often in the administration of medication in the medical office are the milligram, gram, milliliter, and the cubic centimeter.
   **Answer:** Pharmaceutical companies use the Apothecary system to measure and label medication.
   **Rationale:** Pharmaceutical companies use the metric system to measure and label medications.
   **Competency:** Define basic units of measurement in metric, apothecary, and household systems, CAAHEP II.C-4

4. The _______ is the metric unit of weight used to measure solids.
   - liter
   - Gram
   - pound
   - inch
   **Answer:** Gram
   **Rationale:** Solids are measured in the metric unit gram.
   **Competency:** Define basic units of measurement in metric, apothecary, and household systems, CAAHEP II.C-4

5. The _______ is the metric unit of volume used to measure liquids.
   - liter
   - gram
   - pound
   - inch
   **Answer:** liter
Rationale: Liquids are documented in the metric measure of liter.
Competency: Define basic units of measurement in metric, apothecary, and household systems, CAAHEP II.C-4

6. Which of the following statements is incorrect?
   • The basic measure of weight in the household system is the pound (lb); the basic measure of volume is the drop (gtt).
   • The metric system is used in most American homes.
   • Medications are not measured in household weights, but many prescriptions contain directions using the household measurements of volume.
   • Pediatric medications frequently are packaged as liquids, and the label gives instructions for the medication to be given in household measurements.

Answer: The metric system is used in most American homes.
Rationale: The household system is used in most American homes.
Competency: Define basic units of measurement in metric, apothecary, and household systems, CAAHEP II.C-4
33. Document Immunizations for Al Neviaser

Objectives
• Search for a patient record.
• Document immunizations.

Overview
Dr. Martin orders a tetanus booster for Al Neviaser (DOB 06/21/1968) because he notices that it has been 10 years since the last immunization. Al Neviaser tolerates the injection well and has no reactions. Update his immunization record with the following information:

DTap, Dosage: 0.5 mL. Manufacturer: MassBiologics, Lot#: XX923, Expiration: 06/18.* The dose is injected into the right deltoid.

*The year of expiration displayed on the labels should reflect an expiration date of three years from the current year.

Competencies
• Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
• Comply with federal, state, and local health laws and regulations, ABHES 6-e
• Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3
• Practice within the standard of care for a medical assistant, ABHES 4-c, CAAHEP IX.P-4

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Al Neviaser’s patient record. Once you locate her patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Al Neviaser and click the Select button.
4. Confirm the auto-populated details in the Patient Header.
5. Create an encounter for Al Neviaser by clicking Office Visit in the Info Panel to the left.
6. In the Create New Encounter window, select Follow-up/Established Visit from the Visit Type dropdown.
7. Click the Save button.
8. In order to begin documenting in this encounter, select Immunizations from the Record dropdown menu that is already open.
9. Locate the row for the “DTaP, DTP, TD Diphtheria, Tetanus, Pertussis” vaccine and click on the green plus sign to the far right of that row. That row will become active so you can add an immunization to Al Neviaser’s record.
10. Within the Type column, select DTaP.
11. Within the Date Admin column, use the calendar picker to select the date the vaccine was administered.
12. Within the Provider column, document “James Martin, MD” in the text box.
13. Within the Route/Site column, document “0.5 mL to right deltoid” in the text box.
14. Within the Manufacturer/Lot# column, document “MassBiologics/XX923” in the text box.
15. Within the Exp column, document the expiration in the text box.
16. Within the Reaction column, document “Patient tolerates procedure well with no reaction” in the text box.
17. Click the Save button. A Save successful message will display. Click the OK button. The immunization you added will display in the Immunization Review grid.
Quiz Questions
1. True or false? Documents within a paper medical record are usually arranged in chronological order.
   Answer: False
   Rationale: Documents within a paper medical record are usually arranged in reverse chronological order.
   Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

2. When documenting an immunization, the medical assistant must document the type of vaccine, date given, VIS information, lot number, and:
   - color.
   - weight.
   - texture.
   - manufacturer.
   Answer: manufacturer
   Rationale: When documenting immunizations the medical assistant must document the type of vaccine, the date given, which VIS and the date given, the lot number and manufacturer.
   Competency: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

3. True or false? Only the medical office that administered the immunization needs to have a record of the immunization.
   Answer: False
   Rationale: It is also important for the patient and parents/guardians to have a copy of the immunization record. It is often times needed for enrollment in school including college. Some states also require that immunization information be reported.
   Competency: Comply with federal, state, and local health laws and regulations, ABHES 6-e

4. True or false? All medical assistants can legally perform injections under the supervision of a physician.
   Answer: False
   Rationale: Not all states allow medical assistants to perform injections.
   Competency: Practice within the standard of care for a medical assistant, ABHES 4-c, CAAHEP IX.P-4

5. True or false? If a medical assistant diagnoses a patient condition, he or she is practicing outside of the standard of care for a medical assistant.
   Answer: True
   Rationale: Medical assistants who offer advice or diagnose a patient’s condition are practicing outside of the standard of care for a medical assistant.
   Competency: Practice within the standard of care for a medical assistant, ABHES 4-c, CAAHEP IX.P-4

6. True or false? In order to practice within the standard of care for a medical assistant, the medical assistant needs to know what they are legally allowed to do by state law.
   Answer: True
   Rationale: The standard of care for medical assistants is defined by state law and every medical assistant should be aware of what they are legally able to do within their state.
   Competency: Practice within the standard of care for a medical assistant, ABHES 4-c, CAAHEP IX.P-4

7. A physician asks a medical assistant to perform a procedure that the medical assistant has not been trained to do. How should the medical assistant respond?
   - The medical assistant should tell the provider that they have not been trained in this procedure, but they will find someone who is to perform it
- The medical assistant should tell the provider you would be happy to perform the procedure and then just figure it out as you go
- The medical assistant should just tell the provider that “I don’t know how to do it”
- The medical assistant should tell the provider that you would be happy to do and then look in the procedure manual

**Answer:** The medical assistant should tell the provider that they have not been trained in this procedure, but they will find someone who is to perform it

**Rationale:** In order to practice within the standard of care for a medical assistant, the medical assistant should not attempt to perform the procedure. Clearly stating to the provider that they have not been trained in the procedure and offering to get someone who has been is the best way to handle this situation.

**Competency:** Practice within the standard of care for a medical assistant, ABHES 4-c, CAAHEP IX.P-4
Objectives

• Search for a patient record.
• Document medications.

Overview

Al Neviaser (DOB 06/21/1968) has a history of high blood pressure and takes Diovan 160mg daily. He also takes Nexium 20mg daily for GERD. Document Al Neviaser’s current medications.

Competencies

• Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8
• Apply mathematical computations to solve equations, CAAHEP II.C-2
• Comply with federal, state, and local health laws and regulations, ABHES 6-e

Estimated completion time: 25 minutes

Measurable Steps

1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Al Neviaser’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth. **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Al Neviaser and click the Select button.
4. Confirm the auto-populated details in the Patient Header.
5. Create an encounter for Al Neviaser by clicking Office Visit in the Info Panel to the left.
6. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
7. Click the Save button.
8. Select Medications from the Record dropdown menu.
9. Within the Prescription Medications tab, click the Add Medication button to add Diovan (valsartan) to Al Neviaser’s medications. An Add Prescription Medication window will appear.
10. Select valsartan tablet from the Medication dropdown menu.
11. Document “80 mg” in the Dose field.
12. Select Tablet from the Form dropdown menu.
13. Select oral from the Route dropdown menu.
14. Select “daily” from the Frequency dropdown menu.
15. Document any additional information and select the Active radio button in the Status field.
16. Click the Save button in the Add Prescription Medication window. The medication you added will display in the Prescription Medications grid.
17. Within the Prescription Medications tab, click the Add Medication button again to add Nexium. An Add Prescription Medication window will appear.
18. Select esomeprazole delayed release capsule from the Medication dropdown menu.
19. Select 20 mg from the Strength dropdown menu.
20. Select Capsule DR from the Form dropdown menu.
21. Select Oral from the Route dropdown menu.
22. Select Daily from the Frequency dropdown menu.
23. Document any additional information and select the Active radio button in the Status field.
24. Click the Save button in the Add Prescription Medication window. The medication you added will display in the Prescription Medications grid.
Quiz Questions

1. The medical assistant has given an injection to a patient. Which of the following should be included in the medication record?
   - Number of refills
   - Frequency of administration of the medication
   - Route of administration
   - None of the above

   Answer: Route of administration

   Rationale: For an injection, there would be no refills and the frequency would not be relevant. The medical assistant would need to record the route of administration (ID, SQ, or IM) as well as the injection site.

   Competency: Comply with federal, state, and local health laws and regulations, ABHES 6-e

2. True or false? The medication record only includes prescription medications.

   Answer: False

   Rationale: The medication record would also include over-the-counter medications, vitamins, herbal and mineral supplements.

   Competency: Comply with federal, state, and local health laws and regulations, ABHES 6-e

3. What is the difference between administering, prescribing and dispensing medication?

   - Administering a medication is giving a medication to a patient to take at the office, physicians prescribe medications to patients with a hand-written or electronic prescription to be filled at a pharmacy, and dispensed medications are given to patients at the office for them to take home.
   - Administering a medication is giving a patient a hand-written or electronic prescription to be filled at a pharmacy, prescriptions are given to a patient to take at the office, and dispensed medications are given to patients at the office for them to take home.
   - Administering a medication is giving a patient is a hand-written or electronic prescription to be filled at a pharmacy, prescriptions are given to patients at the office for them to take home, and dispensed medications are given to a patient to take at the office.
   - None of the above.

   Answer: Administering a medication is giving a medication to a patient to take at the office, physicians prescribe medications to patients with a hand-written or electronic prescription to be filled at a pharmacy, and dispensed medications are given to patients at the office for them to take home.

   Rationale: The medical assistant must understand and use proper terminology during the administration of medications.

   Competency: Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8

4. True or false? The medical assistant does not need to know the category of a particular drug or its primary use as long as they are following the physician order.

   Answer: False

   Rationale: Drugs can be classified according to the action they have on the body. The medical assistant should know in which category a particular drug belongs and its primary use and major therapeutic effects.

   Competency: Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8

5. When would a medical assistant administer an oral medication in liquid form?

   - When caring for young children
   - When caring for elderly patient
   - When caring for critically ill patients
   - When caring for young children, elderly patients, and/or critically ill patients

   Answer: When caring for young children, elderly patients, and/or critically ill patients
**Rationale:** A liquid form of medication may be used for all of the patients. Liquid medications are easier to swallow for children, elderly and critically ill patients.

**Competency:** Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8

6. Which of the following statements is false?
   - The oral route is the most convenient and most used method of administering medication.
   - Oral administration means that the drug is given by mouth in either a solid form or a liquid form.
   - Many patients find it easier to swallow a tablet or a capsule with a glass of water.
   - Water should never be offered after the patient has received a cough syrup.

**Answer:** Water should never be offered after the patient has received a cough syrup.

**Rationale:** Water is actually a good cough suppressant and no evidence shows that water affects the effectiveness of cough syrup.

**Competency:** Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8

7. True or false? The first step a medical assistant should take in safely calculating a drug dosage is reading the label accurately.

**Answer:** True

**Rationale:** Reading the label of the drug helps to determine whether the physician’s order and the packaged drug are in the same system of measurement.

**Competency:** Apply mathematical computations to solve equations, CAAHEP II.C-2

8. The physician orders 50 mg of Imitrex to be given STAT for a patient with a severe migraine. The label states “25 mg/tab” How much should the patient receive?
   - One tablet
   - Two tablets
   - Three tablets
   - Four tablets

**Answer:** Two tablets

**Rationale:** Using the following formula, the medical assistant can determine that the patient should receive two tablets: D (desired dose) divided by H (what is on hand) multiplied by Q (unit containing H – 1 tab in this case). 50 / 25 × 1 = 2

**Competency:** Apply mathematical computations to solve equations, CAAHEP II.C-2

9. The physician orders 500 mg of an antibiotic STAT. The label states that the dosage strength is 250 mg/2 mL. How much should the patient receive?
   - 4 mL
   - 4 mg
   - 2 mL
   - 2 mg

**Answer:** 4 mL

**Rationale:** Using the following formula, the medical assistant can determine that the patient should receive two tablets: D (desired dose) divided by H (what is on hand) multiplied by Q (unit containing H – 2 tabs in this case). 500 / 250 × 2 = 4

**Competency:** Apply mathematical computations to solve equations, CAAHEP II.C-2
35. Document Immunizations and Medications for Diego Lupez

**Objectives**
- Search for a patient record.
- Document medications.

**Overview**
Diego Lupez (DOB 08/01/1982) stepped on a nail that went through his shoe and punctured the bottom of his foot while he was at work. His supervisor told him to see his primary care physician for treatment. Dr. Martin orders a tetanus booster and Diego Lupez has no reactions. He also has GERD which is treated with Prilosec capsules 40 mg daily. Document Diego Lupez’s medications and immunizations:

DTaP, 0.5 mL. Manufacturer: CareMed, Lot#: 89FG, Expiration: 05/18.* The dose was injected into the left deltoid.

*The year of expiration displayed on the labels should reflect an expiration date of three years from the current year.

**Competencies**
- Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8
- Identify both abbreviations and symbols used in calculating dosages, CAAHEP II.C-6
- Comply with federal, state, and local health laws and regulations, ABHES 6-e
- Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

**Estimated completion time: 20 minutes**

**Measurable Steps**
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Diego Lupez’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Diego Lupez and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Immunizations from the Record dropdown menu.
8. Locate the row for the “DTaP, DTP, TD Diphtheria, Tetanus, Pertussis” vaccine and click on the green plus sign to the far right of that row. That row will become active so you can add an immunization to Diego Lupez’s record.
9. Within the Type column, select DTaP.
10. Within the Date Admin column, use the calendar picker to select the date administered.
11. Within the Provider column, document “Dr. Martin” in the text box.
12. Within the Route/Site column, document “0.5 mL to left deltoid” in the text box.
13. Within the Manufacturer/Lot# column, document “CareMed/89FG” in the text box.
14. Within the Exp column, document the expiration in the text box.
15. Click the Save button. A confirmation message will appear and the Immunizations table will display the new immunization.
16. Select Medications from the Record dropdown menu.
17. Within the Prescription Medications tab, click the Add Medication button to add Prilosec to Diego Lupe’s medications. An Add Prescription Medication window will appear.
23. Document any additional information and select the Active radio button in the Status field.
24. Click the Save button in the Add Prescription Medication window. The medication you added will display in the Prescription Medications grid.

Quiz Questions

1. True or false? The route of medication administration is only documented when an injection is given.
   Answer: False
   Rationale: The route of administration is always documented. It could be oral, sublingual, inhalation, rectal, vaginal, topical, intradermal, subcutaneous, intramuscular, or intravenous.
   Competency: Comply with federal, state, and local health laws and regulations, ABHES 9-e

2. True or false? The most common system of measurement for medication is the metric system.
   Answer: True
   Rationale: The metric system is the most common system used to measure medication because it provides a more exact measurement and is easier to use.
   Competency: Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8

3. The medical assistant should perform a medication check:
   • when taking the medication out of storage.
   • while dispensing the medication.
   • before returning the medication to storage.
   • when taking the medication out of storage, while dispensing the medication, and before returning the medication to storage.
   Answer: when taking the medication out of storage, while dispensing the medication, and before returning the medication to storage.
   Rationale: A medication check must be performed before, during and after dispensing medication.
   Competency: Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8

4. True or false? A medical assistant must have a written order from a physician before administering any medications to a patient.
   Answer: True
   Rationale: A medical assistant must perform medication checks and reference the physician’s order before administering medications.
   Competency: Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8

5. Prilosec is a medication used to treat:
   • musculoskeletal injuries.
   • digestive disorders.
   • anemia.
   • lacerations.
   Answer: digestive disorders
   Rationale: Prilosec is used to treat digestive disorders.
**Competency**: Administer oral medications, ABHES 2-c/9-f, CAAHEP I.P-8

6. **Why does Mr. Lupez need a tetanus shot?**
   - He has a puncture wound and has not had a tetanus shot within the last 10 years.
   - He has a puncture wound and has not had a tetanus shot within the last 5 years.
   - He has a puncture wound and has not had a tetanus shot within the last 3 years.
   - He has a puncture wound and has not had a tetanus shot within the last 6 months.
   **Answer**: He has a puncture wound and has not had a tetanus shot within the last 10 years.
   **Rationale**: Tetanus is more likely to develop with a puncture wound as it gives the microorganism the perfect environment to grow. The CDC recommends that people get revaccinated for tetanus every 10 years.

**Competency**: Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

7. **Identify the following abbreviations:**
   1. kg
   2. L
   3. mg
   **Answer**: 1-kilogram, 2-liter, 3-milligram
   **Rationale**: The metric system is the most common system used to measure medication because it provides a more exact measurement and is easier to use.

**Competency**: Identify both abbreviations and symbols used in calculating dosages, CAAHEP II.C-6
36. Document Health History for Ella Rainwater

Objectives
- Search for a patient record.
- Document health history.

Overview
Ella Rainwater (DOB 07/11/1959) started coming to the Walden-Martin office because she heard such great things about Dr. Martin. She had been seeing a physician at a different clinic, but didn’t appreciate the tone that physician used when discussing her health concerns. Ella Rainwater smokes two packs of cigarettes a day and both her mother and father have hypertension. She reports a surgical history of a “hemorrhoidectomy in 2007” and an “inguinal hernia repair in 1999." Document Ella Rainwater's health history.

Competencies
- Apply active listening skills, ABHES 8-f, CAAHEP IV.A-2
- Apply local, state and federal healthcare legislation and regulation appropriate to the medical assisting practice setting, ABHES 4-f, CAAHEP IX.P-8
- Demonstrate empathy in communicating with patients, family and staff, ABHES 5-b.1/8-f, CAAHEP IV.A-1
- Document patient care, CAAHEP IV.P.8

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Ella Rainwater and click the Select button.
4. Confirm the auto-populated details in the Patient Header.
5. Create an encounter for Ella Rainwater by clicking Office Visit in the Info Panel to the left.
6. In the Create New Encounter window, select New Patient Visit from the Visit Type dropdown.
7. Click the Save button.
8. In order to begin documenting in this encounter, select Health History from the Record dropdown menu that is already open.
9. Within the Medical History tab, click the Add New button beneath the Past Surgeries section.
10. In the Add Past Surgery window, document “2007” in the Date field.
11. Document “Hemorrhoidectomy” in the Type of Surgery field, along with any additional information needed.
12. Click the Save button. A confirmation message will appear and the Past Surgeries grid will refresh.
13. Click the Add New button beneath the Past Surgeries section.
15. Document “Inguinal hernia repair” in the Type of Surgery field, along with any additional information needed.
16. Click the Save button. A confirmation message will appear and the Past Surgeries grid will refresh.
17. Within the Social and Family History tab, click the Add New button beneath the Paternal section.
18. In the Add Paternal Family Member window, document “Father” in the relationship field.
20. Click the Save button. A confirmation message will appear and the Maternal grid will refresh.
21. Click the Add New button beneath the Maternal section.
22. In the Add Maternal Family Member window, document “Mother” in the relationship field.
23. Document “Hypertension” in the Current Medical Condition field.
24. Click the Save button. A confirmation message will appear and the Maternal grid will refresh.

Quiz Questions

1. What type of history is the fact that Ms. Rainwater smokes?
   - Past medical history
   - Family history
   - Social history
   - Maternal history
   **Answer:** Social history
   **Rationale:** Smoking is considered a health habit that should be recorded in the social history section of the medical record.
   **Competency:** Document patient care, CAAHEP IV.P-8

2. What type of history is the fact that both of Ms. Rainwater’s parents have hypertension?
   - Social history
   - Maternal
   - Family history
   - Past history
   **Answer:** Family history
   **Rationale:** Family history is a review of the health status patient’s blood relatives and that would include the patient’s parents.
   **Competency:** Document patient care, CAAHEP IV.P-8

3. True or false? Being an active listener can show a patient you are listening to their concerns.
   **Answer:** True
   **Rationale:** Active listening is a way to show patients you are hearing their concerns.
   **Competency:** Demonstrate empathy in communicating with patients, family and staff, ABHES 5-c, CAAHEP IV.A-1

4. True or false? Touch can be a positive or negative method of communication.
   **Answer:** True
   **Rationale:** Patients respond differently to touch. For some, touch can be emotional support while for others an uncomfortable experience.
   **Competency:** Demonstrate empathy in communicating with patients, family and staff, ABHES 8-f, CAAHEP IV.A-1

5. Some patients might express resistance when a medical assistant is trying to obtain a health history. The correct response is:
   - “I’m sorry you are uncomfortable, but this is my job and we must get through this form.”
   - “Let’s just skip it then.”
   - “Here, you are welcome to fill it out yourself then.”
   - “Would you feel more comfortable discussing this information with the doctor directly? I completely understand.”
   **Answer:** “Would you feel more comfortable discussing this information with the doctor directly? I completely understand.”
   **Rationale:** Some patients might cite invasion of privacy. The medical assistant can either get the physician to obtain the history or educate the patient about the medical assistant’s role.
Competency: Demonstrate empathy in communicating with patients, family and staff, ABHES 8-f, CAAHEP IV.A-1

6. What type of nonverbal signs might suggest that a patient is nervous about discussing a particular health topic?
   - Fidgeting
   - Nervous laughter
   - Lack of eye contact
   - Fidgeting, nervous laughter, and lack of eye contact
Answer: Fidgeting, nervous laughter, and lack of eye contact
Rationale: The patient may not verbally speak concerns about a procedure, but instead might show some nonverbal signs.
Competency: Demonstrate empathy in communicating with patients, family and staff, ABHES 8-f, CAAHEP IV.A-1

7. A breach of patient confidentiality is a violation of ________, the 1996 federal legislation that addresses confidentiality, privacy, and security of patient information.
   - HIPAA
   - AARP
   - OSHA
   - FDA
Answer: HIPAA
Rationale: The Health Insurance Portability and Accountability Act is the 1996 federal regulation that addresses patient confidentiality among many other things.
Competency: Comply with federal, state, and local health laws and regulations as they relate to healthcare settings, ABHES 4-f, CAAHEP IX.P-8

8. True or false? Medical assistants are required by law to be certified.
   Answer: False
Rationale: At this time, becoming a certified medical assistant is not required by law.
Competency: Apply local, state and federal healthcare legislation and regulation appropriate to the medical assisting practice setting, ABHES 4-f, CAAHEP IX.P-8

9. True or false? Medical assistants are permitted to sign prescriptions on behalf of the physician.
   Answer: False
Rationale: Prescribing medications is out of the scope of practice of the medical assistant. Signing the physician’s name to a prescription is illegal.
Competency: Comply with federal, state, and local health laws and regulations as they relate to healthcare settings, ABHES 4-f, CAAHEP IX.P-8

10. The duties that a medical assistant can perform are defined at the ______ level.
    - local
    - state
    - federal
    - AAMA
   Answer: state
Rationale: The duties that a medical assistant can perform are defined at the state level.
Competency: Comply with federal, state, and local health laws and regulations as they relate to healthcare settings, ABHES 4-f, CAAHEP IX.P-8
11. Active listening includes:
   • concentrating.
   • understanding.
   • listening.
   • concentrating, understanding, and listening.

**Answer:** concentrating, understanding, and listening.

**Rationale:** Active listening includes concentrating, understanding and listening to the patient’s message.

**Competency:** Apply active listening skills, ABHES 8-f, CAAHEP IV.A-2

12. True or false? Restatement, reflection, and clarification are steps of the active listening process.

**Answer:** True

**Rationale:** The three steps of active listening are restatement, reflection and clarification.

**Competency:** Apply active listening skills, ABHES 8-f, CAAHEP IV.A-2
37. Document Phone Encounter and Prepare Medication Refill for Casey Hernandez

Objectives
- Search for a patient record.
- Document a phone encounter.
- Prepare a prescription refill.

Overview
Casey Hernandez’s (DOB 10/08/2000) mother, Maria Hernandez, is calling to request a refill for Casey’s albuterol inhaler. Maria Hernandez sometimes has difficulty understanding English without the help of gestures and visual cues. Casey takes the inhaler every four to six hours as needed for asthma. Order one inhaler for Casey to keep at home and one for the school nurse to keep at school. Ms. Hernandez uses Consumer Pharmacy. Create a phone encounter and prepare the electronic transfer refill for Dr. Martin’s approval.

Competencies
- Develop and maintain a current list of community resources related to patients’ healthcare needs, ABHES 9-i, CAAHEP IV.P-12
- Identify techniques for overcoming communication barriers, ABHES 8-f, CAAHEP IV.C-4
- Comply with legal aspects of creating prescriptions, including federal and state laws, ABHES 6-c.3

Estimated completion time: 40 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Casey’s patient record. Once you locate Casey’s patient record in the List of Patients, confirm her date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Casey Hernandez and click the Select button.
4. Confirm the auto-populated details in the Patient Header.
5. Create a phone encounter for Casey by clicking Phone Encounter in the Info Panel to the left.
6. In the Create New Encounter window, document “Maria Hernandez” in the Caller field.
7. Select Dr. Martin from the Provider dropdown menu.
8. Document “Refill request for Casey’s albuterol inhaler. Mother is requesting refill of two albuterol inhalers for Casey, one for home and one for school.” in the Message field.
9. Click the Save button.
10. In order to begin documenting in this encounter, select Order Entry from the Record dropdown menu that is already open.
11. Click the Add button in the Out-of-Office section.
12. Select Medication Prescription from the Order dropdown menu.
13. Select the checkbox for Dr. Martin.
16. Select the Refill checkbox and document “2” as the quantity in the Refill Details field.
17. Document “Take 2 puffs every 4-6 hours as needed” in the Directions field.
19. Select the Electronic transfer radio button in the Issue Via field.
Quiz Questions

1. True or false? The message played while patients are on hold is one opportunity for medical offices to provide information about community resources related to healthcare needs.

   **Answer:** True
   **Rationale:** The message that is played while patients are on hold is an excellent opportunity for medical offices to provide information about community resources related to patient’s healthcare needs.
   **Competency:** Develop and maintain a current list of community resources related to patients’ healthcare needs, ABHES 9-i, CAAHEP IV.P-12

2. When language is a barrier to effective communication, a medical assistant can overcome that barrier by:
   - having an interpreter available during the appointment.
   - referring the patient to a clinic that deals exclusively with patients who speak that language.
   - always asking patients if they speak English before scheduling an appointment for them. If they do not, then they do not get an appointment.
   - asking another patient to help with translation.

   **Answer:** having an interpreter available during the appointment.

   **Rationale:** To overcome language as a barrier to communication, it is best to have a trained medical interpreter available during the patient’s appointment.

   **Competency:** Identify techniques for overcoming communication barriers, ABHES 8-f, CAAHEP IV.C-4

3. True or false? When working with a patient who does not speak the same language as the medical assistant and an interpreter is not available, the medical assistant may need to use pantomime and gestures to relay his or her message.

   **Answer:** True

   **Rationale:** When language is a barrier to communication, a medical assistant may need to use pantomime and gestures to convey their message. The medical assistant should always make sure that the patient has understood the intended message.

   **Competency:** Identify techniques for overcoming communication barriers, ABHES 8-f, CAAHEP IV.C-4

4. If a medical office is unable to have an interpreter on staff, an alternate option is:
   - asking if someone in the waiting room can translate.
   - rescheduling the patient for another day when someone would be available to translate.
   - using a telephone or video translation service.
   - asking if someone in the waiting room can translate, rescheduling the patient for another day when someone would be available to translate, and/or using a telephone or video translation service.

   **Answer:** using a telephone or video translation service

   **Rationale:** Telephone or video translation services can be purchased and would be available for patients who speak another language. Video translation services would require the use of a computer, webcam, and microphone or speaker phone.

   **Competency:** Identify techniques for overcoming communication barriers, ABHES 8-f, CAAHEP IV.C-4

5. By means of federal and state legislation, restrictions are placed on drugs that have potential for abuse. These drugs are known as:
   - controlled drugs.
   - hallucinogens.
   - uncontrolled.
• stimulants.
Answer: controlled drugs

Rationale: Controlled drugs are those that have a high potential for abuse and are restricted by federal and state legislation.

Competency: Comply with legal aspects of creating prescriptions, including federal and state laws, ABHES 6-c.3

6. A________________ is a physicians’ order authorizing the dispensing of a drug by a pharmacist.
• reminder
• prescription
• endorsement
• recommendation

Answer: prescription

Rationale: Prescriptions can be authorized in different forms, including hand-written, computer-generated, and telephone or faxed to a pharmacy.

Competency: Comply with legal aspects of creating prescriptions, including federal and state laws, ABHES 6-c.3

7. True or false? The medical assistant should ensure that all prescription pads are kept in a safe place and out of reach of individuals who may want to obtain drugs illegally.

Answer: True

Rationale: The stock supply of prescriptions pads should be locked in a drawer.

Competency: Comply with legal aspects of creating prescriptions, including federal and state laws, ABHES 6-c.3

8. True or False? A physician cannot delegate the medical assistant complete the prescription form.

Answer: False

Rationale: The physician is responsible for having accurate and pertinent information on the prescription form. If delegated by the physician, a prescription form can be completed by the medical assistant and signed by the physician.

Competency: Comply with legal aspects of creating prescriptions, including federal and state laws, ABHES 6-c.3
Objectives
• Search for a patient record.
• Document patient education.

Overview
Amma Patel (DOB 01/14/1988) is experiencing her first urinary tract infection and seems uncomfortable while she is discussing her symptoms with Dr. Martin. She is avoiding eye contact and crossing her arms. Print the urinary tract infection patient education handout for Amma Patel so she knows what to expect.

Competencies
• Demonstrate awareness of diversity in providing patient care, CAAHEP X.A-3
• Demonstrate empathy in communicating with patients, family and staff, ABHES 5-b.1/8-f, CAAHEP IV.A-1
• Identify nonverbal communication, ABHES 8-f, CAAHEP IV.C-2

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Amma Patel’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
3. Select the radio button for Amma Patel and click the Select button.
4. Create a new encounter by clicking Office Visit in the Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Patient Education from the Record dropdown menu that is already open. The menu will close once you navigate away from this screen.
8. Select Diagnosis from the Category dropdown menu.
9. Select Urinary System from the Subcategory dropdown menu.
10. Select the Urinary Tract Infection (UTI) checkbox in the Teaching Topics field.
11. Click the Save button. This teaching topic will move from the New tab to the Saved tab.
12. Click the triangle on the right side of the header to expand the accordion of the saved patient education category to view and print the handout.

Quiz Questions
1. True or false? A patient is nodding his head when the medical assistant is explaining the directions for a procedure. This visual cue suggests that the patient understands everything the medical assistant is communicating.
   Answer: False
   Rationale: The nodding of the head could just be a cultural sign of politeness not understanding.
   Competency: Demonstrate recognition of the patient’s level of understanding in communications, ABHES 8-cc, CAAHEP IV.A-7

2. Amma Patel is nervous about her first pap smear. Which of the following is an appropriate response?
   • “This is nothing. Lots of patient experience things way worse than this!”
   • “Try to relax and take a deep breath. I understand you are nervous and I’ll be here to support you.”
   • “I’m sure everything will be completely normal.”
“This test can be very painful; but it’s necessary.”

**Answer:** “Try to relax and take a deep breath. I understand you are nervous and I’ll be here to support you.”

**Rationale:** The medical assistant should not predict how a patient will feel during a procedure. The best thing is to help the patient relax and stay calm.

**Competency:** Demonstrate recognition of the patient’s level of understanding in communications, ABHES 8-cc, CAAHEP IV.A-7

3. True or false? Patient education tools should be written at the 11th grade reading level.

**Answer:** False

**Rationale:** The average reading level is closer to 5th-7th grade. Patient education tools should be easy to read and understand for the patient.

**Competency:** Demonstrate recognition of the patient’s level of understanding in communications, ABHES 8-cc, CAAHEP IV.A-7

4. True or false? Most patients understand medical coding, so it is fine to simply provide the procedure and diagnosis codes on the patient statements.

**Answer:** False

**Rationale:** Medical coding is a learning skill and many patients with no other medical background would be unfamiliar with the system.

**Competency:** Demonstrate recognition of the patient’s level of understanding in communications, ABHES 8-cc/CAAHEP IV.A-7

5. A patient is having her first gynecological exam today. She appears to be nervous and her face is flushed. Which of the following actions would be appropriate?

- Disregard the patient’s nerves. It’s best not to acknowledge it.
- Ask the patient if she has any questions about the procedure.
- Leave the patient alone and allow the doctor to speak with the patient.
- None of the above.

**Answer:** Ask the patient if she has any questions about the procedure.

**Rationale:** The medical assistant should make every effort to make the patient comfortable and answer questions about the procedure.

**Competency:** Demonstrate empathy in communicating with patients, family and staff, ABHES 5-b.1/8-f, CAAHEP IV.A-1

6. True or false? When working with a patient from another culture the medical assistant needs to aware of both the verbal and non-verbal language differences.

**Answer:** True

**Rationale:** When a patient is from another culture, there very well could be verbal language difficulties, but the medical assistant also needs to be aware that gestures could mean something different also.

**Competency:** Demonstrate awareness of diversity in providing patient care, CAAHEP X.A-3

7. One way to learn more about a different culture would be to:

- ask your patients about their culture.
- take a cultural diversity class.
- attend cultural events in your community.
- ask your patients about their culture, take a cultural diversity class, and attend cultural events in your community.
Answer: ask your patients about their culture, take a cultural diversity class, and attend cultural events in your community.

Rationale: It is important for medical assistant to have an understanding of the different cultures of their patients. A medical assistant should take advantage of any opportunity to learn more about the different cultures represented in their community.

Competency: Demonstrate awareness of diversity in providing patient care, CAAHEP X.A-3

8. True or false? Body language is somewhat instinctive, taught and imitative.
Answer: True

Rationale: Body language is important for the medical assistant to use to improve communication with the patient.

Competency: Identify nonverbal communication, ABHES 8-f, CAAHEP IV.C-2

9. True or false? Patients can be defensive when they are nervous about having a procedure. The medical assistant should always be kind and not take any patient behavior personally.
Answer: True

Rationale: The medical assistant should recognize that patient behavior will be out of the ordinary how they are experiences apprehension about the procedure.

Competency: Identify nonverbal communication, ABHES 8-f, CAAHEP IV.C-2

10. Nonverbal signs of communication are sometimes called:
- body language.
- silence.
- context.
- being observant.

Answer: body language

Rationale: Body language is a non-verbal sign that can tell you how a patient is feeling inside.

Competency: Identify nonverbal communication, ABHES 8-f, CAAHEP IV.C-2

11. True or false? Crossed arms are a sign that patients are relaxed and open to suggestions.
Answer: False

Rationale: Crossed arms and legs are signs that a patient is closed to communication.

Competency: Identify nonverbal communication, ABHES 8-f, CAAHEP IV.C-2
Objectives
• Search for a patient record.
• Document patient education.

Overview
Jean Burke, NP is discussing bike safety with Casey (DOB 10/08/2000) and her mom. Document this patient education in the patient record and print the patient education handout.

Competencies
• Demonstrate empathy in communicating with patients, family and staff, ABHES 5-b.1/8-f, CAAHEP IV.A-1
• Demonstrate respect for diversity in approaching patients and families, CAAHEP I.A-3

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Casey Hernandez’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Casey Hernandez and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Patient Education from the Record dropdown menu.
8. Select Health Promotion from the Category dropdown menu.
9. Select Exercise or Safety from the Subcategory dropdown menu.
10. Select the Bike Safety checkbox in the Teaching Topics field.
13. Select No Barriers in the Learning Barriers section.
14. Select Verbalizes Understanding in the Outcome section.
15. Click the Save button. This teaching topic will move from the New tab to the Saved tab.
16. Click the triangle on the right side of the header to expand the accordion of the saved patient education category to view and print the handout.

Quiz Questions
1. True or false? Empathy and sympathy are basically the same thing.
   Answer: False
   Rationale: Empathy is a more objective way of understanding the feelings, at an emotional level, that someone else has without allowing them to become overwhelming.
   Competency: Demonstrate empathy in communicating with patients, family and staff, ABHES 5-b.1/8-f, CAAHEP IV.A-1

2. True or false? A co-worker has just received news that her father has suffered a major heart attack. You should just leave her alone so that she can process her feelings.
   Answer: False
Rationale: You should approach her and ask if there is anything you can do, possibly offering to pick up shifts for her if she will have to be gone.
Competency: Demonstrate empathy in communicating with patients, family and staff, ABHES 5-b.1/8-f, CAAHEP IV.A-1

3. True or false? If the patient is young, the medical assistant should direct all questions to the parent.
Answer: False
Rationale: The medical assistant should direct questions to the patient as much as possible to instill a feeling of ownership and independence.
Competency: Demonstrate empathy in communicating with patients, family and staff, ABHES 5-b.1/8-f, CAAHEP IV.A-1

4. True or false? Patient education should be conducted in a private exam room so that the patient feels more comfortable asking questions.
Answer: True
Rationale: Conducting patient education in a private setting allows the patient to feel more comfortable to ask questions. Closing the door of an exam room creates an ideal setting.
Competency: Demonstrate empathy in communicating with patients, family and staff, ABHES 5-b.1/8-f, CAAHEP IV.A-1

5. True or false? A medical assistant must communicate with people from many backgrounds and cultures.
Answer: True
Rationale: Even the smallest offices will have people with cultural differences.
Competency: Demonstrate respect for diversity in approaching patients and families, CAAHEP I.A-3

6. Which of the following practices are helpful when communicating with non-English speaking patients?
• Speaking loudly
• Communicating in a busy hall or waiting room so others can help
• Using medical terminology
• Using pictures and demonstration of procedures
Answer: Using pictures and demonstration of procedures
Rationale: Picture and demonstration can be helpful when communicating with non-English speaking patients.
Competency: Demonstrate respect for diversity in approaching patients and families, CAAHEP I.A-3

7. ____________ is holding an opinion about all members of a specific group based on oversimplified views of some of the members.
• Bias
• Stereotyping
• Prejudice
• Ethics
Answer: Stereotyping
Rationale: Stereotyping is holding an opinion about a group. It is a form of prejudice.
Competency: Demonstrate respect for diversity in approaching patients and families, CAAHEP I.A-3

8. Which of the following are guidelines for communicating with non-English speaking patients?
• Speak slowly
• Avoid slang
• Use gestures
• Speak slowly, avoid slang, and use gestures
Answer: Speak slowly, avoid slang, and use gestures
Rationale: Using these guidelines can help the medical assistant and patient communicate more effectively.
Competency: Demonstrate respect for diversity in approaching patients and families, CAAHEP I.A-3
40. Document Vital Signs for Amma Patel

Objectives
• Search for a patient record.
• Document vital signs.

Overview
During Amma Patel’s (DOB 01/14/1988) follow-up visit, the following vital signs were measured: “Ht: 63 in, Wt: 102 pounds, T: 98.2°F tympanically, P: 74, R: 16 regular rhythm, BP: 112/72, left arm, sitting”. Document Amma Patel’s vital signs.

Competencies
• Convert among measurement systems, ABHES 6-b, CAAHEP II.C-5
• Discuss principles of using Electronic Medical Record (EMR), ABHES 7-b, CAAHEP V.C-11
• Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
• Document patient care, CAAHEP IV.P-8

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Amma Patel’s patient record. Once you locate Ms. Patel’s patient record in the List of Patients, confirm her date of birth.
3. Select the radio button for Amma Patel and click the Select button.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
4. Confirm the auto-populated details such as date of birth.
5. Create a new encounter by clicking Office Visit in the left Info Panel.
6. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
7. Click the Save button.
8. Select Vital Signs from the Visit Type dropdown menu that is already open. The menu will close once you navigate away from this screen.
9. In the Vital Signs tab, click the Add button.
10. Document “98.2°F” in the Temperature field and select Tympanic from the Site dropdown menu.
11. Document “74 reg” in the Pulse field and select Radial from the Site dropdown.
13. Document “112” in the Systolic field and select Left arm from the Site dropdown menu.
15. Select “Manual with cuff” from the Mode dropdown menu.
16. Select “Sitting” from the Position dropdown menu.
17. Click the Save button. The Vital Signs grid will display the vital signs for this encounter.
18. In the Height/Weight tab, click the Add button.
19. Document “5” as the feet and “3” as the inches for the Height field.
21. Select Standing scale from the Method dropdown menu.
22. Click the Save button. The Height/Weight grid will display the height and weight for this encounter.

Quiz Questions
1. A medical assistant measures a patient’s height as 63 inches. This would be recorded as:
2. A medical assistant measures a patient’s height as 3 feet, 7 inches. Convert this height to centimeters.

- 110 centimeters
- 109.22 centimeters
- 37 centimeters
- centimeters

**Answer:** 109.22 centimeters

**Rationale:** One inch equals 2.54 centimeters. Therefore, a patient who is 3 feet, 7 inches (43 inches) tall is 109.22 centimeters tall. 43 multiplied by 2.54 equals 109.22.

**Competency:** Convert among measurement systems, ABHES 6-b, CAAHEP II.C-5

3. A medical assistant measures a patient’s height as 56 centimeters. Convert this height to inches.

- 22 inches
- 34 inches
- 30 inches
- 15 inches

**Answer:** 22 inches

**Rationale:** 2.54 centimeters equal one inch. Therefore, a patient who is 56 centimeters tall is 22 inches tall, 56 divided by 2.54 is approximately 22.

**Competency:** Convert among measurement systems, ABHES 6-b, CAAHEP II.C-5

4. The medical assistant measures a patient’s weight as 56 kilograms. Convert this weight to pounds.

- 56 pounds
- 112 pounds
- 123 pounds
- 23 pounds

**Answer:** 123 pounds

**Rationale:** One kilogram equals 2.2 pounds. Therefore, a patient who weighs 56 kilograms weighs 123 pounds, 56 multiplied by 2.2 equals 123.

**Competency:** Convert among measurement systems, ABHES 6-b, CAAHEP II.C-5

5. An accurately documented pulse will include the rate, rhythm, and:

- timing.
- beats.
- color.
- volume.

**Answer:** volume

**Rationale:** When charting a pulse in the patient’s medical record, the medical assistant should include the rate, rhythm, and volume.

**Competency:** Document accurately in the patient record, CAAHEP IX.P-7
6. As with all computer-based operations, it is important that the EMR be ________ periodically to prevent the loss of information.
   • restored
   • backed-up
   • copied
   • shared
   **Answer**: backed-up
   **Rationale**: It is very important that the electronic medical record be backed-up periodically so that information is not lost if the system were to crash or be damaged.
   **Competency**: Discuss principles of using Electronic Medical Record (EMR), ABHES 7-b, CAAHEP V.C-11

7. True or false? The use of electronic medical records has helped reduce the duplication of medical testing and procedures because multiple providers can have access to the same record.
   **Answer**: True
   **Rationale**: Electronic medical records have helped to reduce the duplication of medical testing and procedures as the results of the testing and procedures are available to multiple providers.
   **Competency**: Discuss principles of using Electronic Medical Record (EMR), ABHES 7-b, CAAHEP V.C-11

8. If a patient’s pulse is measured at 88 beats per minute and the respirations are 16 breaths per minute, how should the medical assistant document this data?
   • P: 88, R: 16
   • P: 16, R: 88
   • 88P/16R
   • None of the above
   **Answer**: P: 88, R: 16
   **Rationale**: P is an accepted abbreviation for pulse and R is an accepted abbreviation for respiration. Both should be used when documenting the progress note to save space and maintain efficiency.
   **Competency**: Document patient care, CAAHEP IV.P-8

9. True or false? The patient temperature was 101.1°F and taken across the forehead. The results should be documented as T: 101.1°F TA?
   **Answer**: True
   **Rationale**: All patient care must be documented in the medical record.
   **Competency**: Document patient care, CAAHEP IV.P-8
Objectives
• Search for a patient record.
• Document vital signs.

Overview
Ella Rainwater (DOB 07/11/1959) has been experiencing issues related to her hypertension, so Dr. Martin asked her to stop in to have her vital signs checked. Ella Rainwater thinks her high blood pressure is getting worse and appears very nervous because her neighbor recently died due to hypertensive complications. She is sifting through magazines quickly, avoiding eye contact, and tapping her foot on the floor while she waits for the medical assistant to call her name. Ella Rainwater’s vital signs were measured as T: 98.7°F, Site: Tympanic; P: 82 reg, bounding, Site: Radial, R: 14 reg, normal, BP: 122/86, Position: sitting, Site: left arm.

Competencies
• Communicate in language the patient can understand regarding managed care and insurance plans, ABHES 8-f, CAAHEP VII.A-3
• Identify nonverbal communication, ABHES 8-f, CAAHEP IV.C-2
• Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3
• Use appropriate body language and other nonverbal skills in communicating with patients, family and staff, ABHES 8-f, CAAHEP IV.A-3

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
3. Select the radio button for Ella Rainwater and click the Select button.

Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Vital Signs from the Record dropdown menu.
8. In the Vital Signs tab, click the Add button.
9. Document “98.7°F” in the Temperature field and select Tympanic from the Site dropdown menu.
10. Document “82 reg, bounding” in the Pulse field and select Radial from the Site dropdown.
12. Document “122” in the Systolic field and select Left arm from the Site dropdown menu.
15. Click the Save button. The Vital Signs grid will display the vital signs for this encounter.

Quiz Questions
1. A diagnosis of hypertension is documented in which section of the patient record?
   • Problem list
   • Assessment field of the progress note
   • Vital signs
Problem list and assessment field of the progress note

Answer: Problem list and assessment field of the progress note

Rationale: Although the data for the patient’s blood pressure will be documented in the vital signs section of the patient record, the physician will assign the diagnosis “HTN” in the assessment area of the progress note and the problem list.

Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

2. A patient’s blood pressure is documented in which section of the patient record?
   - Vital signs
   - Objective field of progress note
   - Chief complaint
   - Vital signs and objective field of the progress note

Answer: Vital signs and objective field of the progress note

Rationale: Vital signs such as blood pressure can be documented in the vital signs record or in the objective section of the progress note record.

Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

3. True or false? BMI is documented in the subjective field of the progress note.

Answer: False

Rationale: The Body Mass Index (BMI) measurement is documented in the objective section of the progress note. The subjective section is reserved for chief complaint, history of present illness and review of systems.

Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

4. True or false? The problem list stores both active and resolved diagnoses.

Answer: True

Rationale: The problem list is a source record that has documentation of both current and resolved diagnosis.

Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

5. What about Ms. Rainwater’s body language suggests that she is nervous?
   - She is tapping her foot on the floor.
   - She is sifting quickly through the magazines.
   - She is avoiding eye contact.
   - She is tapping her foot, sifting through magazines, and avoiding eye contact.

Answer: She is tapping her foot, sifting through magazines, and avoiding eye contact.

Rationale: Body language such as avoiding eye contact and sifting quickly through magazines might indicate nervousness.

Competency: Use appropriate body language and other nonverbal skills in communicating with patients, family and staff, ABHES 8-f, CAAHEP IV.A-3

6. True or false? Even when using an interpreter, speaking directly to the patient will allow you to process each other’s facial expressions.

Answer: True

Rationale: An interpreter aids communication. The medical assistant should still focus on the patient when communicating even when an interpreter is present.

Competency: Use appropriate body language and other nonverbal skills in communicating with patients, family and staff, ABHES 8-f, CAAHEP IV.A-3
7. True or false? If a patient appears upset because they came to the medical office to have their blood pressure checked but are not scheduled to see the physician, the medical assistant should schedule an urgent appointment with the physician in order to accommodate the patient.

**Answer:** False

**Rationale:** The medical assistant should discuss the physician’s order for blood pressure checks with the patient before scheduling an appointment. If the patient still insists on seeing the physician, speak with the physicians first to determine if an appointment is necessary or if a short greeting will calm the patient’s fears.

**Competency:** Identify nonverbal communication, ABHES 8-f, CAAHEP IV.C-2

8. After the medical assistant obtains the patient’s blood pressure, the patient asks if his blood pressure is good. The best response from the medical assistant would be:

- “The reading is totally normal.”
- “Looks good!”
- “The reading is BP 122/86. I’ll give these results to the physician and see what he says.”
- “Could be better. Are you taking your medication?”

**Answer:** “The reading is BP 122/86. I’ll give these results to the physician and see what he says.”

**Rationale:** The medical assistant should never diagnose or provide treatment advice without the direction of the physician.

**Competency:** Identify nonverbal communication, ABHES 8-f, CAAHEP IV.C-2

9. True or false? While in the exam room, a patient relays that another patient in the waiting room seems disoriented. The medical assistant should ask additional questions and document the statements regarding the other patient.

**Answer:** False

**Rationale:** The medical assistant should immediately check on the patient who seems disoriented to ensure no medical emergency exists. The medical assistant should not discuss patients with others.

**Competency:** Identify nonverbal communication, ABHES 8-f, CAAHEP IV.C-2

10. A patient asks what the diagnosis “HTN” stands for on his superbill. How should the medical assistant respond?

- “That’s confidential information.”
- “I’d be happy to explain. The abbreviation HTN stands for hypertension, otherwise known as high blood pressure. Do you have any other questions?”
- “HTN is the approved abbreviation for hypertension.”
- “You should ask him what it means at your next visit.”

**Answer:** “I’d be happy to explain. The abbreviation HTN stands for hypertension, otherwise known as high blood pressure. Do you have any other questions?”

**Rationale:** The medical assistant should communicate with patients in a pleasant manner and explain medical terms to help aid patient understanding.

**Competency:** Communicate in language the patient can understand regarding managed care and insurance plans, ABHES 8-f, CAAHEP VII.A-3

11. Upon bringing the patient into the exam room, the medical assistant states, “Have a seat, I’ll grab my ________.”

- blood pressure cuff
- sphygmomanometer
- fancy instrument
- reading glasses

**Answer:** blood pressure cuff
Rationale: The medical assistant should avoid excessive use of medical terminology when communicating with patients.
Competency: Communicate in language the patient can understand regarding managed care and insurance plans, ABHES 8-f, CAAHEP VII.A-3

12. True or false? Patients can keep BP log books to help them comprehend the status of their blood pressure by visualizing their BP trends.
Answer: True
Rationale: Tools such as logs can help patients comprehend their health status.
Competency: Communicate in language the patient can understand regarding managed care and insurance plans, ABHES 8-f, CAAHEP VII.A-3

13. True or false? The communication style for an adult female patient will be the same as the style used for an adolescent female patient.
Answer: False
Rationale: The learning style and comprehension level of an adult are different than that of an adolescent. The medical assistant should be aware of the patient’s comprehension level and tailor the teaching style to fit the individual.
Competency: Communicate in language the patient can understand regarding managed care and insurance plans, ABHES 8-f, CAAHEP VII.A-3
Objectives
• Search for a patient record.
• Document preventative services.

Overview
Dr. Walden asked Amma Patel (DOB 07/11/1959) to complete a stool for a fecal occult blood test to fulfill annual health maintenance recommendations. Amma Patel returned her test, which was processed in the medical office. The results of the test are three negative specimens. Document the results of this test in the patient record for Amma Patel.

Competencies
• Discuss applications of electronic technology in effective communication, ABHES 8-f, CAAHEP IV.C-9
• Maintain laboratory test results using flow sheets, CAAHEP II.P-2

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Amma Patel’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
3. Select the radio button for Amma Patel and click the Select button.
Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Preventative Services from the Record dropdown menu that is already open.
8. Click the Add button below the Procedures table.
9. Select “Fecal occult blood test” from the Health Recommendations dropdown menu.
10. Use the calendar picker to document the date in the Date Performed field.
12. Click the Save button. The Preventative Services table will display the preventative services for this encounter.

Quiz Questions
1. Many medical offices are using a small, portable computer with a touch screen. This type of computer is known as a:
   • smartphone.
   • tablet.
   • digital assistant.
   • personal computer.
Answer: tablet
Rationale: Many medical offices are using table computers as means of staying connected to the electronic health record and to provide services to patients.
Competency: Discuss applications of electronic technology in effective communication, ABHES 8-f, CAAHEP IV.C-9
2. In-office fecal occult blood testing and results are documented in the _________ section(s) of the patient record.

- Order entry
- Preventive services
- Health history
- Order entry and preventative services

Answer: Order entry and preventative services

Rationale: The order and documentation of test results are first documented in the Order Entry section of the patient record. The indication that the patient has had this service is documented in the Preventive Services section of the patient record.

Competency: Discuss applications of electronic technology in effective communication, ABHES 8-f, CAAHEP IV.C-9

3. True or false? The physician would document an order for a Hemoccult test in the plan section of the Progress Note.

Answer: True

Rationale: The physician can document orders in the plan section of the Progress Note.

Competency: Discuss applications of electronic technology in effective communication, ABHES 8-f, CAAHEP IV.C-9

4. True or false? Fecal occult blood tests are documented as out-of-office orders and given an electronic requisition.

Answer: False

Rationale: The medical assistant performs fecal occult blood tests in the medical office by accessing an in-office order form in the Order Entry section of the patient record.

Competency: Discuss applications of electronic technology in effective communication, ABHES 8-f, CAAHEP IV.C-9

5. ________________ relay laboratory test results to the physician.

- Interoffice memorandums
- Phone messages
- Laboratory reports
- None of the above

Answer: Laboratory reports

Rationale: The report is usually generated by a computer. The flow sheet found in the Preventive Services section of the patient record allows the physicians to quickly assess what services that patient requires.

Competency: Maintain laboratory test results using flow sheets, CAAHEP II.P-2

6. True or false? The medical assistant may be responsible for reviewing laboratory reports as they are received.

Answer: True

Rationale: The medical assistant should compare the patient’s test results with the reference ranges supplied by the laboratory and notify the physician of any abnormal test results.

Competency: Maintain laboratory test results using flow sheets, CAAHEP II.P-2

7. True or false? Abnormal results that pose a threat to the patient’s health and laboratory reports marked STAT are telephoned or faxed to the medical office as soon as the tests are completed. A complete written report follows immediately thereafter.

Answer: True
Rationale: STAT tests are performed right away and called to the ordering physician so that the patient may be properly cared for.

Competency: Maintain laboratory test results using flow sheets, CAAHEP II.P-2

8. True or false? The Preventive Services section of the patient record is an example of maintaining a flow sheet of health maintenance recommendations.

Answer: True

Rationale: The medical assistant should compare the patient’s test results with the reference ranges supplied by the laboratory and notify the physician of any abnormal test results.

Competency: Maintain laboratory test results using flow sheets, CAAHEP II.P-2
43. Document Encounter and Schedule Appointment for Walter Biller

Objectives
• Search for a patient record.
• Document medications.
• Document allergies.
• Schedule an appointment.

Overview
It has been two years since Walter Biller’s last appointment with Dr. Walden. His general health needs are met at the clinic where he works, but the nurse recommended he see his primary care physician after he failed to pass a routine eye exam and had glucose in a urine sample. Walter Biller (DOB 01/04/1970) is not currently on any medications, but he says that Darvocet gives him a headache. Dr. Walden diagnoses Walter Biller with Type II DM, uncontrolled and starts him on Metformin 500 mg PO bid. Dr. Walden would like to see Walter Biller again for 30 minutes next Friday. Document his Biller’s encounter and schedule a follow-up appointment.

Competencies
• Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
• Document patient care, CAAHEP IV.P-8
• Comply with federal, state, and local health laws and regulations, ABHES 6-e
• Manage appointment schedule, using established priorities, ABHES 8- d, CAAHEP V.P-1
• Properly utilize PDR, drug handbook and other drug reference to identify a drug’s classification, usual dosage, usual side effects, and contraindications, ABHES 6-d

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Walter Biller’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Walter Biller and click the Select button. Confirm the auto-populated details in the Patient Header.
4. Create an encounter for Walter Biller by clicking Office Visit in the Info Panel to the left.
5. In the Create New Encounter window, select Office Visit from the Visit Type dropdown.
6. Click the Save button. Allergies is the first option available within the Record dropdown menu, automatically landing the user in that section of the patient chart.
7. Click the Add Allergy button.
8. Select the Medication radio button in the Allergy Type field.
10. Click the Headache checkbox in the Reactions field.
11. Click the Save button in the Add Allergy window. The allergy you added will display in the Allergies grid.
12. Select Problem List from the Record dropdown menu.
13. Click the Add Problem button.
14. Select “Diabetes mellitus, Type 2 without complications” from the Diagnosis dropdown menu.
15. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
   Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
16. Enter “Diabetes mellitus, Type 2 without complications” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.

17. Click the Search button.

18. Click the code E11.9 to expand this code and confirm that it is the most specific code available.

19. Click the code E11.9 for “Diabetes mellitus, Type 2 without complications” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.

20. Document the current date in the Date Identified field.

21. Select the Active radio button in the Status field.

22. Click the Save button. A confirmation will appear and the Problem List table will display the new problem.

23. Select Medications from the Record dropdown menu.

24. Within the Prescription Medications tab, click the Add Medication button.


27. Document “oral” in the Route field.


29. Document the indication (Diagnosis) and status of the medication order.

30. Click the Save button in the Add Prescription Medication window. The medication you added will display in the Prescription Medications grid.

31. Click the Calendar icon.

32. Within the weekly calendar, click on the instructed day to open the New Appointment window.

33. Select the Patient Visit radio button as the Appointment Type.

34. Select Follow-Up/Established Visit from the Visit Type dropdown.

35. Document “Diabetes follow-up” in the Chief Complaint text box.

36. Select the Search Existing Patients radio button.

37. Using the Patient Search fields, search for Walter Biller’s patient record. Once you locate him in the List of Patients, confirm his date of birth.

38. Select the radio button for Walter Biller and click the Select button. Confirm the auto-populated details.

39. Select Julie Walden, MD from the Provider dropdown.

40. Use the calendar picker to confirm or select the appointment day.

41. Select a start and end time for the appointment using the Start Time and End Time dropdowns.

42. Click the Save button. A confirmation message will appear.

43. Click the OK button to proceed

Quiz Questions

1. A patient calls to schedule an annual exam and is only available on one day. On that day, there is only a 15-minute opening and the exam will take 30 minutes. What should you do?
   - Schedule the patient in the 15-minute time slot as that is the only day she is available.
   - Explain to the patient that nothing is available that day and ask what other days she might be available.
   - Ask the physician if you can put the patient in the 15-minute time slot.
   - None of the above.

   **Answer:** Explain to the patient that nothing is available that day and ask what other days she might be available.

   **Rationale:** An annual exam is not an urgent condition so the medical assistant should explain to the patient that there are no available appointments for that day and offer the next available day and time. If that won’t work, ask her when the patient is available next.

   **Competency:** Manage appointment schedule, using established priorities, ABHES 8-d, CAAHEP V.P-1

2. True or false? The abbreviation RBS stands for random blood sugar.

   **Answer:** True

   **Rationale:** Several abbreviations are used in patient documentation.
**Competency:** Document patient care, CAAHEP IV.P-8

3. True or false? The abbreviation FBS stands for fair blood sugar.
   **Answer:** False
   **Rationale:** The abbreviation FBS stands for fasting blood sugar.

**Competency:** Document patient care, CAAHEP IV.P-8

4. The reason for a patient’s visit is called the:
   - presenting illness.
   - co-morbidity.
   - chief complaint.
   - primary complaint.
   **Answer:** chief complaint
   **Rationale:** The main reason a patient seeks care from the doctor in an office is known as the chief complaint. It is documented as the main reason of the subjective portion of the progress note. Generally, this is documented in the patient’s words.

**Competency:** Document patient care, CAAHEP IV.P-8

5. Two medication statuses are documented in the medication section of the patient record. One is active and the other is:
   - administered.
   - discontinued.
   - expired.
   - irregular.
   **Answer:** discontinued
   **Rationale:** A medication a patient is no longer taking remains on the patient record as discontinued.

**Competency:** Comply with federal, state, and local health laws and regulations, ABHES 6-e

6. Type 2 DM patients:
   - do not secrete insulin.
   - may be treated with oral medications.
   - require insulin therapy.
   - are typically diagnosed during childhood.
   **Answer:** may be treated with oral medications
   **Rationale:** Type 2 diabetes is treated with lifestyle change and oral medications first, the body does release insulin but either not enough or the body is resistance. Onset is typically adult.

**Competency:** Properly utilize PDR, drug handbook and other drug reference to identify a drug’s classification, usual dosage, usual side effects, and contraindications, ABHES 6-d

7. True or false? Metformin is the brand name for Glucophage.
   **Answer:** False
   **Rationale:** Metformin is the generic name for Glucophage.

**Competency:** Properly utilize PDR, drug handbook and other drug reference to identify a drug’s classification, usual dosage, usual side effects, and contraindications, ABHES 6-d
Objectives
- Search for a patient record.
- Document an order.
- Document preventative services.

Overview
Diego Lupez (DOB 08/01/1982) is seeing Dr. Martin today for anemia. Dr. Martin orders a fecal occult blood test to be performed during today’s encounter. The test results are positive and Dr. Martin instructs Diego Lupez to complete three specimen collections.

Competencies
- Distinguish between normal and abnormal test results, CAAHEP II.A-2
- Identify body systems, ABHES 2-a, CAAHEP I.C-2
- Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Diego Lupez’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Diego Lupez and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Order Entry from the Record dropdown menu.
8. Select the TruCode encoder link in the top right corner. The encoder tool will open in a new tab.
9. Enter “Anemia” in the Search field and select Diagnosis, ICD-10-CM from the corresponding dropdown menu.
10. Click the Search button.
11. Click the code Anemia D64.9 that appears in red to expand this code and confirm that it is the most specific code available.
12. Copy Anemia (essential) (general) (hemoglobin deficiency) (infantile) (primary) (profound) D64.9 that populates in the search results.
13. Click the Add button below the In-Office table to add an order.
14. In the Add Order window, select Fecal occult blood test from the Order dropdown menu.
15. Click the Exam radio button in the Specimen Collected field.
16. Click the Positive radio button in the Results field.
17. Paste Anemia (essential) (general) (hemoglobin deficiency) (infantile) (primary) (profound) D64.9 in the Notes field and click the Save button.
18. Select Preventative Services from the Record dropdown.
19. Click the Add button in the Procedures section.
20. Select Fecal occult blood test from the Health Recommendations dropdown menu.
21. Document the date using the calendar picker.
22. Document “In office FOBT positive” in the Comments field.
23. Click the Save button. The preventative service you added will display in the Preventative Services table.
Quiz Questions

1. The results of fecal occult blood testing are documented in the:
   - order entry section of the patient record.
   - Subjective field of progress note.
   - Vital signs.
   - Chief complaint.

   **Answer:** order entry section of the patient record.

   **Rationale:** After the medical assistant completes a fecal occult blood test, he or she should document the results in the fecal occult blood template of the Order Entry section of the patient record.

   **Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

2. True or false? A patient calls the medical office to ask about his test results. Rather than discussing test results over the phone, the medical assistant should schedule an appointment to discuss the results with the patient.

   **Answer:** False

   **Rationale:** If test results are normal, many physicians will communicate test results to a patient via phone or mail.

   **Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

3. True or false? Past medical records can help facilitate a specialist consultation.

   **Answer:** True

   **Rationale:** During a consultation, a specialist benefits from reviewing past medical records.

   **Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

4. True or false? If a fecal occult blood test is damaged during transport, the medical assistant should perform the test anyway.

   **Answer:** False

   **Rationale:** If the integrity of a test is compromised, the medical assistant should recollect the specimen.

   **Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

5. True or false? A positive Hemmocult is diagnostic for colon cancer.

   **Answer:** False

   **Rationale:** A fecal occult blood is a screening tool used to determine whether or not blood is present in the patient’s stool. The presence of blood could be a sign of colon cancer and more testing should be performed.

   **Competency:** Distinguish between normal and abnormal test results, CAAHEP II.A-2

6. True or false? The physician should review all test results before any information is provided to the patient.

   **Answer:** True

   **Rationale:** The physician must first interrupt all tests and will then instruct the medical assistant to give the patient their findings.

   **Competency:** Distinguish between normal and abnormal test results, CAAHEP II.A 2

7. A positive fecal occult blood test would appear in what color?
   - Red
   - Green
   - Yellow
   - Blue

   **Answer:** Blue
Rationale: A positive result for a fecal occult blood test appears blue in color.

Competency: Distinguish between normal and abnormal test results, CAAHEP II.A-2

8. Which of the following statements about fecal occult blood testing is false?
   - Three specimens are routinely requested.
   - The patient should avoid iron supplements prior to the test.
   - Positive results are shown in black.
   - Specimen can be obtained during examination or by patient at home.

Answer: Positive results are shown in black.

Rationale: Positive fecal occult blood test results are shown in blue.

Competency: Distinguish between normal and abnormal test results, CAAHEP II.A-2

9. What could a positive fecal occult blood test indicate?
   - Bleeding in the brain
   - Blood in ear
   - Bleeding in the vagina
   - Blood in the stool

Answer: Blood in the stool

Rationale: A positive fecal occult blood test could indicate that there is blood in the stool.

Competency: Identify body systems, ABHES 2-a, CAAHEP I.C-2

10. A ____________ is an organized grouping of structures (composed of tissues and organs) that perform a similar function.
    - body system.
    - blood clot.
    - vein.
    - cell.

Answer: body system

Rationale: The final organizational level in the human body is the entire body itself. When all the systems work together normally, they can sustain life.

Competency: Identify body systems, ABHES 2-a, CAAHEP I.C-2

11. The urinary body system:
    - filters waste products from blood.
    - forms urine
    - helps rid the body of toxins
    - filters waste, forms urine, and helps rid the body of toxins

Answer: filters waste, forms urine, and helps rid the body of toxins

Rationale: A body system is an organized grouping of structures

Competency: Identify body systems, ABHES 2-a, CAAHEP I.C-2

12. The heart:
    - carries blood high in oxygen.
    - carries blood high in carbon dioxide.
    - responsible for transportation of blood.
    - carries blood high in oxygen and carbon dioxide, and is responsible for transportation.

Answer: carries blood high in oxygen and carbon dioxide, and is responsible for transportation.

Rationale: The heart is an essential organ that is pump for the entire circulatory system.

Competency: Identify body systems, ABHES 2-a, CAAHEP I.C-2
45. Document Progress Note and Order for Norma Washington

Objectives
- Search for a patient record.
- Document a progress note.
- Document an order.

Overview
Norma Washington (DOB 08/01/1944) has been experiencing lower back pain for the past two days and says the area feels tender. She was doing some spring cleaning a few days ago and slipped on her wet floor. Her vital signs are as T: 99.9°F, P: 88, R: 16, BP: 130/84. Dr. Martin notices swelling and diagnoses Ms. Washington with a lumbar sprain and prescribes Naprosyn 500 mg tid with food. He also orders an x-ray of the lumbar spine. Document this information in the progress note and order a spine, unenhanced x-ray for Ms. Washington.

Competencies
- Differentiate between subjective and objective information, CAAHEP IV.C-6
- Explain general office policies, ABHES 9-h, CAAHEP IV.P-4
- Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3
- Organize technical information and summaries, CAAHEP IV.C-12

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Norma Washington’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth. **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Norma Washington and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Progress Note from the Record dropdown menu that is already open.
8. Document the date using the calendar picker.
13. Click the Save button.
14. Select Medications from the Record dropdown menu.
15. Click the Add Medication button.
17. Select 500 from the Strength dropdown menu.
18. Select Tablet from the Form dropdown menu.
19. Select Oral from the Route dropdown menu.
20. Select Every 8 Hours from the Frequency dropdown menu.
21. Click the Active radio button in the Status field.
22. Click the Save button.
23. Select Order Entry from the Record dropdown menu.
24. Select the TruCode encoder link in the top right corner. The encoder tool will open in a new tab.
25. Enter “Lumbar sprain” in the Search field and select Diagnosis, ICD-10-CM from the corresponding dropdown menu.
26. Click the Search button.
27. Click the code S33.5 that appears in red to expand this code and confirm that it is the most specific code available.
28. Copy the code Sprain (joint) (ligament); lumbar (spine) S33.5 that populates in the search results.
29. Within SimChart for the Medical Office, Click the Add button below the Out-of-Office grid to add an order.
30. In the Add Order window, select Requisitions from the Order dropdown menu.
31. Select Radiology from the Requisition Type dropdown menu.
32. Document your name in the Entry by field.
33. Document “Spine, unenhanced” and paste the code in the Notes field so that it is available for documentation. Click on the Save button.
34. Click on the Form Repository icon.
35. Select the Requisition form from the left Info Panel.
36. Select Radiology from the Requisition Type dropdown menu.
37. Click the Patient Search button to assign the requisition to Norma Washington. Confirm the auto-populated details.
38. In the Diagnosis field, document “Lumbar sprain.”
39. Place the cursor in the Diagnosis Code field to access the encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
40. Enter “Lumbar sprain” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
41. Click the Search button.
42. Click the code S33.5 to expand this code and confirm that it is the most specific code available.
43. Click the code S33.5 for “Lumbar sprain” that appears in the tree. This code will auto-populate in the Diagnosis Code field.
44. In the X-ray field, select the Spine checkbox.
46. Complete any additional necessary fields and click the Save to Patient Record button. A confirmation message will appear.
47. Click on the Find Patient icon.
49. Select the radio button for Norma Washington and click the Select button. Confirm the auto-populated details.
50. Within the Patient Dashboard, scroll down to view the saved forms in the Forms section.
51. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. True or false? The physician must document an order before a requisition can be generated by the medical assistant.
   Answer: True
   Rationale: The medical assistant is the assistant to the doctor to promote efficient workflow within the office and during the patient encounters. The medical assistant may generate the radiology order to assist the doctor during the visit, but an order must be documented in the patient record first.
   Competency: Explain general office policies, ABHES 9-h, CAAHEP IV.P-4
2. When using SOAPE charting, the patient’s temperature would be recorded in the _____________ section.
   - Objective
   - Assessment
   - Subjective
   - Plan

Answer: Objective
Rationale: A patient’s temperature is a finding that is seen by someone other than the patient and so it would be recorded in the objective section of the progress note.

Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

3. The physician’s diagnosis would be found in what section of the progress note?
   - Subjective
   - Objective
   - Assessment
   - Plan

Answer: Assessment
Rationale: The physician’s diagnosis would be found in the assessment section of the Progress note.

Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

4. True or false? The patient’s chief complaint would be recorded in the objective section of the Progress Note.

Answer: False
Rationale: The patient’s chief complaint would be recorded in the subjective section of the progress note.

Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

5. Pain and nausea are considered ____________, while a rash and weight loss are considered __________.
   - objective symptoms, assessment symptoms
   - subjective symptoms, objective symptoms
   - objective symptoms, subjective symptoms
   - objective symptoms, planned symptoms

Answer: subjective symptoms, objective symptoms
Rationale: Symptoms that can only be observed by the patient would be considered subjective symptoms. Symptoms that can be observed by others would be considered objective symptoms.

Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

6. Information within a medical record is usually arranged in:
   - alphabetical order.
   - numerical order.
   - reverse chronological order.
   - terminal digit order.

Answer: reverse chronological order.
Rationale: Information within a medical record is usually arranged in reverse chronological order.

Competency: Organize technical information and summaries, CAAHEP IV.C-12

7. Which of the following is an objective finding?
   - Pain
   - Fever
   - Nausea
   - Dizziness

Answer: Pain, Fever
Rationale: Pain and Fever are objective symptoms, while Nausea and Dizziness are subjective symptoms.
Answer: Fever
Rationale: Fever can be measured, so it is considered to be an objective finding. Pain, nausea, and dizziness can only be experienced by the patient and would be considered subjective finding.
Competency: Differentiate between subjective and objective information, CAAHEP IV.C-6

8. True or false? Temperature, pulse, respirations, and blood pressure are all considered objective findings.
Answer: True
Rationale: Temperature, pulse, respirations, and blood pressure are considered objective findings as they can be measured and observed by someone other than the patient.
Competency: Differentiate between subjective and objective information, CAAHEP IV.C-6

9. A patient’s chief complaint of a sore throat, headache, and nausea is considered __________ information.
   • subjective
   • assessment
   • objective
   • evaluation
Answer: subjective
Rationale: A sore throat, headache, and nausea are all symptoms that only the patient can feel. They cannot be assessed by a healthcare professional. As such they would all be considered subjective information.
Competency: Differentiate between subjective and objective information, CAAHEP IV.C-6

10. Label the following symptoms as either subjective or objective.
   1. Rash
   2. Crushing chest pain
   3. Malaise
   4. Coughing
   5. Difficulty breathing
   6. Cyanosis
   7. Bradycardia
   8. Vertigo
   9. Anorexia
   10. Headache
Answer: 1-Objective, 2-Subjective, 3-Subjective, 4-Objective, 5-Subjective, 6-Objective, 7-Objective, 8-Subjective, 9-Subjective, 10-Subjective
Rationale: Subjective symptoms are felt only by the patient. Objective symptoms can be observed by others as well as the patient.
Competency: Differentiate between subjective and objective information, CAAHEP IV.C-6
46. Document Allergies and Medications for Ella Rainwater

Objectives
• Search for a patient record.
• Document medications.
• Document allergies.

Overview
Ella Rainwater (DOB 07/11/1959) is on lisinopril 10 mg po QD for her hypertension and is going to need a new prescription soon. Ella Rainwater also mentions that she is allergic to penicillin and broke out in hives the last time she took it. Prepare a patient refill for Dr. Martin’s signature and document Ella Rainwater’s allergies.

Competencies
• Demonstrate knowledge of basic math computations, ABHES 6-b, CAAHEP II.C-1

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Ella Rainwater and click the Select button.
4. Confirm the auto-populated details in the Patient Header.
5. Create an encounter for Ella Rainwater by clicking Office Visit in the Info Panel to the left.
6. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
7. Click the Save button.
8. Allergies is the first option available within the Record dropdown menu, automatically landing the user in that section within the patient chart.
9. Click the Add Allergy button to add penicillin as an allergy for Ella Rainwater. An Add Allergy window will appear.
10. Select the Medication radio button in the Allergy Type field.
11. Type “penicillin” in the Allergen field.
12. Click the Hives checkbox in the Reactions field.
13. Click the Save button in the Add Allergy window. The allergy you added will display in the Allergies grid.
14. Select Medications from the Record dropdown menu.
15. Within the Prescription Medications tab, click the Add Medication button to add the inhaler to Ella Rainwater’s medications. An Add Prescription Medication window will appear.
16. Select lisinopril tablet - (Prinvil, Zestril) from the Medication dropdown menu.
17. Select 10 mg from the Strength dropdown menu.
18. Select Inhalation Tablet from the Form dropdown menu.
19. Select Oral from the Route field dropdown menu.
20. Select Daily from the Frequency dropdown menu.
21. Document any additional information and select the Active radio button in the Status field.
22. Click the Save button in the Add Prescription Medication window. The medication you added will display in the Prescription Medications grid.

Quiz Questions
1. True or false? If the physician has ordered Diovan 160 mg STAT and your available dose is 80 mg, you should give the patient two Diovan 80 mg tablets to equal the 160 mg order.
   Answer: True
   Rationale: The exact dose of a medication may not always be available. The medical assistant must check the order and determine if the calculation is appropriate. In this case, the medical assistant should give the patient two 80mg tablets to reach the physician’s order.
   Competency: Demonstrate knowledge of basic math computations, ABHES 6-b, CAAHEP II.C-1

2. A patient weighs 62 kg, or __________ pounds.
   • 136
   • 145
   • 167
   • 62
   Answer: 136
   Rationale: One pound is 2.2 kilograms. 62 × 2.2 = 136.4.
   Competency: Demonstrate knowledge of basic math computations, ABHES 6-b, CAAHEP II.C-1

3. The temperature of 35°C is equal to ______°F.
   • 98
   • 90
   • 95
   • 88
   Answer: 95
   Rationale: To convert a temperature from Celsius to Fahrenheit, multiply the temperature by 9, divide that total by 5, then add 32.
   Competency: Demonstrate knowledge of basic math computations, ABHES 6-b, CAAHEP II.C-1

4. If the patient was ordered to take the medication 5 mg tid, how many milligrams would be consumed in one day?
   • 20
   • 5
   • 15
   • 10
   Answer: 15
   Rationale: The abbreviation tid stands for “three times daily” and 5 × 3 = 15.
   Competency: Demonstrate knowledge of basic math computations, ABHES 6-b, CAAHEP II.C-1

5. A patient’s balance before payment is $536.49. The insurance paid $456.23 and the patient paid $40.26. What is the ending balance?
   • $20.26
   • $40.00
   • $40.62
   • $0.00
   Answer: $40.00
   Rationale: Subtract the patient payment and insurance payment from the balance in order to determine the balance due.
   Competency: Demonstrate knowledge of basic math computations, ABHES 6-b, CAAHEP II.C-1
47. Document Lab Results, Preventative Services, and Order for Walter Biller

Objectives
- Search for a patient record.
- Document lab results.
- Document preventative services.
- Create a lab requisition.

Overview
Walter Biller (DOB 01/04/1970) is a type 2, uncontrolled diabetic and the Walden-Martin office has blood work performed one week ago and just received his results. The fasting glucose was 145 mg/dL. Since these levels are elevated, Dr. Walden would like Walter Biller to have additional HbA1c and fasting blood glucose tests in one month. Document Walter Biller’s lab results, preventative services, and lab order.

Competencies
- Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10
- Demonstrate awareness of the consequences of not working within the legal scope of practice, CAAHEP IX.A-2
- Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

Estimated completion time: 45 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Walter Biller’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Walter Biller and click the Select button.
4. Upload Walter Biller’s results by clicking Diagnostics/Lab Results in the left Info Panel.
5. Click the Add button.
6. Document the date using the calendar picker.
7. Select Path/Lab from the Type dropdown menu.
8. Document test results in the Notes field.
9. Click the Browse button to upload Walter Biller’s test results.
10. Click the Save button. The test results you added will display in the Diagnostic/Lab Results grid.
11. Create a new encounter by clicking Office Visit in the left Info Panel.
12. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
13. Click the Save button.
14. Select Preventative Services from the Visit Type dropdown menu that is already open.
15. Click the Add button below the Laboratory Testing grid.
16. Select Glucose from the Health Recommendations dropdown field.
17. Document the date performed using the calendar picker.
18. Document the test results in the Comments field.
19. Click the Save button. The test results you added will display in the Laboratory Testing grid.
20. Select Order Entry form the Record dropdown menu.
21. Select the TruCode encoder link in the top right corner. The encoder tool will open in a new tab.
22. Enter “Type 2 diabetes uncontrolled” in the Search field and select Diagnosis, ICD-10-CM from the corresponding dropdown menu.
23. Click the Search button.
24. Click the E11.9 code that appears in red to expand this code and confirm that it is the most specific code available.
25. Copy the E11.65 code for “Type 2 diabetes, with hyperglycemia” that populates in the search results.
26. Click the Add button below the Out-of-Office grid.
27. Select Requisitions from the Order dropdown menu.
28. Select Laboratory from the Requisition Type menu.
29. Document your name in the Entry by field.
30. Document “HbA1c, fasting blood sugar” and paste the diagnosis within the Notes field so that is available for documentation.
31. Click the Save button. The order you added will display in the Out-of-Office grid.
32. Click the Form Repository icon.
33. Select the Requisition form from the left Info Panel.
34. Select Laboratory from the Requisition Type dropdown menu.
35. Click the Patient Search button to assign the form to Walter Biller. Patient demographics will auto-populate. Confirm the auto-populated details.
36. Document the Service Date as one month from the current date using the calendar picker.
37. Document “Diabetes Type 2 with hyperglycemia” in the Diagnosis field.
38. Place the cursor in the Diagnosis Code field to access the encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
39. Enter “Diabetes Type 2 with hyperglycemia” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
40. Click the Search button.
41. Click the code E11.65 to expand this code and confirm that it is the most specific code available.
42. Click the code E11.65 for “Diabetes Type 2 with hyperglycemia” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
43. In the Basic Metabolic Panel category of the Laboratory Requisition section, select the Glucose checkbox.
44. In the Laboratory Tests section, select the HbA1c (Glycohemo) checkbox.
45. Document “Due in one month, fasting” in the Patient Preparation field.
46. Complete any additional necessary fields and click the Save to Patient Record button. A confirmation message will appear.
47. Click on the Find Patient icon.
48. Using the Patient Search fields, search for Walter Biller’s patient record. Once you locate him in the List of Patients, confirm his date of birth.
49. Select the radio button for Walter Biller and click the Select button. Confirm the auto-populated details.
50. Within the Patient Dashboard, scroll down to view the saved forms in the Forms section.
51. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

**Quiz Questions**

1. True or false? HbA1c is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months.

   **Answer:** True

   **Rationale:** Doctors use measurement like HbA1c to determine a patient’s glucose control over a period of time. This type of test is useful in determining patient compliance and medication effectiveness over a period of 3 months.

   **Competency:** Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e
2. True or false? Mr. Biller states he had a cup of coffee with sugar before his blood test. This is still considered fasting.
Answer: False
Rationale: Fasting is nothing to eat or drink except water 12 hours prior to testing.
Competency: Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10

4. True or false? A medical assistant scheduling a procedure for a patient without the physician’s order could be considered practicing medicine without a license, which is illegal.
Answer: True
Rationale: Scheduling an MRI or any diagnostic test without a doctor’s order could be considered to be practicing medicine without a license.
Competency: Demonstrate awareness of the consequences of not working within the legal scope of practice, CAAHEP IX.A-2

5. True or false? A medical assistant who changes the diagnosis for an insurance claim, without consulting with the provider, so that the insurance carrier will pay the claim can be accused of fraud.
Answer: True
Rationale: Determining the diagnosis is not within the scope of practice for a medical assistant. By changing the diagnosis, the medical assistant is committing fraud.
Competency: Demonstrate awareness of the consequences of not working within the legal scope of practice, CAAHEP IX.A-2

6. The consequences of not working within the legal scope of practice include:
   • civil penalties.
   • criminal penalties.
   • civil penalties and criminal penalties.
   • suspension.
Answer: civil penalties and criminal penalties.
Rationale: The consequences of not working within the legal scope of practice could include criminal and civil penalties.
Competency: Demonstrate awareness of the consequences of not working within the legal scope of practice, CAAHEP IX.A-2

7. True or false? State laws determine what is within a medical assistant’s legal scope of practice.
Answer: True
Rationale: Each state sets its own medical practice standards and within those standards they define what is a medical assistant’s legal scope of practice.
Competency: Demonstrate awareness of the consequences of not working within the legal scope of practice, CAAHEP IX.A-2
Objectives
- Search for a patient record.
- Document preventive services.
- Document test results.

Overview
During the patient interview, Diego Lupez (DOB 08/01/1982) states his last eye exam was two years ago on September 18. Dr. Martin orders a Snellen exam without corrective lenses, which yields the following results: right eye: 20/40, left eye: 20/25, both eyes: 20/25. Document Diego Lupez’s preventative services and Snellen exam results.

Competencies
- Assist provider with specialty examination including cardiac, respiratory, OB-GYN, neurological, gastroenterology procedures, ABHES 9-e
- Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Diego Lupez’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Diego Lupez and click the Select button.
4. Confirm the auto-populated details in the Patient Header.
5. Create a new encounter by clicking Office Visit in the left Info Panel.
6. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
7. Click the Save button.
8. Select Preventative Services from the Record dropdown.
9. Click the Add button in the General Eye Exam section.
11. Document the date as September 19, 2009 using the calendar picker.
12. Document “Patient had no insurance benefits for this service.” in the Comments field.
13. Click the Save button. The preventative service you added will display in the General Eye Exam table.
14. Select Order Entry from the Record dropdown menu.
15. Click the Add button below the In-Office table to add an order.
16. In the Add Order window, select Snellen Exam from the Order dropdown menu.
20. Document any additional information provided and click the Save button. A confirmation will appear and the In-Office grid will display the new order.

Quiz Questions
1. Match abbreviations of the Snellen chart:
   1. OD   a. Both eyes
   2. OU   b. Right eye
3. OS c. Left eye

Answer: 1-b, 2-a, 3-c

Rationale: When documenting the results of the Snellen exam, use OD (right eye), OS (Left eye), OU (both eyes).

Competency: Assist provider with specialty examination including cardiac, respiratory, OB-GYN, neurological, gastroenterology procedures, ABHES 9-e

2. True or false? The patient should be instructed to stand 20 feet from the Snellen chart.

Answer: True

Rationale: For proper procedure, the patient should stand 20 feet from Snellen Chart.

Competency: Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6

3. True or false? During the Snellen exam, the medical assistant should test the right eye first, then the left eye, and then both eyes.

Answer: True

Rationale: Always performing the right eye first helps the medical assistant remember to document the appropriate results for the correct eye examined.

Competency: Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6

4. True or false? A patient should never wear glasses during the Snellen exam.

Answer: False

Rationale: If the patient wears glasses during the procedure, the medical assistant should document “with corrective lenses” on the record.

Competency: Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6

5. True or false? The patient must already know the alphabet in order to take a Snellen exam.

Answer: False

Rationale: Several different types of Snellen charts are available.

Competency: Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6

6. True or false? A parent may accompany a child if the child feels nervous about the Snellen exam. However, the medical assistant should instruct the parent not to coach the child during the exam.

Answer: True

Rationale: Having a parent with the child can be comforting, but any parent present should not hinder the test.

Competency: Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6
49. Document Immunizations and Order for Celia Tapia

Objectives
• Search for a patient record.
• Document an order.
• Document immunizations.

Overview
Celia Tapia (DOB 05/18/1970) has arrived for her follow-up appointment with Dr. Martin after a bladder infection. Dr. Martin orders a clean catch urinalysis and the results are negative for RBC, WBC, nitrites, and glucose. Biliirubin 0.2, pH: 7.5, SG: 1.025, Ketones negative. Dr. Martin notices that Celia Tapia has not had a flu shot yet this year and discusses the vaccine with her. She agrees to the vaccination and has no reaction. Document the order and immunization for Celia Tapia.

Influenza (Flu), Dosage: 0.5 mL, Given IM in the left deltoid. Manufacturer: CSL Biotherapies Inc. Lot#: 105879, Expiration: 08/30.*

*The year of expiration displayed on the labels should reflect an expiration date of three years from the current year.

Competencies
• Administer parenteral (excluding IV) medications, ABHES 2-c/9-f, CAAHEP I.P-9
• Display sensitivity to patient rights and feelings in collecting specimens, CAAHEP III.A-1
• Identify personal safety precautions as established by the Occupational Safety and Health Administration (OSHA), CAAHEP III.C-4
• List major types of infectious agents, CAAHEP III.C-5
• Comply with federal, state, and local health laws and regulations, ABHES 6-e
• Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3
• Select proper sites for administering parenteral medication, ABHES 2-c/9-f, CAAHEP I.P-7

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Celia Tapia’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Celia Tapia and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Order Entry from the Record dropdown menu that is already open.
8. Click the Add button below the In-Office grid to add an order.
9. In the Add Order window, select Urinalysis from the Order dropdown menu.
10. Select the Clean Catch radio button in the Specimen Type field.
12. Select the Negative radio buttons for RBCs, WBCs, Nitrites, Glucose, and Ketones.
13. Document “0.2” in the Bilirubin field.
16. Document any additional information needed and click the Save button. A confirmation will appear and the In-Office grid will display the new order.
17. Select Immunizations from the Record dropdown menu that is already open.
18. Locate the row for the Influenza (Flu) vaccine and click on the green plus sign to the far right of that row. That row will become active so you can add an immunization to Ms. Tapia’s record.
19. Within the Type column, select TIV.
20. Within the Date Admin column, use the calendar picker to select the date administered
21. Within the Provider column, document “James Martin, MD” in the text box.
22. Within the Route/Site column, document “IM L deltoid” in the text box.
23. Within the Manufacturer/Lot# column, document “CSL Biotherapies Inc./105879” in the text box.
24. Within Exp column, document the expiration date in the text box.
25. Click the Save button. A confirmation message will display and the immunization you added will display in the Immunization Review grid.

**Quiz Questions**

1. Which of the following would be recorded as the site for an immunization?
   - IM
   - Deltoid
   - Subcutaneous
   - Forearm

   **Answer:** Deltoid

   **Rationale:** The site would refer to the location on the body where the immunization was given. Of the choices listed the deltoid muscle is the only body location that would be appropriate for immunization. IM and subcutaneous refer to the route not the site.

   **Competency:** Comply with federal, state, and local health laws and regulations, ABHES 6-e

2. Which of the following would be a site for a subcutaneous injection?
   - Dorsogluteal
   - Vastus lateralis
   - Upper outer thigh
   - Ventrogluteal

   **Answer:** Upper outer thigh

   **Rationale:** Upper outer thigh, upper outer arm, lower abdomen, upper back, and flank region are appropriate sites for an intramuscular injection.

   **Competency:** Select proper sites for administering parenteral medication, ABHES 2-c/9-f, CAAHEP I.P-7

3. How can the medical assistant minimize the pain of a parenteral injection?
   - Insert and withdraw the needle quickly and smoothly.
   - Withdraw the needle at the same angle as insertion.
   - Rotate sites for repeated injections to prevent the overuse of one site.
   - Insert and withdraw the needle quickly, withdraw the needle at the same angle of injection, or rotate sites for repeated injections.

   **Answer:** Insert and withdraw the needle quickly, withdraw the needle at the same angle of injection, or rotate sites for repeated injections.

   **Rationale:** Rotating sites also allows for better absorption of the drug.

   **Competency:** Administer parenteral (excluding IV) medications, ABHES 2-c/9-f, CAAHEP I.P-9
4. True or false? When recording parenteral administration in the patient record, the medical assistant must include the injection site.
Answer: True
Rationale: Including the injection site assists in proper site rotation for patients who receive repeated injections. In addition, the information provides a reference point should a problem arise with the injection site.
Competency: Administer parenteral (excluding IV) medications, ABHES 2-c/9-f, CAAHEP I.P-9

5. True or false? Pain and infection are possible disadvantages of the parenteral route.
Answer: True
Rationale: The medical assistant will observe the patient for possible side effects after parenteral administration and instruct the patient to contact the office with any complications.
Competency: Administer parenteral (excluding IV) medications, ABHES 2-c/9-f, CAAHEP I.P-9

6. Match the following parts of a needle.
1. Hub     a. The top of the needle is slanted and designed to make a narrow opening in the skin
2. Shaft    b. Opening in the shaft of the needle and is continuous with the needle hub
3. Lumen c. Inserts into the body tissue
4. Point    d. Located at the end of the shaft, the point is sharp so it can penetrate body tissues
5. Bevel e. Fits on the top of the syringe
Answer: 1-e, 2-c, 3-b, 4-d, 5-a
Rationale: The medical assistant must have a good understanding of the equipment used in order to properly understand how to draw up medications.
Competency: Administer parenteral (excluding IV) medications, ABHES 2-c/9-f, CAAHEP I.P-9

7. A patient is instructed to obtain a clean catch urine specimen. If after several minutes, the patient is not able to obtain the specimen, the medical assistant should:
   • ask the physician if the patient can obtain the specimen at home.
   • offer the patient some water.
   • tell the patient not to worry about it; the specimen was not that important.
   • ask the doctor if the patient can obtain the specimen at home and offer the patient some water.
Answer: ask the doctor if the patient can obtain the specimen at home and offer the patient some water.
Rationale: Use positive and encouraging communication to make the patient comfortable while collecting specimens.
Competency: Display sensitivity to patient rights and feelings in collecting specimens, CAAHEP III.A-1

8. True or false? Patient education is just as important as the technical collection of a specimen.
Answer: True
Rationale: Patient support and education are important aspects of the collection of specimens.
Competency: Display sensitivity to patient rights and feelings in collecting specimens, CAAHEP III.A-1

9. True or false? The medical assistant should instruct the patient to leave any specimens in the public restroom.
Answer: False
Rationale: The patient will feel uncomfortable leaving specimens in a public place where other patients have access. This practice puts the patient privacy at risk.
Competency: Display sensitivity to patient rights and feelings in collecting specimens, CAAHEP III.A-1
10. True or false? Using eye contact when instructing a patient to obtain a specimen will ensure that the patient understands the process.
Answer: True
Rationale: Use positive verbal and non-verbal messages to encourage patient understanding for specimen collections.
Competency: Display sensitivity to patient rights and feelings in collecting specimens, CAAHEP III.A-1

11. Before administering a flu shot, the medical assistant washes her hands and:
   • tells the patient “quick pinch”.
   • disposes of the needle in the sharps container.
   • applies gloves.
   • makes a joke to relax the patient.
Answer: applies gloves
Rationale: Always wear gloves when administering injections.
Competency: Identify personal safety precautions as established by the Occupational Safety and Health Administration (OSHA), CAAHEP III.C-4

12. True or false? An infectious agent is a micro-organism that causes disease in its host.
Answer: True
Rationale: Infectious agents are also known as pathogens.
Competency: List major types of infectious agents, CAAHEP III.C-5

13. True or false? The five disease-causing classes of micro-organisms are bacteria, rickettsia (parasites), fungi, protozoa, and viruses.
Answer: True
Rationale: These are disease-causing classes of microorganisms. Each class has its own unique characteristics.
Competency: List major types of infectious agents, CAAHEP III.C-5

14. True or false? Viruses can only reproduce if they are within a dead cell. When viruses invade, they take over the cell and reproduce (DNA, RNA).
Answer: False
Rationale: Viruses can only reproduce if they are within a living cell. When viruses invade, they take over the cell and alter the genetic materials (DNA, RNA). Viruses are the smallest of all micro-organisms and are only visible when viewed under an electron microscope.
Competency: List major types of infectious agents, CAAHEP III.C-5

15. Match the virus with its transmission and prevention:
   1. Infectious mononucleosis    a. Epstein Barr virus transmits directly and direct contact should be avoided
   2. Influenza                   b. Myxovirus transmits by droplet and immunizations exist for all ages
   3. Common cold                c. Rhinovirus transmits by droplet and can be prevented with good hygiene
   4. Polio                      d. Poliovirus transmits by droplet or by fecal/oral route and can be prevented with four doses of IPV
Answer: 1-a, 2-b, 3-c, 4-d
Rationale: Viruses are the smallest of all micro-organisms and are only visible when viewed under an electron microscope.
Competency: List major types of infectious agents, CAAHEP III.C-5
16. Information about a patient’s education, occupation, diet, and exercise is recorded in what section of the patient record?

- Social history
- Family history
- Medical history
- Review of systems

**Answer:** Social history

**Rationale:** A patient’s social history includes information about their education, occupation (past and present), living environment, diet, and exercise.

**Competency:** Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3
Objectives
• Search for a patient record.
• Document preventative services.

Overview
Diego Lupez (DOB 08/01/1982) indicated that his father has a history of coronary artery disease, so Dr. Martin ordered a lipid profile. The results were total cholesterol 189, HDL: 45 and LDL: 185. Document these results in Diego Lupez’s patient record. English is Diego Lupez's second language.

Competencies
• Demonstrate awareness of diversity in providing patient care, CAAHEP X.A-3
• Demonstrate sensitivity to patient rights, CAAHEP IX.A-1
• Verify eligibility for managed care services, CAAHEP VII.P-6

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Diego Lupez’s patient record. Once you locate Mr. Lupez’s patient record in the List of Patients, confirm his date of birth.
3. Select the radio button for Diego Lupez and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Preventative Services from the Record dropdown menu that is already open.
8. Click the Add button below the Laboratory Testing table.
9. Select Lipid Profile from the Health Recommendations dropdown menu.
10. Use the calendar picker to document the date in the Date Performed field.
12. Click the Save button. The Preventative Services table will display the preventative services for this encounter.

Quiz Questions
1. By taking a patient into an examination room to discuss their medical history, the medical assistant has protected the patient’s right to:
   • privacy.
   • consultations.
   • confidentiality.
   • medical history.

   Answer: privacy

Rationale: By taking a patient to an area where others cannot overhear their conversation, the medical assistant has protected the patient’s right to privacy.

Competency: Demonstrate sensitivity to patient rights, CAAHEP IX.A-1
2. True or false? There is no need to worry about keeping verbal communication about a patient confidential.
Answer: False
Rationale: It is a patient’s right to expect that both verbal and written communication about their care will be kept confidential.
Competency: Demonstrate sensitivity to patient rights, CAAHEP IX.A-1

3. A patient might have reason to worry about his risk for heart disease based on his:
   • last test results.
   • family history.
   • occupation.
   • fever.
Answer: family history
Rationale: The patient’s father has a history of CAD and the medical assistant must be sensitive to the patient’s concern for his own health.
Competency: Demonstrate sensitivity to patient rights, CAAHEP IX.A-1

4. True or false? It is important to remain sensitive while obtaining a family history from a patient because it can be difficult topic for the patient to discuss.
Answer: True
Rationale: The medical assistant must demonstrate professionalism and sensitivity to patients when conducting a health history.
Competency: Demonstrate sensitivity to patient rights, CAAHEP IX.A-1

5. Which diagnosis would meet medical necessity for a managed care referral to a cardiologist?
   • PVD
   • COPD
   • UTI
   • DM
Answer: PVD
Rationale: Peripheral Vascular Disease (PVD) would meet the medical necessity for a cardiology referral.
Competency: Verify eligibility for managed care services, CAAHEP VII.P-6

6. True or false? In-patient hospitalization requires pre-certification from the insurance carrier.
Answer: True
Rationale: When a managed care patient is admitted to the hospital, pre-certification for medical necessity must be obtained.
Competency: Verify eligibility for managed care services, CAAHEP VII.P-6

7. A group of committee members review the physician’s referrals for medical necessity. This process is called:
   • closing comments.
   • MR review.
   • utilization review.
   • precertification committee.
Answer: utilization review
Rationale: Utilization review is the review of patient cases by a committee to be sure the services are medically necessary.
Competency: Verify eligibility for managed care services, CAAHEP VII.P-6
8. Which of the following patients would not be eligible for Medicaid insurance?

- A patient who does not receive Supplemental Security Income (SSI).
- A patient who is medically needy.
- A patient receiving long-term care in nursing facilities and intermediate care facilities.
- A patient who receives certain types of federal and state aid.

**Answer:** A patient who does not receive Supplemental Security Income (SSI).

**Rationale:** Patients who receive SSI benefits are eligible for Medicaid services.

**Competency:** Verify eligibility for managed care services, CAAHEP VII.P-6

9. A patient has an IPA plan. Which of the following is true regarding IPA?

- It is government funded insurance for individuals over the age of 65.
- It is state mandated insurance for low income families.
- It is an HMO model where the doctor practices independently.
- It is the only paid fee for service.

**Answer:** It is an HMO model where the doctor practices independently.

**Rationale:** Independent Practice Associations are HMO models who are paid either capitation or fee for services and operate independently or with a group of other IPAs together.

**Competency:** Verify eligibility for managed care services, CAAHEP VII.P-6

10. Which factors put a patient at risk for heart disease?

- Ethnicity
- Gender
- Family history
- Ethnicity, gender, and family history

**Answer:** Ethnicity, gender, and family history

**Rationale:** Studies have shown that patients of Hispanic background and/or are male are at greater risk for developing heart disease, as are patients that have a family history of heart disease.

**Competency:** Demonstrate awareness of diversity in providing patient care, CAAHEP X.A-3

11. Before discussing a low-cholesterol diet with a patient, the medical assistant should:

- ask the patient about his or her diet.
- locate a standard low-cholesterol diet for the patient.
- ask the physician to prescribe medication for the patient because his or her cholesterol levels are elevated.
- describe what they eat.

**Answer:** ask the patient about his or her diet.

**Rationale:** Before designing a meal plan for a patient, ask about his or her diet. A plan that takes the patient’s preferences into account will be more successful.

**Competency:** Demonstrate awareness of diversity in providing patient care, CAAHEP X.A-3

12. True or false? Cultural background does not play a role in heart disease.

**Answer:** False

**Rationale:** A patient’s culture is very important to his or her health status. The medical assistant should take time to note the values important to the patient and design health promotion tools that support his or her cultural values.

**Competency:** Demonstrate awareness of diversity in providing patient care, CAAHEP X.A-3

13. True or false? The fact that a patient’s father has heart disease does not place him or her at greater risk for developing heart disease.
Answer: False
Rationale: Heart disease can be influenced by hereditary, culture, and environmental.
Competency: Demonstrate awareness of diversity in providing patient care, CAAHEP X.A-3

14. True or false? The medical assistant should provide meal plan suggestions for both summer and winter.
Answer: True
Rationale: Eating habits and traditions change with the seasons. Therefore providing various meal plans will increase the incidence of success.
Competency: Demonstrate awareness of diversity in providing patient care, CAAHEP X.A-3
51. Document Progress Note and Order for Charles Johnson

Objectives
• Search for a patient record.
• Document in the progress note.
• Document an order.

Overview
Charles Johnson (DOB 03/03/1958) has a history of type 2 diabetes and has an appointment with Dr. Martin to address his hyperglycemia. He states he checked his random blood glucose at home around 9:00 pm last night and it was 230. He is experiencing shakes and anxiety a few hours after meals. The vital signs are measured as T: 98.4°F (TA), P: 84 reg, strong radial, R: 14 reg, BP: 156/90 left arm, sitting. HbA1c – 7.6%. Dr. Martin orders the medical assistant to perform a glucometer test and the results are 189 mg/dL.

Competencies
• Analyze charts, graphs and/or tables in the interpretation of healthcare results, CAAHEP II.C-7
• Compare and contrast physician and medical assistant roles in terms of standard of care, CAAHEP IX.C-7
• Display sensitivity to patient rights and feelings in collecting specimens, CAAHEP III.A-1
• Implement time management principles to maintain effective office function, CAAHEP V.A-2

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Charles Johnson’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Charles Johnson and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Progress Note from the Record dropdown menu.
8. Document the date using the calendar picker.
9. Document “CC: Elevated BS last night. 230 mg/dL at 9:00 PM. Experiencing shakes and anxiety a few hours after meals.” in the Subjective field.
10. Document “T: 98.4°F (TA), P: 84 reg, strong radial, R: 14 reg, BP: 156/90 left arm, sitting. BS random 189 mg/dL.” in the Objective field.
11. Click the Save button.
12. Select Order Entry from the Record dropdown menu.
13. Click the Add button below the In-Office table to add an order.
14. In the Add Order window, select Glucometer Reading from the Order dropdown menu.
15. Document “189 mg/dL” in the Results field.
16. Select the RBS radio button.
17. Document any additional information provided and click the Save button. A confirmation message will appear and the In-Office table will display the new order.
18. Click the Form Repository icon.
19. Select the Requisition form from the left Info Panel.
20. Select Laboratory from the Requisition Type dropdown menu.
21. Click the Patient Search button to assign the form to Charles Johnson. Confirm the auto-populated patient demographics.

22. Use the calendar picker to document the correct date in the Service Date field.

23. In the Diagnosis field, document “Type 2 diabetes with hyperglycemia”.

24. Place the cursor in the Diagnosis Code field to access the encoder.
   **Helpful Hint:** Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.

25. Enter “Type 2 diabetes with hyperglycemia” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.

26. Click the Search button.

27. Click the code E11.65 to expand this code and confirm that it is the most specific code available.

28. Click the code E11.65 for “Type 2 diabetes with hyperglycemia” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.

29. Select the Hgb A 1C (Glycohemo) checkbox in the Laboratory Tests section.

30. Document any additional information needed and click the Save to Patient Record button. A confirmation message will appear.

31. Click the Clinical Care tab.

32. Using the Patient Search fields, search for Charles Johnson’s patient record. Once you locate him in the List of Patients, confirm his date of birth.

33. Select the radio button for Charles Johnson and click the Select button. Confirm the auto-populated details.

34. Within the Patient Dashboard, scroll down to view the saved forms in the Forms section.

**Quiz Questions**

1. **True or false?** An insulin-dependent diabetic individual keeping a daily log of his or her blood glucose levels could use the log to maintain normal glucose levels and avoid the extremes of hypoglycemia and hyperglycemia.

   **Answer:** True
   
   **Rationale:** Self-monitoring blood glucose on a daily basis reduces symptoms and helps delay or prevent long term complications that can occur with diabetes.

   **Competency:** Analyze charts, graphs and/or tables in the interpretation of healthcare results, CAAHEP II.C-7

2. A patient has been coming to Walden-Martin monthly for the past six months to have his fasting blood glucose checked. What does the following trend indicate? 116, 110, 120, 118, 124, 119.

   • Normal glucose testing
   • The patient may be pre-diabetic
   • Ketones in the urine
   • Hypoglycemia

   **Answer:** The patient may be pre-diabetic

   **Rationale:** Pre-diabetes is a condition in which glucose levels are higher than normal (100 to 125 mg/dL), but not high enough to be classified as diabetes. An individual with pre-diabetes has an increased risk of developing type 2 diabetes.

   **Competency:** Analyze charts, graphs and/or tables in the interpretation of healthcare results, CAAHEP II.C-7

3. A type 2 diabetic patient struggles with following her treatment plan. The physician has been tracking her HbA1c values every three months: 8.4%, 9%, 9.2%, 10%. What do her values suggest?

   • Her HbA1c is increasing.
   • She is not compliant with her diet.
   • She is not following her medication plan.
• Her HbA1c is increasing, she is not compliant with her diet, and she is not following her medication plan.

Answer: Her HbA1c is increasing, she is not compliant with her diet, and she is not following her medication plan.

Rationale: Patients who keep their HbA1c levels close to 7% have a much better chance of delaying or preventing diabetic complications than patients with HbgA1c levels of 8% or greater. The HbA1c test is ordered periodically for patients already diagnosed with diabetes to evaluate the effectiveness of their diabetes management including compliance with diet and medication plans.

Competency: Analyze charts, graphs and/or tables in the interpretation of healthcare results, CAAHEP II.C-7

4. True or false? If a medical assistant injures a patient during a procedure normally performed by a physician and the patient takes legal action, the medical assistant is held to the same standard of care as a physician.

Answer: True

Rationale: If a medical assistant injures a patient during a procedure normally performed by a physician and the patient takes legal action, the medical assistant is held to the same standard of care as the healthcare professional who normally performs that procedure.

Competency: Compare and contrast physician and medical assistant roles in terms of standard of care, CAAHEP IX.C-7

5. A diabetic patient is at Walden-Martin because they have been experiencing shakes and anxiety a few hours after eating meals. For both the physician and the medical assistant to be acting within his or her standard of care, which of the following actions are appropriate?

• The physician rooms the patient, calls the prescription in to the pharmacy, and schedules a follow-up appointment. The medical assistant orders a glucometer test and prescribes medication.

• The physician performs an examination, performs a glucometer test, and prescribes medication. The medical assistant takes vital signs, orders a glucometer test, and calls the prescription in to the pharmacy.

• The physician performs an examination, orders a glucometer test, and prescribes medication. The medical assistant takes appropriate vital signs, performs a glucometer test, and calls the prescription in to the pharmacy.

• The physician takes the appropriate vital signs, performs a glucometer test, and calls the prescription in to the pharmacy. The medical assistant performs an examination, orders a glucometer test, and prescribes medication.

Answer: The physician performs an examination, orders a glucometer test, and prescribes medication. The medical assistant takes appropriate vital signs, performs a glucometer test, and calls the prescription in to the pharmacy.

Rationale: A physician would perform an examination, order a test, and prescribe medication. A medical assistant would take the appropriate vital signs, perform the test, and call the prescription in to the pharmacy.

Competency: Compare and contrast physician and medical assistant roles in terms of standard of care, CAAHEP IX.C-7

6. True or false? When a medical assistant performs outside of his or her standard of care, the medical office can be liable for the actions of the medical assistant.

Answer: True

Rationale: If a medical assistant acts outside of his or her standard of care by performing a procedure usually performed by a physician, he or she puts the medical office at risk for being sued.

Competency: Compare and contrast physician and medical assistant roles in terms of standard of care, CAAHEP IX.C-7
7. The level of performance expected of a healthcare professional in carrying out his or her duties is the:
   • rules of care.
   • expectations of care.
   • standard of care.
   • guidelines of care.

   **Answer:** standard of care  
   **Rationale:** Standard of care refers to the level of performance expected of a healthcare professional in carrying out his or her duties.  
   **Competency:** Compare and contrast physician and medical assistant roles in terms of standard of care, CAAHEP IX.C-7

8. Which technique could a medical assistant implement when performing glucometer teaching to a patient?
   • Ask the patient to return the demonstration.
   • Show the patient the entire procedure and save any questions for the end.
   • Send the patient home with the device and instruct him or her to call the office with any questions.
   • Provide written instructions with the device, but don’t review the instructions with the patient as the process is self-explanatory.

   **Answer:** Ask the patient to return the demonstration.  
   **Rationale:** After showing a procedure to a patient, a medical assistant should ask him or her to repeat the demonstration in order to confirm patient understanding of the procedure.  
   **Competency:** Display sensitivity to patient rights and feelings in collecting specimens, CAAHEP III.A-1

9. True or false? Having a schedule that keeps the physician busy while keeping patient wait time to a minimum is an example of effective time management principles.

   **Answer:** True  
   **Rationale:** It can take a bit of time to find a schedule that works best for a physician. The medical assistant should ensure appointment times are long enough for the physician to accomplish everything, but not so long that physician is often waiting for the next patient. Patient wait time must also be considered.  
   **Competency:** Implement time management principles to maintain effective office function, CAAHEP V.A-2
52. Document a Phone Encounter and Order for Charles Johnson

Objectives
- Search for a patient record.
- Document a phone encounter.
- Document an order.
- Create a lab requisition.

Overview
Charles Johnson (DOB 03/03/1958) had a lipid profile during his visit last week. The results of the test are total cholesterol: 136, HDL: 45, LDL: 80. Triglycerides of 140. Dr. Martin reviewed the results and documented “Normal results. Repeat lipid profile in one year.” Charles Johnson calls the office today to ask about the results. Document the phone consultation for Charles Johnson.

Competencies
- Apply ethical behaviors, including honesty/integrity in performance of medical assisting practice, ABHES 4-g, CAAHEP X.A-1
- Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7
- Perform patient screening using established protocols, ABHES 9-b, CAAHEP I.P-6
- Screen test results, ABHES 9-f, CAAHEP I.P-16

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Charles Johnson’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
3. Select the radio button for Charles Johnson and click the Select button. Confirm the auto-populated details in the Patient Header.
4. Create a phone encounter for Charles Johnson by clicking Phone Encounter in the Info Panel to the left.
5. In the Create New Encounter window, document “Charles Johnson” in the Caller field.
6. Select Dr. Martin from the Provider dropdown menu.
8. Click the Save button.
9. Select Order Entry from the Record dropdown menu.
10. Select the TruCode encoder link in the top right corner. The encoder tool will open in a new tab.
11. Enter “Cholesterol screening” in the Search field and select Diagnosis, ICD-10-CM from the corresponding dropdown menu.
12. Click the Search button.
13. Click the Z13.9 code that appears in red to expand this code and confirm that it is the most specific code available.
15. Click the Add button below the Out-of-Office grid to add an order.
16. In the Add Order window, select Requisitions from the Order dropdown menu.
17. Select Laboratory from the Requisition Type dropdown menu.
18. Document “repeat lipid profile in one year” and then paste the diagnosis within the Notes field so that it is available for documentation and provide any additional information needed.
19. Click the Save button. The order you added will display in the Out-of-Office grid.
20. Document any additional information provided and click the Save button. A confirmation message will appear and the Out-of-Office table will display the new order.

21. Click the Form Repository icon.

22. Select the Requisition form from the left Info Panel.

23. Select Laboratory from the Requisition Type dropdown menu.

24. Click the Patient Search button to assign the form to Charles Johnson. Confirm the auto-populated patient demographics.

25. In the Diagnosis field, document “Cholesterol screening.”

26. Place the cursor in the Diagnosis Code field to access the encoder.

Helpful Hint: Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.

27. Enter “Cholesterol screening” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.

28. Click the Search button.

29. Click the code Z13.220 to expand this code and confirm that it is the most specific code available.

30. Click the yellow information icon to the left of the code to view the instructional notes, which mention the external cause of the code is also required for this diagnosis.

31. Click the code Z13.220 for “Cholesterol screening” that appears in the tree. This code will auto-populate in the Diagnosis Code field.

32. Select the Lipid Profile checkbox.

33. Document “Patient should be fasting.” in the Patient Preparation field.

34. Document any additional information needed and click the Save to Patient Record button. A confirmation message will appear.

35. Click the Clinical Care tab.


37. Select the radio button for Charles Johnson and click the Select button. Confirm the auto-populated details.

38. Within the Patient Dashboard, scroll down to view the saved forms in the Forms section. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. The process of deciding which phone calls should be forwarded to the physician and which can be handled by the medical assistant is called:
   - switchboarding.
   - screening.
   - gatekeeping.
   - phoning.

   Answer: screening

   Rationale: The medical assistant screens phone calls in order to determine the best person to speak with the caller. Screening phone calls helps a medical office to run more efficiently.

   Competency: Perform patient screening using established protocols, ABHES 9-b, CAAHEP I.P-6

2. Screening phone calls involves:
   - determining who a call should be transferred to.
   - determining if a patient must have an appointment on the same day.
   - following protocol for pharmaceutical reps asking to speak to the physician.
• determining who a call should be transferred to, determining if a patient needs to have an appointment on the same day or if they can wait, and following protocol for pharmaceutical reps asking to speak to the physician.

**Answer:** determining who a call should be transferred to, determining if a patient needs to have an appointment on the same day or if they can wait, and following protocol for pharmaceutical reps asking to speak to the physician.

**Rationale:** When a medical assistant is screening phone calls, he or she should follow the protocols set by the medical office.

**Competency:** Perform patient screening using established protocols, ABHES 9-b, CAAHEP I.P-6

3. True or false? If a physician is with a patient while another physician calls, the medical assistant should take a message and tell the caller the physician will get back to them as soon as possible.

**Answer:** False

**Rationale:** If a physician is calling to speak to another physician, the medical assistant should put the call through even if the physician is seeing a patient.

**Competency:** Perform patient screening using established protocols, ABHES 9-b, CAAHEP I.P-6

4. A medical supply sales rep would like to talk with the physician about a new piece of equipment. The physician has a full schedule today. The medical assistant should:

• offer the sales rep the next available pharmaceutical/sales rep appointment.
• ask if he minds holding while checking if the physician is available.
• tell him the physician is too busy.
• tell him to call back on another day.

**Answer:** offer the sales rep the next available pharmaceutical/sales rep appointment.

**Rationale:** The medical office should have a policy in place about when the physician will see sales representatives. Such policies usually involve a specific time for the physician to meet with sales reps and the medical assistant should offer the next available appointment time within that timeframe.

**Competency:** Perform patient screening using established protocols, ABHES 9-b, CAAHEP I.P-6

5. The correct way to answer the phone in a medical office is:

• “Hello.”
• “Physician’s office.”
• “Walden-Martin Family Medical Clinic. This is Julie. How may I help you?”
• “Walden-Martin Family Medical Clinic, please hold.”

**Answer:** “Walden-Martin Family Medical Clinic. This is Julie. How may I help you?”

**Rationale:** When answering the phone, the medical assistant should identify the office first. Before a phone call can be placed on hold, the medical assistant should determine if the call is an emergency or not. Emergency phone calls should never be placed on hold.

**Competency:** Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

6. Most medical offices have a policy that states every phone call should be answered within ____ rings.

• one
• three
• two
• seven

**Answer:** three

**Rationale:** Most medical offices prefer phone calls to be answered within three rings.

**Competency:** Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7
7. A medical assistant should _____ when he or she answers the phone, even though the patient cannot see them.
   • use hand gestures
   • smile
   • nod in agreement
   • demonstrate any instructions

Answer: smile
Rationale: Smiling impacts how a message sounds and will have a more positive impression on a patient.
Competency: Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

8. When answering a phone call in the medical office, a medical assistant should not:
   • eat food.
   • chew gum.
   • drink soda.
   • eat food, chew gum, or drink soda.

Answer: eat food, chew gum, or drink soda.
Rationale: A medical assistant should not eat food, chew gum, or drink soda while answering a phone call as this will interfere with the communication between the medical assistant and the caller.
Competency: Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

9. When the body is in a state of homeostasis, the physical and chemical characteristics of body substances such as fluids, secretions, and excretions are within an acceptable range known as the:
   • reference range.
   • abnormal value.
   • diseased state.
   • acute inflammation.

Answer: reference range
Rationale: When the body is healthy, its systems function normally. This state of equilibrium in the internal environment is called homeostasis.
Competency: Screen test results, CAAHEP I.P-16

10. While grocery shopping, a medical assistant who works at Walden-Martin sees Charles Johnson. Mr. Johnson recognizes her from the office and asks if she has seen his recent blood test results. The honest and ethical response is:
   • “Yes, I saw them and they are great!”
   • “No, I do not think we received the results yet. Ask the lab to send the results to the physician on call.”
   • “I’m not sure. Call the office in the morning and I will be sure to pull the message for the physician’s review.”
   • “I’m not at work and would appreciate not having to answer these kinds of questions.”

Answer: “I’m not sure. Call the office in the morning and I will be sure to pull the message for the physician’s review.

Rationale: It is common for patients to approach staff outside of the medical office when they are curious about their healthcare. The medical assistant should remain kind and professional but refrain from sharing any information about test results or giving advice that it is not directed by the physician.
Competency: Apply ethical behaviors, including honesty/integrity in performance of medical assisting practice, ABHES 4-g, CAAHEP X.A-1
Objectives
• Search for a patient record.
• Document a phone encounter.

Overview
Dr. Martin conducted a bone density test during Ella Rainwater’s (DOB 07/11/1959) last appointment and her is now calling to find out the results. Dr. Martin has not reviewed the test results yet, so the medical assistant takes a message. Ella Rainwater says the best time to return her call is after 1:00 pm today. Document this phone encounter and prepare a message for Dr. Martin.

Competencies
• Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7
• Discuss the role of assertiveness in effective professional communication, CAAHEP IV.C-15
• Identify the role of self-boundaries in the healthcare environment, CAAHEP IV.C-13
• Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
3. Select the radio button for Ella Rainwater and click the Select button. Confirm the auto-populated details in the Patient Header.
4. Create a phone encounter for Ella Rainwater by clicking Phone Encounter in the Info Panel to the left.
5. In the Create New Encounter window, document “Ella Rainwater” in the Caller field.
6. Select Dr. Martin from the Provider dropdown menu.
7. Document “Patient calling for bone density examination results. Ella can be reached after 1:00 PM today at 123-232-5690.” in the Message field.
8. Click the Save button.
9. Click on the Correspondence icon.
10. Select the Phone Message template from the left Info Panel.
11. Click the Patient Search button to perform a patient search and assign the phone message to Ella Rainwater. Confirm the auto-populated details.
12. Document the current date in the Date field.
15. Document “Dr. Martin” in the Provider field.
16. Select the Please Call checkbox.
17. Document “Patient calling for bone density examination results. Ella can be reached after 1:00 PM today at 123-232-5690.” in the Message field.
18. Document any additional information needed and click the Print button.
19. Click the Save to Patient Record button. A confirmation message will appear.
20. Click the Find Patient icon.
21. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
22. Select the radio button for Ella Rainwater and click the Select button. Confirm the auto-populated details.
23. Scroll down to view the Correspondence section of the Patient Dashboard.
24. Select the phone message you prepared. The phone message will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. True or false? A medical assistant should check back with callers who have been placed on hold every 30 seconds or so.
Answer: True
Rationale: When a caller is on hold, the medical assistant should check back every 30 seconds or so to see if the caller can continue to hold or if they would rather leave a message.
Competency: Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

2. A _________ can help to avoid neck and shoulder strain when answering phones.
   - neck pillow
   - headset
   - speakerphone
   - brace
Answer: headset
Rationale: A medical assistant should use a headset when answering for phones for any extended length of time. Using a headset will help to avoid strain and free up both hands to use the computer if necessary.
Competency: Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

3. A patient’s lipid profile has the following results, which the physician has told you to share with the patient: total cholesterol 136, LDL 71, HDL 88, triglycerides 62. What should the medical assistant say to the patient?
   - Since the results are normal, the medical assistant only needs to notify the patient of the results if the patient calls to request the results.
   - “All of the results for your lipid profile are within normal limits. I would be happy to send you a copy of the results.”
   - “Ms. Rainwater, when would you be available to come to the office so we can inform you of your lipid profile results?”
   - None of the above.
Answer: “All of the results for your lipid profile are within normal limits. I would be happy to send you a copy of the results.”
Rationale: If all of the test results are within normal limits and the physician instructs the medical assistant to do so, the medical assistant can share the results with the patient over the phone.
Competency: Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

4. True or false? Assertive communication in a professional setting involves stating your position in a positive forthright manner.
Answer: True
Rationale: In assertive communication, one would state their position in a positive forthright manner.
Competency: Discuss the role of assertiveness in effective professional communication, CAAHEP IV.C-15

5. When a conflict arises with a coworker, the best means of resolving that conflict would be to approach it:
   - passively.
   - aggressively.
   - competitively.
   - assertively.
Answer: assertively
Rationale: When dealing with conflict, it is best be assertive without becoming aggressive.
Competency: Discuss the role of assertiveness in effective professional communication, CAAHEP IV.C-15

6. Someone who states their opinion openly and honestly is using ____________ communication.
   - assertive
   - passive
   - passive-aggressive
   - competitive
Answer: assertive
Rationale: Assertive communication occurs when someone states their opinion openly and honestly in a way that demonstrates respect and consideration for the other person.
Competency: Discuss the role of assertiveness in effective professional communication, CAAHEP IV.C-15

7. Being assertive means:
   - expressing yourself effectively.
   - standing up for your point of view.
   - respecting the rights and beliefs of others.
   - expressing yourself effectively, standing up for your point of view, and respecting the rights and beliefs of others.
Answer: expressing yourself effectively, standing up for your point of view, and respecting the rights and beliefs of others.
Rationale: Being assertive means that you are able to express yourself effectively and stand up for your point of view while respecting the rights and beliefs of others.
Competency: Discuss the role of assertiveness in effective professional communication, CAAHEP IV.C-15

8. True or false? Assertive communication can improve interpersonal relationships, minimize stress, and provide a sense of control.
Answer: True
Rationale: Interpersonal relationships can improve, stress can decrease, and a sense of control can be gained through assertive communication.
Competency: Discuss the role of assertiveness in effective professional communication, CAAHEP IV.C-15

9. An example of self-boundaries at work would be:
   - limiting the use of a personal cell phone.
   - using the Internet to order concert tickets.
   - moving closer to someone who is backing away from you.
   - limiting the use of a personal cell phone, using the Internet to order concert tickets, and moving closer to someone who is backing away from you.
Answer: limiting the use of a personal cell phone.
Rationale: Limiting the use of a personal cell phone while at work is an example of self-boundaries. While using the Internet to find information for a patient is appropriate, using the Internet for personal reasons while at work is not appropriate. Moving closer to someone who is backing away from you is an invasion of personal space and the opposite of practicing self-boundaries.
Competency: Identify the role of self-boundaries in the healthcare environment, CAAHEP IV.C-13

10. True or false? There is no reason for a medical assistant to invade a patient’s personal space.
Answer: False
**Rationale:** A medical assistant might have to invade a patient’s personal space in order to do his or her job. Before taking a patient’s blood pressure, for example, the medical assistant should tell the patient that he or she will be coming closer in order to complete this task.

**Competency:** Identify the role of self-boundaries in the healthcare environment, CAAHEP IV.C-13

11. **If a medical assistant moves within a patient’s personal comfort zone for a procedure, the medical assistant should:**
   - move as close as they need to in order to accomplish the procedure.
   - perform the procedure as quickly as possible with limited communication.
   - explain why he or she must move closer before doing so.
   - explain why he or she had to move closer after doing so.

**Answer:** explain why he or she must move closer before doing so.

**Rationale:** The medical assistant can help a patient mentally prepare for a procedure by explaining the reason for the procedure.

**Competency:** Identify the role of self-boundaries in the healthcare environment, CAAHEP IV.C-13

12. **It is important to establish self-boundaries in order to be an effective medical assistant. An example of a self-boundary would be:**
   - maintaining a professional relationship with patients.
   - only working at a medical office more than 50 miles from your home.
   - only working with patients of the opposite gender.
   - maintaining a professional relationship with patients, only working at a medical office more than 50 miles from your home, and only working with patients of the opposite gender.

**Answer:** maintaining a professional relationship with patients.

**Rationale:** In order to be an effective medical assistant you should maintain a professional relationship with your patients.

**Competency:** Identify the role of self-boundaries in the healthcare environment, CAAHEP IV.C-13
54. Document Preventative Services and Immunizations for Ella Rainwater

Objectives
• Search for a patient record.
• Document preventative services.
• Document immunizations.

Overview
The medical assistant must add Ella Rainwater’s (DOB 07/11/1959) bone density test performed seven days ago to her patient record as a preventative service. After receiving the results from Anytown Bones, Dr. Martin determined that the results are a normal study. Dr. Martin also notices that Ella Rainwater is due for a tetanus booster and she decides to have the vaccination today. She has no adverse reaction. The label displays the following information:

0.5 mL, given IM in the right deltoid, Manufacturer: Sanofi-Pasteur, Lot#: 774521, Expiration: 01/15.*

*The year of expiration displayed on the labels should reflect an expiration date of three years past the current year.

Competencies
• Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
• Identify body systems, ABHES 2-a, CAAHEP I.C-2
• Match types and uses of personal protective equipment, CAAHEP III.C-7
• Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3
• Define and use medical abbreviations when appropriate and acceptable, ABHES 3-d
• Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2
• Use proper body mechanics, CAAHEP XI.P-11

Estimated completion time: 15 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Ella Rainwater and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Preventative Services from the Record dropdown menu.
8. Click the Add button in the Procedures section.
9. Select Bone Density from the Health Recommendation dropdown menu.
10. Document the date performed using the calendar picker.
12. Click the Save button. The preventative service you added will display in the Preventative Services table.
13. Select Immunizations from the Record dropdown menu.
14. Locate the row for the “DTaP, DTP, TD Diphtheria, Tetanus, Pertussis” vaccine and click on the green plus sign to the far right of that row. That row will become active so you can add an immunization to Ella Rainwater’s record.
15. Within the Type column, select DTaP.
16. Within the Dose column, document “0.5 mL.”
17. Within the Date Admin column, use the calendar picker to select the date administered.
18. Within the Provider column, document “James Martin, MD” in the text box.
19. Within the Route/Site column, document “R deltoid” in the text box.
20. Within the Manufacturer/Lot# column, document “Sanofi-Pasteur/774521” in the text box.
21. Within the Exp column, document “01/15/20XX” in the text box.
22. Within the Reaction column, document “Patient has no reaction” in the text box.
23. Click the Save button. A confirmation message will appear and the Immunizations table will display the new immunization.

Quiz Questions

1. True or false? Bone density test results “normal study” will become part of the resolved section of the patient’s problem list.
   Answer: False
   Rationale: Normal study is a diagnosis to be entered in the progress note, not the problem list.
   Competency: Organize a patient’s medical record, ABHES 8-a, CAAHEP V.P-3

2. True or false? IM injections are intradermal and documented as left or right forearm.
   Answer: False
   Rationale: IM injections are intramuscular and documentation includes which muscle was used.
   Competency: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

3. True or false? The abbreviation mcg stands for microgram.
   Answer: True
   Rationale: The abbreviation mcg stands for microgram, which is a millionth of a gram. Mcg is a measurement for weight in the metric system and is frequently used for medication strengths.
   Competency: Define and use medical abbreviations when appropriate and acceptable, ABHES 3-d

4. Bone density tests are often suggested for women over the age of 65. What medical condition is thought to affect bone structure?
   - Menopause
   - Diabetes
   - Hypertension
   - Hyperlipidemia
   Answer: Menopause
   Rationale: The hormonal changes that occur after menopause affect the mineral absorption needed to replace bone.
   Competency: Identify and apply the knowledge of all body systems; their structure and functions; and their common disease, symptoms and etiologies, ABHES 2-b, CAAHEP I.C-2

5. The Walden-Martin clinic requires that height be charted in feet and inches but the balance beam scale only measures inches. How would the medical assistant chart a patient’s height of 68 ½ inches?
   - 5 feet, 4 ½ inches
   - 5 feet, 8 ½ inches
   - 6 feet, 6 ½ inches
   - 6 feet, 8 ½ inches
   Answer: 5 feet, 8 ½ inches
   Rationale: 68 ½ inches is equal to 5 feet, 8 ½ inches.
Competency: Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

6. True or false? Proper body mechanics can prevent most workplace injuries.
   Answer: True
   Rationale: Using proper body mechanics can help to prevent injuries due to unnecessary strain.
   Competency: Use proper body mechanics, CAAHEP XI.P-11

7. Which of the following statements regarding injury prevention is false?
   - Take frequent breaks and change position every two hours.
   - When lifting heavy objects, bend from the hips rather than the waist.
   - Avoid bending the neck forward for prolonged periods.
   - Warm-up or stretch before starting activities that include repetitive movements.
   Answer: Take frequent breaks and change position every two hours.
   Rationale: According to ergonomics, taking frequent breaks and changing position every 20 to 30 minutes can help to prevent workplace injuries.
   Competency: Use proper body mechanics, CAAHEP XI.P-11

8. True or false? It is not necessary to test the weight of the load before lifting the object.
   Answer: False
   Rationale: Before lifting an object, test the weight of the load to avoid lifting weight that is too heavy for one person.
   Competency: Use proper body mechanics, CAAHEP XI.P-11

9. When administering an injection, the most appropriate type of PPE would be:
   - gloves.
   - a mask.
   - a gown.
   - goggles.
   Answer: gloves
   Rationale: The medical assistant must wear gloves when administering an injection, in order to create a barrier from potentially pathogenic microorganisms.
   Competency: Match types and uses of personal protective equipment, CAAHEP III.C-7
Objectives
• Search for a patient record.
• Document vital signs.
• Document allergies.
• Document medications.
• Document an order.

Overview
Maude Crawford (DOB 02/12/1946) is three weeks post right hip replacement (status post hip replacement) after slipping on ice in front of her grocery store. Her stepson, Mark Melley, has brought her in to see Dr. Martin for a post-op visit. Maude Crawford states that she has less pain while walking and her mobility is improving with physical therapy. Penicillin makes her nauseous and her current medications are calcium, St. John’s wort, and Vicodin (hydrocodone, acetaminophen 5/500) 5 mg po q4-6hr prn. The medical assistant obtains her vital signs as HT: 66 in, WT: 155 pounds, T: 99.0°F tympanically, P: 100 reg, bounding, R: 20 reg, BP: 122/80 right arm, sitting. Dr. Martin recommends that Maude Crawford continue physical therapy (CPT 27110) for two more weeks, three times per week.

Range of Motion Physical Therapy
565 Rehab Avenue
Anytown, AL 12345

Competencies
• Apply critical thinking skills in performing patient assessment and care, CAAHEP I.A-1
• Maintain medication and immunization records, ABHES 6-e
• Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
• Recognize elements of fundamental writing skills, ABHES 8-f, CAAHEP IV.C-8
• Use internet to access information related to the medical office, CAAHEP V.P-7
• Verify ordered doses/dosages prior to administration, CAAHEP II.A-1

Estimated completion time: 50 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Maude Crawford’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.  
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Maude Crawford and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Vital Signs from the Record dropdown menu.
8. In the Vital Signs tab, click the Add button.
10. Document “100” in the Pulse field and select Radial from the Site dropdown.
12. Document “122” in the Systolic field
13. Select Right arm from the Site dropdown menu.
15. Select Sitting from the Position dropdown menu.
16. Click the Save button. The Vital Signs table will display the vital signs for this encounter.
17. In the Height/Weight tab, click the Add button.
18. Document “5” as the feet and “6” as the inches for the Height field.
20. Select Standing scale from the Method dropdown menu.
21. Click the Save button. The Height/Weight table will display the height and weight for this encounter.
22. Select Allergies from the Record dropdown menu.
23. Click the Add Allergy button.
24. Select the Medication radio button in the Allergy Type field.
26. Select the Nausea checkbox in the Reactions field.
27. Click the Save button. A confirmation message will appear and the Allergies table will display the new allergy.
28. Select Medications from the Record dropdown menu.
29. Within the Prescription Medications tab, click the Add Medication button to add Vicodin to Maude Crawford’s medications.
30. Select acetaminophen/hydrocodone tablet (5/500) - (Lortab 5/500, Vicodin) from the Medication dropdown menu.
31. Select “5 mg/500 mg” from the Dose field.
32. Select Tablet from the Form dropdown menu.
33. Select Oral from the Route dropdown menu.
34. Select Every 4 Hours PRN from the Frequency menu.
35. Document any additional information needed and select the Active radio button in the Status field.
36. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
37. Within the Over-the-Counter Medications tab, click the Add Medication button to add calcium to Maude Crawford’s medications.
38. Select dicalcium phosphate from the Generic Name dropdown menu.
39. Select Vitamins/Minerals – Calcium Supplements from the Product Type dropdown menu.
40. Select Tablet from the Form dropdown menu.
42. Select Oral from the Route dropdown menu.
43. Document any additional information needed and select the Active radio button in the Status field.
44. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
45. Within the Herbal and Natural Remedy Products tab, click the Add Medication button to add St. John’s wort to Maude Crawford’s medications.
46. Select St. John’s wort from the Product dropdown menu.
47. Select Capsule from the Preparation dropdown menu.
49. Select Oral from the Route field.
50. Document any additional information needed and select the Active radio button in the Status field.
51. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
52. Select Order Entry from the Record dropdown menu.
53. Select the TruCode encoder link in the top right corner. The encoder tool will open in a new tab.
54. Enter “status post hip replacement” in the Search field and select Diagnosis, ICD-10-CM from the corresponding dropdown menu.
55. Click the Search button.
56. Click Presence, hip joint implant, and then the Z96.64 code that appears in red to expand this code and confirm that it is the most specific code available.
57. Copy the code Z96.641 for “Presence of right artificial hip joint” that populates in the search results.
58. Click the Add button below the Out-of-Office grid to add an order.
59. In the Add Order window, select Blank Prescription from the Order dropdown menu.
60. Select the checkbox to indicate that Dr. Martin is the physician.
61. Paste the diagnosis within the body of the blank prescription template so that it is available for documentation.
63. Document “Physical therapy” in the Notes field.
64. Document any additional information provided and click the Save button. A confirmation message will appear and the Out-of-Office table will display the new order.

Quiz Questions

1. If a patient is allergic to penicillin, the physician would not prescribe which of the following medications?
   • Amoxicillin
   • Tetracycline
   • Ciprofloxacin
   • Chloramphenicol

   **Answer:** Amoxicillin
   **Rationale:** Individuals who are allergic to penicillin will not be treated with the similar medication, amoxicillin.
   **Competency:** Maintain medication and immunization records, ABHES 6-e

2. Which of the following is a correct spelling?
   • Penicillin
   • Penicilin
   • Pinicillin
   • Penicillen

   **Answer:** Penicillin
   **Rationale:** Penicillin is the correct spelling. Medical assistants should avoid spelling errors when documenting in the patient record.
   **Competency:** Recognize elements of fundamental writing skills, ABHES 8-f, CAAHEP IV.C-8

3. True or false? The instruction “5 mg po q4-6hr prn” is translated as “5 mg by mouth every 4-6 hours as needed”.

   **Answer:** True
   **Rationale:** The medical assistant must be knowledgeable of medical abbreviations and how to translate them for the patients.
   **Competency:** Recognize elements of fundamental writing skills, ABHES 8-f, CAAHEP IV.C-8

4. A patient who takes two pills daily needs a prescription for three-month supply. How many pills should be dispensed?
   • 60
   • 30
   • 14
   • 180

   **Answer:** 180
Rationale: If the patient takes two pills daily, he or she will need 60 pills to last one month and 180 pills to last three months. $2 \times 30 = 60$ and $3 \times 60 = 180$.

Competency: Recognize elements of fundamental writing skills, ABHES 8-f, CAAHEP IV.C-8

5. A patient’s occupation is documented in the ________ section of the patient record.
   • social and family history
   • medical history
   • patient education
   • problem list

Answer: social and family history

Rationale: Occupation is documented in the social and family history section of the patient record. The occupation of the patient may also be noted in the insurance section of patient demographics.

Competency: Recognize elements of fundamental writing skills, ABHES 8-f, CAAHEP IV.C-8

6. True or false? The procedural code for an initial evaluation of physical therapy is 97001.
   Answer: True
   Rationale: The code of 97001 for “physical therapy, initial evaluation” is in the Medicine section of the CPT Manual.

Competency: Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1

7. If a patient is in severe pain, his or her pulse should be:
   • increased.
   • decreased.
   • the same.
   • erratic.

Answer: increased

Rationale: Increased pain will result in stress on the body, increasing the pulse of the patient.

Competency: Apply critical thinking skills in performing patient assessment and care, CAAHEP I.A-1

8. True or false? Surgical procedures performed in ambulatory settings are classified as “inpatient”.
   Answer: False
   Rationale: Ambulatory surgical settings are utilized for outpatient procedures.

Competency: Apply critical thinking skills in performing patient assessment and care, CAAHEP I.A-1

9. The Walden-Martin office is seeing an increase in the number of patients using herbal supplements. Dr. Martin asks the medical assistant to research a supplement he is not familiar with. The quickest way to find information about the herbal supplement is to:
   • ask a patient about it.
   • search the Internet.
   • check out a book about herbal supplements from the library.
   • call a natural grocery store.

Answer: search the Internet.

Rationale: The Internet is a great resource for quick research. The medical assistant must be able to determine if the source of the information found on the Internet is reliable before reporting the information to the physician.

Competency: Use internet to access information related to the medical office, CAAHEP V.P-7

10. A medical assistant should perform a medication check:
    • when a medication is removed from storage.
• while a medication is being drawn up.
• before a medication is being disposed of.
• when a medication is removed from storage, being drawn up, or being disposed of.

Answer: when a medication is removed from storage, being drawn up, or being disposed of.

Rationale: The medical assistant should perform a medication check when a medication is removed from storage, being drawn up, or being disposed of.

Competency: Verify ordered doses/dosages prior to administration, CAAHEP II.A-1
Objectives
- Search for a patient record.
- Document health history.

Overview
Al Neviaser (DOB 06/21/1968) moved into a condo five months ago after getting a divorce. He now lives alone and states that he feels safe at home. He is an accountant and enjoys his job. He smokes one pack of cigarettes a day and occasionally has a glass of wine with dinner but has never had problems with illegal drug use. He enjoys walking his dog in the park for exercise. He does not follow any particular diet and drinks a cup of coffee every morning. Al Neviaser had an appendectomy in 1978 and a hernia repair procedure in 1985. His mother died from a stroke at age 70 and his father died from stomach cancer at age 78. Document Al Neviaser’s health history.

Competencies
- Administer parenteral (excluding IV medications), ABHES 2-c/9-f, CAAHEP I.P-9
- Advocate on behalf of patients, ABHES 5-c, CAAHEP IV.P-13
- Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
- Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
- Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b
- Comply with federal, state, and local health laws and regulations, ABHES 6-e
- Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations, ABHES 3-c/8-f, CAAHEP IV.P-3

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Al Neviaser’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Al Neviaser and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Health History from the Record dropdown menu.
8. Within the Medical History tab, click the Add New button beneath the Past Surgeries section.
10. Document “Appendectomy” in the Type of Surgery field, along with any additional information needed.
11. Click the Save button. A confirmation message will appear and the Past Surgeries table will display the newly added health history.
12. Click the Add New button beneath the Past Surgeries section.
14. Document “Hernia repair” in the Type of Surgery field, along with any additional information needed.
15. Click the Save button. A confirmation message will appear and the Past Surgeries table will display the newly added health history.
16. Within the Social and Family History tab, select the Yes radio button to document that Al Neviaser feels safe at home and document “Lives alone” in the Comments field.
17. Within the Social and Family History tab, click the Add New button beneath the Paternal section.
18. In the Add Paternal Family Member window, document “Father” in the Relationship field.
20. Document “Stomach cancer” in the Current Medical Conditions field.
21. Click the Save button. A confirmation message will appear and the Paternal table will display the newly added health history.
22. Click the Add New button beneath the Maternal section.
23. In the Add Maternal Family Member window, document “Mother” in the Relationship field.
24. Document “70” in the Age at Death field.
25. Document “Stroke” in the Current Medical Conditions field.
26. Click the Save button. A confirmation message will appear and the Maternal table will display the newly added health history.
27. Select Divorced from the Marital Status dropdown menu.
29. Within the Tobacco section, select the Regularly radio button to indicate how often Al Neviaser smokes. Document “one pack of cigarettes a day” in the Comments field.
30. Within the Drugs/Alcohol section, select the Occasionally radio button to indicate how often Mr. Neviaser drinks alcohol. Document “glass of wine with dinner” in the Comments field.
31. Within the Drugs/Alcohol section, select the Never radio button to indicate that Mr. Neviaser does not use illegal drugs or substances.
32. Within the Activities/Exposures/Habits section, select the Yes radio button and document “walks dog in park” in the Comments field.
33. Within the Nutrition section, select the No radio button to indicate that Al Neviaser does not follow a diet.
34. Within the Nutrition section, select the Yes radio button to indicate that Al Neviaser does consume caffeine. Document “one cup every morning” in the Comments field.
35. Click the Save button.

Quiz Questions
1. Mr. Neviaser is recently divorced and living in a condo. The medical assistant should document this status in:
   - patient demographics.
   - social history.
   - patient correspondence.
   - patient demographics and social history.

Answer: social history.
Rationale: A patient’s marital status is documented in patient demographics and social history.
Competency: Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

2. True or false? Patient medications are displayed on the patient dashboard.
Answer: True
Rationale: The patient dashboard is a summary of various patient records. Medications are included on the dashboard.
Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

3. True or false? Medical assistants are permitted to document immunizations in the patient record.
Answer: True
Rationale: Documenting immunization administration is an important part of the medical assistant’s role.
Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

4. True or false? Seasonal allergies are not important to document in the patient record.
Answer: False
Rationale: All allergies the patient reports are important to document.
Competency: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

5. True or false? The problem list is a collection of past and present physician assessments of the patient.
Answer: True
Rationale: The assessment in a progress note is the physician’s diagnosis. These assessments are added to the problem list so physicians can quickly view any potential comorbidity.
Competency: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

6. Appendectomy is:
   • surgical removal of the appendix.
   • surgical incision of the appendix.
   • surgical biopsy of the appendix.
   • surgical removal, incision, and biopsy of the appendix.
Answer: surgical removal of the appendix.
Rationale: The suffix –ectomy means “surgical removal of”. This term means “surgical removal of the appendix”.
Competency: Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations, ABHES 3-c/8-f, CAAHEP IV.P-3

7. The prescription documentation “bid” is translated as:
   • twice daily.
   • three times daily.
   • two pills at once.
   • taken at night.
Answer: twice daily
Rationale: Bid is a common prescribing abbreviation for “twice daily”.
Competency: Comply with federal, state, and local health laws and regulations, ABHES 6-e

8. True or false? The medical assistant administers influenza injections intradermally.
Answer: False
Rationale: The influenza vaccine is an intramuscular injection
*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.
Competency: Administer parenteral (excluding IV medications), ABHES 2-c/9-f, CAAHEP I.P-9

9. Influenza is indicated for all of the following except:
   • pregnant patients.
   • children.
   • patients with heart disease.
   • patients who are allergic to eggs.
Answer: patients who are allergic to eggs.
Rationale: Individuals with egg allergies are not indicated for the influenza injection, due to the use of egg in the manufacturing process.
Competency: Advocate on behalf of patients, ABHES 5-c, CAAHEP IV.P-13

10. Before administering a flu shot, the medical assistant washes her hands and:
   • tells the patient “quick pinch”.
   • disposes of the needle in the sharps container.
   • applies gloves.
   • makes a joke to relax the patient.
Answer: applies gloves.
Rationale: Always wear gloves when administering injections.
Competency: Advocate on behalf of patients, ABHES 5-c, CAAHEP IV.P-13

11. A patient asks the medical assistant if the injection will hurt. The medical assistant’s response is “You will feel a pinch, but I’ll be sure to warn you before I do anything.” This form of communication is:
   • clarifying.
   • validating.
   • adapting.
   • questioning.
Answer: validating
Rationale: Good communication skills are important. Especially when a patient expresses concern about a procedure.
Competency: Advocate on behalf of patients, ABHES 5-c, CAAHEP IV.P-13
57. Document Problem List, Chief Complaint, Medications, and Allergies for Carl Bowden

Objectives
• Search for a patient record.
• Document in the problem list.
• Document chief complaint.
• Document medications.
• Document allergies.

Overview
Three weeks ago, Carl Bowden (DOB 04/05/1954) tripped over some gardening tools and cut his left foot. He finished a course of antibiotics Carl Walden prescribed one week ago, but his foot is still tender and swollen. He states the pain is a 5 on a scale of 1-10. Carl Bowden also has type 2 diabetes and is being treated for alcohol dependence. Dr. Walden states that Carl Bowden still has a local wound infection. He takes Actos 30 mg daily and does not have any allergies. Document the problem list using ICD-10, chief complaint, medications, and allergies for Carl Bowden.

Competencies
• Collect, label, and process specimens: Perform wound collection procedures, ABHES 10-d.3
• Comply with safety signs, symbols and labels, CAAHEP XI.P-1
• Describe the process to follow if an error is made in patient care, CAAHEP IX.C-14
• Discuss the application of Standard Precautions with regard to non-intact skin, CAAHEP III.C-12c
• Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
• Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b
• Identify safety signs, symbols and labels, CAAHEP XI.C-4
• Organize technical information and summaries, CAAHEP IV.C-12
• Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations, ABHES 3-c/8-f, CAAHEP IV.P-3

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Carl Bowden’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Carl Bowden and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Problem List from the Record dropdown menu.
8. Click the Add Problem button to add a problem.
9. In the Add Problem window, select Diabetes mellitus, Type 2 without complications from the Diagnosis dropdown menu.
10. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
   Helpful Hint: Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
11. Enter “Diabetes mellitus, Type 2 without complications” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
12. Click the Search button.
13. Click the code E11.9 to expand this code and confirm that it is the most specific code available.
14. Click the code E11.9 for “Diabetes mellitus, Type 2 without complications” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
15. Document the current date in the Date Identified field.
16. Select the Active radio button in the Status field.
17. Click the Save button. A confirmation message will appear and the Problem List table will display the newly added problem.
18. Click the Add Problem button.
19. In the Add Problem window, select Infection, wound from the Diagnosis dropdown menu.
20. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
21. Enter “Local wound infection” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
22. Click the Search button.
23. Click the code L08.9 to expand this code and confirm that it is the most specific code available.
24. Click the code L08.9 for “Local infection of the skin and subcutaneous tissue, unspecified” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
25. Document the current date in the Date Identified field.
26. Select the Active radio button in the Status field.
27. Click the Save button. A confirmation message will appear and the Problem List table will display the newly added problem.
28. Click the Add Problem button.
29. In the Add Problem window, select Alcohol dependence from the Diagnosis dropdown menu.
30. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
31. Enter “Alcohol dependence” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
32. Click the Search button.
33. Click the code F10.20 to expand this code and confirm that it is the most specific code available.
34. Click the code F10.20 for “Alcohol dependence, uncomplicated” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
35. Document the current date in the Date Identified field.
36. Select the Active radio button in the Status field.
37. Click the Save button. A confirmation message will appear and the Problem List table will display the newly added problem.
38. Select Chief Complaint from the Record dropdown menu.
39. Document “Laceration to left foot. Patient states he tripped over some gardening tools.” in the Chief Complaint field.
40. Document “left foot” in the Location field.
41. Document “tender and swollen” in the Quality field.
42. Document “5/10” in the Severity field.
43. Document “three weeks” in the Duration field.
44. Document “finished course of antibiotics one week ago” in the Modifying Factors field.
45. Document “swelling” in the Associated Signs and Symptoms field.
46. Select the No radio button at the top of the column in each section to indicate that Carl Bowden denies having these symptoms.
47. Click the Save button. A confirmation message will appear and the chief complaint you just added will move below the Saved tab.
48. Select Medications from the Record dropdown menu.
49. Within the Prescription Medications tab, click the Add Medication button to add Actos to Carl Bowden’s medications. An Add Prescription Medication window will appear.
50. Select pioglitazone tablet - (Actos) from the Medication dropdown menu.
51. Select “30” from the Strength dropdown menu.
52. Select Tablet from the Form dropdown menu.
53. Select “Oral” from the Route dropdown menu.
54. Select “Daily” from the Frequency dropdown menu.
55. Document any additional information needed and select the Active radio button in the Status field.
56. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
57. Select Allergies from the Record dropdown menu.
58. Select the No known allergies checkbox to indicate that Mr. Bowden does not have any current allergies.
59. Click the Save button.

Quiz Questions
1. A patient takes two 200 mg ibuprofen tablets daily. “200 mg” is recorded in the field.
   - indication
   - brand name
   - generic name
   - dose
   **Answer:** dose
   **Rationale:** “200 mg” is the strength of the medication documented in the medication section of the patient record.
   **Competency:** Utilize Electronic Medical Records (EMR) and Practice Management Systems, ABHES 7-b

2. Which of the following medications is not used for the treatment of type 2 diabetes?
   - Actos
   - Glucophage
   - Metformin
   - Prinivil
   **Answer:** Prinivil
   **Rationale:** Prinivil is used to treat cardiovascular disease such as hypertension. Actos, glucophage, and metformin are used to treat diabetes.
   **Competency:** Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

3. Match each lab test with its corresponding characteristic.
   1. HbA1c       a. Normal ranges are between 80-120 mg/dL
   2. FBS         b. A by-product of fat catabolism
   3. RBS or NFBS c. Blood test measuring a patient’s glucose control over a period of two to three months
   4. Ketones     d. Normal ranges are 70-110 mg/dL
   **Answer:** 1-c, 2-d, 3-a, 4-b
   **Rationale:** Physicians use a series of blood and urine tests to monitor patients with diabetes.
   **Competency:** Organize technical information and summaries, CAAHEP IV.C-12

4. What patient information would you use in order to locate and verify the correct patient?
   - Last name and first name
   - Phone number
   - Address
   - Last name, first name, and date of birth
Answer: Last name, first name, and date of birth
Rationale: The medical assistant uses name and date of birth to perform patient search. When patients have the same first and last names, the date of birth can help to identify the correct patient record.
Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

5. True or false? The first thing that a medical assistant should do when realizing he or she has made an error in patient care is to admit the error to his or her supervisor and the physician.
Answer: True
Rationale: The first thing that a medical assistant should do after making an error in patient care is to inform his or her supervisor and the physician of the error.
Competency: Describe the process to follow if an error is made in patient care, CAAHEP IX.C-14

6. True or false? When a medical assistant makes an error in patient care, he or she should document the error as if it were done correctly in order to prevent a possible lawsuit.
Answer: False
Rationale: The medical assistant must document exactly what happens during an encounter, including any errors and what steps were taken to correct the situation.
Competency: Describe the process to follow if an error is made in patient care, CAAHEP IX.C-14

7. After a medical assistant has notified his or her supervisor and the physician of an error in patient care, he or she should then:
   • document the error in the medical record.
   • Immediately discuss the error with the patient, even if the physician cannot be present.
   • complete an incident report.
   • apologize to the physician.
Answer: document the error in the medical record.
Rationale: The medical assistant should document an error in patient care exactly as it happened after the medical assistant has notified his or her supervisor and the physician of the error.
Competency: Describe the process to follow if an error is made in patient care, CAAHEP IX.C-14

8. True or false? It is best to use the most accurate medical terminology when explaining an error in patient care to a patient.
Answer: False
Rationale: It is best to use layman’s terms when explaining an error to a patient in order to ensure that he or she understands what happened.
Competency: Describe the process to follow if an error is made in patient care, CAAHEP IX.C-14

9. True or false? Non-healing foot wounds are common for type 2 diabetes.
Answer: True
Rationale: Patients with diabetes may experience non-healing wounds, especially on the feet. The high levels of blood sugars inhibit the ability of the body to bring white blood cells to the site and allow glucose to “feed” microorganisms. In addition, a common long-term complication of diabetes is neuropathy, which prevents the patient from feeling pain in the extremity.
Competency: Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations, ABHES 3-c/8-f, CAAHEP IV.P-3

10. True or false? A medical assistant is preparing a wound culture to be sent to the lab. She does not need to put the culture in a biohazard container as the culture is not a blood specimen.
Answer: False
Rationale: Tissue is considered potentially infectious material and must be stored in a container that displays the biohazardous material symbol.

Competency: Comply with safety signs, symbols and labels, CAAHEP XI.P-1

11. Which of the following materials should be disposed of in a biohazardous waste container?
   - Gauze
   - A tissue with nasal secretions
   - A tongue depressor
   - Disposable gloves contaminated with blood

Answer: Disposable gloves contaminated with blood

Rationale: Gauze, a tissue with nasal secretions, and a tongue depressor can all be disposed of in the regular trash. Disposable gloves contaminated with blood must be placed in a biohazard bag.

Competency: Comply with safety signs, symbols and labels, CAAHEP XI.P-1

12. Which type of PPE would be appropriate when treating Mr. Bowden’s wound?
   - Facial mask
   - Goggles
   - Sharps container
   - Gloves

Answer: Gloves

Rationale: The medical assistant should wear gloves when treating Mr. Bowden’s wound in order to protect against potential pathogenic micro-organisms.

Competency: Collect, label, and process specimens: Perform wound collection procedures, ABHES 10-d.3

13. True or false? As long as the medical assistant performs a medical aseptic hand wash, gloves are not necessary during a laceration dressing change.

Answer: False

Rationale: When performing procedures of non-intact skin, hand washing and gloves are both necessary.

Competency: Discuss the application of Standard Precautions with regard to non-intact skin, CAAHEP III.C-12c

14. The red area on a hazardous chemical label indicates the risk of:
   - blood.
   - flammability.
   - heat.
   - dye.

Answer: flammability

Rationale: The red area on a hazardous chemical label indicates the risk of flammability.

Competency: Identify safety signs, symbols and labels, CAAHEP XI.C-4
Objectives
- Search for a patient record.
- Document chief complaint.
- Document ECG administration.

Overview
Carl Bowden (DOB 04/05/1954) has a follow-up appointment with Dr. Walden after a hospitalization for a myocardial infarction one month ago. He continues to experience fatigue, mild chest pain he describes as “pressure,” shortness of breath with activity, and palpitations at night. He states his pain is a 4 on a scale of 1-10. Dr. Walden orders a 12 lead ECG test. Document the chief complaint and ECG test for Carl Bowden.

Competencies
- Compare different methods of controlling the growth of microorganisms, CAAHEP III.C-6
- Describe implications for treatment related to pathology, CAAHEP I.C-9
- Describe Standard Precautions including transmission based precautions, purpose, and activities regulated, CAAHEP III.C-11
- Describe the importance of Materials Safety Data Sheets (MSDS) in a healthcare setting, CAAHEP XI.C-3
- Discuss infection control procedures, ABHES 9-a, CAAHEP III.C-3
- Select appropriate barrier/personal protective equipment (PPE) for potential infectious situations, CAAHEP III.P-3
- Perform electrocardiography, ABHES 9-g, CAAHEP I.P-5
- Perform hand washing, CAAHEP III.P-4
- Practice Standard Precautions, ABHES 9-a, CAAHEP III.P-2
- Prepare a patient for procedures and/or treatments ABHES 9-c/9-d, CAAHEP IV.P-6
- Select appropriate barrier/personal protective equipment (PPE) for potential infectious situations, CAAHEP III.P-3
- Show awareness of patients’ concerns regarding their perceptions related to the procedure being performed, CAAHEP III.A-3

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Carl Bowden’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth. **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Carl Bowden and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Chief Complaint from the Record dropdown menu.
8. Document “fatigue, mild chest pain, shortness of breath, palpitations at night” in the Chief Complaint field.
13. Select the No radio button at the top of the column in each section to indicate that Carl Bowden denies having these symptoms.

14. After indicating that Carl Bowden does not have most of the symptoms in the General section, select the Fatigue, Palpitations, and SOB radio buttons in the Yes column of the Cardiac section to indicate that he is experiencing those symptoms.

15. Click the Save button. A confirmation message will appear and the chief complaint you just added will move below the Saved tab.

16. Select Order Entry from the Record dropdown menu.

17. Click the Add button below the In-Office grid to add an order.

18. In the Add Order window, select ECG from the Order dropdown menu.


20. Document any additional information provided and click the Save button. A confirmation message will appear and the In-Office table will display the new order.

**Quiz Questions**

1. True or false? Medical assistants should always use appropriate personal protective equipment (PPE) when contact with body fluids is expected during a procedure.

   **Answer:** True
   
   **Rationale:** Personal protective equipment (PPE) includes specialized clothing and/or equipment that prevents healthcare workers from contact with blood or other potentially infectious material.
   
   **Competency:** Select appropriate barrier/personal protective equipment (PPE) for potential infectious situations, CAAHEP III.P-3

2. True or false? Employers must provide personal protective equipment (PPE) when the possibility of exposure to body fluids exists.

   **Answer:** True
   
   **Rationale:** Occupational Safety and Health Administration (OSHA) regulations apply to all healthcare settings, including physician offices. These guidelines require the use of personal protective equipment (PPE) to reduce employee exposure to hazards.
   
   **Competency:** Select appropriate barrier/personal protective equipment (PPE) for potential infectious situations, CAAHEP III.P-3

3. Which type of personal protective equipment (PPE) is most commonly used for injections?
   - Gloves
   - Masks
   - Gowns
   - Drapes

   **Answer:** Gloves
   
   **Rationale:** Gloves must always be worn during the administration of injections.
   
   **Competency:** Select appropriate barrier/personal protective equipment (PPE) for potential infectious situations, CAAHEP III.P-3

4. True or false? A medical assistant must wear gloves when administering an ECG.

   **Answer:** False
   
   **Rationale:** It is not necessary for the medical assistant to wear gloves when administering an ECG.
   
   **Competency:** Discuss infection control procedures, ABHES 9-a, CAAHEP III.C-3

5. True or false? ECG electrodes are single-use materials and thrown away after use on a patient.

   **Answer:** True
   
   **Rationale:** ECG electrodes are single-use materials and should be disposed of after use.
6. Which of the following materials should be placed in the exam room for a patient with cardiac complaints?
   - ECG machine
   - Pulse oximeter
   - Spirometer
   - ECG machine and pulse oximeter

   **Answer:** ECG machine and pulse oximeter

   **Rationale:** A spirometer is used for patients with respiratory complaints.

7. True or false? All of the equipment needed for a visit should be placed in the exam room prior to the patient visit.

   **Answer:** True

   **Rationale:** The medical assistant should prepare the exam room so that supplies are on hand and ready for the visit.

8. True or false? Being an active listener can show a patient you are listening to their concerns.

   **Answer:** True

   **Rationale:** Active listening is a way to show patients you are hearing their concerns.

9. True or false? Touch for some patients can be a positive or negative method of communication.

   **Answer:** True

   **Rationale:** Patients respond differently to touch. For some, touch can be emotional support while for others it can be an uncomfortable experience.

10. Which of the following statements regarding a patient with angina is true?
    - The patient has heart muscle damage.
    - The patient describes the pain as crushing, stabbing or squeezing.
    - The patient’s pain is relieved with rest and nitroglycerin.
    - The patient’s pain is always on the left side of the chest.

    **Answer:** The patient’s pain is relieved with rest and nitroglycerin.

    **Rationale:** Angina is chest pain caused by reduced blood flow to part of the heart muscle (myocardium). Angina occurs when the heart needs more oxygen.

11. True or false? An electrocardiogram (ECG) is an instrument used to record the electrical activity of the heart and an electrocardiograph is the graphic representation of this activity.

    **Answer:** False

    **Rationale:** An electrocardiograph is an instrument used to record the electrical activity of the heart and an electrocardiogram (ECG) is the graphic representation of this activity. The ECG exhibits the amount of electrical activity produced by the heart and the time required for the impulse to travel through the heart.

    *This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.*
12. True or false? An ECG can always detect a dysrhythmia.
Answer: False
Rationale: If a patient has a dysrhythmia that occurs intermittently, the abnormal heartbeat may not occur during the brief time period of an ECG. An ECG records 10 seconds of the heart’s electrical activity.
*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.
Competency: Perform electrocardiography, ABHES 9-g, CAAHEP I.P-5

13. True or false? The electrocardiograph must be standardized when recording an ECG.
Answer: True
Rationale: Standardizing the electrocardiograph ensures an accurate and reliable recording. A normal standardization mark should be 10 mm high. If the mark is more or less than 10 mm high, the electrocardiograph machine must be adjusted.
*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.
Competency: Perform electrocardiography, ABHES 9-g, CAAHEP I.P-5

14. True or false? The normal ECG cycle consists of a P wave, the QRS complex, and a T wave.
Answer: True
Rationale: The normal ECG cycle consists of a P wave, the QRS complex, and a T wave. The P wave represents the electrical activity associated with the contraction of the atria, the QRS complex represents the electrical activity associated with the contraction of the ventricles, and the T wave represents the electrical recovery of the ventricles.
*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.
Competency: Perform electrocardiography, ABHES 9-g, CAAHEP I.P-5

15. True or false? The medical assistant must wear gloves when performing an ECG.
Answer: False
Rationale: It is not necessary to wear gloves for non-invasive procedures or procedure where the medical assistant will not contact body fluid.
Competency: Practice Standard Precautions, ABHES 9-a, CAAHEP III.P-2

16. Exam rooms should be cleaned and disinfected:
   • after every appointment.
   • at the start of the day.
   • at the end of the day.
   • once a week.
Answer: after every appointment.
Rationale: To prevent the spread of pathogens, the medical assistant should clean and disinfect exam rooms after every appointment.
Competency: Practice Standard Precautions, ABHES 9-a, CAAHEP III.P-2

17. Which of the following types of PPE would be used while interviewing a patient with active TB?
   • Gloves
   • Facial mask
   • Gown
• Goggles
Answer: Facial mask
Rationale: Facial masks are effective forms of PPE during exposure to airborne pathogenic microorganisms.
Competency: Describe Standard Precautions including transmission based precautions, purpose, and activities regulated, CAAHEP III.C-11

18. How often should the medical assistant update materials safety data sheets (MSDS)?
• Never because documenting once is enough
• Every six months
• When a new substance is used by the office
• Every four years
Answer: When a new substance is used by the office
Rationale: Employers must ensure that all products have an up-to-date MSDS when they enter the workplace.
Competency: Describe the importance of Materials Safety Data Sheets (MSDS) in a healthcare setting, CAAHEP XI.C-3

19. The medical assistant should wash his or her hands in which situation?
• Before and after a procedure
• Between patients
• Before leaving the office for the day
• Before and after a procedure, between patients, and before leaving the office for the day
Answer: Before and after a procedure, between patients, and before leaving the office for the day
Rationale: The medical assistant should wash his or her hands before and after a procedure, between patients, and before leaving the office for the day.
Competency: Perform hand washing, CAAHEP III.P-4

20. True or false? A medical assistant does not need to wash his or her hands if he or she will be wearing gloves.
Answer: False
Rationale: Hand washing should still be performed before application of gloves.
Competency: Perform hand washing, CAAHEP III.P-4

21. Why are paper towels most appropriate for drying hands in a medical office?
• Cloth towels are too expensive
• Pathogens can live on wet cloth towels
• Paper towels are more convenient
• Paper towels dry hands faster than cloth towels
Answer: Pathogens can live on wet cloth towels
Rationale: Paper towels are disposable. This one-time use helps to prevent the transmission of the pathogens.
Competency: Perform hand washing, CAAHEP III.P-4

22. True or false? Hand washing is an easy way to decrease the spread of micro-organisms.
Answer: True
Rationale: Hand washing is one of the easiest and best ways to decrease the spread of microorganisms.
Competency: Compare different methods of controlling the growth of microorganisms, CAAHEP III.C-6
Objectives

- Search for a patient record.
- Update medications.
- Update the problem list.
- Document allergies.
- Document vital signs.
- Prepare a prescription refill for the physician’s approval.

Overview

Robert Caudill (DOB 10/31/1940) has a history of Alzheimer’s disease and Type 2 diabetes. Robert Caudill’s daughter, Carol, scheduled an appointment with Dr. Walden because she says her father has been confused and agitated for the past three nights. She thinks his medication might need to be adjusted. In addition to his history of Alzheimer’s disease and diabetes, Robert Caudill is being treated for hypertension and CAD. He has no known allergies and takes the following medications: Avandamet 4 mg/500 mg twice daily, Toprol XL 100 mg daily, Diovan HCT 80 mg/12.5 mg daily, Aricept 10 mg daily. Robert Caudill’s vital signs are measured as H: 5 feet and 9 inches, W: 172, T: 97.9°F, P: 88 reg, thread; R: 24 reg; BP: 144/84 right arm, sitting. Dr. Walden increases his Aricept dosage from 10 mg daily to 20 mg daily.

Competencies

- Explore issue of confidentiality as it applies to the medical assistant, CAAHEP IX.C-2
- Identify measurement systems, CAAHEP II.C-3
- Prepare proper dosages of medication for administration, ABHES 6-b, CAAHEP II.P-1

Estimated completion time: 40 minutes

Measurable Steps

1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Robert Caudill’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.

3. Select the radio button for Robert Caudill and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Problem List from the Record dropdown menu.
8. Click the Add Problem button to add a problem.
10. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
    
    **Helpful Hint:** Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.

11. Enter “Alzheimer disease” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
12. Click the Search button.
13. Click the code G30.9 to expand this code and confirm that it is the most specific code available.
14. Click the code G30.9 for “Alzheimer disease” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
15. Document the current date in the Date Identified field.
16. Select the Active radio button in the Status field.
17. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
18. Click the Add Problem button.
19. In the Add Problem window, document “Diabetes mellitus, Type 2 without complications” in the Diagnosis field.
20. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
21. Enter “Diabetes mellitus, Type 2 without complications” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
22. Click the Search button.
23. Click the code E11.9 to expand this code and confirm that it is the most specific code available.
24. Click the code E11.9 for “Diabetes mellitus, Type 2 without complications” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
25. Document the current date in the Date Identified field.
26. Select the Active radio button in the Status field.
27. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
28. Click the Add Problem button.
29. In the Add Problem window, document “Hypertension” in the Diagnosis field.
30. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
31. Enter “Hypertension” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
32. Click the Search button.
33. Click the code I10 to expand this code and confirm that it is the most specific code available.
34. Click the code I10 for “Hypertension” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
35. Document the current date in the Date Identified field.
36. Select the Active radio button in the Status field.
37. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
38. Click the Add Problem button.
39. In the Add Problem window, document “Coronary Artery Disease” in the Diagnosis field.
40. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
41. Enter “Coronary Artery Disease” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
42. Click the Search button.
43. Click the code 125.I0 to expand this code and confirm that it is the most specific code available.
44. Click the code 125.I0 for “Coronary Artery Disease” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
45. Document the current date in the Date Identified field.
46. Select the Active radio button in the Status field.
47. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
48. Select Allergies from the Record dropdown menu.
49. Select the No known allergies checkbox to indicate that Robert Caudill does not have any current allergies.
50. Click the Save button.
51. Select Vital Signs from the Record dropdown menu.
52. In the Vital Signs tab, click the Add button.
53. Document “97.9°F” in the Temperature field and select Oral from the Site dropdown menu.
54. Document “88” in the Pulse field and select Radial from the Site dropdown.
56. Document “144” in the Systolic field and select Left arm from the Site dropdown menu.
57. Document “84” in the Diastolic field.
58. Select Sitting from the Position dropdown menu.
59. Click the Save button. The Vital Signs table will display the vital signs for this encounter.
60. In the Height/Weight tab, click the Add button.
63. Select Standing scale from the Method dropdown menu.
64. Click the Save button. The Height/Weight table will display the height and weight for this encounter.
65. Select Medications from the Record dropdown menu.
66. Within the Prescription Medications tab, click the Add Medication button to add Avandamet to Robert Caudill’s medications. An Add Prescription Medication window will appear.
   67. Select rosiglitazone/metformin tablet - (Avandamet) from the Medication dropdown menu.
   68. Select 4 mg/500 mg from the Strength dropdown menu.
   69. Select Tablet from the Form dropdown menu.
   70. Select Oral from the Route dropdown menu.
   71. Select 2 times/day from the Frequency dropdown menu.
   72. Document any additional information needed and select the Active radio button in the Status field.
   73. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
74. Within the Prescription Medications tab, click the Add Medication button to add Toprol to Robert Caudill’s medications. An Add Prescription Medication window will appear.
75. Select metoprolol extended release tablet - (Toprol-XL) from the Medication dropdown menu.
76. Select 100 from the Strength dropdown menu.
77. Select Tablet ER from the Form dropdown menu.
78. Select Oral from the Route dropdown menu.
79. Select Daily from the Frequency dropdown menu.
80. Document any additional information needed and select the Active radio button in the Status field.
81. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
82. Click the Add New button.
83. Select valsartan tablet - (Diovan) from the Medication dropdown menu.
84. Select 80 from the Strength dropdown menu.
85. Select Tablet from the Form dropdown menu.
86. Select Oral from the Route dropdown menu.
87. Select Daily from the Frequency dropdown menu.
88. Document any additional information needed and select the Active radio button in the Status field.
89. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
90. Click on the Add New button.
91. Select Donepezil Tablet - (Aricept) from the Medication dropdown menu.
92. Document “20” in the Strength field.
93. Select Tablet from the Form dropdown menu.
94. Select Oral from the Route dropdown menu.
95. Select Daily from the Frequency dropdown menu.
96. Document any additional information needed and select the Active radio button in the Status field.
97. Select the Refill requested checkbox.
98. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
99. Select Order Entry from the Record dropdown menu.
100. Click the Add button below the Out-of-Office grid.
101. Select Medication Prescription from the Order dropdown menu.
102. Select the checkbox for Dr. Walden.
103. Document “Increased agitation and confusion due Alzheimer disease” in the Diagnosis field.
104. Document “Aricept” in the Strength field.
105. Document “20 mg” in the Dose field.
108. Document “60” in the Quantity field.
110. Select the Electronic transfer radio button in the Issue Via field.
111. Provide any additional information needed and click the Save button. The order you added will display in the Out-of-Office table.

Quiz Questions
1. Mr. Caudill is taking Aricept for which health condition?
   - Hypertension
   - Alzheimer’s Disease
   - Diabetes Mellitus Type 2
   - Coronary Artery Disease
Answer: Alzheimer’s Disease
Rationale: Aricept is indicated for Alzheimer’s Disease.
Competency: Prepare proper dosages of medication for administration, ABHES 6-b, CAAHEP II.P-1

2. 97.9°F is _________ °C.
   - 35
   - 42.6
   - 36
   - 36.6
Answer: 36.6
Rationale: $(97.9 - 32) \times \frac{5}{9} = 36.6$.
Competency: Identify measurement systems, CAAHEP II.C-3

3. Which of the following patient identifiers are needed to assure proper identification?
   - First name
   - Last name
   - Date of birth
   - First name, last name, and date of birth
Answer: First name, last name, and date of birth
Rationale: Using more than one patient identifier when performing a patient search helps to prevent creating duplicate patient accounts and adding documentation to the incorrect chart. Other possible patient identifiers include medical record number, social security number, address, and phone number.
Competency: Explore issue of confidentiality as it applies to the medical assistant, CAAHEP IX.C-2

4. True or false? Confidentiality only applies to written information, not verbal communication.
Answer: False
Rationale: Patient information must be kept confidential whether it is in a written format or verbal communication.
Competency: Explore issue of confidentiality as it applies to the medical assistant, CAAHEP IX.C-2
5. Robert Caudill’s daughter calls the medical office to get the results of a recent test. How should the medical assistant respond?

- “Please hold while I look up those results.”
- “I apologize, but I can only share test results with the patient.”
- “You will have to call back and speak to the doctor.”
- “When was the test performed?”

**Answer:** “I apologize, but I can only share test results with the patient.”

**Rationale:** A medical assistant cannot share any information about a patient unless that patient has given the medical office permission to release information to the person requesting the information.

**Competency:** Explore issue of confidentiality as it applies to the medical assistant, CAAHEP IX.C-2

6. True or false? Medical assistants can call patients from the reception desk in the waiting room.

**Answer:** False

**Rationale:** In order to protect patient confidentiality, medical assistants should make patient phone calls in an area away from other patients.

**Competency:** Explore issue of confidentiality as it applies to the medical assistant, CAAHEP IX.C-2

7. A medical assistant is directed to a patient’s voicemail when she calls regarding a recent procedure. What message should the medical assistant leave?

- “This is Julie from the Walden-Martin Clinic. Please call us back at your earliest convenience at 123-123-1234.”
- “This is Julie from the Walden-Martin Clinic calling about your procedure. Please call us back at your earliest convenience at 123-123-1234.”
- “This is Julie from the Walden-Martin Clinic with some important information. Please call us back at 123-123-1234.”
- “This is Julie from the Walden-Martin Clinic and I have important information about your procedure that took place on Tuesday.”

**Answer:** “This is Julie from the Walden-Martin Clinic. Please call us back at your earliest convenience at 123-123-1234.”

**Rationale:** When a medical assistant must leave a message, he or she cannot be sure who will listen to the message. Therefore, the medical assistant should only state his or her name along with the practice name in order to maintain patient confidentiality.

**Competency:** Explore issue of confidentiality as it applies to the medical assistant, CAAHEP IX.C-2
60. Document Chief Complaint, Vital Signs, and Surgical History for Walter Biller

Objectives
• Search for a patient record.
• Document surgical history.
• Document chief complaint.
• Document vital signs.

Overview
Walter Biller (DOB 01/04/1970) has been experiencing some dizziness, blurred vision, and mild confusion for the last three days. He reports a cataract removal two years ago and TURP in 1997 for BPH. Dr. Walden obtains the following vital signs: T-98.0°F; P: 116 reg, thready, radial; R: 30, reg, shallow; BP: 90/58 left arm, sitting. Document Mr. Biller’s chief complaint, vital signs, and surgical history.

Competencies
• Distinguish between normal and abnormal test results, ABHES 9-f, CAAHEP II.A-2
• Identify body systems, ABHES 2-a, CAAHEP I.C-2
• Obtain vital signs, ABHES 9-b, CAAHEP I.P-1
• Prepare items for autoclaving, ABHES 9-a, CAAHEP III.P-5

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Walter Biller’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.

Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Walter Biller and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Chief Complaint from the Record dropdown menu.
8. Document “dizziness, blurred vision, and mild confusion” in the Chief Complaint field.
9. Document “3 days” in the Duration field.
10. Select the No radio button at the top of the column in the sections containing symptoms Walter Biller denies having.
11. Select the Yes radio button at the top of the column for the HEENT, HEENT/2, and Neuro sections to indicate that Walter Biller is experiencing those symptoms.
12. Click the Save button. A confirmation message will appear and the chief complaint you just added will move below the Saved tab.
13. Select Vital Signs from the Record dropdown menu.
14. In the Vital Signs tab, click the Add button.
15. Document “98.0°F” in the Temperature field and select Oral from the Site dropdown menu.
18. Document “90” in the Systolic field and select Left arm from the Site dropdown menu.
20. Select Sitting from the Position dropdown menu.
21. Select Left arm from the Site drop down menu.
22. Click the Save button. The Vital Signs table will display the vital signs for this encounter.
23. Select Health History from the Record dropdown menu.
24. Within the Medical History tab, click the Add New button beneath the Past Surgeries section.
25. In the Add Past Surgery window, document the date as two years ago.
26. Document “L eye cataract removal” in the Medical Issue field, along with any additional information needed.
27. Click the Save button. A confirmation message will appear and the Health History table will display the newly added health history.
28. Click the Add New button beneath the Past Surgeries section.
29. In the Add Past Surgery window, document the date as 1997.
30. Document “TURP” in the Medical Issue field, along with any additional information needed.
31. Click the Save button. A confirmation message will appear and the Health History table will display the newly added health history.

Quiz Questions
1. True or false? A Random Blood Sugar reading that falls between 70-110 mg/dL is within the normal range.
   Answer: True
   Rationale: A normal Random Blood Sugar ranges between 80-120 mg/dL.
   Competency: Distinguish between normal and abnormal test results, CAAHEP II.A-2

2. True or false? Normal fasting blood sugar reading should range between 80-120 mg/dL.
   Answer: False
   Rationale: Normal ranges for fasting blood sugars will range between 70-110 mg/dL. Normal random blood sugars range between 80-120mg/dl.
   Competency: Distinguish between normal and abnormal test results, CAAHEP II.A-2

3. __________ are clouding of the eye’s lens.
   - Glaucoma
   - Blindness
   - Cataracts
   - Glaucoma, blindness, and cataracts
   Answer: Cataracts
   Rationale: Cataracts cause a clouding of the eye’s lens which results in a loss vision.
   Competency: Identify body systems, ABHES 2-a, CAAHEP I.C-2

4. True or false? Vital signs are objective guideposts that provide data to determine a person’s state of health.
   Answer: True
   Rationale: Vital signs include temperature, pulse, respiration (collectively called TPR), and blood pressure.
   Competency: Obtain vital signs, ABHES 9-b, CAAHEP I.P-1

5. Vital signs include all of the following except:
   - temperature.
   - blood pressure.
   - respiration.
   - duration.
   Answer: duration.
   Rationale: Temperature, pulse, respiration, and blood pressure are considered to be the vital signs. They are the measurements that indicate the state of general health of the patient.
   Competency: Obtain vital signs, ABHES 9-b, CAAHEP I.P-1
6. Pulse rate is:
   - usually higher in adults than in children.
   - usually higher in children than in adults.
   - the same for both adults and children.
   - higher in adults over 60 than in children under three years old.

**Answer:** usually higher in children than in adults.

**Rationale:** The normal pulse rate for a child is between 80 to 120 beats per minute. The normal pulse rate for an adult is between 60 to 80 beats per minutes.

**Competency:** Obtain vital signs, ABHES 9-b, CAAHEP I.P-1

7. In order to accurately measure vital signs, a medical assistant should:
   - be familiar with the normal ranges for all vital signs.
   - ensure all equipment for measuring vital signs is in proper working condition.
   - eliminate or minimize factors that affect vital signs, such as exercise, food and beverage consumption, smoking, and emotional state.
   - be familiar with the normal ranges for all vital signs, ensure that all equipment for measuring vital signs is in proper working condition, and eliminate or minimize factors that affect vital signs.

**Answer:** be familiar with the normal ranges for all vital signs, ensure that all equipment for measuring vital signs is in proper working condition, and eliminate or minimize factors that affect vital signs.

**Rationale:** The medical assistant should have a thorough knowledge of vital signs and be proficient in obtaining vital signs in order to ensure accurate findings.

**Competency:** Obtain vital signs, ABHES 9-b, CAAHEP I.P-1

8. What is the appropriate temperature for autoclave operation?
   - 101°F
   - 212°F
   - 150°F
   - 250°F

**Answer:** 250°F

**Rationale:** Vegetative forms of most micro-organisms are killed within a few minutes at temperatures ranging from 130°F to 150°F, but certain bacterial spores can withstand a temperature of 240°F for longer than three hours. No organism, however, can survive direct exposure to saturated steam at 250°F.

**Competency:** Prepare items for autoclaving, ABHES 9-a, CAAHEP III.P-5

9. True or false? The most common method for sterilizing articles in the medical office is applying steam under pressure using an autoclave.

**Answer:** True

**Rationale:** The autoclave is dependable, efficient, and economical. It can be used to sterilize items that are not harmed by moisture or high temperatures.

**Competency:** Prepare items for autoclaving, ABHES 9-a, CAAHEP III.P-5
Objectives
- Search for a patient record.
- Document chief complaint.
- Document a glucose screening.

Overview
Robert Caudill (DOB 10/31/1940) has been experiencing dizziness and blurred vision for the past few hours. His skin is cool and clammy. Jean Burke, NP, orders a finger stick glucose test and the result is a random blood sugar of 52. Jean Burke, NP, diagnoses Mr. Caudill with Hypoglycemia. Document the chief complaint and order for Mr. Caudill. Then update his problem list.

Competencies
- Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10
- Demonstrate the proper use of sharps disposal containers, CAAHEP XI.P-5c
- Describe personal protective equipment, CAAHEP XI.C-1
- Perform capillary puncture ABHES 10-d.2, CAAHEP I.P-13
- Perform CLIA-Waived chemistry testing ABHES 10-b.3, CAAHEP I.P-3
- Respond to nonverbal communication, ABHES 8-f, CAAHEP IV.P-11
- Use language/verbal skills that enable patients’ understanding, ABHES 8-f, CAAHEP I.A-2
- Use reflection, restatement and clarification techniques to obtain a patient history, ABHES 8-f/9-b, CAAHEP IV.P-1

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Robert Caudill’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Robert Caudill and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Chief Complaint from the Record dropdown menu.
8. Document “Dizziness and blurred vision” in the Chief Complaint field.
9. Document “past few hours” in the Duration field.
10. Document “skin is cold and clammy” in the Associated Signs and Symptoms field.
11. Select the No radio button at the top of the column in each section to indicate that Robert Caudill denies having these symptoms.
12. Select the radio buttons for Dizziness and Blurred Vision to indicate that Robert Caudill is experiencing these symptoms.
13. Click the Save button. A confirmation message will appear and the chief complaint you just added will move below the Saved tab.
14. Select Order Entry from the Record dropdown.
15. Click the Add button below the In-Office table to add an order.
16. In the Add Order window, select Glucometer Reading from the Order dropdown menu.
17. Document “52 mg/dL” in the Results field.
18. Select the RBS radio button.
19. Document any additional information provided and click the Save button. A confirmation message will appear and the In-Office table will display the new order.
20. Select Problem List from the Record dropdown menu.
21. Click the Add Problem button to add a problem.
22. In the Add Problem window, document “Hypoglycemia” in the Diagnosis field.
23. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
   **Helpful Hint:** Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
24. Enter “Hypoglycemia” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
25. Click the Search button.
26. Click the code E16.2 to expand this code and confirm that it is the most specific code available.
27. Click the code E16.2 for “Hypoglycemia” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
28. Document the current date in the Date Identified field.
29. Select the Active radio button in the Status field.
30. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.

**Quiz Questions**

1. The medical assistant should document “for the past few hours” in which field of the patient’s chief complaint?
   - Timing
   - Severity
   - Duration
   - Location
   **Answer:** Duration
   **Rationale:** The medical assistant should document “for the past few hours” in the duration field of the patient’s chief complaint because the phrase indicates how long the patient has been experiencing the symptoms.
   **Competency:** Use reflection, restatement and clarification techniques to obtain a patient history, ABHES 9-b, CAAHEP IV.P-1

2. Match the following interviewing techniques with the correct definitions:
   1. Summarizing   a. Encourages the patient to respond in more detail
   2. Reflecting    b. Helps patient separate relevant from irrelevant material, providing clarity
   3. Restating   c. Shows the patient your acknowledgement of his or her feelings
   4. Acknowledgment   d. Asks for specific information; usual reply is a “Yes” or “No” answer
   5. Establishing guidelines   e. Non-verbally communicates your interest in the patient
   6. Silence   f. Helps the patient know what to expect during the interview
   7. Listening   g. Nonverbally communicates acceptance of patient and willingness to wait
   8. Direct questions   h. Checks your interpretation of the patients message for validation
   9. Open-ended questions   i. Shows the importance of the patient’s role and respect for autonomy
   **Answer:** 1-b, 2-c, 3-h, 4-i, 5-f, 6-g, 7-e, 8-d, 9-a
   **Rationale:** Summarizing, reflecting, restating, acknowledging, establishing guidelines, pausing, listening, and asking questions are all therapeutic communication techniques. All medical office staff must use these techniques to achieve effective communication.
   **Competency:** Use reflection, restatement and clarification techniques to obtain a patient history, ABHES 9-b, CAAHEP IV.P-1
3. True or false? Walter states he had a cup of coffee with sugar before his blood test but no food. This is still considered fasting.
   Answer: False
   Rationale: Fasting is nothing to eat or drink except water 12 hours prior to testing.
   Competency: Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10

4. True or false? Most blood chemistry tests performed at an outside laboratory require a serum specimen for analysis.
   Answer: True
   Rationale: If the specimen is collected at the medical office, the medical assistant must perform a venipuncture using a serum separator tube or a re-stoppered tube.
   Competency: Perform CLIA-Waived chemistry testing ABHES 10-b, CAAHEP I.P-3

5. True or false? Blood glucose tests are the most commonly performed blood chemistry tests in the medical office.
   Answer: True
   Rationale: A blood glucose test is used to detect abnormalities in carbohydrate metabolism such as those that occur in pre-diabetes, diabetes, gestational diabetes, hypoglycemia, and liver and adrenocortical dysfunction.
   Competency: Perform CLIA-Waived chemistry testing ABHES 10-b, CAAHEP I.P-3

6. Which of the following statements regarding cholesterol testing is false?
   • The primary use of cholesterol testing is to screen for the presence of high blood cholesterol related to coronary artery disease. This test is also used as a secondary aid in the study of thyroid and liver disease.
   • The patient should be fasting when performing a cholesterol test.
   • If the total cholesterol level is 200mg/dL or greater, the physician usually orders a lipid profile.
   • All adults older than 20 years should have a cholesterol test at least once every five years.
   Answer: The patient should be fasting when performing a cholesterol test.
   Rationale: Since total cholesterol and HDL cholesterol determinations are not affected significantly by food consumption, a patient usually is not required to fast before collection of the blood specimen.
   Competency: Perform CLIA-Waived chemistry testing ABHES 10-b, CAAHEP I.P-3

7. Which statement regarding sharps disposal containers is false?
   • Sharps disposal containers must be kept across the room from where the medical assistant performs office procedures.
   • Medical assistants should never attempt to reach inside sharps disposal containers.
   • Medical assistants should never overfill sharps disposal containers.
   • Medical assistants should be certain the lid on a sharps disposal container is closed securely before preparing the container for biohazard waste disposal.
   Answer: Sharps disposal containers must be kept across the room from where the medical assistant performs office procedures.
   Rationale: In order to prevent needle sticks, sharps disposal containers should be kept as close as possible to the work area.
   Competency: Demonstrate the proper use of sharps disposal containers, CAAHEP XI.P-5c

8. True or false? Items contaminated with blood or body fluids must be discarded in an appropriately labeled “biohazardous waste” container.
   Answer: True
Rationale: Medical assistants must use appropriately labeled biohazardous waste containers in order to ensure proper disposal of biohazardous materials.

Competency: Demonstrate the proper use of sharps disposal containers, CAAHEP XI.P-5c

9. What color are biohazardous waste and puncture-resistant sharps containers?
   - Red
   - Blue
   - Black
   - Orange

Answer: Red
Rationale: Selecting the appropriate disposal container is critical to maintain infection control.

Competency: Demonstrate the proper use of sharps disposal containers, CAAHEP XI.P-5c

10. _________ is clothing or equipment that protects an individual from contact with blood or other potentially infectious materials.
   - PPE
   - CMA
   - A gown
   - A drape

Answer: PPE
Rationale: Personal Protective Equipment (PPE) protects individuals from contact with potential pathogens.

Competency: Describe personal protective equipment, CAAHEP XI.C-1

11. Which of the following is not an example of personal protective equipment (PPE) that is required to be supplied by the medical office?
   - Gloves
   - Face shields
   - Masks
   - Shoes

Answer: Shoes
Rationale: Gloves, face shields, and masks are all examples of personal protective equipment (PPE). Shoes are not an example of PPE.

Competency: Describe personal protective equipment, CAAHEP XI.C-1

12. True or false? Employers must provide appropriate personal protective equipment (PPE) at no cost to the employee.

Answer: True
Rationale: Employers are responsible for ensuring that the equipment is available in appropriate sizes, is accessible, and is used correctly. In addition, employers must ensure that equipment is clean, laundered, repaired, replaced, or disposed of as necessary to ensure its effectiveness.

Competency: Describe personal protective equipment, CAAHEP XI.C-1

13. True or false? Medical assistants are never allowed to take PPE from the medical office.

Answer: True
Rationale: All personal protective equipment (PPE) must be removed before leaving the medical office.

Competency: Describe personal protective equipment, CAAHEP XI.C-1

14. Which of the following statements regarding capillary puncture technique is false?
   - The puncture site should be free of lesions, scars, bruises, and edema.
• The index finger is recommended as a puncture site.
• The lateral part of the tip of the third or fourth finger of the non-dominant hand is recommended as a puncture site.
• Capillary beds in fingertips are large, and the skin is easy to penetrate.

Answer: The index finger is recommended as a puncture site.
Rationale: The index finger is more calloused, which makes it more difficult to penetrate than the other fingers.
Competency: Perform capillary puncture ABHES 10-d.2, CAAHEP I.P-13

15. True or false? According to the Occupational Safety and Health Administration (OSHA), a skin puncture should be performed in the medical office using either a disposable lancet or a reusable semiautomatic retractable lancing device.
Answer: True
Rationale: The device used to perform the skin puncture is a matter of personal preference and the technique for performing the puncture depends on the device that is used.
Competency: Perform capillary puncture ABHES 10-d.2, CAAHEP I.P-13

16. Which of the following statements regarding capillary puncture technique is false?
• The lateral part of the tip of the third or fourth finger of the non-dominant hand is recommended as a puncture site.
• Capillary beds in fingertips are large, and the skin is easy to penetrate.
• The index finger is recommended as a puncture site.
• The puncture site should be free of lesions, scars, bruises, and edema.
Answer: The index finger is recommended as a puncture site.
Rationale: The index finger is more calloused, which makes it more difficult to penetrate than the other fingers.
Competency: Perform capillary puncture ABHES 10-d.2, CAAHEP I.P-13

17. Which of the following items are needed to obtain a capillary blood specimen?
• Antiseptic wipes
• Gauze pads
• Adhesive bandages
• Antiseptic wipes, gauze pads, and adhesive bandage
Answer: Antiseptic wipes, gauze pads, and adhesive bandage
Rationale: Antiseptic wipes, gauze pads, and adhesive bandages are all necessary to perform capillary puncture.
Competency: Perform capillary puncture ABHES 10-d.2, CAAHEP I.P-13

18. After explaining glucometer use to a patient, the medical assistant can ensure patient understanding by:
• making the patient take a brief quiz
• asking the patient to explain the information in their own words
• having a witness present while the patient confirms that they understand
• repeating the entire explanation once more
Answer: asking the patient to explain the information in their own words
Rationale: Learning a new diagnosis and treatment plan can be overwhelming. The medical assistant must be sure the patient fully understands the physician’s orders and anticipate any potential misunderstanding.
Competency: Use language/verbal skills that enable patients’ understanding, ABHES 8-f, CAAHEP I.A-2

19. A patient will pick up on nonverbal behavior, so the medical assistant should make every effort to:
• hide their feelings
• maintain good posture and eye contact
• ignore the patient’s comments
• keep his or her expression neutral at all times

Answer: maintain good posture and eye contact

Rationale: The medical assistant must observe a patient for nonverbal behavior, but the patient will also pick up on nonverbal cues from the medical assistant. The medical assistant should be professional at all times by maintaining good posture and eye contact.

Competency: Respond to nonverbal communication, ABHES 8-f, CAAHEP IV.P-11
Objectives
- Search for a patient record.
- Document in the progress note.
- Complete a superbill.

Overview
Walter Biller (DOB 01/04/1970) is back to see Dr. Walden for his diabetes mellitus Type 2 follow-up appointment. He has been taking metformin 500 mg PO bid and is checking his blood sugar at home daily. He states he is feeling much better and learning to take better control of his blood sugar. His vital signs are T: 98.2°F tympanic; P: 78, reg; R: 14, reg; BP: 126/84 right arm, sitting, and a random glucose reading done in the office today is 120 mg/dL. Dr. Walden determines a diagnosis of diabetes mellitus type 2 without complications. She instructs Walter Biller to continue his current medications and revisit Walden-Martin in three months. Walter Biller has a previous balance of $25.00. Dr. Walden indicated that there was a problem-focused history, problem-focused examination, and straightforward medical decision making. Document in the progress notes and add the office visit and glucose screening with a monitoring device to the superbill. Use the encoder to determine the appropriate CPT code for the office visit.

Competencies
- Define upcoding and why it should be avoided, CAAHEP VIII.C-2
- Explain how the statute of limitations impacts the medical assistant’s practice and give an example, CAAHEP IX.C-10c
- Perform billing procedures, ABHES 8-b, CAAHEP VI.P-2b
- Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
- Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Walter Biller’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Walter Biller and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown. If the Create New Encounter window does not appear, select Add New and follow previous instructions.
6. Click the Save button.
7. Select Progress Notes from the Record dropdown menu.
8. Document the date using the calendar picker.
9. Document “CC: DM Type 2 follow-up. Patient reports feeling much better and has better control of his BS.” in the Subjective field.
10. Document “T: 98.2°F tympanic; P: 78, reg; R: 14, reg; BP: 126/84 right arm, sitting” in the Objective field.
11. Document “Diabetes Mellitus Type 2 without complications” in the Assessment field.
13. Click the Save button.
14. Click on the Coding & Billing tab.
15. Select Superbill from the left Info Panel and perform a patient search to locate Walter Biller.
16. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
17. On page one of the superbill, Select the ICD-10 radio button.
18. In the Rank 1 row of the Diagnoses box, place the cursor in the Diagnosis Code field to access the encoder.
19. Enter “Type 2 diabetes mellitus without complications” in the Search field and select ICD-10-CM from the dropdown menu. Click the Search button.
20. Click the code E11.9 to expand this code and confirm that it is the most specific code available.
21. Click the code E11.9 for “Type 2 diabetes mellitus without complications” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
22. Select the TruCode encoder button in the top right corner. The encoder tool will open in a new tab.
23. Enter “Office Visit” in the Search for field and click CPT Tabular from the corresponding dropdown menu.
24. Click Office Outpatient Visit 10 Minutes 99212 that appears in blue to expand this code.
25. Review the information to determine if this is the correct code for the service provided.
26. Click the View Fee Schedule link to obtain the charges for the office visit 99212 (32.00) and glucose test (16.00).
27. Document “1” in the Rank column for problem-focused office visit with the corresponding fee of “32.00” and code of “99212” in the Est column. Click the Save button.
28. Click the Next button twice to get to page three of the superbill.
29. Document “2” in the Rank column for Blood glucose, monitoring device with the corresponding fee of “16.00” and code of “82962”. Click the Save button.
30. Click the next button to get to page four of the superbill.
31. On page four, document “25.00” in the Copay field.
32. Document “25.00” in the Previous Balance field.
33. Confirm that the total in the Today’s Charges field has populated correctly.
34. Document “73.00” in the Balance Due field.
35. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Walter Biller is the insured patient for the visit.
36. Select the Self radio button in the Patient Relationship to Insured field.
37. Select the Single radio button in the Patient Status field.
38. Select the No radio button to indicate that there is no other health benefit plan.
39. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
40. Click the Save button.
41. Select the “I am ready to submit the superbill” checkbox at the bottom of the screen.
42. Select the Yes radio button to indicate that the signature is on file.
43. Document the date in the Date field.
44. Click the Submit Superbill button. A confirmation message will appear.

**Quiz Questions**

1. **EOB stands for:**
   - explanation of benefits.
   - early onboard benefits.
   - early ongoing benefits.
   - explanation of beneficiaries.

**Answer:** explanation of benefits.

**Rationale:** The explanation of benefits (EOB) is a summary of the charges and benefits submitted to a third party payer on the behalf of the patient.

**Competency:** Perform billing procedures, ABHES 8-b, CAAHEP VI.P-2b
2. Deliberately increasing the level of service code to receive higher reimbursements is called:
   - downcoding.
   - upcoding.
   - limiting fee.
   - unbundled codes.

**Answer:** upcoding

**Rationale:** Upcoding is the act of assigning a higher level of service than is appropriate for the service provided in order to receive the higher reimbursement rate.

**Competency:** Define upcoding and why it should be avoided, CAAHEP VIII.C-2

3. True or false? A CPT code that states “separate procedure” is part of a bundled code.

**Answer:** False

**Rationale:** Separate procedures codes are not part of unbundled services.

**Competency:** Define upcoding and why it should be avoided, CAAHEP VIII.C-2

4. The surgical package includes all of the following except:
   - pre-operative services.
   - inter-operative services.
   - post-operative services.
   - post-operative physical therapy.

**Answer:** post-operative physical therapy.

**Rationale:** Physical therapy services are not part of a traditional surgical package.

**Competency:** Define upcoding and why it should be avoided, CAAHEP VIII.C-2

5. The physician completes an expanded focus office visit with an established patient. The appropriate CPT code for this visit is:
   - 99211.
   - 99212.
   - 99213.
   - 99214.

**Answer:** 99213.

**Rationale:** The CPT code an expanded focus office visit with an established patient is 99213.

**Competency:** Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1

6. The appropriate CPT code for blood glucose, monitoring device is:
   - 82926.
   - 89262.
   - 89226.
   - 82962.

**Answer:** 82962.

**Rationale:** The CPT code for blood glucose, monitoring device is 82962.

**Competency:** Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1

7. True or false? The statute of limitations is the same for every state.

**Answer:** False

**Rationale:** Each state sets its own statute of limitations, so it is important for a medical assistant to be aware of what it is in his or her state.
**Competency:** Explain how the statute of limitations impacts the medical assistant’s practice and give an example, CAAHEP IX.C-10c

8. The correct ICD-10 code for diabetes mellitus type 2 without complications is ________.
   - E11.9
   - E08.52
   - E10.9
   - E11.36

**Answer:** E11.9

**Rationale:** The ICD-10 code for diabetes mellitus type 2 without complications is E11.9

**Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
63. Document Medications and Problem List, then Submit Superbill, Update Ledger, and Submit Claim for Norma Washington

Objectives
• Search for a patient record.
• Document medications.
• Update a problem list.
• Complete a superbill.
• Update a patient ledger.
• Complete a claim.

Overview
Norma Washington (DOB 08/01/1944) had a right knee replacement two weeks ago. Her daughter, Shelby, took her to the emergency room last night due to fever, extreme fatigue, and weakness. Blood work indicated iron deficiency anemia and localized skin infection at the surgical site. The emergency room doctor prescribed Keflex 500 mg twice daily for 10 days and ferrous sulfate 325 mg PO bid. Norma Washington is following up today with Dr. Martin, who suggests she continue the medications prescribed in the ER. Dr. Martin documents the following office visit: HISTORY: Detailed, EXAM: Detailed, MDM: Moderate. Document medications and problem list, and complete the superbill and claim. Use the encoder to determine the appropriate CPT code for the office visit.

Competencies
• Complete insurance claim forms, ABHES 8-c, CAAHEP VII.P-3
• Consider staff needs and limitations in establishment of a filing system, CAAHEP V.A-1
• Define both medical terms and abbreviations related to all body systems, ABHES 3-a/3-d, CAAHEP IV.C-11
• Discuss implications for disease and disability when homeostasis is not maintained, CAAHEP I.C-8
• Identify appropriate abbreviations that are accepted in prescription writing, ABHES 6-c.2
• Organize technical information and summaries, CAAHEP IV.C-12
• Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
• Perform diagnostic coding, ABHES 8.c.3, CAAHEP VIII.P-2

Estimated completion time: 50 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Norma Washington’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth. **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Norma Washington and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown. If the New Encounter window does not appear, select Add New and follow previous instructions.
6. Click the Save button.
7. Select Medications from the Record dropdown menu.
8. Within the Prescription Medications tab, click the Add Medication button to add Keflex to Norma Washington’s medications. An Add Prescription Medication window will appear.
9. Select Cephalexin Capsule - (Keflex) from the Medication dropdown menu.
10. Select 500 from the Strength dropdown.
11. Select Capsule from the Form dropdown menu.
12. Select Oral from the Route dropdown.
14. Select the Active radio button in the Status field.
15. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
16. Within the Prescription Medications tab, click the Add Medication button to add ferrous sulfate to Norma Washington’s medications. An Add Prescription Medication window will appear.
17. Select Ferrous Sulfate Tablet from the Medication dropdown menu.
18. Document “325 mg” in the Strength field.
19. Select Tablet from the Form dropdown menu.
20. Select Oral from the Route dropdown menu.
22. Select the Active radio button in the Status field.
23. Click the Save button. A confirmation message will appear.
24. Select Problem List from the Record dropdown menu and click the Add Problem button.
25. In the Add Problem window, document “Iron deficiency anemia” in the Diagnosis field.
26. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.

**Helpful Hint:** Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.

27. Enter “Anemia” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
28. Click the Search button.
29. Click the code D50.9 to expand this code and confirm that it is the most specific code available.
30. Click the code D50.9 for “Iron deficiency anemia, unspecified” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
31. Document the current date in the Date Identified field.
32. Select the Active radio button in the Status field.
33. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
34. Click the Add Problem button.
35. In the Add Problem window, document “R knee infection in surgical site” in the Diagnosis field.
36. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.

Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
37. Enter “R knee infection in surgical site” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
38. Click the Search button.
39. Click the code L08.9 to expand this code and confirm that it is the most specific code available.
40. Click the code L08.9 for “R knee infection in surgical site” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
41. Document the current date in the Date Identified field.
42. Select the Active radio button in the Status field.
43. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
44. After reviewing the encounter, select Patient Dashboard from the left Info Panel and click the Superbill link.
45. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.

**Helpful Hint:** The View Fee Schedule link provides information necessary in completing the superbill.
46. On page one of the superbill, select the ICD-10 radio button.
47. In the Rank 1 row of the Diagnoses box, place the cursor in the Diagnosis Code field to access the encoder.
48. Enter “Iron deficiency anemia” in the Search field and select ICD-10-CM from the dropdown menu.
49. Click the Search button.
50. Click the code D50.9 to expand this code and confirm that it is the most specific code available.
51. Click the code D50.9 for “Iron deficiency anemia” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box. In the Rank 1 row of the Diagnoses box, document “Iron deficiency anemia”.
52. In the Rank 2 row of the Diagnoses box, place the cursor in the Diagnosis Code field to access the encoder.
53. Enter “Local skin infection” in the Search field and select ICD-10-CM from the dropdown menu.
54. Click the Search button.
55. Click the code L08.9 to expand this code and confirm that it is the most specific code available.
56. Click the code L08.9 for “Infection of surgical site” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
57. Select the TruCode encoder button in the top right corner. The encoder tool will open in a new tab.
58. Enter “Office Visit” in the Search for field and click CPT Tabular from the corresponding dropdown menu. Click Search.
59. Click Office Outpatient Visit 25 Minutes 99214 that appears in blue to expand this code.
60. Review the information to determine if this is the correct code for the service provided.
61. Click the View Fee Schedule link to obtain the charges for the detailed office visit (65.00).
62. Document “1” in the Rank column for EP Detailed OV with the corresponding fee of “65.00” and code of “99214”.
63. Click the Save button.
64. Click the Next button to proceed to page four of the superbill.
65. On page four, document “25.00” in the Copay field.
66. Confirm that the total in the Today’s Charges field has populated correctly.
67. Document “65.00” in the Balance Due field.
68. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Norma Washington is the insured patient for the visit.
69. Select the Self radio button in the Patient Relationship to Insured field.
70. Select the Single radio button in the Patient Status field.
71. Select the No radio button to indicate that there is no other health benefit plan.
72. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
73. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
74. Select the Yes radio button to indicate that the signature is on file.
75. Document the date in the Date field.
76. Click the Submit Superbill button. A confirmation message will appear.
77. Select Ledger from the left Info Panel and perform a patient search to locate the ledger for Norma Washington.
78. Select the radio button for Norma Washington and click the Select button.
79. Confirm the auto-populated details in the header.
80. Document the current date in the Transaction Date column using the calendar picker.
81. Document the date of service in the DOS column using the calendar picker.
82. Select the correct provider using the dropdown in the Provider field.
84. Document “65.00” in the Charges column.
85. The balance will auto-populate in the Balance column and the total will auto-populate in the Total Ledger Balance field below the table.
86. Click the Save button.
87. Select Claim from the left Info Panel and perform a patient search to locate the claim for Norma Washington.
88. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim: Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture and Submission. Certain patient demographic and encounter information is auto-populated in the claim.

89. Review the auto-populated information in the Patient Info tab and document any additional information needed. Click the Save button.

90. Click the Provider Info tab.

91. Review the auto-populated information in the Patient Info tab and document any additional information needed. Click the Save button.

92. Click the Payer Info tab.

93. Review the auto-populated information and document any additional information needed. Click the Save button.

94. Click the Encounter Notes tab.

95. Review the auto-populated information and select the Yes radio button to indicate that the HIPAA form is on file for Norma Washington and document the current date in the Dated field.

96. Document any additional information needed and click the Save button.

97. Click the Claim Info tab.

98. Review the auto-populated information and document any additional information needed. Click the Save button.

99. Click the Charge Capture tab.

100. Document the encounter date in the DOS From and DOS To columns.


103. Document “1 2” in the DX column.

104. Document “1” in the Units column.

105. Document “65.00” in the Total Charge field of the Charge column.

106. Document “65.00” in the Balance Due field of the Charge column.

107. Document any additional information needed and click the Save button.

108. Click the Submission tab. Click in the I am ready to submit the claim box. Click on the Yes radio button to indicate that there a signature on file and enter today’s date in the Date field.

109. Click the Submit Claim button.

Quiz Questions

1. Medications ordered “p.o” are:
   - taken by mouth.
   - sublingual.
   - intradermal.
   - taken once daily.

**Answer**: taken by mouth.

**Rationale**: The abbreviation p.o is latin for “per os” or “by mouth”.

**Competency**: Identify appropriate abbreviations that are accepted in prescription writing, ABHES 6-c.2

2. Anemia characterized by a lack of vitamin B12 is called:
   - Fe deficiency anemia.
   - pernicious anemia.
   - aplastic anemia.
   - sickle cell anemia.

**Answer**: pernicious anemia.

**Rationale**: A decrease in RBCs due to the inability of the body to absorb vitamin B12 through the intestine is called pernicious anemia.
**Competency:** Discuss implications for disease and disability when homeostasis is not maintained, CAAHEP I.C-8

3. A filing system that helps to maintain patient confidentiality is:
   - numeric.
   - alphabetical.
   - chronological.
   - color-coded.

**Answer:** numeric

**Rationale:** A numeric filing system, either consecutive or terminal digit, can help to maintain patient confidentiality as the patient number can be used without revealing the patient’s name.

**Competency:** Consider staff needs and limitations in establishment of a filing system, CAAHEP V.A-1

4. True or false? A patient’s surgical history is an important part of objective documentation.

**Answer:** False

**Rationale:** A patient’s surgical history is an important part of subjective documentation.

**Competency:** Organize technical information and summaries, CAAHEP IV.C-12

5. The place of service code for a medical office is:
   - 8.
   - 9.
   - 10.
   - 11.

**Answer:** 11

**Rationale:** The place of service code a medical office is 11.

**Competency:** Complete insurance claim forms, ABHES 8-c, CAAHEP VII.P-3

6. DJD is:
   - damaged joint disease
   - degenerative joint disease
   - displaced joint damage
   - degenerative joint deficiency

**Answer:** degenerative joint disease

**Rationale:** Degenerative joint disease (DJD) is a type of osteoarthritis.

**Competency:** Define both medical terms and abbreviations related to all body systems, ABHES 3-a/3-d, CAAHEP IV.C-11

7. The diagnostic code for iron deficiency anemia is _______.
   - D62
   - D50.9
   - D61.09
   - D64.3

**Answer:** D50.9

**Rationale:** The ICD-10 code for iron deficiency anemia is D50.9.

**Competency:** Perform diagnostic coding, ABHS 8-c.3, CAAHEP VIII.P-2

8. The correct CPT code for Norma Washington’s office visit is ________.
   - 99213
   - 99215

**Answer:** 99213

**Rationale:** The correct CPT code for Norma Washington’s office visit is 99213.
• 99214
• 99212

Answer: 99214

Rationale: The CPT code for Norma Washington’s office visit is 99214.

Competency: Perform procedural coding, ABHS 8-c.3, CAAHEP VIII.P-1
Objectives
• Search for a patient record.
• Document a chief complaint.
• Document in the progress note.
• Complete a superbill.
• Complete a claim.

Overview
Established patient Talibah Nasser (DOB 07/09/1980) is here to see Jean Burke, NP because she has acute lower abdominal pain and is very nauseated all day long. She states the symptoms began about a week ago. In the review of symptoms, Talibah Nasser admits fatigue, weight gain, abdominal pain, and nausea and vomiting. Jean orders a urinalysis by dipstick (no microscopy) and a urine pregnancy test. The pregnancy test is positive and the urinalysis is within normal limits. The plan is to start Talibah Nasser on prenatal vitamins and refer her to an OB. Jean has indicated that the visit is routine, involved straightforward decision-making, and took approximately 15 minutes to complete. Document the chief complaint and progress note. Then complete the superbill, update the ledger, and submit the claim for the visit using ICD-10 coding.

Competencies
• Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
• Discuss quality control issues related to handling microbiological specimens, CAAHEP III.C-9
• Instruct patients in the collection of a clean-catch mid-stream urine specimen, ABHES 10-e.1
• Instruct patients in the collection of a fecal specimen, ABHES 10-e.2
• Perform CLIA-waived urinalysis, ABHES 10-b.1, CAAHEP I.P-14
• Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
• Perform quality control, ABHES 10-a, CAAHEP I.P-11
• Perform selected CLIA-Waived tests that assist with diagnosis and treatment: Kit testing-Dip sticks, ABHES 10-b.6.c
• Perform selected CLIA-Waived tests that assist with diagnosis and treatment: Kit testing-Pregnancy, ABHES 10-b.6.a

Estimated completion time: 50 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Talibah Nasser’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth. **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Talibah Nasser and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Chief Complaint from the Record dropdown menu that is already open.
10. Document “1 week” in the Duration field.
11. Document “All day” in the Timing field.
13. Select the Yes radio buttons for Fatigue and Weight Gain in the General section.
14. Select the Yes radio buttons for N/V and Abdominal Pain in the GI section.
15. Document any additional information needed and click the Save button.
16. Select Progress Notes from the Record dropdown menu.
17. Document the Date of Service using the calendar picker.
19. Document “HCG positive, UA negative/WNL, weight gain 5lbs in one week” in the Objective field.
22. Click the Save button.
23. Click the Coding & Billing tab at the top of the screen.
25. Select the correct encounter from the Encounters Not Coded grid and confirm the auto-populated details in the patient header.
26. Select the TruCode encoder button in the top right corner. The encoder tool will open in a new tab.
27. Enter “Office Visit” in the Search for field and click CPT Tabular from the corresponding dropdown menu.
28. Click the Search button, and then click the link in the Search Results pane to show all 13 search results.
29. Click Office Outpatient Visit 15 Minutes 99213 that appears in blue to expand this code.
30. Review the information to determine if this is the correct code for the service provided.

Helpful Hint: The View Fee Schedule link provides information necessary in completing the superbill.
31. Click the View Fee Schedule link to determine the total visit charges:
   • Expanded Problem focused OV – 99213, $43.00
   • UA, w/o micro, non-automated – 81002, $22.00
   • Pregnancy, urine – 81025, $18.00
32. On page one of the superbill, select the ICD-10 radio button.
33. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
34. Enter “Abdominal pain” in the Search field and select ICD-10-CM from the dropdown menu.
35. Click the Search button.
36. Click the code R10.9 to expand this code and confirm that it is the most specific code available.
37. Click the code R10.30 for “Abdominal pain” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
38. In the Rank 2 row of the Diagnoses box, place the cursor in the text field to access the encoder.
39. Enter “Encounter for positive pregnancy test” in the Search field and select ICD-10-CM from the dropdown menu.
40. Click the Search button.
41. Click the code Z32.01 to expand this code and confirm that it is the most specific code available.
42. Click the code Z32.01 for “Positive pregnancy results” that appears in the tree. This code will auto-populate in the Rank 2 row of the Diagnoses box.
43.
44. Document “1” in the Rank column for EP Expanded problem-focused OV with the corresponding fee of “43.00” and code of “99213” in the Est column.
45. Click the Save button.
46. Click the Next button twice to proceed to page three of the superbill.
47. Document “2” in the Rank column for Pregnancy, urine and with the corresponding code “81025”.
48. Document “3” in the Rank column for UA, w/ micro, non-automated with the corresponding fee of “23.00” and code of “81002”.
49. Click the Save button and then click Next to move to page four of the superbill.
50. Confirm that the total in the Today’s Charges field has populated correctly.
51. Document any additional information needed on page four of the superbill.
52. Click the Save button.
53. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
54. Select the Yes radio button to indicate that the signature is on file.
55. Document the date in the Date field.
56. Click the Submit Superbill button. A confirmation message will appear.
57. Select Ledger from the left Info Panel and perform a patient search to locate the claim for Talibah Nasser.
58. Select the radio button for Talibah Nasser and click the Select button.
59. Confirm the auto-populated details in the header.
60. Document the current date in the Transaction Date column using the calendar picker.
61. Document the date of service in the DOS column using the calendar picker.
62. Select the correct provider using the dropdown in the Provider field.
63. Document “99213” in the Service column.
64. Document “43.00” in the Charges column.
65. The balance will auto-populate in the Balance column.
66. Click Add Row.
67. Document the current date in the Transaction Date column using the calendar picker.
68. Document the date of service in the DOS column using the calendar picker.
69. Select the correct provider using the dropdown in the Provider field.
70. Document “81001” in the Service column.
71. Document “22.00” in the Charges column.
72. The balance will auto-populate in the Balance column.
73. Click the Add Row button.
74. Document the current date in the Transaction Date column using the calendar picker.
75. Document the date of service in the DOS column using the calendar picker.
76. Select the correct provider using the dropdown in the Provider field.
77. Document “81025” in the Service column.
78. Document “18.00” in the Charges column.
79. The balance will auto-populate in the Balance column.
80. Click the Save button.
81. Select Claim from the left Info Panel and perform a patient search to locate the claim for Talibah Nasser.
82. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim: Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture and Submission. Certain patient demographic and encounter information is auto-populated in the claim.
83. Review the auto-populated information and document any additional information needed. Click the Save button.
84. Click the Provider Info tab.
85. Within the Provider Info tab, review the auto-populated information and document any additional information needed. Click the Save button.
86. Click the Payer Info tab.
87. Review the auto-populated information and document any additional information needed. Click the Save button.
88. Click the Encounter Notes tab.
89. Review the auto-populated information and Document “HCG urine” in the Lab Orders table.
90. Click the Add button below the Lab Orders table to document “UA, w/ micro, non-automated” in the Lab Orders table.
91. Select the Yes radio button to indicate that the HIPAA form is on file for Talibah Nasser and document the current date in the Dated field.
92. Confirm that R10.30 appears in the first row of the DX column.
93. Confirm that Z32.01 appears in the second row of the DX column.
94. Document any additional information needed and click the Save button.
95. Click the Claim Info tab.
96. Review the auto-populated information and document any additional information needed. Click the Save button.
97. Click the Charge Capture tab.
98. Document the encounter date in the DOS From and DOS To columns.
100. Document “11” in the POS column.
101. Document “1 2” in the DX column.
102. Document “1” in the Units column.
103. Document “43.00” in the Charge column.
106. Document “1 2” in the DX column.
107. Document “1” in the Units column.
108. Document “22.00” in the Charge column.
111. Document “1 2” in the DX column.
112. Document “1” in the Units column.
113. Document “18.00” in the Charge column.
114. Document any additional information needed and click the Save button.
115. Click the Submission tab. Click in the I am ready to submit the claim box. Click on the Yes radio button to indicate that there a signature on file and enter today’s date in the Date field.
116. Click the Submit Claim button.

Quiz Questions
1. True or false? The medical assistant should instruct the patient to allow the initial flow of urine to pass into the toilet when collecting a clean-catch midstream urine specimen.
   Answer: True
   Rationale: Allowing the initial flow of urine to pass into the toilet flushes the opening of the urethra.
   Competency: Instruct patients in the collection of a clean-catch mid-stream urine specimen, ABHES 10-e.2

2. Match the following terms related to the urinary system:
   1. Anuria       a. The inability to retain urine
   2. Diuresis      b. The immediate need to urinate
   3. Dysuria       c. Increased output of urine
   4. Frequency     d. The inability to empty the bladder
   5. Hematuria     e. Excessive urination during the night
   6. Nocturia      f. Failure of kidneys to produce urine
   7. Retention     g. Blood present in urine
   8. Urgency       h. Secretion and passage of large amounts of urine
   9. Urinary Incontinence    i. Having to urinate often
   10. Polyuria j. Difficult or painful urination
   Answer: 1-f, 2-h, 3-j, 4-i, 5-g, 6-e, 7-d, 8-b, 9-a, 10-c
   Rationale: The medical assistant should have a thorough knowledge of the terms used to describe symptoms associated with the urinary system.
   *This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.
   Competency: Perform CLIA-Waived urinalysis, ABHES 10-b.1, CAAHEP I.P-14
3. Which of the following statements about urine composition is true?
   - Inorganic waste products include chloride, sodium, potassium, calcium, magnesium, phosphate, and sulfate.
   - Urine is composed of 95% water and 5% organic and inorganic waste products.
   - Organic waste products consist of urea, uric acid, ammonia, and creatinine.
   - All of these statements are true

Answer: All of these statements are true

Rationale: The composition of urine is mostly water (95%); organic waste products such as urea, uric acid, ammonia, and creatinine; and inorganic waste products such as chloride, sodium, potassium, calcium, magnesium, phosphate, and sulfate.

*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.

Competency: Perform CLIA-Waived urinalysis, ABHES 10-b.1, CAAHEP I.P-14

4. True or false? Urinalysis consists of physical, chemical, and microscopic examinations.

Answer: True

Rationale: Deviation from normal results in any of the physical, chemical, and microscopic examinations assists the physician in diagnosing and treating pathologic conditions.

*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.

Competency: Perform CLIA-Waived urinalysis, ABHES 10-b.1, CAAHEP I.P-14

5. True or false? According to coding guidelines, it is acceptable to code diagnoses directly from the alphabetical index in the ICD manuals.

Answer: False.

Rationale: It is never acceptable to code directly from the index. Medical assistants should verify codes in the tabular list to ensure coding to the highest degree of specificity.

Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

6. True or false? Coordination of benefits refers to when a subscriber’s multiple insurance plans work together to determine how the benefits will be paid.

Answer: True

Rationale: Coordination of benefits is done to ensure that services are not paid at more than 100%.

Competency: Apply third party guidelines. CAAHEP VII.P-2, ABHES 8-c.1

7. When performing a urine culture, the specimen should be:
   - a random specimen.
   - a 24-hour urine specimen.
   - a clean catch specimen.
   - stored at room temperature.

Answer: a clean catch specimen.

Rationale: The specimen appropriate for urine culture is a clean catch urine sample. This sample is sterile and will provide the most accurate results.

Competency: Discuss quality control issues related to handling microbiological specimens, CAAHEP III.C-9

8. Which of the following statements regarding quality control measures is false?
   - Quality control measures ensure that test results represent the true status of the patient’s condition and body functions.

Answer: False.

Rationale: Quality control measures ensure that test results represent the true status of the patient’s condition and body functions.
• The medical assistant only needs to perform quality control measures one time.
• Quality control measures help to provide the physician with reliable information for making a
diagnosis and prescribing treatment.
• Quality control measures are not required for CLIA-waived test systems.

Answer: The medical assistant only needs to perform quality control measures one time.

Rationale: Quality control is an ongoing process that encompasses every aspect of patient preparation and specimen collection, handling, transport, and testing.

*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.

Competency: Perform quality control, ABHES 10-a, CAAHEP I.P-11

9. ______________ may be defined as the application of methods and means to ensure that test results are reliable and valid, and errors that may interfere with obtaining accurate test results are detected and eliminated.
   • Performance testing
   • Error detection
   • Quality assurance
   • Quality control

Answer: Quality assurance

Rationale: The ultimate goal in the clinical laboratory is to ensure that the laboratory test accurately measures what it is supposed to measure. This process involves practicing and maintaining a quality assurance program.

*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.

Competency: Perform quality control, ABHES 10-a, CAAHEP I.P-11

10. A medical assistant must process urine specimens within ______ hour(s) of collection or refrigerate the specimen until processing can occur.
   • one
   • two
   • three
   • four

Answer: one

Rationale: Urine is an excellent growth medium, and any bacteria present in a urine specimen multiply rapidly at room temperature.

*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.

Competency: Perform selected CLIA-Waived tests that assist with diagnosis and treatment: Kit testing- Dipsticks, ABHES 10-b.6.c

11. Which of the following statements is false?
   • The is a chemical test used to screen for fecal occult blood.
   • Routine screening for occult blood in stool specimens is not frequently performed in the medical office.
   • The guaiac test is commercially available with brand names such as Hemoccult, ColoScreen.
   • The guaiac slide test is a simple and inexpensive method to screen for the presence of fecal occult blood.

Answer: Routine screening for occult blood in stool specimens is not frequently performed in the medical office.

Rationale: Routine screening for occult blood in stool specimens is frequently performed in the medical office

Competency: Instruct patients in the collection of a fecal specimen, ABHES 10-e.2
12. True or false? After a positive FOBT at the clinic, the physician may request that the patient collect three stool specimens and complete three FOBT at home.

Answer: True
Rationale: The purpose of using three specimens is to provide for the detection of blood from gastrointestinal lesions that exhibit intermittent bleeding, meaning they do not bleed every day.
Competency: Instruct patients in the collection of a fecal specimen, ABHES10-e.2

13. Patient preparation for a guaiac slide test plays an important role in ensuring accurate test results. The patient must follow a special diet, beginning three days before the test. Which of these guidelines are correct?
   - Avoid red meat.
   - Eat moderate amounts of raw and cooked vegetables, in addition to fruits such as apples, bananas, peaches, pears and plums. Do not consume melons, because they contain peroxidase.
   - Avoid vitamin C in excess of 250mg.
   - All of these guidelines are correct.

Answer: All of these guidelines are correct.
Rationale: A patient preparing for a guaiac slide test must follow a high-fiber, meat free diet three days prior to the test.
Competency: Instruct patients in the collection of a fecal specimen, ABHES 10-e.2

14. True or false? When a patient is collecting FOBT specimens, it does not matter how they are stored.

Answer: False
Rationale: Adverse storage conditions can result in deterioration of the active reagents impregnated on the filter paper, leading to inaccurate test results.
Competency: Instruct patients in the collection of a fecal specimen, ABHES 10-e.2

15. True or false? Pregnancy tests that use a specimen are available in commercially prepared kits. The color-change tests are very reliable.

Answer: True
Rationale: Enzyme immunoassay pregnancy tests are available in commercially prepared kits and have a high sensitivity to color reaction.
*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.
Competency: Perform selected CLIA-Waived tests that assist with diagnosis and treatment: Kit testing Pregnancy, ABHES 10-b.6.a
65. Document Immunization, Submit Superbill, and Post Payment to Ledger for Ella Rainwater

Objectives
• Search for a patient record.
• Document immunizations.
• Complete a superbill.
• Update a patient ledger.

Overview
Ella Rainwater’s (DOB 07/11/1959) employer encourages its employees to get flu shots every year and Dr. Martin approves the vaccine (prophylactic vaccination). The medical assistant administers the flu shot and Ella Rainwater has no reaction. Document the following vaccination information:

IIV, Dosage: 0.5 mL, given IM in the right deltoid. Manufacturer: AS Lab. Lot#: 342B, Expiration: 03/18.*

Complete the superbill and update the ledger to reflect these two services and the payment.

* The year of expiration displayed on the labels should reflect an expiration date of three years past the current year.

Competencies
• Define and use entire basic structure of medical words and be able to accurately identify in the correct context, i.e. root, prefix, suffix, combinations, spelling and definitions, ABHES 3-a
• Define asepsis, CAAHEP III.C-2
• Perform sterilization procedures, CAAHEP III.P-6
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate his patient record in the List of Patients, confirm her date of birth.
   
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.

3. Select the radio button for Ella Rainwater and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown. If the Create New Encounter window does not appear, select Add New and follow previous instructions.
6. Click the Save button.
7. Select Immunizations from the Record dropdown menu.
8. Locate the row for the Influenza (Flu) vaccine and click the green plus sign to the far right of that row. That row will become active so you can add an immunization to Ella Rainwater’s record.
9. Within the Type column, select IIV.
10. Within the Dose column, document “0.5 mL.”
11. Within the Date Admin column, use the calendar picker to select the date administered.
12. Within the Provider column, document “James Martin, MD” in the text box.
13. Within the Route/Site column, document “IM, R deltoid” in the text box.
14. Within the Manufacturer/Lot# column, document “AS Lab/342B” in the text box.
15. Document the expiration date in the Exp column.
16. Within the Reaction column, document “No reaction” in the text box.
17. Click the Save button. A confirmation message will display and the immunization you added will display in the Immunization Review table.
18. After reviewing the encounter, select Patient Dashboard from the left Info Panel.
19. Enter the Coding & Billing Tab. Click the Superbill link from the left Info Panel
20. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
21. On page one of the superbill, select the ICD-10 radio button.
   **Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in completing Coding & Billing tasks.
22. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
23. Enter “Prophylactic vaccination” in the Search field and select Diagnosis ICD-10-CM from the dropdown menu.
24. Click the Search button.
25. Click the code Z23 to expand this code and confirm that it is the most specific code available.
26. Click the code Z23 for “Prophylactic vaccination” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box. Click Save and then Next.
27. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
28. Enter “Prophylactic vaccination” in the Search field and select ICD-10-CM from the dropdown menu.
29. Click the Search button.
30. Click the code Z23 to expand this code and confirm that it is the most specific code available.
31. Click the code Z23 for “Prophylactic vaccination” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box. Click Save and then Next.
32. On page two, document “1” in the Rank column for Imm admin, one with the corresponding fee of “7.00” and code of G0008 and Unit (1).
33. Document “2” in the Rank column for Flu, 3 y + with the corresponding fee of “24.00” and code of 90658.
34. Click the Save button.
35. Click the Next button to proceed to page four of the superbill.
36. On page four, document “25.00” in the Copay field.
37. Confirm that the total in the Today’s Charges field has populated correctly.
38. Document “6.00” in the Balance Due field.
39. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Ella Rainwater is the insured patient for the visit.
40. Select the Spouse radio button in the Patient Relationship to Insured field.
41. Select the Married radio button in the Patient Status field.
42. Select the No radio button to indicate that there is no other health benefit.
43. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
44. Click the Save button.
45. Click the Next button to proceed to page two of the superbill.
46. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
47. Select the Yes radio button to indicate that the signature is on file.
48. Document the date in the Date field.
49. Click the Submit Superbill button. A confirmation message will appear.
50. Select Ledger from the left Info Panel.
51. Search for Ms. Rainwater using the Patient Search fields.
52. Select the radio button for Ella Rainwater and click the Select button.
53. Confirm the auto-populated details in the header.
54. Document the current date in the Transaction Date column using the calendar picker.
55. Document the date of service in the DOS column using the calendar picker.
56. Select the correct provider using the dropdown in the Provider field.
57. Document “G0008” in the Service column.
58. Document “7.00” in the Charges column.
59. Document “7.00” in the Payment column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total field below the table.
60. Click the Add Row button.
61. Document the current date in the Transaction Date column using the calendar picker.
62. Document the date of service in the DOS column using the calendar picker.
63. Select the correct provider using the dropdown in the Provider field.
64. Document “90658” in the Service column.
65. Document “24.00” in the Charges column.
66. Document “24.00” in the Payment column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total Ledger Balance field below the table.
67. Click the Save button.

Quiz Questions
1. Which of the following medical terms is spelled correctly?
   - Erthropoetin
   - Tyroxin
   - Hypothyroidism
   - Hyperthroidism

Answer: Hypothyroidism
Rationale: a-erythropoietin, b-thyroxine, d-hyperthyroidism.
Competency: Define and use entire basic structure of medical words and be able to accurately identify in the correct context, i.e. root, prefix, suffix, combinations, spelling and definitions, ABHES 3-a

2. Match the following terms with their meanings.
   1. Sanitization  a. Kills all micro-organisms, including spores
   2. Disinfection  b. Does not destroy all microorganisms
   3. Sterilization  c. Destroys or inhibits the activity of pathogens but has no effect on spores

Answer: 1-b, 2-c, 3-a
Rationale: There are 3 levels of removing micro-organisms. Sanitization is the lowest level and can reduce the number of microorganisms. Disinfection is the next level and can destroy pathogens but is ineffective against spores. Sterilization is the highest level and destroys all forms of microbial life, including spores.
Competency: Perform sterilization procedures, CAAHEP III.P-6

3. True or false? The effective amount of alcohol in an antiseptic hand rub product varies with each product.
   Answer: True
Rationale: Each manufacturer has a specific formula of antiseptic. The CDC states it must be at least 60% alcohol to be effective.
Competency: Define asepsis, CAAHEP III.C-2

4. Necessary components of hand washing in order to reduce pathogenic transmission include:
   - soap.
   - friction.
   - warm running water.
   - soap, friction, and warm running water.

Answer: soap, friction, and warm running water.
Rationale: Soap, friction, and warm running water are all necessary components of hand washing for effective infection control.
Competency: Define asepsis, CAAHEP III.C-2

5. True or false? Transient flora occur naturally on the skin and help the body fight infection, while normal flora are picked up easily and can be pathogenic.
Answer: False
Rationale: Normal flora occur naturally on the skin and help the body fight infection, while transient flora are picked up easily and can be pathogenic.
Competency: Define asepsis, CAAHEP III.C-2

6. The correct diagnostic code for a flu shot (prophylactic vaccination) is _____.
   - T13
   - Z20
   - Z23
   - Z19
Answer: Z23
Rationale: The correct diagnostic code for the flu vaccine is Z23.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

7. True or false? Diagnostic codes are three to seven digit codes.
Answer: True
Rationale: Diagnostic codes can be three to seven digit codes.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VII.P-2
66. Submit Insurance Claim Tracer for Amma Patel

Objectives
• Search for a patient record.
• Review a superbill.
• Review a claim.
• Create an insurance tracer form.

Overview
Walden-Martin has not received payment for Amma Patel’s (DOB 01/14/1988) OB/GYN consultation performed August 9. Submit an insurance claim tracer to check the status of the claim payments. Review the superbill and claim to determine the information needed on the insurance tracer form.

Competencies
• Demonstrate assertive communication with managed care and/or insurance providers, CAAHEP VII.A-1
• Describe how to use the most current HCPCS coding, CAAHEP VIII.C-4
• Describe indexing rules, CAAHEP V.C-9
• Identify models of managed care, CAAHEP VII.C-2
• Post collection agency payments, ABHES 8-b, CAAHEP VI.P-2h
• Demonstrate respect for individual diversity, incorporating awareness of one's own biases in areas including gender, race, religion, age and economic status, ABHES 5-e, CAAHEP IV.A-10

Estimated completion time: 15 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Insurance Claim Tracer from the Patient Forms section of the left Info Panel
3. Click the Patient Search button to perform a patient search and assign the form to Ms. Patel. Confirm the auto-populated details.
4. Helpful Hint: Performing a patient search before completing a form helps to ensure accurate documentation.
5. Document “132455” in the Claim # field.
6. Document “Blue Cross Blue Shield” in the Billed To field.
7. Document student name in the Contact Person field.
8. Document “August 9” and the correct year in the Date(s) of Service column.
10. Document “N87.1” in the Diagnosis column.
11. Document “August 9” and the correct year in the Date Billed column.
12. Click on the View Fee Schedule link to obtain charges.
13. Document “89.00” in the Amount column.
14. Document “89.00” in the Total field.
15. Click the Save to Patient Record button. A confirmation message will appear.
16. Click the Find Patient icon.
17. Using the Patient Search fields, search for Amma Patel’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
18. Select the radio button for Amma Patel and click the Select button. Confirm the auto-populated details.
19. Select the form you prepared from the Forms section of the Patient Dashboard. The form will open as a PDF in a new window.
Quiz Questions

1. True or false? Collecting unpaid bills is costly and time consuming for the medical office.
   Answer: True
   Rationale: Collecting unpaid billing consumes a great deal of time that could be spent helping patients or the physician.
   Competency: Post collection agency payments, ABHES 8-b, CAAHEP VI.P-2h

2. If a payment plan is established during the phone call, the medical assistant should:
   - document the payment plan in the patient record.
   - document the payment plan in the patient record and send a copy of the plan to the patient.
   - look for the payment on the date specified in the payment plan.
   - call the patient in one week to remind him or her of when the payment is due.
   Answer: document the payment plan in the patient record and send a copy of the plan to the patient.
   Rationale: The medical assistant should document all phone conversions. When establishing a payment plan, the medical assistant should document the plan in the patient record and mail a copy of the plan to the patient.
   Competency: Post collection agency payments, ABHES 8-b, CAAHEP VI.P-2h

3. True or false? After an account has been sent to a collection agency, the medical office can still continue to send monthly statements to the patient.
   Answer: False
   Rationale: After an account is sent to a collection agency, the medical office must not continue to send monthly statements to the patient.
   Competency: Post collection agency payments, ABHES 8-b, CAAHEP VI.P-2h

4. True or false? A collection agency will answer all questions about the debt after the account is turned over.
   Answer: True
   Rationale: Once the debt is turned over to a collection agency, the medical office should refer any additional questions to the agency.
   Competency: Post collection agency payments, ABHES 8-b, CAAHEP VI.P-2h

5. If a patient pays a monthly premium to her insurance company and has a primary care provider to coordinate her healthcare, her type of health plan is:
   - federal insurance.
   - CHAMPVA.
   - managed care.
   - self-pay plan.
   Answer: managed care.
   Rationale: Managed care is a term used to describe a network of primary care physicians and hospitals that provide care in exchange for monthly premiums.
   Competency: Demonstrate assertive communication with managed care and/or insurance providers, CAAHEP VII.A-1

6. How are services outside the medical office determined for eligibility?
   - By submitting a claim for payment
   - By submitting a referral or authorization request before the service is scheduled
   - By calling the insurance company
   - By submitting a referral or authorization request before the service is scheduled and calling the insurance company
Answer: By submitting a referral or authorization request before the service is scheduled and calling the insurance company.

Rationale: A request for eligibility can be performed by submitting a request or calling the insurance company.

Competency: Demonstrate assertive communication with managed care and/or insurance providers, CAAHEP VII.A-1

7. How can a patient pay for a service or procedure provided by the medical office?
   - Pay at the time of service
   - Internal billing with extension of credit
   - Insurance or third party billing
   - Pay at the time of service, internal billing with extension of credit, insurance or third party billing, and/or outside billing or collections assistance

Answer: Pay at the time of service, internal billing with extension of credit, insurance or third party billing, and/or outside billing or collections assistance

Rationale: A medical office can collect payment four ways: a patient can pay at the time of service, a patient can pay using internal billing with extension of credit, a patient can utilize insurance or third party billing, and/or a patient can utilize outside billing or collection assistance.

Competency: Demonstrate assertive communication with managed care and/or insurance providers, CAAHEP VII.A-1

8. Match the following types of consent with the appropriate description:
   1. Informed consent  a. Consent given by patient’s actions
   2. Implied consent  b. Written consent
   3. Expressed consent  c. Oral or written consent

Answer: 1-b, 2-a, 3-c

Rationale: While assisting the physician with office procedures, the medical assistant will also help to obtain patient consent.

Competency: Demonstrate assertive communication with managed care and/or insurance providers, CAAHEP VII.A-1

9. Which of the following components must be considered when assigning an evaluation and management CPT code?
   - History
   - Physical examination
   - History, physical examination, and medical decision making
   - Medical decision making

Answer: History, physical examination, and medical decision making

Rationale: History, physical examination, and medical decision-making must be considered when determining the correct evaluation and management CPT code. History: includes the chief complaint, history of the present illness, and a review of systems. One of four levels must be determined. The extent of the physical examination will determine which of the four levels is used to determine the proper code. When determining the level of medical decision making, the medical assistant must consider the available diagnostic and treatment options, the amount and complexity of the date reviewed, and the risk of complications, morbidity, or mortality.

Competency: Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

10. True or false? It is appropriate to advertise for religious groups in the waiting room of the medical office.
   - True
   - False
Answer: False
Rationale: The medical office should remain neutral in order to avoid offending patients or making any religious group feel uncomfortable.
Competency: Demonstrate respect for individual diversity, incorporating awareness of one’s own biases in areas including gender, race, religion, age and economic status, ABHES 5-e, CAAHEP IV.A-10

11. True or false? Proxemics is defined as the study of the nature, degree, and effect of the spatial separation individuals naturally maintain.
   - True
   - False
Answer: True
Rationale: A patient’s personal space is important to the nonverbal messages being sent to the patient.
Competency: Demonstrate respect for individual diversity, incorporating awareness of one’s own biases in areas including gender, race, religion, age and economic status, ABHES 5-e, CAAHEP IV.A-10

12. True or false? HCPCS is used to determine codes for diagnosis.
Answer: False
Rationale: HCPCS codes are used to identify procedures.
Competency: Describe how to use the most current HCPCS coding, CAAHEP VIII.C-4

13. When using alphabetic filing for the business name XYZ Ultrasound, the first indexing unit would be:
   - XYZ.
   - Ultrasound.
   - XYZ Ultrasound.
   - XYZ Ultrasound.
Answer: XYZ
Rationale: When using alphabetic filing with business names, the first indexing unit is the first name as the name is written.
Competency: Describe indexing rules, CAAHEP V.C-9

14. True or false? When using alphabetic filing for business names, the first indexing unit for The Redline Supply Company would be “The”.
Answer: False
Rationale: When using an alphabetic filing system for business names, articles such as “a”, “an”, and “the” are disregarded. The first indexing unit in The Redline Supply Company is “Redline”.
Competency: Describe indexing rules, CAAHEP V.C-9

15. True or false? The first indexing unit in the terminal digit number of 13-37-81 would be 81.
Answer: True
Rationale: In terminal digit filing, indexing units are determined from right to left. The first indexing unit in the number 13-37-81 is 81.
Competency: Describe indexing rules, CAAHEP V.C-9

16. Which Medicare program is responsible for prescription drugs?
   - Part A
   - Part B
   - Part C
   - Part D
Answer: Part D
**Rationale:** Medicare Part D is responsible for prescription drug programs.

**Competency:** Identify models of managed care, CAAHEP VII.C-2
67. Submit Superbill and Post Charges to Ledger for Amma Patel

Objectives
• Search for a patient record.
• Complete a superbill.
• Use a fee schedule.
• Post charges to a patient ledger.

Overview
Amma Patel (DOB 01/14/1988) had a colposcopy (entire vagina, with cervix), with biopsies during today’s visit. A previous pap smear showed moderate cervical dysplasia. Complete the superbill and post the procedure charges to her patient ledger.

Competencies
• Define both medical terms and abbreviations related to all body systems, ABHES 3-a/3-d, CAAHEP IV.C-11
• Demonstrate sensitivity in communicating with both providers and patients, CAAHEP VII.A-2
• Diagram medical terms, labeling the word parts, CAAHEP IV.C-10
• Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Identify types of insurance plans, CAAHEP VII.C-1
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 25 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search field, search for Amma Patel’s patient record.
3. Select the radio button for Amma Patel and click the select button.
5. After reviewing the encounter, click the Superbill link below the patient header.
6. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
7. On page one of the superbill, select the ICD-10 radio button.
8. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
9. Enter “Moderate cervical dysplasia” in the Search field and select ICD-10-CM from the dropdown menu.
10. Click the Search button.
11. Click the code N87.1 to expand this code and confirm that it is the most specific code available.
12. Click the code N87.1 for “Moderate cervical dysplasia” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
13. Click the View Fee Schedule link to obtain the charges for the colposcopy (178.00).
14. Document “1” in the Rank column for Colposcopy with the corresponding fee of “178.00” and code of 57455.
15. Click the Save button.
16. Click the Next button to proceed to page four of the superbill.
17. On page four, document “25.00” in the Copay field.
18. Confirm that the total in the Today’s Charges field has populated correctly.
20. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Amma Patel is the insured patient for the visit.
21. Select the Self radio button in the Patient Relationship to Insured field.
22. Select the Single radio button in the Patient Status field.
23. Select the No radio button to indicate that there are no other health benefits.
24. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
25. Click the Save button.
26. Click the Next button to proceed to page two of the superbill.
27. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
28. Select the Yes radio button to indicate that the signature is on file.
29. Document the date in the Date field.
30. Click the Submit Superbill button. A confirmation message will appear.
31. Select Ledger from the left Info Panel.
32. Using the Patient Search fields, search for Amma Patel’s ledger.
33. Select the radio button for Amma Patel and click the Select button.
34. Confirm the auto-populated details in the header.
35. Document the current date in the Transaction Date column using the calendar picker.
36. Document the date of service in the DOS column using the calendar picker.
37. Select the correct provider using the dropdown in the Provider field.
38. Click on the View Fee Schedule link to determine the correct code and fee.
40. Document “178.00” in the Charges column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total Ledger Balance field below the table.

**Quiz Questions**

1. In the term colposcopy, “colpo–” is the ______ and “–scopy” is the ______.
   - noun, adjective
   - prefix, stem
   - verb, noun
   - root, suffix

   **Answer:** root, suffix

   **Rationale:** Medical terms are comprised of word components. In the term colposcopy, “colpo–” is the root and “–scopy” is the suffix.

   **Competency:** Diagram medical terms, labeling the word parts, CAAHEP IV.C-10

2. Colposcopy is a medical term that means to visually examine the:
   - labia.
   - throat.
   - vagina.
   - colon.

   **Answer:** vagina

   **Rationale:** “Colpo–” means vagina and “–scopy” means to visually examine. The literal meaning of colposcopy is to visually examine the vagina. A colposcopy is also done to examine the vulva and cervix.

   **Competency:** Define both medical terms and abbreviations related to all body systems, ABHES 3-a/3-d, CAAHEP IV.C-11

3. True or false? The difference between “–scope” and “–scopy” is that “–scope” refers to the instrument used for visual examination and “–scopy” refers to the actual visual examination.

   **Answer:** True
Rationale: A medical term with the suffix “–scope” is used to perform a medical term with the suffix “–scopy”. For example, a colposcope is used to perform a colposcopy.
Competency: Define both medical terms and abbreviations related to all body systems, ABHES 3-a/3-d, CAAHEP IV.C-11

4. True or false? An OB/GYN practice could use clustering as a type of scheduling because it gives two patients the same appointment time.
Answer: False
Rationale: Clustering scheduling schedules patients with similar problems are scheduled on a certain day or within a certain time block. Within an OB/GYN practice, this clustering might be used for prenatal patients.
Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5

5. The combined federal and state healthcare program for low income people is:
   - Medicare.
   - Medicaid.
   - Blue Cross.
   - Health Maintenance Organization.
Answer: Medicaid
Rationale: Medicaid is the healthcare program for low-income people. It is funded on the federal and state levels.
Competency: Identify types of insurance plans, CAAHEP VII.C-1

6. Most Americans get their insurance coverage through an employer-based ________ plan.
   - individual
   - organization
   - group
   - joint
Answer: group
Rationale: Most Americans obtain their insurance through a group plan offered by their employer.
Competency: Identify types of insurance plans, CAAHEP VII.C-1

7. The traditional kind of health insurance wherein patients can choose any provider or hospital they wish and change physicians at will is:
   - indemnity.
   - fee-for-service.
   - managed care.
   - indemnity or fee-for-service.
Answer: indemnity or fee-for-service.
Rationale: Traditional insurance is referred to as indemnity or fee-for-service. With this type of insurance, the patient can choose any provider or hospital they wish and change physicians at will.
Competency: Identify types of insurance plans, CAAHEP VII.C-1

8. A multi-specialty practice in which healthcare services are provided within the building complex owned by the health maintenance organization (HMO) is referred to as a/an:
   - IPA.
   - staff model.
   - network model.
   - direct contact model.
Answer: staff model.

Rationale: A staff model HMO is a multispecialty practice in which healthcare services are provided within the building complex owned by the health maintenance organization.

Competency: Identify types of insurance plans, CAAHEP VII.C-1

9. Ms. Patel doesn’t quite understand the wording on her superbill. She has a difficult time seeing the small print. The medical assistant should:
   - read the information to her and write any important information off to the side.
   - apologize and explain that the system will not allow him to enlarge the size.
   - suggest that she has a family member read it aloud.
   - bring Ms. Patel around to view the superbill on the computer screen.

Answer: read the information to her and write any important information off to the side.

Rationale: The medical assistant should do everything possible to help a patient with special needs, including those who are hearing or visually impaired.

Competency: Make adaptations with patients with special needs, ABHES 9-j

10. Which waiting room characteristic(s) accommodate for maneuvering a wheelchair?
   - Chairs in the middle of the room
   - End tables
   - Toys
   - Chairs against the wall

Answer: Chairs against the wall

Rationale: The waiting room must be comfortable and free of any potential hazards. The medical assistant should inspect the waiting room for toys on the floor, obstructed walkways, and furniture placement to ensure all patients can navigate safely.

Competency: Identify and respond appropriately when working/caring for patients with special needs, ABHES 5-a

11. If a medical assistant realizes an office visit could be billed at a higher level than the physician indicated. How should the medical assistant address this with the physician?
   - Just change the code without bothering the physician.
   - Explain to the physician why the visit could be coded at a higher level and ask if she agrees.
   - Tell the physician he chose the wrong code and you are changing to the correct code.
   - Without making eye contact, apologize for even questioning the physician’s code choice before showing her the more appropriate code.

Answer: Explain to the physician why the visit could be coded at a higher level and ask if she agrees.

Rationale: If a medical assistant realizes an office visit could be billed at a higher level than the physician indicated, he or she should address the issue with the physician by explaining why the visit could be coded at a higher level and confirming that the physician agrees.

Competency: Demonstrate sensitivity in communicating with both providers and patients, CAAHEP VII.A-2

12. A medical assistant is seeing a patient with type 2 diabetes and obesity. The patient’s weight increased since his last visit and a review of the blood glucose readings reveals that the levels are consistently above 200 mg/dL. The medical assistant asks, “Why aren’t you following your diet?” In response to this question, the medical assistant will most likely:
   - become defensive.
   - answer honestly.
   - smile but not answer.
   - say, “I’m glad you asked me that question.”
Answer: become defensive.
Rationale: The medical assistant is not showing any sensitivity to the patient in this scenario. A better question would be, “Can you tell me about your diet since your last visit?” This question shows more sensitivity and should elicit a better response.
Competency: Demonstrate sensitivity in communicating with both providers and patients, CAAHEP VII.A-2

13. Which of the following statements would be the most appropriate if a medical assistant didn’t understand something the patient had said?
   - “Talk slower. I can’t understand you.”
   - “Run that by me again.”
   - “I’m sorry, I did not understand what you just said. Would you please repeat it?”
   - “You are confusing me.”

Answer: “I’m sorry, I did not understand what you just said. Would you please repeat it?”
Rationale: The most respectful statement that shows sensitivity to the patient would be, “I’m sorry, I did not understand what you just said. Would you please repeat it?”
Competency: Demonstrate sensitivity in communicating with both providers and patients, CAAHEP VII.A-2

14. True or false? It is ethical and legal to discount an office visit for the diagnosis of N87.1.
Answer: False
Rationale: It is not legal or ethical to discount any office visit lower than what the reimbursement rate is for Medicare for the same E&M code.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VII.P-2
Objectives

• Search for a patient record.
• Complete a superbill.
• Update a patient ledger.
• Complete a claim.
• Use a fee schedule.

Overview

During Diego Lupez’s encounter (DOB 08/01/1982), Dr. Martin performed an established patient expanded problem-focused office visit for iron deficiency anemia, as well as a complete blood count with automated differential. Diego Lupez paid his copay of $25. Review the completed superbill to update the ledger and complete the claim.

Competencies

• Discuss pros and cons of various filing methods, CAAHEP V.C-7
• Discuss types of adjustments that may be made to a patient’s account, CAAHEP VI.C-13
• Perform CLIA-Waived hematology testing, ABHES 10-b.2, CAAHEP I.P-12
• Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 1 hour

Measurable Steps

1. Click on the Find Patient icon.
2. Using the Patient Search field, search for Diego Lupez’s patient record.
3. Select the radio button for Diego Lupez and click the select button.
4. After reviewing the encounter, click the Superbill link below the patient header.
5. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
6. On page one of the superbill, select the ICD-10 radio button.
7. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
8. Enter “Iron deficiency anemia” in the Search field and select ICD-10-CM from the dropdown menu.
9. Click the Search button.
10. Click the code D50.9 to expand this code and confirm that it is the most specific code available.
11. Click the code D50.9 for “Iron deficiency anemia” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
12. Click on the View Fee Schedule link to determine the correct code and fee.
13. Document “1” in the Rank column for EP Expanded problem-focused OV with the corresponding fee of “43.00” and CPT code of 99213.
14. Click the Save button.
15. Click the next button to proceed to page three of the superbill.
16. Document “2” in the Rank column for CBC w/ auto differential with the corresponding fee of “35.00” and CPT code of 85025.
17. Document “3” in the Rank column for Venipuncture with the corresponding fee of “10.00” CPT code of 36415.
18. Click the Save button.
19. Click the Next button to proceed to page four of the superbill.
20. On page four, document “25.00” in the Copay field.
21. Confirm that the total in the Today’s Charges field has populated correctly.
22. Document “63.00” in the Balance Due field.
23. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Diego Lupez is the insured patient for the visit.
24. Select the Self radio button in the Patient Relationship to Insured field.
25. Select the Single radio button in the Patient Status field.
26. Select the No radio button to indicate that there are no other health benefits.
27. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
28. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
29. Select the Yes radio button to indicate that the signature is on file.
30. Document the date in the Date field.
31. Click the Submit Superbill button. A confirmation message will appear.
32. Select Ledger from the left Info Panel.
33. Using the Patient Search fields, search for Diego Lupez’s ledger.
34. Select the radio button for Diego Lupez and click the Select button.
35. Confirm the auto-populated details in the header.
36. Document the current date in the Transaction Date column using the calendar picker.
37. Document the date of service in the DOS column using the calendar picker.
38. Select the correct provider using the dropdown in the Provider field.

**Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in completing Coding & Billing tasks.

40. Document “43.00” in the Charges column. The balance will auto-populate in the Balance column.
41. Click the Add Row button.
42. Document the current date in the Date column using the calendar picker.
44. Document “85025” in the Service column text field.
45. Document “35.00” in the Charges column. The balance will auto-populate in the Balance column.
46. Click the Add Row button.
47. Document the current date in the Date column using the calendar picker.
49. Document “36415” in the Service column text field to access the encoder.
50. Document “10.00” in the Charges column. The balance will auto-populate in the Balance column.
51. Click the Save button.
52. Select Claim from the left Info Panel.
53. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim: Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture, and Submission. Certain patient demographic and encounter information is auto-populated in the claim.
54. Review the auto-populated information and document any additional information needed. Click the Save button.
55. Click the Provider Info tab.
56. Within the Provider Info tab, review the auto-populated information and document any additional information needed. Click the Save button.
57. Click the Payer Info tab.
58. Review the auto-populated information and document any additional information needed. Click the Save button.
59. Click the Encounter Notes tab.
60. Review the auto-populated information and document “CBC w/ auto differential” in the Lab Orders table.
61. Select the Yes radio button to indicate that the HIPAA form is on file for Diego Lupez and document the current date in the Date field.
62. Document any additional information needed and click the Save button.
63. Click the Claim Info tab.
64. Review the auto-populated information and document any additional information needed. Click the Save button.
65. Click the Charge Capture tab.
66. Document the encounter date in the DOS From and DOS To columns.
68. Document “11” in the POS column.
69. Document “1” in the DX column.
70. Document “43.00” in the Charge column.
71. In the next row, document the encounter date in the DOS From and DOS To columns.
73. Document “11” in the POS column.
74. Document “1” in the DX column.
76. Document “10.00” in the Charge column.
77. In the next row, document the encounter date in the DOS From and DOS To columns.
81. Document any additional information needed and click the Save button.
82. Click the Submission tab. Click in the I am ready to submit the claim box. Click on the Yes radio button to indicate that there is a signature on file and enter today’s date in the Date field.
83. Click the Submit Claim button.

Quiz Questions
1. True or false? Hematology does not include performing blood cell counts, evaluating the clotting ability of the blood, or identifying cell types.

Answer: False
Rationale: Hematology includes performing blood cell counts, evaluating the clotting ability of the blood, and identifying cell types. Hematology testing is a valuable tool for physicians because it helps to determine whether each blood component falls within its reference range.

Competency: Perform CLIA-Waived hematology testing, ABHES 10-b.2, CAAHEP I.P-12

2. Which of the following statements regarding hemoglobin analyzers is false?
   - One of the primary advantages of using a hemoglobin analyzer is that it only requires a venous puncture.
   - The manufacturer of each hemoglobin analyzer provides an operating manual.
   - It is important that the medical assistant become completely familiar with all aspects of the hemoglobin analyzer.
   - Quality control procedures are of particular importance to ensure that the analyzer is functioning properly and test results are reliable and accurate.

Answer: One of the primary advantages of using a hemoglobin analyzer is that it only requires a venous puncture.
Rationale: The primary advantage of using a hemoglobin analyzer is that it requires only a finger stick puncture.
*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.

Competency: Perform CLIA-Waived hematology testing, ABHES 10-b.2, CAAHEP I.P-12

3. Put the following steps for performing a CLIA-waived hemoglobin test in the correct order.
   1. Perform a skin puncture.
   2. Allow for the determined countdown period.
   3. Hemoglobin results are displayed on the LCD screen of the analyzer.
   4. Medical assistant records the results in the patient chart, including the date and time, the name of the test and the results measured in g/dL.
   5. Collect the specimen and place device in analyzer according to the manufacturer’s instructions.

   Answer: 1, 5, 2, 3, 4

Rationale: A medical assistant must know the steps to perform a procedure confidently and accurately.
*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.

Competency: Perform CLIA-Waived hematology testing, ABHES 10-b.2, CAAHEP I.P-12

4. True or false? CLIA-waived handheld coagulation analyzers are commercially available for performing a PT/INR test in the medical office.

   Answer: True

   Rationale: The PT/INR test is most commonly performed on patients undergoing long-term warfarin therapy. Warfarin is an anticoagulant, which inhibits the formation of blood clots in the body.
*This competency is a performance objective. Student must demonstrate activity to fulfill this competency. Simulation activity and questions are supplemental assessments.

Competency: Perform CLIA-Waived hematology testing, ABHES 10-b.2, CAAHEP I.P-12

5. The practice of billing a patient for the difference between the physician’s charge and the health plan’s allowable charge is called:
   • signature on file.
   • credit balance.
   • balance billing.
   • deductible.

   Answer: balance billing.

   Rationale: Balance billing is prohibited by managed care plans.

Competency: Discuss types of adjustments that may be made to a patient’s account, CAAHEP VI.C-13

6. Kevin works as a medical assistant at Walden-Martin and is also a patient of Dr. Martin, so he does not pay copayments for his visits. This arrangement is called a:
   • illegal billing procedure.
   • professional copayment.
   • professional courtesy.
   • reimbursable service.

   Answer: professional courtesy.

   Rationale: A professional courtesy occurs when a physician waives the copayment for an individual they work with.

Competency: Discuss types of adjustments that may be made to a patient’s account, CAAHEP VI.C-13
7. The allowable charge for the colonoscopy is $569.00. The patient was billed $780.00 and paid a $40.00 copayment. How much will the insurance adjustment be?

- $170.00
- $171.00
- $71.00
- $211.00

Answer: $171.00

Rationale: The adjustment to the patient’s account is $171.00 (780.00 – 40.00 – 569.00 = 171.00).

Competency: Discuss types of adjustments that may be made to a patient’s account, CAAHEP VI.C-13

8. Brian paid a copayment on a mole removal last week and the insurance states the copayment should have been covered. The medical assistant could:

- issue a refund to the patient for the copayment amount.
- establish a positive balance in the account to be used toward the next service.
- place the copayment amount in the petty cash fund.
- issue a refund to the patient for the copayment amount or establish a positive balance in the account to be used toward the next service.

Answer: issue a refund to the patient for the copayment amount or establish a positive balance in the account to be used toward the next service.

Rationale: A medical assistant could address an overpaid account by issuing a refund to the patient for the copayment amount or establishing a positive balance in the account to be used toward the next service.

Competency: Discuss types of adjustments that may be made to a patient’s account, CAAHEP VI.C-13

9. The abbreviation DOS stand for ______.

- delivery of service
- date of service
- destination of service
- dealing of services

Answer: date of service

Rationale: DOS is an accepted abbreviation for date of service and is often seen in healthcare and on claim forms.

Competency: Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP

10. True or false? A letter from an insurance carrier regarding a particular patient would not be filed in the patient record. Instead, it would be filed with general insurance correspondence.

Answer: False

Rationale: Any correspondence regarding a patient would be filed in the patient record.

Competency: Discuss pros and cons of various filing methods, CAAHEP V.C-7

11. The correct ICD-10-CM diagnostic code for Iron deficiency anemia would be?

- D51.1
- D51.3
- D50.6
- D50.9

Answer: D50.9

Rationale: D50.9 is the correct diagnostic code for iron deficiency anemia.

Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VII.P-2
69. Complete Superbill, Post Payment to Ledger, and Complete Claim for Ella Rainwater

Objectives
• Search for a patient record.
• Complete a superbill.
• Update a patient ledger.
• Complete a claim.

Overview
During Ella Rainwater’s (DOB 07/11/1959) established patient detailed office visit for bronchitis, Dr. Martin administered Rocephin 250 mg IM, and ordered a handheld nebulizer. Ella Rainwater paid a $25.00 copayment. Complete the superbill, update the patient ledger, and complete the claim.

Competencies
• Compare manual and computerized bookkeeping systems used in ambulatory healthcare, CAAHEP VI.C-7
• Compare processes for filing insurance claims both manually and electronically, ABHES 7-b/8-c, CAAHEP VII.C-8
• Complete insurance claim forms, ABHES 8-c, CAAHEP VII.P-3
• Describe how guidelines are used in processing an insurance claim, CAAHEP VII.C-7
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 40 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search field, search for Ella Rainwater’s patient record.
3. Select the radio button for Ella Rainwater and click the select button.

Helpful Hint: Confirming patient demographics helps to ensure you have located the correct patient record.
5. After reviewing the encounter, click the Superbill link below the patient header.
6. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
7. On page one of the superbill, select the ICD-10 radio button.
8. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
9. Enter “Bronchitis” in the Search field and select ICD-10-CM from the dropdown menu.
10. Click the Search button.
11. Click the code J40 to expand this code and confirm that it is the most specific code available.
12. Click the code J40 for “Bronchitis” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
13. Click on the View Fee Schedule link to look up charges.
14. Document “1” in the Rank column for EP Detailed OV with the corresponding fee of “65.00” and code of “99214”.
15. Document “2” in the Rank column for Nebulizer with the corresponding fee of “49.22” and code of “94640”.
16. Click the Save button and then click the Next button to proceed to page two of the superbill.
17. Document “3” in the Rank column for Injection, ther/proph/diag with the corresponding fee of “25.00” and code of “90772”.
18. Document “4” in the Rank column for Rocephin, 250 mg with the corresponding fee of “67.80” and code of J0696.
19. Click the Save button and then click the Next button to proceed to page four of the superbill.
20. On page four, document “25.00” in the Copay field.
21. Confirm that the total in the Today’s Charges field has populated correctly.
22. Document “182.02” in the Balance Due field.
23. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Ella Rainwater is the insured patient for the visit.
24. Select the Spouse radio button in the Patient Relationship to Insured field.
25. Select the Married radio button in the Patient Status field.
26. Select the No radio button to indicate that there are no other health benefits.
27. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
28. Click the Save button.
29. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
30. Select the Yes radio button to indicate that the signature is on file.
31. Document the date in the Date field.
32. Click the Submit Superbill button. A confirmation message will appear.
33. Select Ledger from the left Info Panel.
34. Search for Ella Rainwater using the Patient Search fields.
35. Select the radio button for Ella Rainwater and click the Select button.
36. Confirm the auto-populated details in the header.
37. Document the current date in the Transaction Date column using the calendar picker.
38. Document the date of service in the DOS column using the calendar picker.
39. Select the correct provider using the dropdown in the Provider field.
40. Click the View Fee Schedule link to determine the correct code and fee.

**Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in completing Coding & Billing tasks.

42. Document “65.00” in the Charges column.
43. Click the Add Row button.
44. Document “94640” in the Service column.
45. Document “49.22” in the Charges column.
46. Click the Add Row button.
47. Document “90722” in the Service column.
48. Document “25.00” in the Charges column.
49. Click the Add Row button.
52. Click the Save button.
53. Select Claim from the left Info Panel.
54. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim: Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture, and Submission. Certain patient demographic and encounter information is auto-populated in the claim.
55. Within the Patient Info tab, review the auto-populated information and document any additional information needed. Click the Save button.
56. Click the Provider Info tab.
57. Review the auto-populated information and document any additional information needed. Click the Save button.
58. Click the Payer Info tab.
59. Review the auto-populated information and document any additional information needed. Click the Save button.
60. Click the Encounter Notes tab.
61. Select the Yes radio button to indicate that the HIPAA form is on file for Ella Rainwater and document the current date in the Dated field.
62. Document any additional information needed and click the Save button.
63. Click the Claim Info tab.
64. Review the auto-populated information and document any additional information needed. Click the Save button.
65. Click the Charge Capture tab.
66. Document the encounter date in the DOS From and DOS To column.
68. Document “11” in the POS column.
69. Document “1” in the DX column.
70. Document “1” in the Units column.
71. Document “65.00” in the Charge column.
72. Document the encounter date in the DOS From and DOS To column.
73. Document “94640” in the CPT/HCPCS column.
74. Document “11” in the POS column.
75. Document “1” in the DX column.
76. Document “1” in the Units column.
77. Document “49.22” in the Charge column.
78. Document the encounter date in the DOS From and DOS To column.
81. Document “1” in the DX column.
82. Document “1” in the Units column.
83. Document “25.00” in the Charge column.
84. Document the encounter date in the DOS From and DOS To column.
86. Document “11” in the POS column.
87. Document “1” in the DX column.
88. Document “1” in the Units column.
89. Document “67.80” in the Charge column.
90. Document any additional information needed and click the Save button.
91. Click the Submission tab. Click in the I am ready to submit the claim box. Click on the Yes radio button to indicate that there a signature on file and enter today’s date in the Date field.
92. Click the Submit Claim button.

**Quiz Questions**

1. **True or false?** A diagnosis pointer helps explain the diagnosis for the procedure performed.
   **Answer:** True
   **Rationale:** A diagnosis pointer informs the insurance carrier of the reason for the service provided.
   **Competency:** Complete insurance claim forms, ABHES 8-c, CAAHEP VII.P-3

2. Which of the following statements regarding the submission of insurance claims is true?
   - Electronic claim submission is slower than submitting paper claims.
- Electronic claims have fewer errors than paper claims.
- The progress note must be attached to every claim submission.
- Electronic claim submission is slower than submitting paper claims, electronic claims have fewer errors than paper claims, and the progress note must be attached to every claim submission.

**Answer:** Electronic claims have fewer errors than paper claims.

**Rationale:** Electronic claims have fewer errors than paper claims because much of the information is entered once and the system gathers the information needed to complete the form. The electronic system also has built-in programming to check for errors before submission. For a paper claim, the information is entered into the patient record and then must be entered on the actual claim form. This allows for a greater chance of human error.

**Competency:** Complete insurance claim forms, ABHES 8-c, CAAHEP VII.P-3

3. True or false? It is possible to submit electronic claims in batches.

**Answer:** True

**Rationale:** Since the submission process for electronic claims is quicker than the submission process for paper claims, electronic claims tend to be submitted in batches or groups.

**Competency:** Complete insurance claim forms, ABHES 8-c, CAAHEP VII.P-3

4. True or false? The Health Insurance Portability and Accountability Act (HIPAA) requires a unique patient identifier number for claims submission.

**Answer:** False

**Rationale:** The Health Insurance Portability and Accountability Act (HIPAA) does not currently require a unique patient identifier number.

**Competency:** Compare processes for filing insurance claims both manually and electronically, ABHES 7-b/8-c, CAAHEP VII.C-8

5. The updated electronic claim form is known as:

- CMS 1500.
- HCFA 1500.
- HIPAA 5010.
- HCFA 5010.

**Answer:** HIPAA 5010.

**Rationale:** The HIPAA 5010 is the updated electronic claim format.

**Competency:** Compare processes for filing insurance claims both manually and electronically, ABHES 7-b/8-c, CAAHEP VII.C-8

6. True or false? Paper claims are not subject to HIPAA laws.

**Answer:** False

**Rationale:** All claims are subject to HIPAA rules and regulations.

**Competency:** Compare processes for filing insurance claims both manually and electronically, ABHES 7-b/8-c, CAAHEP VII.C-8

7. A patient has a $500 ______________, or amount he must contribute out of pocket before his insurance will pay.

- credit
- balance
- down payment
- deductible

**Answer:** deductible
Several insurance plans carry a deductible, or the amount the patient must pay before insurance will cover the cost of the services.

Competency: Compare manual and computerized bookkeeping systems used in ambulatory healthcare, CAAHEP VI.C-7

8. True or false? The implementation of ICD-10 coding systems will accommodate the needs of an electronic filing system.
Answer: True
Rationale: ICD-10 coding systems accommodate the needs of electronic filing of claims.
Competency: Compare manual and computerized bookkeeping systems used in ambulatory healthcare, CAAHEP VI.C-7

9. True or false? Most medical offices submit paper claims to better track which services have not been reimbursed.
Answer: False
Rationale: Medical offices submit electronic claims for quicker, more accurate payment of claims. Electronic claims are much easier to track than paper claims.
Competency: Describe how guidelines are used in processing an insurance claim, CAAHEP VII.C-7

10. The patient name on the claim:
   • should match the name listed on the insurance card.
   • should be documented as the patient’s preference.
   • is not necessary.
   • will not appear on the claim.
Answer: should match the name listed on the insurance card.
Rationale: The name listed on the insurance card should match the documented patient name on the claim form.
Competency: Describe how guidelines are used in processing an insurance claim, CAAHEP VII.C-7

11. The charges documented on the claim form are found on the established:
   • pricing list.
   • fee schedule.
   • menu.
   • fee list.
Answer: fee schedule.
Rationale: The procedure charges for a medical office are found on the payer fee schedule.
Competency: Describe how guidelines are used in processing an insurance claim, CAAHEP VII.C-7

12. The correct diagnostic code for bronchitis is ________.
   • J20.9
   • J42
   • J40
   • J41.0
Answer: J40
Rationale: The correct diagnostic code for bronchitis is J40.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VII.P-2

13. True or false? ICD-10-CM for diagnostic coding is in all health care settings.
Answer: True
**Rationale:** ICD-10-CM for diagnosis coding is in all health care settings.

**Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VII.P-2
70. Complete Medical Records Release Form and Post Payment to Ledger for Carl Bowden

Objectives
• Search for a patient record.
• Complete a Medical Records Release.
• Document charges and payments in the patient ledger.

Overview
Dr. Walden has been following Carl Bowden’s (DOB 04/05/1954) increased alcohol abuse. Carl Bowden’s family is becoming increasingly concerned with the amount of alcohol he is consuming and he agrees to seek treatment from a rehabilitation clinic, Clean Living Inpatient Services. In order to start treatment, the clinic requests medical records from Dr. Walden’s office. There is a $50.00 charge for the retrieval and copying of the patient records. Carl Bowden pays the full fee. Prepare a medical records release form (report preparation) for all progress notes and health history documents, then update his patient ledger. The expiration of the release form is 90 days from today.

Clean Living Inpatient Services:
Marie Alwright
5667 Miller Drive
Anytown, AL 12345
123-897-9777

Competencies
• Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
• Recognize the role of patient advocacy in the practice of medical assisting, ABHES 5-c, CAAHEP IV.C-14
• Utilize computerized office billing systems, ABHES 7-b/8-c, CAAHEP VI.P-2i

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Medical Records Release from the Patient Forms section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the form to Carl Bowden and confirm the auto-populated details.
   Helpful Hint: Performing a patient search before completing a form helps to ensure accurate documentation.
4. Document “Clean Living Inpatient Services” in the Name field to designate where to send Carl Bowden’s information.
5. Document the clinic address in the Address field.
7. Click the Save to Patient Record button. A confirmation message will appear.
8. Click on the Find Patient icon.
9. Using the Patient Search fields, search for Carl Bowden’s patient record. Once you locate him in the List of Patients, confirm his date of birth.
10. Select the radio button for Carl Bowden and click the Select button. Confirm the auto-populated details.
11. Scroll down to view the Forms section of the Patient Dashboard.
12. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.
13. Click the Coding & Billing tab.
14. Select Ledger from the left Info Panel.
15. Search for Carl Bowden using the Patient Search fields.
16. Select the radio button for Carl Bowden and click the Select button.
17. Confirm the auto-populated details in the header.
18. Document the current date in the Transaction Date column using the calendar picker.
19. Document the date of service in the DOS column using the calendar picker.
20. Select the correct provider using the dropdown in the Provider field.
21. Place your cursor in the Service column text field to access the encoder.
22. Enter “report preparation” in the Search field and select CPT Tabular from the dropdown menu.
23. Click the Search button.
24. Click the link in the Search Results pane to show all 11 results and click the 99080 code to expand this code and confirm that it is the most specific code available.
25. Click the code 99080 that appears in the tree. This code will auto-populate in the ledger.
26. Document “50.00” in the Charges column.
27. Document “50.00” in the Payment column. The balance will auto-populate in the Balance column.
28. Click the Save button.

**Quiz Questions**

1. True or false? ICD is the medical classification system used to identify diseases and injuries.
   **Answer:** True
   **Rationale:** The standard classification system for the reporting of diagnosis codes is ICD.
   **Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

2. True or false? CPT is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians.
   **Answer:** True
   **Rationale:** The CPT manual contains codes for procedures and services performed by physicians.
   **Competency:** Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1

3. Electronic claim rejections might occur due to:
   - incorrect date of service.
   - incorrect procedure codes.
   - incorrect diagnostic codes.
   - incorrect date of service, incorrect procedure codes, and/or incorrect diagnosis codes.
   **Answer:** incorrect date of service, incorrect procedure codes, and/or incorrect diagnosis codes.
   **Rationale:** A claim could be rejected by an insurance carrier for many reasons, including incorrect date of service, incorrect procedure codes, and incorrect diagnostic codes. When a claim is rejected due to incorrect information, it slows down the reimbursement for that claim.
   **Competency:** Utilize computerized office billing systems, ABHES 7-b/8-c, CAAHEP VI.P-2i

4. True or false? By making sure you have followed the patient’s release of information form completely and only released the information stated, you have acted as the patient’s advocate.
   **Answer:** True
   **Rationale:** By acting in the patient’s best interest, you have acted as their advocate.
   **Competency:** Recognize the role of patient advocacy in the practice of medical assisting, ABHES 5-c, CAAHEP IV.C-14
Submit Claim for Robert Caudill

Objectives
- Search for a patient record.
- Review a superbill.
- Review a patient ledger.
- Complete a claim.

Overview
Robert Caudill (DOB 10/31/1940) has been vomiting for two days and states that the nausea started within 48 hours after taking the first dose of Aricept 10 mg by mouth. He was previously prescribed Aricept, a cholinesterase inhibitor, in order to slow the progression of Robert Caudill’s Alzheimer’s disease. After assessing Robert Caudill, Dr. Walden identified Aricept as the most likely reason for the nausea and vomiting and discontinues the medication. Dr. Walden assesses the patient and performs a problem-focused history and exam with straightforward decision-making. Complete the claim for Robert Caudill’s encounter.

Competencies
- Complete insurance claim forms, ABHES 8-c, CAAHEP VII.P-3
- Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 25 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Claim from the left Info Panel and perform a patient search to locate the claim for Robert Caudill.
2. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim: Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture, and Submission. Certain patient demographic and encounter information is auto-populated in the claim.
3. Within the Patient Info tab, review the auto-populated information and document any additional information needed. Click the Save button.
4. Click the Provider Info tab.
5. Review the auto-populated information and document any additional information needed. Click the Save button.
6. Click the Payer Info tab.
7. Review the auto-populated information and document any additional information needed. Click the Save button.
8. Click the Encounter Notes tab.
9. Review the auto-populated information and document any additional information needed. Click the Save button.
10. Select the Yes radio button to indicate that the HIPAA form is on file for Robert Caudill and document the current date in the Date field.
11. Document any additional information needed and click the Save button.
12. Click the Claim Info tab.
13. Review the auto-populated information and document any additional information needed. Click the Save button.
14. Click the Charge Capture tab.
15. Document the encounter date in the DOS From and DOS To columns.
16. Place your cursor in the CPT/HCPCS column text field to access the encoder.
17. Enter “Office visit” in the Search field and select CPT Tabular from the dropdown menu.
18. Click the Search button.
19. Click the link in the Search Results pane to show all 13 results and click the 99212 code to expand this code and confirm that it is the most specific code available.
20. Click the code 99212 for “Office or other outpatient visit” that appears in the tree. This code will aut populate in the Claim.
22. Document “1” in the DX column.
23. Document “1” in the Units column.
24. Document “32.00” in the Charge column.
25. Document any additional information needed and click the Save button.
26. Click on the Submission tab. Click in the I am ready to submit the claim box. Click on the Yes radio button to indicate that there a signature on file and enter today’s date in the Date field.
27. Click the Submit Claim button.

Quiz Questions
1. True or false? E diagnostic codes are used to allow the classification of conditions as the cause of injury, poisoning and other adverse effects. These codes should be used in addition to a code from one of the main chapters of the ICD manual.

Answer: True
Rationale: E diagnostic codes are used to allow the classification of conditions as the cause of injury, poisoning and other adverse effects. These codes should be used in addition to a code from one of the main chapters of the ICD manual.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

2. The Centers for Medicare and Medicaid Services (CMS) designates ________ as the diagnostic coding system physicians must use when billing for services.
   - ICD
   - CPT
   - CAD
   - HPT

Answer: ICD
Rationale: Volumes 1 and 2 of (International Classification of Diseases) are used to identify diagnosis codes.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

3. True or false? The CMS 1500 form is the only paper form used for billing provider services or medical supplies.

Answer: True
Rationale: CMS 1500 is a standardized form for the submission of claims.
Competency: Complete insurance claim forms, ABHES 8-c, CAAHEP VII.P-3
Objectives
- Search for a patient record.
- Complete the superbill.
- Update the patient ledger.

Overview
Carl Bowden (DOB 04/05/1954) is at the Walden-Martin office for an ECG before his bunion removal next
week because the podiatrist requires a 12 lead ECG (pre-procedural examination) prior to the procedure. Dr.
Walden approves the ECG with interpretation and the medical assistant performs the procedure. Carl Bowden
pays a $25.00 copay. Document the ECG order and update the ledger.

Competencies
- Identify procedure for preparing patient accounts, CAAHEP VI.C-10
- Perform within scope of practice, ABHES 4-c, CAAHEP IX.P-2
- Comply with federal, state, and local health laws and regulations as they relate to healthcare settings,
  ABHES 4-f, CAAHEP IX.A-3
- Work with physician to achieve the maximum reimbursement, CAAHEP VIII.A-1
- Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 50 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Carl Bowden’s patient record. Once you locate his patient record
   in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Carl Bowden and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown. If
   the Create New Encounter window does not appear, select Add New and follow previous instructions.
6. Select Julie Walden, MD from the Provider dropdown menu.
7. Document “Carl Bowden requested a 12 lead ECG in preparation for a bunion removal next week.”
8. Click the Save button.
9. Select Order Entry from the Record dropdown menu.
10. Click the Add button below the In-Office grid to add an order.
11. In the Add Order window, select ECG from the Order dropdown menu.
14. Document any additional information provided and click the Save button. A confirmation message will
    appear and the In-Office table will display the new order.
15. After reviewing the encounter, select Patient Dashboard from the Info Panel.
16. Click the Superbill link below the patient header.
17. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated
    details.
18. On page one of the superbill, select the ICD-10 radio button.
19. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
20. Enter “Preprocedural examination” in the Search field and select ICD-10-CM from the dropdown menu.
21. Click the Search button.
22. Click the code Z01.810 to expand this code and confirm that it is the most specific code available.
23. Click the code Z01.810 for “Encounter for preprocedural cardiovascular examination” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
24. Click the View Fee Schedule link to determine the correct code and fee.
25. Document “1” in the Rank column for ECG, w/interpretation with the corresponding fee of “89.00” code of 93000.
26. Click the Next button to proceed to page four of the superbill.
27. On page four, document “25.00” in the Copay field.
28. Click the View Fee Schedule link to check charges.
29. Confirm that the total in the Today’s Charges field has populated correctly.
30. Document “64.00” in the Balance Due field.
31. Since Carl Bowden’s wife, Sandra, is the guarantor, document her name in the Insured’s Name field.
32. Select the Same Address as Patient checkbox.
33. Select the Spouse radio button in the Patient Relationship to Insured field.
34. Click the Save button.
35. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
36. Select the Yes radio button to indicate that the signature is on file.
37. Document the date in the Date field.
38. Click the Submit Superbill button. A confirmation message will appear.
39. Select the Ledger from the left Info Panel.
40. Search for Carl Bowden using the Patient Search fields.
41. Select the radio button for Carl Bowden and click the Select button.
42. Confirm the auto-populated details in the header.
43. Document the current date in the Transaction Date column using the calendar picker.
44. Document the date of service in the DOS column using the calendar picker.
45. Select the correct provider using the dropdown in the Provider field.

**Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in completing Coding & Billing tasks.
47. Document “89.00” in the Charges column.
48. Document “25.00” in the Payment column
49. Document “0.00” in the Adjustment column. The balance will auto-populate in the Balance column.
50. Click the Save button.

**Quiz Questions**

1. True or false? If a patient needs an ECG for pre-operative clearance, the medical assistant can perform the test without a physician order.
   **Answer:** False
   **Rationale:** A medical assistant may not perform any testing without a physician’s order.
   **Competency:** Perform within scope of practice, ABHES 4-c, CAAHEP IX.P-2

2. Which of the following patient communication requires documentation?
   - Communication that occurs during an office visit
   - Communication that occurs during a phone consultation
   - Communication that occurs in an effort to notify a patient of normal test results
   - Communication that occurs during an office visit, a phone consultation, and in an effort to notify a patient of normal test results must all be documented
Answer: Communication that occurs during an office visit, a phone consultation, and in an effort to notify a patient of normal test results must all be documented

Rationale: All patient communication that occurs in the medical office requires corresponding documentation.

Competency: Perform within scope of practice, ABHES 4-c, CAAHEP IX.P-2

3. In order to properly prepare the patient for an ECG procedure, the medical assistant should:
   - obtain consent prior to performing the procedure.
   - ask the patient to remove all clothing from the waist up and give him or her a gown.
   - place the patient in the Sims position.
   - obtain consent prior to performing the procedure, ask the patient to remove all clothing from the waist up, and give the patient a gown.

Answer: obtain consent prior to performing the procedure, ask the patient to remove all clothing from the waist up, and give the patient a gown.

Rationale: The patient should be placed in the supine position, not the Sims position.

Competency: Perform within scope of practice, ABHES 4-c, CAAHEP IX.P-2

4. Placing return phone calls for patient messages should be performed:
   - within the same week.
   - within the hour.
   - whenever the medical assistant gets around to it.
   - on the same day as the message was received.

Answer: on the same day as the message was received.

Rationale: The best practice is to return a patient message on the same day the medical office received the message.

Competency: Perform within scope of practice, ABHES 4-c, CAAHEP IX.P-2

5. Patient ledgers are updated from the:
   - CMS 1500 claim.
   - day sheet.
   - superbill.
   - health history.

Answer: superbill.

Rationale: The medical assistant will use the superbill from the office visit to update and post charges to the patient ledger.

Competency: Identify procedure for preparing patient accounts, CAAHEP VI.C-10

6. If the medical assistant has a question about the office visit superbill, he or she should:
   - check the progress note for clinical details.
   - confirm the visit details with the physician.
   - code the visit as completely as possible with the information provided.
   - check the progress note for clinical details and confirm the visit details with the physician.

Answer: check the progress note for clinical details and confirm the visit details with the physician.

Rationale: If the medical assistant has a question about the superbill while preparing a claim, he or she should review the progress note or ask the physician for additional clarification.

Competency: Work with physician to achieve the maximum reimbursement, CAAHEP VIII.A-1

7. Which of the following scenarios should be documented as an unbilled visit?
   - The billing documentation is inadequate.
   - The physician is not present during procedure.
• The patient left without being seen.
• The billing documentation is inadequate, the physician is not present during the procedure, and/or the patient left without being seen.

**Answer:** The billing documentation is inadequate, the physician is not present during the procedure, and/or the patient left without being seen.

**Rationale:** Unbilled visits include scenarios such as inadequate documentation, the physician not being present during the procedure, and/or a patient leaving without being seen.

**Competency:** Comply with federal, state, and local health laws and regulations as they relate to healthcare settings, ABHES 4-f, CAAHEP IX.A-3

8. The correct diagnostic code for Carl Bowden’s office visit is ______.
   • Z01.810
   • Z00.00
   • Z10.810
   • Z32.00

**Answer:** Z01.810

**Rationale:** The correct diagnostic code for a pre-procedural cardiovascular examination is Z01.810

**Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VII.P-2
73. Complete Superbill, Ledger, and Claim for Anna Richardson

Objectives
• Search for a patient record
• Complete a superbill.
• Update a patient ledger.
• Complete a claim.

Overview
Anna Richardson (DOB 02/14/1978) delivered her baby two-and-a-half months ago. She had a vaginal delivery with post-partum hemorrhage. She had been feeling fine until last week when she started feeling very tired. She was seen by Dr. Martin for a problem-focused office visit on 08/09 with a CBC with differential. She paid her $25.00 copayment. Dr. Martin’s diagnosis is iron deficiency anemia secondary to blood loss.

Competencies
• Describe how to use the most current procedural coding system, CAAHEP VIII.C-1
• Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c

Estimated completion time: 45 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search field, search for Anna Richardson’s patient record.
3. Select the radio button for Anna Richardson and click the select button.
   Helpful Hint: Confirming patient demographics helps to ensure you have located the correct patient record.
5. After reviewing the encounter, click the superbill link below the Patient Header.
6. Select the encounter from the Encounters Not Coded table and confirm the auto-populated details.
7. On page one of the Superbill, select the ICD-10 radio button.
8. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
9. Enter “Iron deficiency anemia” in the Search field and select ICD-10-CM from the dropdown menu.
10. Click the Search button.
11. Click the code D50.9 to expand this code and confirm that it is the most specific code available.
12. Click the code D50.9 for “Iron deficiency anemia, unspecified” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
13. Click the View Fee Schedule link to check charges.
14. Document “1” in the Rank column for an EP Problem focused OV with the corresponding fee of “32.00” and code of “99212”.
15. Click the Save button.
16. Click the Next button to proceed to page three of the superbill.
17. Document “2” in the Rank column for CBC, w/ auto differential with the corresponding fee of “35.00” and code of “85025”.
18. Click the Save button and then click Next to move to page four of the superbill.
19. On page four, document “25.00” in the Copay field.
20. Confirm that the total in the Today’s Charges field has populated correctly.
21. Document “52.00” in the Balance Due field.
22. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Anna Richardson is the insured patient for the visit.
23. Select the Self radio button in the Patient Relationship to Insured field.
25. Select the No radio button to indicate that there is no other health benefit plan.
26. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
27. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
28. Select the Yes radio button to indicate that the signature is on file.
29. Document the date in the Date field.
30. Click the Submit Superbill button. A confirmation message will appear.
31. Select the Ledger from the left Info Panel.
32. Search for Anna Richardson using the Patient Search fields.
33. Select the radio button for Anna Richardson and click the Select button.
34. Confirm the auto-populated details in the header.
35. Document the current date in the Transaction Date column using the calendar picker.
36. Document the date of service in the DOS column using the calendar picker.
37. Select the correct provider using the dropdown in the Provider field.
38. Click the View Fee Schedule link in the top right corner to determine the correct code and fee. **Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in completing coding & billing tasks.
40. Document “32.00” in the Charges column.
41. Document “25.00” in the Payment column.
42. Click Add Row.
43. Document the current date in the Date column using the calendar picker.
44. Document “Anna Richardson” in the Patient column.
46. Document “10.00” in the Charges column.
47. Click Add Row.
48. Document the current date in the Date column using the calendar picker.
49. Document “Anna Richardson” in the Patient column.
51. Document “35.00” in the Charges column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total Ledger Balance field below the table.
52. Click Claim from the left Info Panel and perform a patient search to locate Anna Richardson.
53. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim: Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture, and Submission. Certain patient demographic and encounter information is auto-populated in the claim.
54. Within the Patient Info tab, review the auto-populated information and document any additional information needed. Click the Save button.
55. Click the Provider Info tab.
56. Review the auto-populated information and document any additional information needed. Click the Save button.
57. Click the Payer Info tab.
58. Review the auto-populated information and document any additional information needed. Click the Save button.
59. Click the Encounter Notes tab.
60. Review the auto-populated information and document any additional information needed. Click the Save button.
61. Select the Yes radio button to indicate that the HIPAA form is on file for Anna Richardson and document the current date in the Dated field.
62. Document any additional information needed and click the Save button.
63. Click the Claim Info tab.
64. Review the auto-populated information and document any additional information needed. Click the Save button.
65. Click the Charge Capture tab.
66. Document the encounter date in the DOS From and DOS To columns.
68. Document “11” in the POS column.
69. Document “1” in the DX column.
70. Document “1” in the Units column.
71. Document “32.00” in the Charge column.
72. Document “25.00” in the Amount Paid field.
73. In the next row, document the Encounter date of service in the DOS From and DOS To columns. Document “36415” in the CPT/HCPCS column.
74. Document “11” in the POS column.
75. Document “1” in the DX column.
76. Document “1” in the Units column.
77. Document “10.00” in the Charge column.
78. In the next row, document the Encounter date of service in the DOS From and DOS To columns.
81. Document “1” in the DX column.
82. Document “1” in the Units column.
83. Document “35.00” in the Charge column.
84. Click the Submission tab. Click in the I am ready to submit the claim box. Click on the Yes radio button to indicate that there a signature on file and enter today’s date in the Date field.
85. Click the Save button. Click the Submit Claim button.

**Quiz Questions**

1. True or false? Payments are accepted via mail but not over the phone.
   **Answer:** False
   **Rationale:** Payments are accepted via mail and over the phone in order to ensure prompt and convenient payments.
   **Competency:** Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c

2. A clinic might not send a refund to a patient immediately because:
   - the credit maybe retained and applied toward those future visits if the patient has frequent appointments.
   - it might be medical office policy to hold a credit balance for 30-60 days to ensure that all charges the patient is responsible for have cleared.
   - the insurance carrier might receive the refund.
   - the credit maybe retained and applied toward those future visits if the patient has frequent appointments, it might be medical office policy to hold a credit balance for 30-60 days to ensure that all charges the patient is responsible for have cleared, or the insurance carrier might receive the refund.
   **Answer:** the credit maybe retained and applied toward those future visits if the patient has frequent appointments, it might be medical office policy to hold a credit balance for 30-60 days to ensure that all charges the patient is responsible for have cleared, or the insurance carrier might receive the refund.
   **Rationale:** A medical office might not send out a credit refund as soon as it is discovered for many different reasons. If the medical assistant is unsure about how to address a refund, the money should remain on the account until he or she can accurately determine how to handle the credit.
Competency: Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c

3. True or false? When accepting a credit card for payment, the medical assistant should verify the name and the expiration date on the credit card.
   Answer: True
   Rationale: Credit card payments should only be accepted from the person whose name is on the card. The expiration date is also necessary to process the payment.

Competency: Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c

4. To locate the E&M visit code for a patient who is being seen for a follow-up after a normal vaginal delivery with post-partum hemorrhage, the medical assistant should use the index to locate which main term?
   - hemorrhage complications
   - post-operative follow-up visit
   - post-partum
   - normal vaginal delivery
   Answer: post-operative follow-up visit
   Rationale: The service code for this type of visit is indexed as “follow-up visit” CPT: 99024.
   Competency: Describe how to use the most current procedural coding system, CAAHEP VIII.C-1
74. Post Payment to Ledger and Submit Claim for Al Neviaser

Objectives
• Search for a patient record.
• Update a patient ledger.
• Review a superbill for accuracy.
• Complete a claim.

Overview
Dr. Martin ordered a flu shot during Al Neviaser’s (DOB 06/21/1968) appointment. Use the coded superbill to update Al Neviaser’s ledger and claim.

Competencies
• Complete insurance claim forms, ABHES 8-c, CAAHEP VII.P-3
• Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-10
• Perform billing procedures, ABHES 8-b, CAAHEP VI.P-2b
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 35 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Search for Al Neviaser using the Patient Search fields.
3. Select the radio button for Al Neviaser and click the Select button.
4. Confirm the auto-populated details in the header.
5. Document the current date in the Transaction Date column using the calendar picker.
6. Document the date of service in the DOS column using the calendar picker.
7. Select the correct provider using the dropdown in the Provider field.
9. Document “105.00” in the Charges column.
10. Document “25.00” in the Payment column.
11. Document “0.00” in the Adjustment column. The balance will auto-populate in the Balance column.
12. Click the Add Row button.
15. Click the Add Row button.
17. Document “10.00” in the Charges column. The balance will auto-populate in the Balance column.
18. Click the Save button.
19. Select Claim from the left Info Panel and perform a patient search to locate the claim for Al Neviaser.
20. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim: Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture, and Submission. Certain patient demographic and encounter information is auto-populated in the claim.
21. Within the Patient Info tab, review the auto-populated information and document any additional information needed. Click the Save button.
22. Click the Provider Info tab.
23. Review the auto-populated information and document any additional information needed. Click the Save button.
24. Click the Payer Info tab.
25. Review the auto-populated information and document any additional information needed. Click the Save button.
26. Click the Encounter Notes tab.
27. Review the auto-populated information and document any additional information needed. Click the Save button.
28. Select the Yes radio button to indicate that the HIPAA form is on file for Al Neviaser and document the current date in the Dated field.
29. Document any additional information needed and click the Save button.
30. Click the Claim Info tab.
31. Review the auto-populated information and document any additional information needed. Click the Save button.
32. Click the Charge Capture tab.
33. Document the encounter date in the DOS From and DOS To columns.
34. Document “99396” in the CPT/HCPCS column.
36. Document “1” in the DX column.
37. Document “1” in the Units column.
38. Document “105.00” in the Charge column.
39. Click the Add Row button.
41. Document “11” in the POS column.
42. Document “1” in DX column.
43. Document “1” in Units column.
44. Document “24.00” in the Charge column.
45. Click Add Row.
47. Document “11” in the POS column.
49. Document “1” in the Units column.
50. Document “10.00” in the Charge column.
51. Document any additional information needed and click the Save button.
52. Click the Submission tab. Click in the I am ready to submit the claim box. Click the Yes radio button to indicate that there a signature on file and enter today’s date in the Date field.
53. Click the Save button. Click on the Submit Claim button.

**Quiz Questions**

1. **Effective October 2015, the diagnosis code for the flu shot will be provided by the:**
   - ICD-9 CM manual.
   - ICD-10 CM manual.
   - ICD-10 PCS.
   - CPT manual.
   **Answer:** ICD-10 CM manual.
   **Rationale:** Effective no later than October 2014, diagnosis codes will be obtained from ICD-10 CM manual.
   **Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

2. **True or false? Each procedure is listed separately on a claim.**
   **Answer:** True
   **Rationale:** Each procedure with its corresponding charge is itemized on a claim.
   **Competency:** Complete insurance claim forms ABHES 8-c, CAAHEP VII.P-3
3. How many procedures should be coded on the superbill for this visit?
   - one
   - two
   - three
   - four

**Answer:** three

**Rationale:** The three procedures that should be coded for Al Neviaser’s visit are the office visit, the influenza product, and the administration of the injection.

**Competency:** Perform billing procedures, ABHES 8-b, CAAHEP VI.P-2b

4. A(n) _______ is a list of all the charges for all of the procedures performed in an office:
   - charge slip
   - progress note
   - EOB
   - fee schedule

**Answer:** fee schedule

**Rationale:** The fee schedule is a list of procedures and corresponding charges for services provided by an office.

**Competency:** Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-10
75. Update Ledger and Prepare Patient Statement for Charles Johnson

Objectives

• Search for a patient record.
• Post an insurance payment.
• Post a patient payment.
• Prepare a patient statement.

Overview

Charles Johnson (DOB 03/03/1958) received notification from his insurance that they would not be paying for his HbA1C so he sent payment of the $32.00 to the Walden-Martin office. In the meantime, the insurance claim had been resubmitted and a reimbursement of $22.00 was issued. Post both payments to Charles Johnson’s ledger and prepare a patient statement to send to Charles Johnson.

Competencies

• Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients, CAAHEP VI.A-1
• Discuss types of adjustments that may be made to a patient's account, CAAHEP VI.C-13
• Process a credit balance, ABHES 8-b.3, CAAHEP VI.P-2e
• Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

Estimated completion time: 25 minutes

Measurable Steps

1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Search for Charles Johnson using the Patient Search fields.
3. Select the radio button for Charles Johnson and click the Select button.
4. Confirm the auto-populated details in the header.
5. Document the current date in the Transaction Date column using the calendar picker.
6. Document the date of service in the DOS column using the calendar picker.
7. Select the correct provider using the dropdown in the Provider field.
9. Document “0.00” in the Charges column.
10. Document “32.00” in the Payment column.
11. Click the Add Row button.
12. Document the current date in the Transaction Date column using the calendar picker.
13. Document the date of service in the DOS column using the calendar picker.
14. Select the correct provider using the dropdown in the Provider field.
17. Click the Add Row button.
18. Document the current date in the Transaction Date column using the calendar picker.
19. Document the date of service in the DOS column using the calendar picker.
20. Select the correct provider using the dropdown in the Provider field.
22. Document “0.00” in the Charges column.
23. Document “22.00” in the Adjustment column. The balance will auto-populate in the Balance column.
24. Click the Save button.
25. Click on the Form Repository icon.
26. Select Patient Statement from the Patient Forms section of the left Info Panel.
27. Click the Patient Search button to perform a patient search and assign the form to Charles Johnson.
   **Helpful Hint:** Performing a patient search before completing a form helps to ensure accurate documentation.
28. Confirm the auto-populated details.
29. Document today’s date in the Date of Service field.
31. Document “32.00” in the Amount field.
32. Document “0.00” in the Patient’s Responsibility field.
33. In the second row document today’s date in the Date of Service field.
34. Document “INSPYMT” in the Description field.
35. Document “22.00” in the Amount field.
36. Document “0.00” in the Patient’s Responsibility field.
37. Click the Add Row button.
38. Document today’s date in the Date of Service field.
39. Document “Pt Refund” in the Description field.
40. Document “22.00” in the Amount field.
41. Document “0.00” in the Patient’s Responsibility field.
42. Document “0.00” in the Total Amount Due field.
43. Click the Add Row button.
44. Using the Patient Search fields, search for Charles Johnson’s patient record. Once you locate him in the List of Patients, confirm his date of birth.
45. Select the radio button for Charles Johnson and click the Select button. Confirm the auto-populated details.
46. Scroll down to view the Forms section of the Patient Dashboard.
47. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.

**Quiz Questions**

1. True or false? Credit balances will appear on the ledger as a positive balance.
   **Answer:** True
   **Rationale:** Credit balances will appear as positive amounts and are refunded to the patient.
   **Competency:** Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

2. True or false? Third party payments to the medical office are submitted via electronic funds transfer.
   **Answer:** True
   **Rationale:** Most payments from third party payers are submitted electronically. This process is called EFT.
   **Competency:** Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

3. A ______ adds an amount to an account balance.
   - credit
   - debit
   - fee
   - waiver
   **Answer:** debit
   **Rationale:** Credit is an accounting term that a medical assistant should be familiar with. When a payment is posted to an account this is a credit.
   **Competency:** Discuss types of adjustments that may be made to a patient’s account, CAAHEP VI.C-13

4. A ______ deducts an amount from an account balance.
   - debit
   - fee
• waiver
• credit

**Answer:** credit

**Rationale:** Credit is an accounting term that a medical assistant should be familiar with. When a charge for a service is posted to an account, this is a debit.

**Competency:** Discuss types of adjustments that may be made to a patient’s account, CAAHEP VI.C-13

5. True or false? When an insurance carrier overpays for services, the medical assistant must issue a refund check to the insurance carrier.

**Answer:** False

**Rationale:** The insurance carrier may withhold the overpayment from the next check that is issued to the medical office.

**Competency:** Process credit balances, ABHES 8-b.3, CAAHEP VI.P-2e

6. When speaking with a patient on the phone, the medical assistant should ensure that his or her conversation is not overheard by other patients in order to maintain:

• vocal chords.
• proper documentation.
• confidentiality.
• gossip.

**Answer:** confidentiality

**Rationale:** Even when speaking on the phone, the medical assistant must protect patient confidentiality.

**Competency:** Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients, CAAHEP VI.A-1
Objectives
• Search for a patient record.
• Update a patient ledger.
• Update the day sheet.

Overview
Walter Biller (DOB 01/04/1970) stopped by the medical office to have Dr. Martin complete a section of his life insurance application form and mail it back to him. The medical assistant informs Walter Biller that there is a $15.00 fee for report preparation and Walter Biller pays the fee with a check (#3324). Document this payment in Walter Biller’s ledger and on the day sheet.

Competencies
• Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
• Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6
• Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 20 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Search for Walter Biller using the Patient Search fields.
3. Select the radio button for Walter Biller and click the Select button.
4. Confirm the auto-populated details in the header.
5. Document the current date in the Transaction Date column using the calendar picker.
6. Document the date of service in the DOS column using the calendar picker.
7. Select the correct provider using the dropdown in the Provider field.
8. Place your cursor in the Service column text field to access the encoder.
9. Enter “report preparation” in the Search field and select CPT Tabular from the dropdown menu.
10. Click the Search button.
11. Click the link in the Search Results pane to show all 11 results and click the 99080 code to expand this code and confirm that it is the most specific code available.
12. Click the 99080 code for “report preparation” that appears in the tree. This code will auto-populate in the ledger.
13. Document “15.00” in the Charges column.
15. Document “0.00” in the Adjustment column. The balance will auto-populate in the Balance column.
16. Click the Save button.
17. Select Day Sheet from the left Info Panel.
18. Document the current date in the Transaction Date column using the calendar picker.
19. Document the date of service in the DOS column using the calendar picker.
20. Select the correct provider using the dropdown in the Provider field.
22. Document “15.00” in the Charges column.
23. Document “15.00” in the Payment column.
24. Click the Save button.
Quiz Questions

1. Insurance carriers would probably not cover which of the following services?
   - Blood work
   - Immunizations not yet approved by the FDA
   - Office visits
   - X-rays

   **Answer:** Immunizations not yet approved by the FDA
   **Rationale:** Insurance carriers might not cover medical treatment that the FDA considers experimental.
   **Competency:** Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

2. Which of the following statements regarding patient ledgers is true?
   - Each patient has his or her own patient ledger.
   - Only charges are maintained on a patient ledger.
   - Only payments are maintained on a patient ledger.
   - Insurance payments and adjustments are documented on a patient ledger.

   **Answer:** Insurance payments and adjustments are documented on a patient ledger.
   **Rationale:** The patient ledger will be established by the guarantor and act as the source document for charges, payments and adjustments.
   **Competency:** Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

3. True or false? The medical assistant can access the fee schedule directly from the superbill and patient ledger.

   **Answer:** True
   **Rationale:** In SimChart for the Medical Office, the fee schedule link is displayed in the top right corner of the superbill and patient ledger for quick reference.
   **Competency:** Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

4. True or false? Some administrative fees such as form completion will not be negotiated on a fee schedule.

   **Answer:** True
   **Rationale:** Administrative fees are determined by the medical office staff and not negotiated with third party carriers.
   **Competency:** Use office hardware and software to maintain office systems, ABHES 8-a/8-e, CAAHEP V.P-6

5. True or False? You do not use a diagnosis code when posting an administrative fee for filling out a life insurance form.

   **Answer:** True
   **Rationale:** Administrative fees such as fees for filling out insurance forms are posted on the ledger but no diagnosis code is applied to the super bill.
   **Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
77. Complete Superbill, Post Payment to Ledger, and Update Day Sheet for Norma Washington

Objectives

- Search for a patient record.
- Complete a superbill.
- Update a patient ledger.
- Update the day sheet.

Overview

Norma Washington (DOB 08/01/1944) has degenerative joint disease in her right knee and had blood drawn for a sedimentation rate during an expanded problem-focused office visit with Dr. Walden. Norma Washington made her $25 copay while she was in the office. Complete the superbill, update the patient ledger, and update the day sheet.

Competencies

- Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
- Discuss procedures for collecting outstanding accounts, CAAHEP VI.C-11
- Explain both billing and payment options, CAAHEP VI.C-9
- Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i
- Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
- Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 30 minutes

Measurable Steps

1. Click on the Find Patient icon.
3. Select the radio button for Norma Washington and click the select button.

Helpful Hint: Confirming patient demographics helps to ensure you have located the correct patient record.

5. Create a new encounter by clicking Office Visit in the left Info Panel.
6. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
7. Select Chief Complaint from the dropdown menu.
8. Enter "Follow up on DJD, right knee" in the Chief Complaint box.
9. Click the Save button.
10. Click the Superbill link below the Patient Header.
11. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
12. On page one of the superbill, select the ICD-10 radio button.
13. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
14. Enter “Degenerative Joint Disease” in the Search field and select ICD-10-CM from the dropdown menu.
15. Click the Search button.
16. Click Osteoarthritis and then M17.9 to expand this code and confirm that it is the most specific code available.
17. Click the code M17.11 for “Unilateral primary osteoarthritis, right knee” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
18. Document “1” in the Rank column for expanded problem-focused office visit with the corresponding fee of 43.00 and CPT code 99213.
19. Click the Save button.
20. Click the Next button to proceed to page three of the superbill.
21. Document “2” in the Rank column for Venipuncture with the corresponding fee of 10.00 and CPT code 36415.
22. Document “3” in the Rank column for Sedimentation rate with the corresponding fee of 16.00 and CPT code 85652.
23. Click the Save button.
24. Click the Next button to proceed to page four of the superbill.
25. On page four, document “25.00” in the Copay field.
26. Confirm that the total in the Today’s Charges field has populated correctly.
27. Document “44.00” in the Balance Due field.
28. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Norma Washington is the insured patient for the visit.
29. Select the Self radio button in the Patient Relationship to Insured field.
30. Select the Single radio button in the Patient Status field.
31. Select the No radio button to indicate that there are no other health benefits.
32. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
33. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
34. Select the Yes radio button to indicate that the signature is on file.
35. Document the date in the Date field.
36. Click the Submit Superbill button. A confirmation message will appear.
37. Select Ledger from the left Info Panel.
38. Search for Norma Washington using the Patient Search fields.
39. Select the radio button for Norma Washington and click the Select button.
40. Confirm the auto-populated details in the header.
41. Document the current date in the Transaction Date column using the calendar picker.
42. Document the date of service in the DOS column using the calendar picker.
43. Select the correct provider using the dropdown in the Provider field.
44. Document “99213” in the Service column.
45. Document “43.00” in the Charges column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total field below the table.
46. Click the Add Row button.
47. Document the current date in the Transaction Date column using the calendar picker.
48. Document the date of service in the DOS column using the calendar picker.
49. Select the correct provider using the dropdown in the Provider field.
50. Document “36415” in the Service column and “10.00” in the Charges column. The balance will auto-populate in the Balance column.
51. Click the Add Row button.
52. Document the current date in the Transaction Date column using the calendar picker.
53. Document the date of service in the DOS column using the calendar picker.
54. Select the correct provider using the dropdown in the Provider field.
56. Document “16.00” in the Charges column. The balance will auto-populate in the Balance column.
57. Click the Save button.
58. Select Day Sheet from the left Info Panel.
59. Document the current date in the Date column using the calendar picker.
61. Select the correct provider in the Provider column.
63. Document “43.00” in the Charges column.
64. Document “30.00” in the Payment column.
65. Document “0.00” in the Adjustment column.
67. Document “0.00” in the Old Balance column.
68. Click Add Row button.
70. Document “10.00” in the Charges column.
71. Document “0.00” in the Payment column.
72. Document “0.00” in the Adjustment column.
73. Document “23.00” in the New Balance column.
74. Document “13.00” in the Old Balance column.
75. Click Add Row button.
76. Document “85652” in the Service column.
77. Document “16.00” in the Charges column.
78. Document “0.00” in the Payment column.
79. Document “0.00” in the Adjustment column.
81. Document “23.00” in the Old Balance column.
82. Click the Save button.

**Quiz Questions**

1. **True or false? The patient should be given a receipt for payments on account even if the account is not paid in full.**
   **Answer:** True
   **Rationale:** Receipts should be provided to the patient for every payment made.
   **Competency:** Discuss procedures for collecting outstanding accounts, CAAHEP VI.C-11

2. **Which method of payment is not accepted at the medical office?**
   - Check
   - Third party check
   - Cash
   - Credit card
   **Answer:** Third party check
   **Rationale:** Accepting third party checks from patients is not good practice.
   **Competency:** Explain both billing and payment options, CAAHEP VI.C-9

3. **True or false? A deductible is the amount of money due at the time of service for each office visit.**
   **Answer:** False
   **Rationale:** A copayment is the amount of money due at the time of service for a physician encounter.
   **Competency:** Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

4. **What should the medical assistant’s first step be if a patient fails to submit a payment by the due date?**
   - Send the patient’s account to a collection agency.
   - Revise the payment plan to extend the payment due date.
   - Call the patient to determine why the patient missed the payment.
   - Report the missed payment to the insurance company.
Answer: Call the patient to determine why the patient missed the payment.
Rationale: After a patient misses a scheduled payment, the medical assistant should first attempt to contact the patient to determine why the payment was missed.
Competency: Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

5. Patient payments are documented:
   • on the patient ledger.
   • on the day sheet.
   • on insurance tracers.
   • on the patient ledger and on the day sheet.
Answer: on the patient ledger and on the day sheet.
Rationale: Payments are first documented on the patient ledger and then added to the office day sheet.
Competency: Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2

6. True or False? M17 is the final ICD-10-CM diagnostic code for Norma Washington’s follow-up visit.
Answer: False
Rationale: M17.11 is the correct diagnostic code for Unilateral primary osteoarthritis, right knee. M17 is the broader code for Osteoarthritis of knee, unspecified.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

7. Which of the following is NOT a procedural code used in Norma’s visit?
   • 36415
   • 99213
   • 99202
   • 85652
Answer: 99202
Rationale: The code 99202 is used for new patients and would not be used for Norma Washington’s follow up visit regarding her degenerative joint disease.
Competency: Perform procedural coding, ABHS 8.c.3, CAAHEP VIII.P-1
78. Complete Superbill, Post Charges to Ledger, and Update Day Sheet for Robert Caudill

Objectives
- Search for a patient record.
- Complete a superbill.
- Update a patient ledger.
- Update the day sheet.

Overview
Jean Burke, NP saw Robert Caudill (DOB 10/31/1940) for a partial nail removal for an ingrowing nail that is billed at $115.00 and Robert Caudill made a $25 copay for these services. Complete a superbill, update the patient ledger, and update the day sheet.

Competencies
- Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6
- Discuss procedures for collecting outstanding accounts, CAAHEP VI.C-11
- Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c
- Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
- Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search field, search for Robert Caudill’s patient record.
3. Select the radio button for Robert Caudill and click the Select button.
5. Create a new encounter by clicking Office Visit in the left Info Panel.
6. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
7. Select Chief Complaint from the dropdown menu.
8. Insert "partial nail removal for an ingrowing nail" in the Chief Complaint box.
9. Click the Save button.
10. Within the Coding and Billing tab, select Superbill.
11. Search for Robert Caudill using the Patient Search fields.
12. Select the radio button for Robert Caudill and click the Select button.
13. Select the correct encounter.
14. On page one of the superbill, click the ICD-10 radio button.
15. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
16. Enter “Ingrowing nail” in the Search field and select ICD-10-CM from the dropdown menu.
17. Click the Search button.
18. Click the code L60.0 to expand this code and confirm that it is the most specific code available.
19. Click the code L60.0 for “Ingrowing nail” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
20. Click on Save and then click Next to move to page three of the superbill.
21. Document Rank “1” for Nail Removal Partial in Skin Procedures with the corresponding fee of 115.00 and CPT code of 11730.
22. Click on Save and then click Next to move to page four of the superbill.
23. On page four, document “25.00” in the Copayment field.
24. Confirm that the total in the Today’s Charges field has populated correctly.
25. Document “90.00” as Balance Due.
26. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Robert Caudill is the insured patient for the visit.
27. Select the Self radio button in the Patient Relationship to Insured field.
28. Select the Single radio button in the Patient Status field.
29. Select the No radio button to indicate that there are no other health benefits.
30. Select the No radio buttons to indicate that the patient’s condition is not related to an employment, auto, or another accident.
31. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
32. Select the Yes radio button to indicate that the signature is on file.
33. Document the date in the Date field.
34. Click the Submit Superbill button. A confirmation message will appear.
35. Within the Coding & Billing tab, select Ledger from the left Info Panel.
36. Search for Robert Caudill using the Patient Search fields.
37. Select the radio button for Robert Caudill and click the Select button.
38. Confirm the auto-populated details in the header.
39. Document the current date in the Transaction Date column using the calendar picker.
40. Document the date of service in the DOS column using the calendar picker.
41. Select the correct provider using the dropdown in the Provider field.
42. Document “11730” in the Service column.
43. Document “115.00” in the Charges column
44. Document “25.00” in the Payment column. The balance will auto-populate in the Balance column.
45. Click the Save button.
46. Select the Day Sheet from the left Info Panel.
47. Document the current date in the Date column using the calendar picker.
49. Select the correct provider using the dropdown in the Provider field.
51. Document “115.00” in the Charges column.
52. Document “25.00” in the Payment column.
53. Document “0.00” in the Adjustment column.
54. Document “90.00” in the New Balance column.
55. Document “0.00” in the Old Balance column.
56. Click the Save button.

**Quiz Questions**

1. True or false? If a patient makes a payment at the medical office, the medical assistant should record the payment immediately.
   **Answer:** True
   **Rationale:** When a patient receives services, the patient can make a copayment or pay in full if he or she has no insurance. If the patient has insurance, the insurance company will pay its portion of the charges after the medical assistant submits a claim for the services. Depending on the insurance, the medical assistant can then collect the balance of the bill from the patient or submit a claim to a secondary insurance policy.
   **Competency:** Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c

2. The outstanding balance of a patient account is:
   - accounts receivable.
   - accounts payable.
   - accounts due.
3. True or false? The agreed-upon payment plan for an account should be documented in the patient record and the medical assistant should make a copy for the patient.

Answer: True

Rationale: Proper documentation will ensure patient and staff understanding of outstanding account balance.

Competency: Discuss procedures for collecting outstanding accounts, CAAHEP VI.C-11

4. After discussing the account balance with the patient, the medical assistant establishes a payment plan of $125.00 per month. The total amount due is $1000.00. How long will it take to collect the outstanding balance?

- 6 months
- 7 months
- 8 months
- 9 months

Answer: 8 months

Rationale: Paying $125.00 per month for 8 months will pay off the $1000.00 account balance.

Competency: Discuss procedures for collecting outstanding accounts, CAAHEP VI.C-11

5. The diagnostic code for ingrowing nail is ________.

- Z30.0
- L60.0
- L70.10
- L61.1

Answer: L60.0

Rationale: The correct diagnostic code for ingrowing nail is L60.0.

Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VII.P-2

6. True or False? A procedure code is the reason a patient needs to be seen by the doctor.

Answer: False

Rationale: The procedure code is the code used to code procedures performed in the medical office and the actual medical office visit.

Competency: Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
79. Post Partial Payment to Ledger for Amma Patel

Objectives
• Search for a patient record.
• Update a patient ledger.

Overview
Amma Patel (DOB 01/14/1988) calls the medical office to inquire about her account balance. Her ledger reflects a balance of $204.00. Amma Patel pays $50.00 over the phone. Post the payment to the patient ledger using PTPYMTC as the service code and print a copy to send to Amma Patel.

Competencies
• Communicate in language the patient can understand regarding managed care and insurance plans, ABHES 8-f, CAAHEP VII.A-3
• Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients, CAAHEP VI.A-1
• Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6
• Explain how the Uniform Anatomical Gift Act impacts the medical assistant’s practice and give an example, CAAHEP IX.C-10e
• Identify how the Americans with Disabilities Act (ADA) applies to the medical assisting profession, CAAHEP IX.C-11
• Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2b
• Post adjustments, ABHES 8-b.2, CAAHEP VI.P-2d

Estimated completion time: 15 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Search for Amma Patel using the Patient Search fields.
3. Select the radio button for Amma Patel and click the Select button.
4. Confirm the auto-populated details in the header.
5. Document the current date in the Transaction Date column using the calendar picker.
6. Document the date of service in the DOS column using the calendar picker.
7. Select the correct provider using the dropdown in the Provider field.
9. Document “0.00” in the Charges column.
10. Document “50.00” in the Payment column.
11. Document “0.00” in the Adjustment column. Click the Save button.
12. Click the Print icon in the top right corner.

Quiz Questions
1. True or false? When accepting a credit card for payment, the medical assistant should verify the name and the expiration date on the credit card.
   Answer: True
   Rationale: Credit card payments should only be accepted from the person whose name is on the card. The expiration date is also necessary to process the payment.
   Competency: Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c
2. True or false? Payments are accepted via mail but not over the phone.
Answer: False
Rationale: Payments are accepted via mail and over the phone in order to ensure prompt and convenient payments.
Competency: Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c

3. A clinic might not send a refund to a patient immediately because:
   - the credit may be retained and applied toward those future visits if the patient has frequent appointments.
   - it might be medical office policy to hold a credit balance for 30-60 days to ensure that all charges the patient is responsible for have cleared.
   - the insurance carrier might receive the refund.
   - the credit may be retained and applied toward those future visits if the patient has frequent appointments, it might be medical office policy to hold a credit balance for 30-60 days to ensure that all charges the patient is responsible for have cleared, or the insurance carrier might receive the refund.
Answer: the credit may be retained and applied toward those future visits if the patient has frequent appointments, it might be medical office policy to hold a credit balance for 30-60 days to ensure that all charges the patient is responsible for have cleared, or the insurance carrier might receive the refund.
Rationale: A medical office might not send out a credit refund as soon as it is discovered for many different reasons. If the medical assistant is unsure about how to address a refund, the money should remain on the account until he or she can accurately determine how to handle the credit.
Competency: Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c

4. True or false? A patient’s outstanding balances are accounts payable.
Answer: False
Rationale: A patient’s outstanding balances are accounts receivable.
Competency: Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6

5. Which of the following is not a guideline for phone collections?
   - Call the patient in privacy
   - Call between 8am-8pm
   - Determine the identity of the person you are speaking to
   - Show hostility toward the patient for not paying
Answer: Show hostility toward the patient for not paying
Rationale: Do not show hostility. Upset patients are not in a hurry to pay outstanding debt.
Competency: Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients, CAAHEP VI.A-1

6. The practice of billing the patient for the difference between the physician’s charge and the health plan’s allowable charge is called:
   - signature on file.
   - credit balance.
   - balance billing.
   - deductible.
Answer: balance billing.
Rationale: Balance billing is prohibited by managed care plans.
Competency: Communicate in language the patient can understand regarding managed care and insurance plans, ABHES 8-f, CAAHEP VII.A-3
7. When a patient has a balance on their account, a ________ is prepared which will show any changes within
the last month.
   - patient statement
   - superbill
   - claim
   - day sheet
**Answer:** patient statement
**Rationale:** The medical assistant should prepare and send a patient statement to a patient after making any
updates to his or her account in order to ensure payment and inform the patient of his or her account balance.
**Competency:** Post adjustments, ABHES 8-b.2, CAAHEP VI.P-2d

8. Along with administrative, billing and clinical duties, the medical assistant is responsible for assisting the
physician in educating patients about The Anatomical Gift Act. This act focuses on:
   - cosmetic surgery.
   - organ donation.
   - providing gift to local community centers.
   - None of these options are correct.
**Answer:** organ donation.
**Rationale:** The Anatomical Gift Act is also known as organ donation. The MA should be knowledgeable about
this program to answer patient questions and educate the patients.
**Competency:** Explain how the Uniform Anatomical Gift Act impacts the medical assistant’s practice and give
an example, CAAHEP IX.C-10e

9. The Americans with Disabilities Act (ADA) requires public facilities to allow persons with disabilities to easily
and safely:
   - Reach door handles for opening and closing.
   - Enter and exit buildings.
   - Use drinking fountains, phones, and restrooms.
   - Reach door handles, enter and exit buildings, and use drinking fountains, phones, and restrooms.
**Answer:** Reach door handles, enter and exit buildings, and use drinking fountains, phones, and restrooms.
**Rationale:** The Americans with Disabilities Act (ADA) require publics facilities such as medical offices to be
equipped so that persons with disabilities can easily and safely reach door handles for opening and closing,
enter and exit buildings, use drinking fountains, phones, and restrooms, and move from floor to floor.
**Competency:** Identify how the Americans with Disabilities Act (ADA) applies to the medical assisting
profession, CAAHEP IX.C-11

10. If a medical office has steps leading up to the main entrance a _____ is usually installed to accommodate
    individuals who use a wheelchair.
    - lift
    - slide
    - separate path
    - ramp
**Answer:** ramp
**Rationale:** Medical offices are required to provide the means for individuals with a physical disability to enter
navigate within the building.
**Competency:** Identify how the Americans with Disabilities Act (ADA) applies to the medical assisting
profession, CAAHEP IX.C-11
11. True or false? The Americans with Disabilities Act (ADA) addresses discrimination against disabled persons as well as equal access to public facilities.
Answer: True
Rationale: The Americans with Disabilities Act (ADA) bans discrimination against disabled persons and mandates equal access to public facilities.
Competency: Identify how the Americans with Disabilities Act (ADA) applies to the medical assisting profession, CAAHEP IX.C-11

12. True or false? Medical offices are not required to follow the Americans with Disabilities Act (ADA) as medical offices are not a public facility.
Answer: False
Rationale: Medical offices provide services to the public so they are required to follow the regulations set forth in the Americans with Disabilities Act (ADA).
Competency: Identify how the Americans with Disabilities Act (ADA) applies to the medical assisting profession, CAAHEP IX.C-11
80. Post Payments to Ledger for Ella Rainwater

Objectives
• Search for a patient record.
• Post an insurance adjustment to the patient ledger.

Overview
The claim submitted for Ella Rainwater (DOB 07/11/1959) was for $133.00. Ella Rainwater paid a $25.00 copayment and the insurance reimbursement was $100.00. Post the insurance reimbursement to the patient ledger using INSPYMT as the service code.

Competencies
• Apply both managed care policies and procedures, CAAHEP VII.P-1
• Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
• Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
• Post adjustments, ABHES 8-b.2, CAAHEP VI.P-2d

Estimated completion time: 15 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Search for Ella Rainwater using the Patient Search fields.
3. Select the radio button for Ella Rainwater and click the Select button.
4. Confirm the auto-populated details in the header.
5. Document the current date in the Transaction Date column using the calendar picker.
6. Document the date of service in the DOS column using the calendar picker.
7. Select the correct provider using the dropdown in the Provider field.
9. Document “0.00” in the Charges column.
10. Document “100.00” in the Payment column.
12. Click the Save button.

Quiz Questions
1. The medical office is notified of payment for services by a(n)__________ when they receive a remittance advice.
   • patient
   • insurance company
   • school
   • employer
Answer: insurance company
Rationale: The third party payer notifies the medical office of reimbursement by using a remittance advice.
Competency: Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

2. A patient is responsible for paying the:
   • copayment.
   • deductible.
• coinsurance.
• copayment, deductible, and coinsurance.

**Answer:** copayment, deductible, and coinsurance.

**Rationale:** A patient is responsible for paying the copayment, deductible, and coinsurance associated with his or her encounter.

**Competency:** Apply both managed care policies and procedures, CAAHEP VII.P-1

3. True or false? Professional courtesy is an example of an adjustment.

**Answer:** True

**Rationale:** Professional courtesy is an example of a financial adjustment.

**Competency:** Post adjustments, ABHES 8-b.2, CAAHEP VI.P-2d

4. The CPT codes for office or other outpatient consultations are in what range of codes?

- 99201-99205
- 99211-99215
- 99241-99245
- 99251-99255

**Answer:** 99241-99245

**Rationale:** The CPT code range for Office or other Outpatient Consultations is 99241-99245.

**Competency:** Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
**Objectives**
- Search for a patient record.
- Post an insurance payment.
- Post a patient payment.

**Overview**
Casey Hernandez’s (DOB 10/08/2000) mother, Maria, paid a $25.00 copayment at the time of Casey’s comprehensive visit. Walden-Martin just received the $30.00 insurance payment for the service. Post the insurance payment (INSPYMT) to the Ledger.

**Competencies**
- Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
- Discuss developmental stages of life, ABHES 5-d
- Perform billing procedures, ABHES 8-b, CAAHEP VIII.P-1
- Post adjustments, ABHES 8-b.2
- Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

**Estimated completion time: 15 minutes**

**Measurable Steps**
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Search for Casey Hernandez using the Patient Search fields.
3. Select the radio button for Casey Hernandez and click the Select button.
4. Confirm the auto-populated details in the header.
5. Select the Add Row button.
6. Document the current date in the Transaction Date column using the calendar picker.
7. Document the date of service in the DOS column using the calendar picker.
8. Select the correct provider using the dropdown in the Provider field.
10. Document “0.00” in the Charges column.
11. Document “30.00” in the Payment column.
12. Document “0.00” in the Adjustment column. The balance of $20.00 will auto-populate in the Balance column.
13. Click the Save button.
14. Click the Print icon in the top right corner.

**Quiz Questions**
1. The difference between the approved reimbursement and what the physician is charging is called the:
   - copayment.
   - deductible.
   - adjustment.
   - credit.

   **Answer**: adjustment

   **Rationale**: An adjustment is the difference between the fee a physician charges for a service and the insurance reimbursement amount.

   **Competency**: Post adjustments, ABHES 8-b.2
2. True or false? The totals of most electronic accounts are auto-calculated.
Answer: True
Rationale: Most computerized bookkeeping systems are auto-calculated in order to decrease calculation errors.
Competency: Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

3. True or false? Payments are documented at the end of each week.
Answer: False
Rationale: The medical assistant should document payments made to the office every day.
Competency: Perform billing procedures, ABHES 8-b, CAAHEP VIII.P-1

4. True or false? Copayments are due either directly before or after an office visit, depending on office policy.
Answer: True
Rationale: A copayment is due either before or directly after an office visit. Each office will have its own collection policy.
Competency: Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

5. The medical assistant should interact with a patient of which developmental stage by addressing how a procedure may affect his or her appearance, encouraging him or her to see the physician without the parent present?
• Ages 1 to 3
• Ages 5 to 7
• Ages 8 to 11
• Ages 12 to 18
Answer: Ages 12 to 18
Rationale: Therapeutic approaches for adolescent patients include giving the patient ownership and decision making over their own health concerns. Speaking to the patient without his or her parent present helps to facilitate this approach.
Competency: Discuss developmental stages of life, ABHES 5-d

6. The medical assistant should interact with a patient of which developmental stage by keeping the parent in his or her line of vision, involving the parent as much as possible, and encouraging the parent to hug the patient after the procedure?
• Newborn to 12 months
• Ages 1 to 3
• Ages 5 to 7
• Ages 8 to 11
Answer: Newborn to 12 months
Rationale: Therapeutic approaches for infant patients include keeping the parent in his or her line of vision, involving the caregiver as much as possible, and encouraging the caregiver to hug the patient after the procedure.
Competency: Discuss developmental stages of life, ABHES 5-d

7. The medical assistant should interact with a patient of which developmental stage by praising him or her as much as possible, and allowing him or her to handle the medical equipment when appropriate.
• Ages 1 to 3
• Ages 2 to 6
• Ages 8 to 11
• Ages 12 to 18
Answer: Ages 2 to 6
Rationale: Therapeutic approaches for patients ages 2 to 6 include praising him or her as much as possible, and allowing him or her to handle the medical equipment when appropriate.
Competency: Discuss developmental stages of life, ABHES 5-d
82. Post Insurance Payment and Adjustment to Ledger for Casey Hernandez

Objectives
- Search for a patient record.
- Post an insurance adjustment to a ledger.
- Post an insurance payment to a ledger.

Overview
Casey Hernandez’s (DOB 10/08/2000) insurance company has agreed to pay $60.00 as payment for her spirometry procedure. Document an adjustment of $18.00 for the procedure. Post the insurance payment, using INSPYMT as the service code, and post the adjustment to the ledger.

Competencies
- Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
- Respond appropriately to patients with abnormal behavior patterns, ABHES 5-a
- Describe common periodic financial reports, CAAHEP IV.C-8
- Perform pulmonary function testing, ABHES 9-e, CAAHEP I.P-4
- Properly utilize PDR, drug handbook and other drug reference to identify a drug’s classification, usual dosage, usual side effects, and contraindications, ABHES 6-d

Estimated completion time: 20 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Search for Casey Hernandez using the Patient Search fields.
3. Select the radio button for Casey Hernandez and click the Select button.
4. Confirm the auto-populated details in the header.
5. Select the Add Row button.
6. Document the current date in the Transaction Date column using the calendar picker.
7. Document the date of service in the DOS column using the calendar picker.
8. Select the correct provider using the dropdown in the Provider field.
10. Document “0.00” in the Charges column.
11. Document “60.00” in the Payment column.
12. Document “-18.00” in the Adjustment column. The balance will auto-populate in the Balance column.
13. Click the Save button.
14. Click the Print icon in the top right corner.

Quiz Questions
1. True or false? The patient revenue report details reimbursements for specific services or procedures. One example of the use of this periodic service-related report is determining if it is cost effective for a medical office to continue ECG services.
   Answer: False
   Rationale: The service revenue report details reimbursements for specific services or procedures. Several types of financial reports are performed in a medical office and each report provides specific information about the office’s financial stability. This financial information can help medical assistants and physicians make decisions in that are in the best interest of the medical office and identify risky behaviors.
   Competency: Describe common periodic financial reports, CAAHEP IV.C-8
2. True or false? A departmental revenue report identifies payments brought in from a specific area of the medical office, such as the laboratory.
   Answer: True
   Rationale: Several types of financial reports are performed in a medical office and each report provides specific information about the office’s financial stability. This financial information can help medical assistants and physicians make decisions in that are in the best interest of the medical office and identify risky behaviors.
   Competency: Describe common periodic financial reports, CAAHEP IV.C-8

3. Match the following medications to the appropriate characteristic.
   1. Albuterol   a. inhaled rescue inhaler
   2. Singulair   b. available over the counter
   3. Claritinnasal c. spray corticosteroid
   4. Flonase     d. used to prevent asthma attacks and treat seasonal allergies
   Answer: 1-a, 2-d, 3-b, 4-c
   Rationale: Several medications are used to treat asthma and allergies, including oral, nasal, and inhaled medications. Each medication is used to treat different symptoms and has varies periods of onset.
   Competency: Properly utilize PDR, drug handbook and other drug reference to identify a drug’s classification, usual dosage, usual side effects, and contraindications, ABHES 6-d

4. True or false? Certain tests such as spirometry have a maximum service allotment per year.
   Answer: True
   Rationale: Certain procedures have maximum allotments per year and will not be paid if performed more frequently.
   Competency: Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2

5. In preparing for a spirometry, the medical assistant should tell the patient to:
   • not eat a heavy meal 8 hours prior to the procedure and wear nonrestrictive clothing.
   • stop smoking at least 8 hours prior to the procedure.
   • not take bronchodilators 4 hours prior to the procedure.
   • not eat a heavy meal or smoke 8 hours prior to the procedure, not take bronchodilators 4 hours prior to the procedure, and wear nonrestrictive clothing.
   Answer: not eat a heavy meal or smoke 8 hours prior to the procedure, not take bronchodilators 4 hours prior to the procedure, and wear nonrestrictive clothing.
   Rationale: Patient preparation is essential to obtain accurate results.
   Competency: Perform pulmonary function testing, ABHES 9-e, CAAHEP I.P-4

6. What demographics must be considered when evaluating spirometry test results?
   • Age
   • Sex
   • Height and weight
   • Age, sex, height, and weight
   Answer: Age, sex, height, and weight
   Rationale: The medical assistant must consider a patient’s age, sex, weight, and height when evaluating spirometry test results. Age, sex, height, and weight are used to calculate predicted values, which is what the results should be for a patient with healthy lungs. When the test is run, the physician compares the patient’s measured values with the predicted values.
   Competency: Perform pulmonary function testing, ABHES 9-e, CAAHEP I.P-4
7. When performing a spirometry test, the medical assistant should describe and demonstrate how to do the maneuver. Place the following steps in the correct order.
   a. Place the mouthpiece in your mouth, and seal your lips tightly around it.
   b. Relax and take the deepest breath possible until your lungs are completely filled with air.
   c. Remove the mouthpiece from your mouth.
   d. Blow out as hard as you can and for as long as possible until your lungs are completely empty.
   Answer: b, a, d, c
   Rationale: The patient’s lips must be tightly sealed around the mouthpiece so that all the air leaving the mouth enters the mouthpiece.
   Competency: Perform pulmonary function testing, ABHES 9-e, CAAHEP I.P-4

8. During the spirometry test, Casey is folding her arms and shaking her legs. This behavior might suggest:
   • Casey feels comfortable about the procedure.
   • the procedure is causing a lot of pain.
   • Casey is fearful and nervous.
   • the procedure is not effective.
   Answer: Casey is fearful and nervous.
   Rationale: Abnormal behavior such as shaking of the legs, lack of eye contact and folding arms, suggests that a patient is fearful and nervous.
   Competency: Respond appropriately to patients with abnormal behavior patterns, ABHES 5-a
Objectives
• Search for a patient record.
• Post an insurance payment.
• Post an insurance adjustment.

Overview
Walter Biller’s (DOB 01/04/1970) insurance company has agreed to pay $65.00 of the total fee of $79.00 for Walter Biller’s visit, which included a glucometer procedure. Using INSPYMT as the service code, post the insurance payment and adjustment to the ledger for Walter Biller.

Competencies
• Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
• Define scope of practice for the medical assistant within the state that the medical assistant is employed, ABHES 4-f.1
• Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-10
• Post adjustments, ABHES 8-b.2, CAAHEP VI.P-2d

Estimated completion time: 20 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Search for Walter Biller using the Patient Search fields.
3. Select the radio button for Walter Biller and click the Select button.
4. Confirm the auto-populated details in the header.
5. Select the Add Row button.
6. Document the current date in the Transaction Date column using the calendar picker.
7. Document the date of service in the DOS column using the calendar picker.
8. Select the correct provider using the dropdown in the Provider field.
10. Document “0.00” in the Charges column.
11. Document “65.00” in the Payment column.
12. Document “-14.00” in the Adjustment column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total field below the table.
13. Click the Save button.
14. Click the Print icon in the top right corner.

Quiz Questions
1. A medical assistant would need to resubmit a claim after which of the following errors?
   • Documenting a fee incorrectly
   • Upcoding services
   • Claim duplication
   • Submitting a claim for services not rendered
   Answer: Documenting a fee incorrectly

Rationale: Accidentally documenting a fee incorrectly would result in claim denial. The medical assistant should fix the mistake and resubmit the claim within the appropriate timeframe.

Competency: Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
2. The ______ lists the charges for all of the procedures performed in a medical office.
   - charge slip
   - progress note
   - EOB
   - fee schedule

**Answer:** fee schedule

**Rationale:** The fee schedule lists the charges for all of the procedures performed in a medical office.

**Competency:** Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-10

3. A physician charges $87.00 for a service and the insurance amount is $27.00. What is the appropriate adjustment if the patient has a $10.00 copayment?
   - $50.00
   - $77.00
   - $40.00
   - $20.00

**Answer:** $50.00

**Rationale:** The adjustment is the difference that is left after the patient has paid their copay and insurance has paid their reimbursement, assuming the physician is participating with the insurance company and cannot bill the patient for the difference. $87 - $10 - $27 = $50

**Competency:** Post adjustments, ABHES 8-b.2, CAAHEP VI.P-2d

4. The medical assistant is not responsible for which of the following duties?
   - Posting payments and charges to patient accounts
   - Performing glucometer testing
   - Prescribing medications
   - Scheduling procedures and hospital admissions

**Answer:** Prescribing medications

**Rationale:** Posting payments and charges, performing glucometer testing, and scheduling procedures are all common duties of the medical assistant. Prescribing medications is a skill outside the scope of medical assistant’s duties.

**Competency:** Define scope of practice for the medical assistant within the state that the medical assistant is employed, ABHES 4-f.1
Submit Superbill and Post Charges and Payments to Ledger for Carl Bowden

Objectives
• Search for a patient record.
• Update a patient ledger.

Overview
Carl Bowden (DOB 04/05/1954) had a recent detailed visit with Dr. Walden because he was experiencing chest pain, shortness of breath, palpitations, and fatigue after his recent myocardial infarction. An ECG and lab work (CBC, CMP, and lipid panel) was obtained in the office. The ECG showed no new changes and Carl Bowden was diagnosed with unstable angina. Dr. Walden prescribed Nitroglycerin SL and referred Carl Bowden to Cardiac Rehab, with the diagnoses of unstable angina and shortness of breath. Carl Bowden received the following services: EP Detailed OV, ECG w/interpretation, CBC w/auto differential, metabolic panel comprehensive, lipid panel. Carl Bowden paid a $25.00 copayment at the time of the visit. Create an encounter in order to generate a superbill, then submit the superbill and post charges and payments to the ledger for Carl Bowden.

Competencies
• Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6
• Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-10
• Explain basic bookkeeping computations, CAAHEP VI.C-1
• Perform CLIA-Waived immunochemistry testing, ABHES 10-b.4, CAAHEP I.P-15
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 50 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search field, search for Carl Bowden’s patient record.
3. Verify Carl Bowden’s date of birth, select the radio button for Carl Bowden and click the select button.
   Helpful Hint: Confirming patient demographics helps to ensure you have located the correct patient record.
5. Create a new encounter by clicking Office Visit in the left Info Panel.
6. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
7. Select Chief Complaint from the dropdown menu.
8. Enter "chest pain, shortness of breath, palpitations, and fatigue" in the Chief Complaint box.
9. Click the Save button.
10. Click the Superbill link below the patient header.
11. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
12. On page one of the superbill, select the ICD-10 radio button.
13. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
14. Enter “Unstable angina” in the Search field and select ICD-10-CM from the dropdown menu.
15. Click the Search button.
16. Click the code I20.0 to expand this code and confirm that it is the most specific code available.
17. Click the code I20.0 for “Unstable angina” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
18. In the Rank 2 row of the Diagnoses box, place the cursor in the text field to access the encoder.
19. Enter “Shortness of breath” in the Search field and select ICD-10-CM from the dropdown menu.
20. Click the Search button.
21. Click the code R06.02 to expand this code and confirm that it is the most specific code available.
22. Click the code R06.02 for “Shortness of breath” that appears in the tree. This code will auto-populate in the Rank 2 row of the Diagnoses box.

**Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in completing Coding & Billing tasks.

23. Document “1” in the Rank column for EP Detailed OV with the corresponding fee of 65.00 and code of 99214.
24. Document “2” in the Rank column for ECG w/ interpretation with the corresponding fee of 89.00 and code of 93000.
25. Click the Save button.
26. Click the Next button twice to proceed to page three of the superbill.
27. Document “3” in the Rank column for CBC w/ auto differential with the corresponding fee of 35.00 and code of 85025.
28. Document “4” in the Rank column for Metabolic panel, comprehensive with the corresponding fee of 42.00 and code of 80053.
29. Document “5” in the Rank column for Lipid panel with the corresponding fee of 47.00 and code of 88061.
30. Document “6” in the Rank column for Venipuncture with the corresponding fee of 10.00 and code of 36415.
31. Click the Save button.
32. Click the Next button to move to page four of the superbill.
33. Document “25.00” in the Copay field.
34. Confirm that the total in the Today’s Charges field has populated correctly.
35. Document “276.00” in the Balance Due field.
36. Document “Bowden, Sandra” in the Insured’s Name field.
37. Select the Same Address as Patient checkbox below the Insured Address field.
38. Select the Spouse radio button in the Patient Relationship to Insured field.
39. Select the Married radio button in the Patient Status field.
40. Select the No radio button to indicate that there are no other health benefits.
41. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
42. Click the Save button.
43. Click the Next button to proceed to page two of the superbill.
44. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
45. Document the date in the Date field.
46. Click the Submit Superbill button. A confirmation message will appear.
47. Select Ledger from the left Info Panel.
48. Search for Carl Bowden using the Patient Search fields.
49. Select the radio button for Carl Bowden and click the Select button.
50. Confirm the auto-populated details in the header.
51. Document the current date in the Transaction Date column using the calendar picker.
52. Document the date of service in the DOS column using the calendar picker.
53. Select the correct provider using the dropdown in the Provider field.
55. Document “65.00” in the Charges column.
56. Document “25.00” in the Payment column. The balance will auto-populate in the Balance column.
57. Click the Add Row button.
58. Document the current date in the Transaction Date column using the calendar picker.
59. Document the date of service in the DOS column using the calendar picker.
60. Select the correct provider using the dropdown in the Provider field.
62. Document “89.00” in the Charges column. The balance will auto-populate in the Balance column.
63. Click the Add Row button.
64. Document the current date in the Transaction Date column using the calendar picker.
65. Document the date of service in the DOS column using the calendar picker.
66. Select the correct provider using the dropdown in the Provider field.
68. Document “35.00” in the Charges column. The balance will auto-populate in the Balance column.
69. Click the Add Row button.
70. Document the current date in the Transaction Date column using the calendar picker.
71. Document the date of service in the DOS column using the calendar picker.
72. Select the correct provider using the dropdown in the Provider field.
73. Document “80053” in the Service column.
74. Document “55.00” in the Charges column. The balance will auto-populate in the Balance column.
75. Click the Add Row button.
76. Document the current date in the Transaction Date column using the calendar picker.
77. Document the date of service in the DOS column using the calendar picker.
78. Select the correct provider using the dropdown in the Provider field.
80. Document “47.00” in the Charges column. The balance will auto-populate in the Balance column.
81. Click the Add Row button.
82. Document the current date in the Transaction Date column using the calendar picker.
83. Document the date of service in the DOS column using the calendar picker.
84. Select the correct provider using the dropdown in the Provider field.
86. Document “10.00” in the Charges column. The balance will auto-populate in the Balance column.
87. Click the Save button.

Quiz Questions

1. The total charges for Mr. Bowden’s encounter are:
   - $95.00.
   - $175.00.
   - $301.00.
   - $225.00.

   Answer: $301.00.
   Rationale: The total charges are $301.00
   Competency: Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6

2. True or false? Each insurance carrier will have its own negotiated fee schedule.

   Answer: True
   Rationale: Each insurance carrier will have a specific fee schedule.
   Competency: Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-10

3. A payment system in which payments to providers are fixed and based on the number of enrollees over a period of time regardless of the type or numbers of services provided is called:
   - POS.
   - medigap.
   - capitation.
   - limiting fee.
Answer: capitation
Rationale: Capitation payment systems reimburse providers a fixed amount per member over time.
Competency: Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-10

4. True or false? Unless prohibited by law, a medical office may have more than one fee schedule established by different insurance carriers.
Answer: True
Rationale: Unless prohibited by law, a medical office may have more than one fee schedule established by different insurance carriers.
Competency: Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-10

5. True or false? A medical office might have a separate fee schedule for patient’s paying out-of-pocket.
Answer: True
Rationale: The medical office may have several fee schedules, including one used for private pay patients.
Competency: Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-10

6. True or false? Math skills are not important for the medical assistant because everything is done on the computer.
Answer: False
Rationale: Although much of the bookkeeping is done with the assistance of a computer, math skills are still important and serve as an important tool for accuracy.
Competency: Explain basic bookkeeping computations, CAAHEP VI.C-1

7. If a child covered by both a primary and secondary insurance is charged $350.00 for a procedure. The primary insurance pays $275.00. How is the remaining balance paid?
   • The patient’s parents are responsible for the remaining balance.
   • The medical assistant submits a claim with the secondary insurance for $75.00.
   • The medical assistant submits a claim with the secondary insurance for $350.00.
   • The medical assistant submits a claim with the secondary insurance for $275.00.
Answer: The medical assistant submits a claim with the secondary insurance for $75.00.
Rationale: A patient’s secondary insurance is charged with the remaining balance of a procedure after the primary insurance has been charged.
Competency: Explain basic bookkeeping computations, CAAHEP VI.C-1

8. True or false? Immunology tests performed in a medical office involve the use of prepackaged test kits that analyze a reaction between an antigen and an antibody.
Answer: True
Rationale: Immunology tests performed in a medical office involve the use of prepackaged test kits. Results are recorded as a reaction (positive) or lack of reaction (negative) to an additive.
Competency: Perform CLIA-Waived immunology testing, ABHES 10-b.4, CAAHEP I.P-15

9. Which of the following diagnoses would be the primary diagnosis on the 1510 claim form for Carl Bowden?
   • Chest pain
   • Shortness of breath
   • Myocardial infarction
   • Fatigue
Answer: Myocardial infarction
Rationale: The primary diagnosis for Carl Bowden’s visit would be myocardial infarction.
Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
85. Document Progress Note, Complete Superbill, Update Ledger, and Post Payment to Day Sheet for Casey Hernandez

Objectives
• Search for a patient record.
• Document in the progress note.
• Complete a superbill.
• Update a patient ledger.
• Update the day sheet.

Overview
Casey Hernandez (DOB 10/08/2000) is experiencing asthma symptoms, having difficulty breathing and wheezing. Her albuterol inhaler has been providing little relief. Her vital signs are T: 99.8°F, P: 96 reg, thready, R: 26, labored, O2 Sat of 91%, post nebulizer treatment O2 Sat 95%, BP 136/86 left arm, sitting. After seeing Casey (problem-focused office visit), Jean Burke, NP orders the medical assistant to administer a nebulizer treatment, which helps, and instructs Casey to return to the office as needed. Casey’s mom pays a $25.00 copayment. Document in the progress note, submit a superbill, update the ledger, and post the charges and payment to the day sheet.

Competencies
• Analyze communications in providing appropriate responses/feedback, ABHES 8-f, CAAHEP IV.A-8
• Demonstrate awareness of how an individual’s personal appearance affects anticipated responses, CAAHEP IV.A-6
• Demonstrate awareness of the territorial boundaries of the person with whom communicating, CAAHEP IV.A-4
• Document patient education, CAAHEP IV.P-9
• Identify body systems, ABHES 2-a, CAAHEP I.C-2
• Post entries on a day sheet, ABHES 8-b, CAAHEP IV.P-2a
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 50 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Casey’s patient record. Once you locate Casey’s patient record in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth helps to ensure that you have located the correct patient record.
3. Select the radio button for Casey Hernandez and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Progress Notes from the Record dropdown menu.
8. Document the date using the calendar picker.
12. Document “Patient to return to office as needed” in the Plan field.
13. Click the Save button.
14. Click the Coding & Billing tab.
15. Using the Patient Search field, search for Casey’s patient record.
16. Select the radio button for Casey Hernandez and click the select button.
17. Confirm the auto-populated details.
18. Select the correct encounter from the Encounters Not Coded table and confirm auto-populated details.
20. On page one of the superbill, select the ICD-10 radio button.
21. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
22. Enter “Asthma” in the Search field and select ICD-10-CM from the dropdown menu.
23. Click the Search button.
24. Click the code J45.909 to expand this code and confirm that it is the most specific code available.
25. Click the code J45.909 for “Unspecified asthma, uncomplicated” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.

**Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in completing coding & billing tasks.

26. Document “1” in the Rank column for problem-focused office visit with the corresponding fee of 32.00 and CPT code of 99212 in the EST column.
27. Document “2” in the Rank column for Nebulizer for Office Procedures with the corresponding fee of 49.22 and CPT code of 94640.
28. Click the Save button.
29. Click the Next button to proceed to page four of the superbill.
30. Confirm that the total in the Today’s Charges field has populated correctly.
32. Document “Hernandez, Sofia” in the Insured’s Name field. Select the Same Address as Patient checkbox for the Insured Address field.
33. Select the Child radio button in the Patient Relationship to Insured field.
34. Select the Single radio button in the Patient Status field.
35. Select the No radio button to indicate that there is not another health benefit plan.
36. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
37. Click the Save button.
38. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
39. Select the Yes radio button to indicate that the signature is on file.
40. Document the date in the Date field.
41. Click the Submit Superbill button. A confirmation message will appear.
42. Select Ledger from the left Info Panel.
43. Search for Casey using the Patient Search fields.
44. Select the radio button for Casey Hernandez and click the Select button.
45. Confirm the auto-populated details in the header.
46. Document the current date in the Transaction Date column using the calendar picker.
47. Document the date of service in the DOS column using the calendar picker.
48. Select the correct provider using the dropdown in the Provider field.
49. Click the View Fee Schedule link to determine the correct code and fee.
51. Document “32.00” in the Charges column.
52. Document “25.00” in the Payment column.
53. Document the current date in the Transaction Date column using the calendar picker.
54. Document the date of service in the DOS column using the calendar picker.
55. Select the correct provider using the dropdown in the Provider field.
57. Document “49.22” in the Charges column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total Ledger Balance field below the grid.
58. Click the Save button.
59. Select Day Sheet from the left Info Panel.
60. Document the current date in the Date column using the calendar picker.
62. Select the correct provider using the dropdown in the Provider field.
63. Document “99212” in the Service column.
64. Document “32.00” in the Charges column.
65. Document “25.00” in the Payment column.
66. Document “0.00” in the Adjustment column.
68. Document “0.00” in the Old Balance column.
69. Click the Add Row button.
70. Document “Casey Hernandez” in the Patient column.
71. Select the correct provider using the dropdown in the Provider field.
73. Document “49.22” in the Charges column.
74. Document “0.00” in the Payment column.
75. Document “0.00” in the Adjustment column.
77. Document “7.00” in the Old Balance column.
78. Click the Save button.

Quiz Questions

1. True or false? Asthma attacks result in a bronchodilation of a patient’s airways.
   Answer: False
   Rationale: During an asthma attack, a patient’s bronchioles tighten and become smaller. This is “bronchoconstriction”.
   Competency: Identify body systems, ABHES 2-a, CAAHEP I.C-2

2. Which of the following steps would a medical assistant need to take when performing patient education for the administration of a handheld nebulizer?
   • Explain the procedure to the patient prior to administration and take time to answer any questions after the procedure.
   • Instruct the patient to inhale and exhale directly into the mouthpiece while sitting in a position that supports his or her back.
   • Encourage the patient to take a deep breath every fourth breath.
   • Explain the procedure prior to administration, instruct the patient to inhale and exhale directly into the mouthpiece while sitting in a position that supports his or her back, encourage the patient to take a deep breath every fourth breath, and answer any questions after the procedure.
   Answer: Explain the procedure prior to administration, instruct the patient to inhale and exhale directly into the mouthpiece while sitting in a position that supports his or her back, encourage the patient to take a deep breath every fourth breath, and answer any questions after the procedure.
   Rationale: Before any procedure, the medical assistant should explain the procedure and answer any questions.
   Competency: Document patient education, CAAHEP IV.P-9

3. True or false? During the patient interview, the medical assistant should document the patient’s statements into the progress note.
Answer: True  
**Rationale:** A patient statement is an important part of explaining the reason for his or her appointment and might help diagnose the patient.  
**Competency:** Analyze communications in providing appropriate responses/feedback, ABHES 8-f, CAAHEP IV.A-8

4. True or false? Only payments made at the medical office are recorded on the day sheet.  
**Answer:** False  
**Rationale:** All payments received are tracked on the day sheet. For example, a patient might mail a check payment or pay at the time of the visit. All payments received on the same day are recorded on the day sheet for that day.  
**Competency:** Post entries on a day sheet, ABHES 8-b, CAAHEP IV.P-2a

5. True or false? A day sheet tracks all of the patient transactions for one specific day in a medical office.  
**Answer:** True  
**Rationale:** A day sheet is used to track all charges, payments and adjustments that are made to patient accounts in a medical office.  
**Competency:** Post entries on a day sheet, ABHES 8-b, CAAHEP IV.P-2a

6. The total on the ______ should match the total on the bank deposit slip.  
- patient ledger  
- day sheet  
- claim  
- superbill  
**Answer:** day sheet  
**Rationale:** The total of all of the payments listed on the day sheet should match the total of the bank deposit slip for the same day.  
**Competency:** Post entries on a day sheet, ABHES 8-b, CAAHEP IV.P-2a

7. A medical assistant should record which of the following transactions on the day sheet?  
- An insurance payment received in the mail  
- A patient payment dropped off at the medical office  
- A bankruptcy adjustment  
- An insurance payment received in the daily mail, a patient payment dropped off at the medical office, and a bankruptcy adjustment  
**Answer:** An insurance payment received in the daily mail, a patient payment dropped off at the medical office, and a bankruptcy adjustment  
**Rationale:** Any transaction involving a patient account should be posted to the day sheet on the same day the transaction occurs.  
**Competency:** Post entries on a day sheet, ABHES 8-b, CAAHEP IV.P-2a

8. True or false? A professional appearance including clean scrubs, groomed hair, and appropriate makeup will contribute to the professionalism of the medical office and gain the patient’s trust.  
**Answer:** True  
**Rationale:** The medical assistant should be aware of how his or her appearance affects providing patient care. He or she should dress appropriately and practice proper hygiene.  
**Competency:** Demonstrate awareness of how an individual’s personal appearance affects anticipated responses, CAAHEP IV.A-6
9. In order to ensure that Casey is comfortable, the medical assistant should ______ while conducting the patient interview.
   - maintain eye contact
   - give Casey a hug
   - sit next Casey on the exam table
   - keep the exam room door open

**Answer:** maintain eye contact

**Rationale:** The medical assistant should be aware of patient boundaries in order to facilitate a comfortable environment.

**Competency:** Demonstrate awareness of the territorial boundaries of the person with whom communicating, CAAHEP IV.A-4

10. Common triggers for asthma symptoms:
   - vary patient to patient.
   - include cold or humid weather, illness, allergies, smoke, chemical, mold and animal dander.
   - are specific to the patient’s age.
   - vary patient to patient, but include weather, illness, allergies, smoke, chemicals, mold, and animal dander.

**Answer:** vary patient to patient, but include weather, illness, allergies, smoke, chemicals, mold, and animal dander.

**Rationale:** Common triggers for asthma vary patient to patient, but include weather, illness, allergies, smoke, chemicals, mold, and animal dander. The medical assistant should understand disease symptoms in order to answer patient questions and encourage patient health promotion.

**Competency:** Document patient education, CAAHEP IV.P-9

11. True or False? The first step in accurately coding ICD-10 codes is to identify the main term(s) in the diagnostic statement.

**Answer:** True

**Rationale:** The first step in accurately coding ICD-10 codes is to identify the main term(s) in the diagnostic statement.

**Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
86. Complete Superbill and Post Payment to Ledger for Janine Butler

Objectives
• Search for a patient record.
• Document accurately in the patient ledger.
• Complete a superbill.

Overview
During a routine review of medical records, the medical assistant discovers that services performed on April 2nd (expanded-problem focused office visit and a rapid strep test, that was positive for streptococcal pharyngitis) were not billed to Janine Butler (DOB 04/25/1968). Correct this mistake by completing a superbill and updating the patient ledger for Janine Butler.

Competencies
• Collect, label, and process specimens: Obtain throat specimens for microbiological testing, ABHES 10-d.4
• Discuss the application of Standard Precautions with regard to mucous membranes, CAAHEP III.C-12d
• Identify disease processes that are indications for CLIA waived tests, CAAHEP III.C-10
• Obtain specimens for microbiological testing, CAAHEP III.P-7
• Perform CLIA-waived microbiology testing, ABHES 10-b.5, CAAHEP III.P-8
• Perform selected CLIA-Waived tests that assist with diagnosis and treatment: Kit testing-Quick strep, ABHES 10-b.6.b
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 30 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search field, search for Janine Butler’s patient record.
3. Select the radio button for Janine Butler and click the select button.
5. After reviewing the encounter, click the Superbill link below the patient header.
6. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
7. On page one of the superbill, select the ICD-10 radio button.
8. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
9. Enter “Streptococcal pharyngitis” in the Search field and select ICD-10-CM from the dropdown menu.
10. Click the Search button.
11. Click the code J02.0 to expand this code and confirm that it is the most specific code available.
12. Click the code J02.0 for “Streptococcal pharyngitis” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.

Helpful Hint: The View Fee Schedule and View Progress Notes links provide information necessary in completing coding & billing tasks.
13. Document “1” in the Rank column for the expanded problem-focused office visit with the corresponding fee of 43.00 and CPT code of 99213.
14. Click the Save button.
15. Click the Next button to move to three of the superbill.
16. Document “2” in the Rank column for the Strep, rapid with the corresponding fee of 21.00 and CPT code of 87880.
17. Click the Save button.
18. Click the Next button to move to page four of the superbill.
19. On page four, document “0.00” in the Copay field.
20. Confirm that the total in the Today’s Charges field has populated correctly.
21. Document “64.00” in the Balance Due field.
22. Select the Self radio button in the Patient Relationship to Insured field.
23. Select the Single radio button in the Patient Status field.
24. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
25. Click the Save button.
26. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
27. Select the Yes radio button to indicate that the signature is on file.
28. Document the date in the Date field.
29. Click the Submit Superbill button. A confirmation message will appear.
30. Select Ledger from the left Info Panel.
31. Search for Janine using the Patient Search fields.
32. Select the radio button for Janine Butler and click the Select button.
33. Confirm the auto-populated details in the header.
34. Document the current date in the Transaction Date column using the calendar picker.
35. Document the date of service in the DOS column using the calendar picker.
36. Select the correct provider using the dropdown in the Provider field.
38. Document “32.00” in the Charges column.
39. Document “25.00” in the Payment column.
40. The balance will auto-populate in the Balance column and the total will auto-populate in the Total Ledger Balance field below the table.

Quiz Questions

1. Which of the following statements regarding a rapid strep test is false?
   a. When obtaining a throat culture, the medical assistant swabs the patient’s throat and places the swab in an extraction tube.
   b. Streptococcus is the organism that causes strep throat.
   c. If the results of a rapid strep test are negative, the medical assistant can send the patient home.
   d. If the results of a rapid strep test are positive, the physician will begin treatment with a course of antibiotics.

   **Answer:** If the results of a rapid strep test are negative, the medical assistant can send the patient home.
   **Rationale:** Negative test results should be confirmed with a throat culture. Rapid strep tests are highly specific but not as highly sensitive. If the test results are negative, the organism may not have been present in sufficient numbers to be detected.
   **Competency:** Perform CLIA-waived microbiology testing, ABHES 10-b.5, CAAHEP III.P-8

2. The benefits of performing a CLIA-waived rapid test in the medical office include:
   a. providing the physician with a positive indication of the problem.
   b. allowing treatment to be started early.
   c. being convenient for the patient.
   d. providing the physician with a positive indication of the problem, allowing treatment to be started early, and being convenient for the patient.

   **Answer:** providing the physician with a positive indication of the problem, allowing treatment to be started early, and being convenient for the patient.
Rationale: The benefits of performing a CLIA-waived rapid test in the medical office include providing the physician with a positive indication of the problem, allowing treatment to be started early, and being convenient for the patient. The physician may need additional tests for a differential or a specific diagnosis.

Competency: Perform CLIA-waived microbiology testing, ABHES 10-b.5, CAAHEP III.P-8

3. True or false? Streptococcus Pyogenes (group A streptococcus) is the organism that causes strep throat.
Answer: True
Rationale: Streptococcus Pyogenes (group A streptococcus) is the organism that causes strep throat.
Competency: Perform CLIA-waived microbiology testing, ABHES 10-b.5, CAAHEP III.P-8

4. Place the steps needed to complete a throat specimen in the correct order.
1. Depress the tongue with a tongue depressor
2. Remove the sterile swab, being careful not to contaminate it
3. Place the swab at the back of the throat, firmly rubbing it over any lesions or white inflamed areas of the mucous membrane of the tonsillar area and rotating constantly
4. Apply gloves
5. Do not allow the swab to touch any areas other than the throat
Answer: 4, 2, 1, 3, 5
Rationale: The swab should be rubbed over the suspicious looking areas where pathogens are likely to be found. A rotating motion is used to deposit the maximal amount of material possible on the swab. Touching the swab to any areas other than the throat contaminates the specimen with extraneous microorganisms.
Competency: Perform CLIA-waived microbiology testing, ABHES 10-b.5, CAAHEP III.P-8

5. A patient complains of sore throat. Which of the following procedures will provide test results in the shortest amount of time and is commonly performed in the office?
• rapid strep test
• PFT
• strep culture
• sputum culture
Answer: rapid strep test
Rationale: A rapid strep test is a procedure commonly performed in a physician’s office for patients with a sore throat. It is convenient because of the short testing time.
Competency: Collect, label, and process specimens: Obtain throat specimens for microbiological testing, ABHES 10-d.4

6. True or false? The medical assistant doesn’t always need to interpret the results according to the manufacturer’s instructions.
Answer: False
Rationale: QA is the procedural control confirming that the reaction between the specimen and solutions took place as expected. The medical assistant should check for positive or negative test results.
Competency: Perform selected CLIA-Waived tests that assist with diagnosis and treatment: Kit testing-Quick strep, ABHES 10-b.6.b

7. True or false? If the physician is not able to diagnose the disease from the patient’s clinical signs and symptoms, laboratory tests may be used to help the physician identify the pathogen.
Answer: True
Rationale: Identification of the pathogen leads to proper treatment of the disease.
Competency: Obtain specimens for microbiological testing, CAAHEP III.P-7

8. Which of the following statements regarding obtaining specimens is false?
• The medical assistant may be responsible for assisting the physician in the collection of specimens from other areas, such as the cervix, vagina, urethra, and rectum.
• The medical assistant does not need to worry about contamination because the specimen has already been exposed to a pathogen.
• To prevent extraneous micro-organisms such as normal flora from contaminating the specimen, all supplies used to obtain the specimen must be sterile.
• When obtaining a throat specimen, the swab should not be allowed to touch the inside of the mouth.

**Answer:** The medical assistant does not need to worry about contamination because the specimen has already been exposed to a pathogen.

**Rationale:** The medical assistant should practice good medical and surgical asepsis techniques when obtaining a specimen. In order to prevent inaccurate test results, the medical assistant must be careful not to contaminate the specimen with extraneous micro-organisms.

**Competency:** Obtain specimens for microbiological testing, CAAHEP III.P-7

9. **True or false?** According to the CDC, mucous membranes are not listed as a risk for pathogenic micro-organisms.
**Answer:** False

**Rationale:** Along with other body secretions and fluid, mucous membranes are included as one of the potentially infectious body fluids.

**Competency:** Discuss the application of Standard Precautions with regard to mucous membranes, CAAHEP III.C-12d

10. A rapid Strep test is indicated for a patient with:
• CC: bronchitis.
• CC: eczema.
• CC: pharyngitis.
• CC: UTI.

**Answer:** CC: pharyngitis.

**Rationale:** Patients with a chief complaint of pharyngitis (sore throat) would be indicated to have a rapid strep test.

**Competency:** Identify disease processes that are indications for CLIA waived tests, CAAHEP III.C-10

11. **True or false?** In order to correctly code the condition streptococcal pharyngitis more than one ICD-10 code is needed.
**Answer:** False

**Rationale:** Only one code is needed as the code includes the organism that caused this type of pharyngitis.

**Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
87. Complete Claim for Diego Lupez

Objectives
• Search for a patient record.
• Analyze the content of a patient ledger.
• Complete a claim.

Overview
Diego Lupez (DOB 08/01/1982) calls Walden-Martin after hours and leaves a voicemail message stating he would like to know the balance of his anemia follow-up appointment after his deductible payment has been applied to the balance. While viewing the ledger, the medical assistant notices that Diego Lupez’s total balance is greater than the charge for the anemia follow-up. Workers’ Compensation paid $0.00 on Diego Lupez’s visit for stepping on a nail and no claim was submitted to the health insurance carrier. Submit a claim for this visit so the health insurance carrier can consider the charges.

Competencies
• Discuss workers’ compensation as it applies to patients, CAAHEP VII.C-3
• Maintain organization by filing, ABHES 8-a, CAAHEP V.P-8

Estimated completion time: 30 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Claim from the left Info Panel.
2. Perform a patient search to locate the claim for Diego Lupez.
3. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim: Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture, and Submission. Certain patient demographic and encounter information is auto-populated in the claim.
4. Within the Patient Info tab, review the auto-populated information and document any additional information needed. Click the Save button.
5. Click the Provider Info tab.
6. Review the auto-populated information and document any additional information needed. Click the Save button.
7. Click the Payer Info tab.
8. Review the auto-populated information and indicate that this claim is now going to be submitted to the health insurance carrier. Click the Save button.
9. Click the Encounter Notes tab.
10. Select the Yes radio button to indicate that the HIPAA form is on file for Diego Lupez and document the current date in the Dated field.
11. Document any additional information needed and click the Save button.
12. Click the Claim Info tab.
13. Review the auto-populated information and document any additional information needed. Click the Save button.
14. Click the Charge Capture tab and review all information.
15. Click the Submission Tab.
16. Select the “I am ready to submit the Claim” checkbox.
17. Select the "Yes" radio button and document the date.
18. Click the Save button.
Quiz Questions

1. In alphabetic filing, a patient’s first name is the _____ filing unit.
   - first
   - second
   - third
   - fourth
   **Answer:** second
   **Rationale:** In alphabetic filing, the patient’s last name is the first filing unit, the first name is the second filing unit, and the middle name is the third filing unit.
   **Competency:** Maintain organization by filing, ABHES 8-a, CAAHEP V.P-8

2. True or false? Correspondence with a patient does not need to be included in the patient’s medical record.
   **Answer:** False
   **Rationale:** All correspondence regarding a patient, including letters and emails sent directly to the patient, need to be included in the medical record.
   **Competency:** Maintain organization by filing, ABHES 8-a, CAAHEP V.P-8

3. What services does workers’ compensation pay for?
   - rehabilitation
   - wage replacement
   - death benefits
   - rehabilitation, wage replacement, and death benefits
   **Answer:** rehabilitation, wage replacement, and death benefits
   **Rationale:** Workers’ compensation covers all medical and surgical bills for any illness or injury that is related to the patient’s job, in addition to rehabilitation, wage replacement, and death benefits.
   **Competency:** Discuss workers’ compensation as it applies to patients, CAAHEP VII.C-3

4. True or false? Workers’ compensation has its own fee schedule and a provider cannot bill a patient for the difference between their billed amount and workers’ compensation allowed amount.
   **Answer:** True
   **Rationale:** Balance billing is not allowed for workers’ compensation claims.
   **Competency:** Discuss workers’ compensation as it applies to patients, CAAHEP VII.C-3
88. Complete Superbill, Ledger, and Claim, then Prepare Patient Statement for Ella Rainwater

Objectives
• Search for a patient record.
• Update a patient ledger.
• Complete a superbill.
• Complete claim.
• Prepare a patient statement.

Overview
Ella Rainwater’s (07/11/1959) annual wellness visit included a pap smear that was not billed to her or her insurance company. Complete a superbill, ledger, and claim for this service, then prepare a patient statement for the missed charge.

Competencies
• Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
• Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 50 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search field, search for Ella Rainwater’s patient record.
3. Select the radio button for Ella Rainwater and click the select button.

Helpful Hint: Confirming patient demographics helps to ensure you have located the correct patient record.

5. After reviewing the progress note, click the Superbill link below the patient header.
6. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
7. On page one of the superbill, select the ICD-10 radio button.
8. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
9. Enter “Routine pap smear” in the Search field and select ICD-10-CM from the dropdown menu.
10. Click the Search button.
11. Click the code Z01.419 to expand this code and confirm that it is the most specific code available.
12. Click the code Z01.419 for “Encounter for gynecological examination (general) (routine) without abnormal findings” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnosis box.

Helpful Hint: The View Fee Schedule and View Progress Notes links provide information necessary in completing coding & billing tasks.
13. Document “1” in the Rank column for Well Visit 40-64y with the corresponding fee of 105.00 and CPT code of 99396.
14. Click the Save button and then click the Next button to move to page two of the superbill.
15. Document “2” in the Rank column for Pap in Preventive Services with the corresponding fee of 52.00 and code of Q0091.
16. Click the Save button.
17. Click the Next button to proceed to page four of the superbill.
18. On page four, document “25.00” in the Copay field.
19. Confirm that the total in the Today’s Charges field has populated correctly.
21. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Ella Rainwater is the insured patient for the visit.
22. Select the Spouse radio button in the Patient Relationship to Insured field.
23. Select the Married radio button in the Patient Status field.
24. Select the No radio button to indicate that there are no other health benefits.
25. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
26. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
27. Select the Yes radio button to indicate that the signature is on file.
28. Document the date in the Date field.
29. Click the Submit Superbill button. A confirmation message will appear.
30. Select Ledger from the left Info Panel.
31. Search for Ella Rainwater using the Patient Search fields.
32. Select the radio button for Ella Rainwater and click the Select button.
33. Confirm the auto-populated details in the header.
34. Document the current date in the Transaction Date column using the calendar picker.
35. Document the date of service in the DOS column using the calendar picker.
36. Select the correct provider using the dropdown in the Provider field.
37. Document “105.00” in the Charges column. The balance will auto-populate in the Balance column.
38. Click Add Row.
39. Document the current date in the Date column using the calendar picker.
41. Click the View Fee Schedule link in the top right corner to determine the correct code and fee.
42. Document “Q0091” in the Service column.
43. Document “52.00” in the Charges column. The balance will auto-populate in the Balance column.
44. Click the Save button.
45. Select Claim from the left Info Panel and perform a patient search to locate the claim for Ella Rainwater.
46. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim: Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture, and Submission. Certain patient demographic and encounter information is auto-populated in the claim.
47. Within the Patient Info tab, review the auto-populated information and document any additional information needed. Click the Save button.
48. Click the Provider Info tab.
49. Review the auto-populated information and document any additional information needed. Click the Save button.
50. Click the Payer Info tab.
51. Review the auto-populated information and document any additional information needed. Click the Save button.
52. Click the Encounter Notes tab.
53. Review the auto-populated information and Document “Pap smear” in the Lab Orders table.
54. Select the Yes radio button to indicate that the HIPAA form is on file for Ella Rainwater and document the current date in the Dated field.
55. Document any additional information needed and click the Save button.
56. Click the Claim Info tab.
57. Review the auto-populated information and document any additional information needed. Click the Save button.
58. Click the Charge Capture tab.
59. Document the encounter date in the DOS From and DOS To columns.
60. Document “99396” in the CPT/HCPCS column.
63. Document “1” in the Units column.
64. Document “105.00” in the Charge column.
65. In the next row, document the encounter date in the DOS From and DOS To columns.
68. Document “1” in the DX column.
69. Document “1” in the Units column.
70. Document “52.00” in the Charge column.
71. Document any additional information needed and click the Save button.
72. Click the Submission tab. Click in the “I am ready to submit the claim” box. Click on the Yes radio button to indicate that there is a signature on file and enter today’s date in the Date field.
73. Click the Save button. Click the Submit Claim button.
74. Click on the Form Repository icon.
75. Select Patient Statement from the Patient Forms section of the left Info Panel.
76. Click the Patient Search button to perform a patient search and assign the form to Ella Rainwater.

**Helpful Hint:** Performing a patient search before completing a form helps to ensure accurate documentation.

77. Confirm the auto-populated details.
78. Document “157.00” in the Amount field.
79. Document the payment made.
80. In the next row, document the date of service in the Date of Service field.
82. Document “-25.00” in the Amount field.
83. Document “0.00” in the Patient’s Responsibility field.
84. Document “0.00” in the Total Amount Due field.
85. Document “0.00” in the Please Pay in Full by field.
86. Click the Save to Patient Record button.
87. Click the Clinical Care. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
88. Select the form you prepared from the Patient Dashboard. The form will open as a PDF in a new window, allowing you to print.

**Quiz Questions**

1. True or false? Services performed one month ago cannot be submitted for reimbursement.
   **Answer:** False
   **Rationale:** Services performed within the insurance carrier’s time limit can be resubmitted for payment.
   **Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

2. When a patient gives permission for the insurance carrier to pay the provider directly, this is called:
   - third-party administrator.
   - resource utilization group.
   - assignment of benefits.
   - managed care.
   **Answer:** assignment of benefits.
   **Rationale:** Assignment of benefits is when a patient agrees to have the insurance carrier pay benefits directly to the health care provider.
   **Competency:** Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
3. What is the correct diagnostic code for a routine gynecological examination without abnormal findings?

- Z01.42
- Z01.81
- Z01.419
- Z01.31

**Answer:** Z01.419

**Rationale:** The correct diagnostic code for a routine gynecological exam with no abnormal findings is Z01.419.

**Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

4. True or false? ICD-10-CM category Z01 can be used as a principal or first listed diagnosis.

**Answer:** True

**Rationale:** Category Z01 may be reported as a principal diagnosis except when there are multiple encounters on the same day and the medical records for the encounters are combined.

**Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
Objectives
- Search for a patient record.
- Document insurance reimbursement.

Overview
Walden-Martin just received Al Neviaser’s explanation of benefits. The insurance reimbursement is the following:
Preventative visit: $80.00
Influenza vaccine: $20.00
Administration: $10.00

Post the insurance reimbursements to the ledger. The actual charges billed totaled $139.00. Therefore, document a $29.00 insurance adjustment.

Competencies
- Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
- Describe procedures for implementing both managed care and insurance plans, CAAHEP VII.C-4

Estimated completion time: 25 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Using the Patient Search fields, search for Al Neviaser’s patient record.
3. Select the radio button for Al Neviaser and click the Select button.
4. Confirm the auto-populated details in the header.
5. Document the current date in the Transaction Date column using the calendar picker.
6. Document the date of service in the DOS column using the calendar picker.
7. Select the correct provider using the dropdown in the Provider field.
9. Document “139.00” in the Charges column.
10. Document “110.00” in the Payment column.
11. Document “-29.00” in the Adjustment column. The balance will auto-populate in the Balance column.
12. Click the Save button.

Quiz Questions
1. __________ plans reimburse physicians according to the procedures performed.
   - Capitation
   - Fee for service
   - Deductible
   - Capita
   Answer: Fee for service
   Rationale: Fee for service insurance plans reimburse providers according to the procedures performed.
   Competency: Describe procedures for implementing both managed care and insurance plans, CAAHEP VII.C-4

2. True or false? The Explanation of Benefits (EOB) is not a bill, but a summary of the services submitted and insurance payments to the physician’s office.
**Answer:** True

**Rationale:** An explanation of benefits is a document that is provided by the insurance carrier to explain how they arrived at their payment determination. An EOB is sent to the provider and also the patient.

**Competency:** Apply third party guidelines, ABHES 8-c.1, CAAHEP VII.P-2
Objectives
• Search for a patient record.
• Update a patient ledger.

Overview
Dr. Martin treated Diego Lupez (DOB 08/01/1982) for a work-related injury two weeks ago. His services totaled $91.70 and included an established patient, problem focused office visit and a DTP immunization. Today, Walden-Martin received a payment of $80.00 from the Workers’ Compensation carrier, which the medical assistant must post to the ledger along with the appropriate adjustment using the Service code of WCPYMT. Update the ledger.

Competencies
• Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c
• Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6
• Process refunds, ABHES 8-b.3, CAAHEP VI.P-2f

Estimated completion time: 30 minutes

Measurable Steps
1. Within the Coding & Billing module, select Ledger from the left Info Panel.
2. Using the Patient Search field, search for Diego Lupez’s patient record.
3. Select the radio button for Diego Lupez and click the select button.
4. Confirm the auto-populated details in the header.
5. Document the current date in the Transaction Date column using the calendar picker.
6. Document the date of service in the DOS column using the calendar picker.
7. Select the correct provider using the dropdown in the Provider field.
9. Document “0.00” in the Charges column.
10. Document “80.00” in the Payment column.
11. Document “-11.70” in the Adjustment column. The balance will auto-populate in the Balance column.
12. Click the Save button.

Quiz Questions
1. When a patient is covered under more than one policy, ____________ is used to ensure the claim is not paid to more than 100%.
   • coordination of benefits
   • benefit overlap
   • an adjustment
   • cross-reference
   Answer: coordination of benefits
   **Rationale:** Coordination of benefits is used to determine which policy should pay first (primary) and which policy should consider any balance remaining.
   **Competency:** Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c

2. The cost-sharing measure in which the insured pays a percentage of the insurance carrier’s allowed amount is called:
• copayment.
• coinsurance.
• codedeductible.
• copremium.

Answer: coinsurance.

Rationale: Co-insurance is the portion of the allowed charges that the insured is responsible for. This is considered a cost-sharing measure.

Competency: Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6

3. True or false? Refunds owed to the patient can be provided as a standing credit balance or the medical assistant can issued a refund check to the patient.

Answer: True

Rationale: Refunds for larger amounts may be issued to the patient as a check or maintained in the patient ledger and used as a credit.

Competency: Process refunds, ABHES 8-b.3, CAAHEP VI.P-2f
Objectives
- Search for a patient record.
- Print patient education handout.
- Complete a superbill.
- Post charges to a patient ledger.

Overview
Al Neviaser’s (DOB 06/21/1968) recent test results show hyperlipidemia. Dr. Martin discusses Al Neviaser’s risk for coronary artery disease and asks the medical assistant to print a patient education form. Al Neviaser does not have any money with him today to pay for the visit. Document the patient education and post the charge for the expanded problem focused office visit to the ledger.

Competencies
- Discuss the importance of routine maintenance of office equipment, ABHES 8-e.1, CAAHEP V.C-14
- Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Al Neviaser’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Al Neviaser and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up /Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Patient Education from the Record dropdown menu.
8. Select Diagnosis from the Category dropdown menu.
9. Select Cardiovascular System from the Subcategory dropdown menu.
10. Select the Coronary Artery Disease checkbox in the Teaching Topics field.
11. Click the Save button. This teaching topic will move from the New tab to the Saved tab.
12. Expand the accordion of the saved patient education category to view and print the handout.
13. After reviewing the encounter, select Patient Dashboard from the Info Panel.
14. Click the Superbill link below the patient header.
15. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
   Helpful Hint: The View Fee Schedule and View Progress Notes links provide information necessary in completing coding & billing tasks.
16. On page one of the superbill, select the ICD-10 radio button.
17. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
18. Enter “Hyperlipidemia” in the Search field and select ICD-10-CM from the dropdown menu.
19. Click the Search button.
20. Click the code E78.5 to expand this code and confirm that it is the most specific code available.
21. Click the code E78.5 for "Hyperlipidemia, unspecified" that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
22. Click the View Fee Schedule link in the top right corner to obtain the charges for the problem-focused office visit.
23. Document “1” in the Rank column for Expanded problem focused office visit with the corresponding fee of 43.00 and CPT code of 99213.
24. Click the Save button.
25. Click the Next button to progress to page four of the superbill.
26. On page four, document “25.00” in the Copay field.
27. Confirm that the total in the Today’s Charges field has populated correctly.
29. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Al Neviaser is the insured patient for the visit.
30. Select the Self radio button in the Patient Relationship to Insured field.
31. Select the Single radio button in the Patient Status field.
32. Select the No radio button to indicate that there are no other health benefits.
33. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
34. Click the Save button.
35. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
36. Select the Yes radio button to indicate that the signature is on file.
37. Document the date in the Date field.
38. Click the Submit Superbill button. A confirmation message will appear.
39. Within the Coding & Billing tab, select Ledger from the left Info Panel.
40. Search for Al Neviaser using the Patient Search fields.
41. Select the radio button for Al Neviaser and click the Select button.
42. Confirm the auto-populated details in the header.
43. Document the current date in the Transaction Date column using the calendar picker.
44. Document the date of service in the DOS column using the calendar picker.
45. Select the correct provider using the dropdown in the Provider field.
46. Click the View Fee Schedule link to determine the correct codes and fees.
47. Document “99213” in the Service column.
48. Document “43.00” in the Charges column. The balance will auto-populate in the Balance column.
49. Click the Save button.

Quiz Questions
1. True or false? All office equipment should be documented on the office inventory and checked for regular maintenance and repair so they are in proper working order for patient use.
   Answer: True
   Rationale: Medical equipment must be ready to use at a moment’s notice. Therefore, it is important to monitor performance of the equipment regularly.
   Competency: Discuss importance of routine maintenance of office equipment, ABHES 8-e.1, CAAHEP V.C-14

2. True or False? The IC-10-CM code for hyperlipidemia, unspecified is E78.3.
   Answer: False
   Rationale: E78.5 is the ICD-10-CM diagnostic code for unspecified hyperlipidemia. E78.3 is the ICD-10-CM code for other hyperchylomicronemia.
   Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
Objectives

• Search for a patient record.
• Create a patient statement.

Overview

During a routine review of medical records, the medical assistant discovers charges that were not billed to Janine Butler (DOB 04/25/1988) for a visit addressing strep throat on December 16. Correct this error and prepare a patient statement to send to Janine Butler.

Competencies

• Describe common periodic financial reports, CAAHEP VI.C-8
• Differentiate between bookkeeping and accounting, CAAHEP VI.C-2
• Discuss types of physician fee schedules, ABHES 8-b, CAAHEP VII.C-4

Estimated completion time: 30 minutes

Measurable Steps

1. Click on the Form Repository icon.
2. Select Patient Statement from the Patient Forms section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the form to Janine Butler.
4. Confirm the auto-populated details and document any additional information needed.
5. Click the Save to Patient Record button. A confirmation message will appear.
6. Click on the Find Patient icon.
7. Using the Patient Search fields, search for Janine Butler’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
8. Select the radio button for Janine Butler and click the Select button. Confirm the auto-populated details and document Janine Butler’s insurance information.
9. Document the date of service in the Date of Service field.
11. Document “32.00” in the Amount field.
13. Document the date of service in the Date of Service column.
15. Document “21.00” in the Amount column.
17. Document “53.00” in the Total Amount Due field.
18. Click the Save to Patient Record button.
19. Click on the Find Patient icon.
20. Using the Patient Search fields, search for Janine Butler’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
21. Select the form you prepared from the Patient Dashboard. The form will open as a PDF in a new window, allowing you to print.

Quiz Questions
1. Posting information to the day sheet would be considered a ______________ activity, whereas using the information from the day sheets and other forms to create a document that summarizes the medical office’s finances would be a(n) ______________ activity.

- bookkeeping, accounting
- accounting, bookkeeping
- financial, insurance
- insurance, financial

Answer: bookkeeping, accounting
Rationale: Bookkeeping is the activity of recording business transactions, whereas accounting is the recording and summarizing of business and financial transactions and analyzing, verifying and reporting the results.
Competency: Differentiate between bookkeeping and accounting, CAAHEP VI.C-2

2. Billing statements should be sent to patients:

- monthly.
- biweekly.
- every 90 days.
- At the beginning and middle of the month.

Answer: monthly
Rationale: Billing statements are sent to patients with outstanding balances monthly.
Competency: Describe common periodic financial reports, CAAHEP VI.C-8

3. A financial statement that records the charges, receipts and services rendered on a given day is a:

- checkbook.
- petty cash fund.
- balance sheet.
- day sheet.

Answer: day sheet
Rationale: The day sheet records all of the transactions of a given day for a medical office.
Competency: Describe common periodic financial reports, CAAHEP VI.C-8

4. True or false? It is important to know a patient’s insurance carrier before looking up the cost of a procedure in the fee schedule.

Answer: True
Rationale: Physicians often have more than one fee schedule. There could be a separate fee schedule for Medicare, Medicaid, workers’ compensation, self-pay, and various managed care organizations. To ensure the medical assistant quoting the correct fee, he or she must know what the insurance carrier is in order to refer to the correct fee schedule.
Competency: Discuss types of physician fee schedules, CAAHEP VII.C-4, ABHES 8-b
Objectives
• Search for a patient record.
• Document in the progress note.
• Complete a superbill.
• Prepare a patient statement.

Overview
Diego Lupez (DOB 08/01/1982) is seeing Dr. Martin for a follow-up for his anemia. He is feeling better since starting B12 injections and monitoring his diet. His vitals are T: 97.4°F (Tym), P: 66 reg, thready, R: 12 reg, shallow, BP: 126/72 sitting, left arm. His hemoglobin is 11.6 g/dL, hematocrit 34.8%, RBC 4.7 million/mm3, WBC 7,200/mm3, Platelets 346,000/mm3. Dr. Martin’s diagnosis is pernicious anemia and the plan is to continue current therapy and return to clinic in six months. Diego Lupez pays a $25.00 copayment. Document in the progress note and submit a superbill for the problem-focused office visit.

Competencies
• Discuss the application of Standard Precautions with regard to blood, CAAHEPI II.C-12b
• Explain basic bookkeeping computations, CAAHEP VI.C-1
• Perform venipuncture, ABHES 10-d.1, CAAHEP I.P-2
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Diego Lupez’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.

Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Diego Lupez and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Progress Notes from the Record dropdown menu.
8. Document the date using the calendar picker.
10. Document “T:97.4°F (Tym), P: 66 reg, thready, R: 12 reg, shallow, BP: 126/72 sitting, left arm, Hematocrit 34.8%, RBC 4.7 T/L, WBC 7,200/mm3, Platelets 346,000/mm3” in the Objective field.
13. Click the Save button.
14. After reviewing the encounter, select Patient Dashboard in the Info Panel and then click the Superbill link below the patient header.
15. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
16. On page one of the superbill, select the ICD-10 radio button.
17. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
18. Enter “Pernicious Anemia” in the Search field and select ICD-10-CM from the dropdown menu.
19. Click the Search button.
20. Click the code D51.0 to expand this code and confirm that it is the most specific code available.
21. Click the code D51.0 for “Vitamin B12 deficiency anemia due to intrinsic factor deficiency” that appears in
the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.

**Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in
completing coding & billing tasks.
22. Click the View Fee Schedule link to obtain the charges for the office visit (99212).
23. Document “1” in the Rank column for Problem focused Office Visit with the corresponding fee of 32.00
and the CPT code 99212.
24. Click the Save button.
25. Click the Next button to progress through the superbill.
26. On page three of the superbill, document “2” in the Rank column for Venipuncture with the corresponding
CPT code 36415.
27. Document “3” in the Rank column for CBC, w/o auto differential with the corresponding fee of 25.00 and
the CPT code of 85027.
28. Click the Save button and then click the Next button to move to page four of the superbill.
29. On page four, document “25.00” in the Copay field.
30. Confirm that the total in the Today’s Charges field has populated correctly.
31. Document “42.00” in the Balance Due field.
32. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Diego Lupez is
the insured patient for the visit.
33. Select the Self radio button in the Patient Relationship to Insured field.
34. Select the Single radio button in the Patient Status field.
35. Select the No radio button to indicate that there are no other health benefits.
36. Select the No radio buttons to indicate that the patient condition is not related to employment or an
accident.
37. Click the Save button.
38. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
39. Select the Yes radio button to indicate that the signature is on file.
40. Document the date in the Date field.
41. Click the Submit Superbill button. A confirmation message will appear.

**Quiz Questions**

1. True or false? The most common site for venipuncture is the antecubital space.
   **Answer:** True
   **Rationale:** Positioning for a venipuncture blood draw would expose the antecubital space which is a common
site for venipuncture.
   **Competency:** Perform venipuncture, ABHES 10-d.1, CAAHEP I.P-2

2. Which of the following statements is false when positioning a patient for a venipuncture blood draw?
   - The patient does not need to be seated.
   - The patient’s arm should be extended downward with the palm facing up to form a straight line from
the shoulder to the wrist.
   - The armrest should support the patient’s arm.
   - If the patient appears nervous or has fainted in the past, it is best to place the patient in the semi-
fowler position on the examining table.
   **Answer:** The patient does not need to be seated.
   **Rationale:** The patient should be seated in a comfortable chair for a venipuncture blood draw.
   **Competency:** Perform venipuncture, ABHES 10-d.1, CAAHEP I.P-2
3. Place the following steps to applying a tourniquet for a blood draw in the correct order.
   1. Ask the patient to clench his or her fist.
   2. Position the tourniquet three to four inches above the bend in the elbow.
   3. Check to make sure the tourniquet is snug but not tight.

   Answer: 2, 3, 1

   **Rationale:** The combined effect of the pressure of the tourniquet and the clenched fist should cause the antecubital veins to stand out so that accurate selection of a puncture site can be made.

   **Competency:** Perform venipuncture, ABHES 10-d.1, CAAHEP I.P-2

4. Place the following steps to positioning a needle prior to obtaining a blood specimen in the correct order.
   1. Rest the backs of the fingers on the patient’s forearm.
   2. Position the needle at a 15-degree angle to the arm.
   3. Position the needle so that it enters the vein approximately 1/8 inch below the place where the vein is to be punctured.
   4. Ensure that the needle points in the same direction as the vein to be punctured.

   Answer: 2, 1, 4, 3

   **Rationale:** An angle of less than 15 degrees may cause the needle to enter above the vein, preventing puncture. An angle of more than 15 degrees may cause the needle to go through the vein by puncturing the posterior wall, which could result in a hematoma.

   **Competency:** Perform venipuncture, ABHES 10-d.1, CAAHEP I.P-2

5. Patient statements are generated:
   a. monthly.
   b. quarterly.
   c. weekly.
   d. every two months.

   Answer: monthly

   **Rationale:** The medical assistant should generate patient statements once a month.

   **Competency:** Explain basic bookkeeping computations, CAAHEP VI.C-1

6. In the event of a blood spill:
   - the area should be properly cleaned immediately.
   - an incident report will need to be filled out.
   - the medical assistant should use PPE while cleaning the spill.
   - the medical assistant should properly clean the area while using PPE and then immediately and then complete an incident report.

   Answer: the medical assistant should properly clean the area while using PPE and then immediately and then complete an incident report.

   **Rationale:** In the event of a blood spill, the medical assistant should properly clean the area while using PPE and then immediately and then complete an incident report.

   **Competency:** Discuss the application of Standard Precautions with regard to blood, CAAHEP I.II.C-12b
Objectives
• Search for a patient record.
• Document in the patient progress note.
• Update a day sheet.
• Create a patient statement.

Overview
Ella Rainwater (DOB 07/11/1959) has a history of hypertension and is seeing Dr. Martin for a blood pressure check and states that she has been feeling “just fine” since her last visit. Her vitals are T:98.2°F (Tym), P: 94 reg, strong, R: 24 reg, normal, BP: 146/92 sitting, left arm. Dr. Martin prescribes Norvasc 5 mg PO qd for Ella Rainwater and orders her to return in two weeks to re-check her blood pressure. Document this visit in the progress note, complete the superbill, and post visit charges to the ledger and day sheet for a problem focused office visit for this established patient.

Competencies
• Discuss procedures for collecting outstanding accounts, CAAHEP VI.C-11
• Properly utilize PDR, drug handbook and other drug reference to identify a drug’s classification, usual dosage, usual side effects, and contraindications, ABHES 6-d
• Define and use medical abbreviations when appropriate and acceptable, ABHES 3-d
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth helps to ensure that you have located the correct patient record.
3. Select the radio button for Ella Rainwater and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Progress Notes from the Record dropdown menu.
8. Document the date using the calendar picker.
9. Document “Patient states that she has been feeling “just fine” since her last visit” in the Subjective field.
13. Click the Save button.
14. After reviewing the encounter, select Patient Dashboard from the Info Panel.
15. Click the Superbill link below the patient header.
16. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
   Helpful Hint: The View Fee Schedule and View Progress Notes links provide information necessary in completing Coding & Billing tasks.
17. On page one of the superbill, select the ICD-10 radio button.
18. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
19. Enter “Hypertension” in the Search field and select ICD-10-CM from the dropdown menu.
20. Click the Search button.
21. Click the code I10 to expand this code and confirm that it is the most specific code available.
22. Click the code I10 for "Essential (primary) hypertension" that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
23. Document “1” in the Rank column for problem-focused office visit with the corresponding fee of 32.00 and the CPT code of 99212.
24. Click the Save button.
25. Click the Next button to proceed to page four of the superbill.
26. On page four, document “25.00” in the Copay field.
27. Confirm that the total in the Today’s Charges field has populated correctly.
29. Select the Same Address as Patient checkbox by the Insured Address field.
30. Select the Spouse radio button in the Patient Relationship to Insured field.
31. Select the Married button in the Patient Status field.
32. Select the No radio button to indicate that there are no other health benefits.
33. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
34. Click the Save button.
35. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
36. Select the Yes radio button to indicate that the signature is on file.
37. Document the date in the Date field.
38. Click the Submit Superbill button. A confirmation message will appear.
39. Within the Coding & Billing tab, select Ledger from the left Info Panel.
40. Search for Ella Rainwater using the Patient Search fields.
41. Select the radio button for Ella Rainwater and click the Select button.
42. Confirm the auto-populated details in the header.
43. Document the current date in the Transaction Date column using the calendar picker.
44. Document the date of service in the DOS column using the calendar picker.
45. Select the correct provider using the dropdown in the Provider field.
46. Click the View Fee Schedule link to determine the correct code and fee.
47. Document “99212” in the Service column.
48. Document “32.00” in the Charges column. The balance will auto-populate in the Balance column.
49. Click the Save button.
50. Select Day Sheet from the left Info Panel.
51. Document the current date in the Date column using the calendar picker.
54. Document “32.00” in the Charges column.
55. Document “25.00” in the Payment column.
56. Document “0.00” in the Adjustment column.
57. Document “32.00” in the New Balance column.
58. Document “7.00” in the Old Balance column.
59. Click the Save button.

Quiz Questions
1. What drug category is Norvasc classified as?
   - Antianxiety
   - Anticoagulant
   - Antidiabetic
• Antihypertensive

**Answer:** Antihypertensive

**Rationale:** Norvasc (amlodipine) is classified as an antihypertensive medication (calcium channel blocker).

**Competency:** Properly utilize PDR, drug handbook and other drug reference to identify a drug’s classification, usual dosage, usual side effects, and contraindications, ABHES 6-d

2. The abbreviation DOS stands for:
   - date of service.
   - date of symptom.
   - date of signature.
   - date of stamp.

**Answer:** date of service

**Rationale:** DOS stands for date of service and is a common abbreviation used in the medical office.

**Competency:** Define and use medical abbreviations when appropriate and acceptable, ABHES 3-d

3. In order to help collect outstanding balances on patient accounts, a medical assistant could:
   - have a different collection message printed on each statement depending on the age of the balance.
   - use computer-generated collection calls.
   - type the current balance due in bold, italics, and underlined font.
   - print the statements in a fun and colorful style.

**Answer:** have a different collection message printed on each statement depending on the age of the balance.

**Rationale:** Having a collection message on the patient statement can help to collect the outstanding balance. The message should be stricter with older outstanding balances.

**Competency:** Discuss procedures for collecting outstanding accounts, CAAHEP VI.C-11
Objectives
- Search for a patient record.
- Document in the progress note.
- Update a patient ledger.
- Update the day sheet.
- Use a fee schedule.

Overview
Robert Caudill (DOB 10/31/1940) has a history of diabetes mellitus type 2 and complains of dizziness, blurred vision, and mild confusion. Jean Burke, NP notices that Robert Caudill’s skin is cool and clammy during the acute care visit. Robert Caudill’s pulse is 116 and his BP is 90/58. Jean Burke, NP orders a blood glucose finger stick and the results are 42. Jean Burke, NP diagnoses Robert Caudill with hypoglycemia and gives him a glucose tablet with a glass of orange juice. She then performs a repeat blood glucose finger stick and the results are 90. She lowers the dosage of Robert Caudill’s glimepiride from 4 mg per day to 2 mg per day. She also instructs Robert Caudill to track his morning blood sugars for two weeks and call Walden-Martin at the end of each week to report his readings. Document in the progress note, submit the superbill for the expanded problem-focused office, and two blood glucose levels, and post charges to the ledger for Robert Caudill.

Competencies
- Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10
- Describe how to use the most current procedural coding system, CAAHEP VIII.C-3
- Obtain vital signs, ABHES 9-b, CAAHEP I.P-1
- Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Robert Caudill’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Robert Caudill and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Progress Notes from the Record dropdown menu.
8. Document the date using the calendar picker.
10. Document “Skin is cool and clammy, P: 116, BP 90/58, blood glucose 42 mg/dL” in the Objective field.
12. Document “Patient to decrease glimepiride to 2 mg per day, track morning blood sugars for two weeks and report the results after the first week and again after the second week, refer to diabetic education classes” in the Plan field.
13. Click the Save button.
14. After reviewing the encounter, select Patient Dashboard from the Info Panel.
15. Click the Superbill link below the patient header.
16. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.

**Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in completing coding & billing tasks.

17. On page one of the superbill, select the ICD-10 radio button.
18. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
19. Enter “Hypoglycemia” in the Search field and select ICD-10-CM from the dropdown menu.
20. Click the Search button.

21. Click the code E16.2 to expand this code and confirm that it is the most specific code available.
22. Click the code E16.2 for “Hypoglycemia” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
23. Click the View Fee Schedule link to obtain the charges for the office visit (43.00) and blood glucose monitoring device (16.00).
24. Document “1” in the Rank column for Expanded Problem Focused Office Visit with the corresponding fee of 43.00 and CPT code of 99213.
25. Click the Save button.
26. Click the Next button to proceed to page three of the superbill.
27. Document “2” in the Rank column for Blood glucose, monitoring device in Laboratory with the corresponding CPT code 82962.
28. Click the Save button.
29. Click the Next button to proceed to page four of the superbill.
30. On page four, document “25.00” in the Copay field.
31. Confirm that the total in the Today’s Charges field has populated correctly.
32. Document “50.00” in the Balance Due field.
33. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Robert Caudill is the insured patient for the visit.
34. Select the Self radio button in the Patient Relationship to Insured field.
35. Select the Single radio button in the Patient Status field.
36. Select the No radio button to indicate that there are no other health benefits.
37. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
38. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
39. Select the Yes radio button to indicate that the signature is on file.
40. Document the date in the Date field.
41. Click the Submit Superbill button. A confirmation message will appear.
42. Select Ledger from the left Info Panel.
43. Search for Robert Caudill using the Patient Search fields.
44. Select the radio button for Robert Caudill and click the Select button.
45. Confirm the auto-populated details in the header.
46. Document the current date in the Transaction Date column using the calendar picker.
47. Document the date of service in the DOS column using the calendar picker.
48. Select the correct provider using the dropdown in the Provider field.
49. Click the View Fee Schedule link to determine the correct code and fee.
51. Document “43.00” in the Charges column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total Ledger Balance field below the table.
52. Click the Add Row button.
53. Document the current date in the Date column using the calendar picker.
Quiz Questions
1. Which of the following are Evaluation and Management (E&M) descriptors?
   • Physical examination
   • Well-baby check-up
   • Pre-operative physical
   • Physical examination, well-baby check-up, and pre-operative physical
   **Answer:** Physical examination, well-baby check-up, and pre-operative physical
   **Rationale:** Descriptors include basic diagnostic and treatment services such as office visits and physical examinations. These descriptors are part of the CPT coding system.
   **Competency:** Describe how to use the most current procedural coding system, CAAHEP VIII.C-3

2. Signs and symptoms of hypoglycemia include:
   • palpitations.
   • sudden fatigue.
   • dizziness.
   • palpitations, sudden fatigue, and/or dizziness.
   **Answer:** palpitations, sudden fatigue, and/or dizziness.
   **Rationale:** Palpitations, sudden fatigue, and/or dizziness are all signs of hypoglycemia. Patients should follow a prescribed diet of small frequent meals to maintain blood sugar and prevent complications.
   **Competency:** Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10

3. Match the pulse sites with their appropriate location:
   1. Femoral   a. Neck
   2. Dorsalis pedis   b. Wrist
   3. Popliteal   c. Groin
   4. Radial   d. Back of knee
   5. Carotid   e. Top of foot
   **Answer:** 1-c, 2-e, 3-d, 4-b, 5-a
   **Rationale:** The neck (carotid), wrist (radial), groin (femoral), back of the knee (popliteal), and top of the foot (dorsalis pedis) are the appropriate anatomical sites for pulse measurements.
   **Competency:** Obtain vital signs, ABHES 9-b, CAAHEP I.P-1

4. How are respirations measured in a patient?
   • Observing the rise and fall of the patient’s chest
   • Listening for breath sounds
   • A breath monitor
   • None of the above
   **Answer:** Observing the rise and fall of the patient’s chest
   **Rationale:** Respirations are measured in cycles by observing the rise and fall of the patient’s chest. The abdomen may also be observed for “belly breathers”.
   **Competency:** Obtain vital signs, ABHES 9-b, CAAHEP I.P-1

5. What is the average normal blood pressure reading for healthy adults?
• 120/80 mmHg
• 110/70 mmHg
• 140/90 mmHg
• 90/70 mmHg

**Answer:** 120/80 mmHg

**Rationale:** 120/80 mmHg is the accepted standard for healthy blood pressure measurements for adults.

**Competency:** Obtain vital signs, ABHES 9-b, CAAHEP I.P-1

6. **Respiratory rate is:**
   - the number of respirations measured in a minute.
   - the depth of respirations measured in a minute.
   - the number of respirations measured in 30 seconds.
   - the sounds of respirations measured in a minute.

**Answer:** the number of respirations measured in a minute.

**Rationale:** Respiratory rate is the number of respirations that can be measured within one minute.

**Competency:** Obtain vital signs, ABHES 9-b, CAAHEP I.P-1
Objectives

• Search for a patient record.
• Document a patient encounter.
• Complete a superbill.
• Update a ledger.
• Complete a claim.
• Use a fee schedule.

Overview

Julia Berkley (DOB 07/05/1992) is a senior at Anytown University and a new patient at Walden-Martin. Until now, she has been healthy with no relevant medical history. However, she felt a small mass in her left breast last month during a self-exam. She denies any nipple pain or discharge, and there is no redness or puckering to the breast. Julia Berkley smokes about five cigarettes a day and has been drinking more coffee lately to stay up late studying for final exams. She takes a daily multivitamin and got a flu shot last week at the campus clinic. The shot was administered to her right arm and she had no reaction. Dr. Martin asks Julia Berkley about any past surgeries. Her surgical history includes a tonsillectomy and adenoidectomy when she was 11. She was once pregnant, but the pregnancy resulted in a miscarriage at 10 weeks gestation last year on July 1. Julia Berkley has had yearly pap smears and pelvic exams since she was 17 years old. Although Dr. Martin feels that her mass is due to increased density in the breast, he orders a bilateral screening mammogram as a baseline.

Competencies

• Describe various types of content maintained in a patient’s medical record, CAAHEP V.C-6
• Identify both abbreviations and symbols used in calculating medication dosages, CAAHEP II.C-6
• Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
• Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e
• Schedule patient admissions and/or procedures, ABHES 8-d, CAAHEP V.P-2
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 1 hour, 30 minutes

Measurable Steps

1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Julia Berkley’s patient record. Once you locate her patient record in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Julia Berkley and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select New Patient Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Immunizations from the Record dropdown menu.
8. Locate the row for the “Flu” vaccine and click the green plus sign to the far right of that row. That row will become active so you can add an immunization to Julia Berkley’s record.
9. For "type," choose "unknown" from the dropdown menu. Leave "dose" blank.
10. Within the Date Admin column, use the calendar picker to select the date administered.
11. Within the Provider column, document “Anytown University Campus Clinic” in the text box.
12. Within the Reaction column, document “Patient has no reaction” in the text box.
13. Click the Save button. A confirmation message will appear and the Immunizations table will display the new immunization.
14. Select Health History from the Record dropdown menu.
15. Click on the "No previous health history" box.
16. Click on the "No previous hospitalization" box.
17. Document the year that the patient would have been 11 years old in the Date field and “Tonsillectomy” in the Type of Surgery field, along with any additional information needed.
18. Click the Save button. A confirmation message will appear and the Health History table will display the newly added health history.
19. Click the Add New button beneath the Past Surgeries section.
20. In the Add Past Surgery window, document the date.
21. Document “Adenoidectomy” in the Type of Surgery field, along with any additional information needed.
22. Click the Save button. A confirmation message will appear and the Health History table will display the newly added health history.
23. Within the Pregnancy History tab, click the Add New button beneath the Previous Pregnancies section.
27. Document “0” in the Preterm field.
29. Document “0” in the Living field.
30. Click the Save button. A confirmation message will appear and the Pregnancy History table will display the newly added health history.
31. Select Medications from the Record dropdown menu.
32. Within the Over-the-Counter Products tab, click the Add Medication button to add multivitamins to Julia Berkley’s medications. An Add Over-the-Counter Product window will appear.
33. Document “Multivitamin” in the Generic Name field.
34. Document “1” in the Dose field.
36. Select “oral” from the Route dropdown menu.
37. Document any additional information needed and select the Active radio button in the Status field.
38. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
39. Select Chief Complaint from the Record dropdown menu.
41. Document “Left breast” in the Location field.
42. Document “1 month” in the Duration field.
43. Select the No radio button at the top of the column in each section to indicate that Julia Berkley denies having these symptoms.
44. Click the Save button. A confirmation message will appear and the chief complaint you just added will move below the Saved tab.
45. Select Order Entry from the Record dropdown menu.
46. Select the TruCode encoder button in the top right corner. The encoder tool will open in a new tab.
47. Enter “Breast mass” in the Search field and select Diagnosis, ICD-10-CM from the corresponding dropdown menu.
48. Click the Search button.
49. Copy the code N63 for “Unspecified lump in breast” that populates in the search results.
50. Click the Add button below the Out-of-Office table to add an order.
51. In the Add Order window, select Requisitions from the Order dropdown menu.
52. Paste the diagnosis within the body of the Notes field so that is available for documentation.
53. Select Radiology from the Requisition Type dropdown menu.
54. Document any additional information provided and click the Save button. A confirmation message will
   appear and the Out-of-Office table will display the new order.
55. Click the Form Repository icon.
56. Select the Requisition form from the left Info Panel.
57. Select Radiology from the Requisition Type dropdown menu.
58. Click the Patient Search button to assign the form to Julia Berkley. Confirm the auto-populated patient
demographics.
59. In the Diagnosis field, document “Screening for Malignant Neoplasms, Mammogram”.
60. Place the cursor in the Diagnosis Code field to access the encoder. Accessing the encoder tool this way will
   auto-populate any selected codes where the cursor is placed.
61. Enter “Screening for Malignant Neoplasms, Mammogram” in the Search field and select Diagnosis, ICD-10-
   CM from the dropdown menu.
62. Click the Search button.
63. Click the code Z12.9 to expand this code and confirm that it is the most specific code available.
64. Click the yellow information icon to the left of the code to view the instructional notes, which mention the
   external cause of the code is also required for this diagnosis.
65. Click the code Z12.31 for “Screening mammogram for Malignant Neoplasms, Mammogram” that appears
   in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
66. Document any additional information needed and click the Save to Patient Record button. A confirmation
   message will appear.
67. Click the Clinical Care tab.
68. Using the Patient Search fields, search for Julia Berkley’s patient record. Once you locate her in the List of
   Patients, confirm her date of birth.
69. Select the radio button for Julia Berkley and click the Select button. Confirm the auto-populated details.
70. Within the patient dashboard, scroll down to view the saved forms in the Forms section.
71. Select the form you prepared. The form will open as a PDF in a new window, allowing you to print.
72. After reviewing the encounter, click the Superbill link below the patient header.
73. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated
   details.
   **Helpful Hint:** The View Fee Schedule and View Progress Notes links provide information necessary in
   completing Coding & Billing tasks.
74. On page one of the superbill, select the ICD-10 radio button.
75. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
76. Enter “Breast mass” in the Search field and select ICD-10-CM from the dropdown menu.
77. Click the Search button.
78. Click the code N63 to expand this code and confirm that it is the most specific code available.
79. Click the code N63 for “Unspecified lump in breast” that appears in the tree. This code will auto-populate
   in the Rank 1 row of the Diagnoses box.
80. Document “1” in the Rank column for NP Problem focused Office Visit with the corresponding fee of 50.00
    and CPT code of 99202 in the “New” column.
81. Click the Save button.
82. Click the Next button to proceed to page four of the superbill.
83. Document “25.00” in the Copay field.
84. Confirm that the total in the Today’s Charges field has populated correctly.
85. Document “25.00” in the Balance Due field.
86. Select the Self radio button in the Patient Relationship to Insured field.
87. Select the Single radio button in the Patient Status field.
88. Select the No radio button to indicate that there are no other health benefits.
89. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
90. Click the Save button.
91. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
92. Select the Yes radio button to indicate that the signature is on file.
93. Document the date in the Date field.
94. Click the Submit Superbill button. A confirmation message will appear.
95. Within the Coding & Billing tab, select Ledger from the left Info Panel.
96. Search for Julia Berkley using the Patient Search fields.
97. Select the radio button for Julia Berkley and click the Select button.
98. Confirm the auto-populated details in the header.
99. Document the current date in the Transaction Date column using the calendar picker.
100. Document the date of service in the DOS column using the calendar picker.
101. Select the correct provider using the dropdown in the Provider field.
102. Click the View Fee Schedule link to determine the correct code and fee.
104. Document “50.00” in the Charges column.
105. Document “25.00” in the Payment column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total Ledger Balance field below the table.
106. Click the Save button.

**Quiz Questions**

1. True or false? OTC stands for over-the-counter.
   - **Answer:** True
   - **Rationale:** OTC medications are purchased without a doctor’s prescription.
   - **Competency:** Identify both abbreviations and symbols used in calculating medication dosages, CAAHEP II.C-6

2. Which of the following are CPT codes for the administration of the influenza vaccine?
   - 90658
   - 90471
   - G0008
   - 90658, 90471, and G0008
   - **Answer:** 90658, 90471, and G0008
   - **Rationale:** Patients older than three years receiving Influenza product are coded as 90658. The administration code for a single vaccine in CPT is 90471. In HCPCS, the administration for flu is G0008.
   - **Competency:** Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1

3. The procedural code for diagnostic mammogram of both breasts is:
   - 77056.
   - 77065.
   - 77650.
   - 77560.
   - **Answer:** 77056.
   - **Rationale:** The procedural code (CPT) for a bilateral diagnostic mammogram is 77056.
   - **Competency:** Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
4. True or false? The tonsils and adenoids have important immune functions.
Answer: True
Rationale: The tonsils and adenoids play a role in protecting the body from pathogens entering through the mouth and nose.
Competency: Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

5. What is the purpose of annual Pap smears?
- To detect cellular changes in the woman’s cervix.
- A screening test for cervical cancer.
- A screening test for uterine cancer.
- To detect cellular changes in the woman’s cervix and a screening test for cervical cancer.
Answer: To detect cellular changes in the woman’s cervix.
Rationale: Pap smears are screening tests for cervical cancer. They detect cellular changes in the cervix to alert the doctor of the patient’s risk.
Competency: Schedule patient admissions and/or procedures, ABHES 8-d, CAAHEP V.P-2

6. True or false? The progress note is a summary of the procedures and diagnosis of the visit office.
Answer: True
Rationale: The progress note contains a summary of the procedures and diagnosis for the office visit.
Competency: Describe various types of content maintained in a patient’s medical record, CAAHEP V.C-6
97. Complete Referral Form, Document Chief Complaint and Progress Note, and Complete Payment Process for Robert Caudill

Objectives
- Search for a patient record.
- Create a referral form.
- Document a chief complaint.
- Document in the progress note.
- Use a fee schedule.
- Complete a superbill.
- Update a patient ledger.
- Complete a claim.
- Update the day sheet.

Overview
Robert Caudill (DOB 10/31/1940) is seeing Jean Burke, NP for a follow-up appointment after an episode of hypoglycemia. His blood sugars have been running between 92 and 150 before meals. Dr. Walden reviews Robert Caudill’s recent lipid panel results, sees that his LDL is 150, and diagnoses hyperlipidemia. Dr. Walden prescribes one Lipitor 10 mg every day at bedtime. Robert Caudill mentions that he has increasing lower leg discomfort and cramping when walking short distances. He also states that he has some tingling in his feet. Diabetic patients are at an increased risk for vascular disease so Dr. Walden refers Robert Caudill for a vascular consult. Complete a referral form, document the chief complaint, and document the progress note for Robert Caudill’s problem focused office visit. Then, complete the payment process by completing the superbill, ledger, claim, and day sheet with the charges and payments associated with this encounter.

Competencies
- Describe various types of content maintained in a patient’s medical record, CAAHEP V.C-6
- Discuss referral process for patients in a managed care program, CAAHEP VII.C-6
- Respond to issues of confidentiality, CAAHEP IX.P-1

Estimated completion time: 1 hour, 30 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Robert Caudill’s patient record. Once you locate his patient record in the List of Patients, confirm his date of birth.
   Helpful Hint: Confirming a patient’s date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Robert Caudill and click the Select button.
4. Create a new encounter by clicking Office Visit in the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Chief Complaint from the Record dropdown menu.
10. Select the No radio button at the top of the column in each section to indicate that Robert Caudill denies having these symptoms.
11. Select the Yes radio button for Paresthesis in the Neuro section and Myalgia in the MS section.
12. Click the Save button. A confirmation message will appear and the chief complaint you just added will move below the Saved tab.
13. Select Progress Notes from the Record dropdown menu.
14. Document the date using the calendar picker.
15. Document “Patient states that he has increasing lower leg discomfort and cramping when walking short distances. He also notes that he has some tingling in his feet.” in the Subjective field.
16. Document “Blood sugars have been running between 92 and 150 before meals.” in the Objective field.
18. Document “Lipitor 10 mg every day at bedtime and vascular consult” in the Plan field.
19. Click the Save button.
20. Click on the Form Repository icon.
21. Select Referral from the Patient Forms section of the left Info Panel.
22. Click the Patient Search button to perform a patient search and assign the form to Robert Caudill.
   **Helpful Hint:** Performing a patient search before completing a form will help to ensure accurate documentation in the patient record.
23. Confirm the auto-populated details and document any additional information needed.
24. Document “DM Type 2, hyperlipidemia” in the Diagnosis field.
25. Document “LDL 150 mg/dL, intermittent claudication and foot paresthesias” in the Significant Clinical Information/Symptoms field.
26. Click the “Yes” radio button next to Diabetic.
27. List glimepiride 2 mg daily and Lipitor 10 mgs daily in the Medications field.
29. Click the Save to Patient Record button. A confirmation message will appear.
30. Click on the Find Patient icon.
31. Using the Patient Search fields, search for Robert Caudill’s patient record. Once you locate him in the List of Patients, confirm his date of birth.
32. Select the radio button for Robert Caudill and click the Select button. Confirm the auto-populated details.
33. Select the form you prepared from the patient dashboard. The form will open as a PDF in a new window, allowing you to print.
34. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
35. On page one of the superbill, select the ICD-10 radio button.
36. In the Rank 1 row of the Diagnoses box, place the cursor in the text field to access the encoder.
37. Enter “Type 2 diabetes” in the Search field and select ICD-10-CM from the dropdown menu.
38. Click the Search button.
39. Click the code E11.9 to expand this code and confirm that it is the most specific code available.
40. Click the code E11.9 for “Type 2 diabetes mellitus without complications” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.
41. In the Rank 2 row of the Diagnoses box, place the cursor in the text field to access the encoder.
42. Enter “Hyperlipidemia” in the Search field and select ICD-10-CM from the dropdown menu.
43. Click the Search button.
44. Click the code E78.5 to expand this code and confirm that it is the most specific code available.
45. Click the code E78.5 for “Hyperlipidemia” that appears in the tree. This code will auto-populate in the Rank 2 row of the Diagnoses box.
46. Click the View Fee Schedule link to obtain the charges for the problem-focused office visit (99212).
47. Document “1” in the Rank column for the problem focused office visit with the corresponding fee of 32.00 and CPT code of 99212.
48. Click the Save button.
49. Click the Next button to proceed to page four of the superbill.
50. On page four, document “25.00” in the Copay field.
51. Confirm that the total in the Today’s Charges field has populated correctly.
52. Document “7.00” in the Balance Due field.
53. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Robert Caudill is the insured patient for the visit.
54. Select the Self radio button in the Patient Relationship to Insured field.
55. Select the Single radio button in the Patient Status field.
56. Select the No radio button to indicate that there are no other health benefits.
57. Select the No radio buttons to indicate that the patient condition is not related to employment or an accident.
58. Click the Save button.
59. Select the “I am ready to submit the Superbill” checkbox at the bottom of the screen.
60. Select the Yes radio button to indicate that the signature is on file.
61. Document the date in the Date field.
62. Click the Submit Superbill button. A confirmation message will appear.
63. Select Ledger from the left Info Panel.
64. Search for Robert using the Patient Search fields.
65. Select the radio button for Robert Caudill and click the Select button.
66. Confirm the auto-populated details in the header.
67. Document the current date in the Transaction Date column using the calendar picker.
68. Document the date of service in the DOS column using the calendar picker.
69. Select the correct provider using the dropdown in the Provider field.
70. Click the View Fee Schedule link to determine the correct code and fee.
71. Place your cursor in the Service column text field to access the encoder.
73. Document “32.00” in the Charges column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total field below the grid.
74. Click the Save button.
75. Select Day Sheet from the left Info Panel.
76. Document the current date in the Date column using the calendar picker.
77. Document “Robert Caudill” in the Patient column.
78. Select the correct provider using the dropdown in the Provider field.
80. Document “32.00” in the Charges column.
81. Document “25.00” in the Payment column.
82. Document “0.00” in the Adjustment column.
84. Document “0.00” in the Old Balance column.
85. Click the Save button.
86. Select Claim from the left Info Panel and perform a patient search to locate the claim for Robert Caudill.
87. Select the correct encounter and confirm the auto-populated details. Seven tabs appear within the claim:
   Patient Info, Provider Info, Payer Info, Encounter Notes, Claim Info, Charge Capture, and Submission.
   Certain patient demographic and encounter information is auto-populated in the claim.
88. Within the Patient Info tab, review the auto-populated information and document any additional information needed. Click the Save button.
89. Click the Provider Info tab.
90. Review the auto-populated information and document any additional information needed. Click the Save button.
91. Click the Payer Info tab.
92. Review the auto-populated information and document any additional information needed. Click the Save button.
93. Click the Encounter Notes tab.
94. Review the auto-populated information.
95. Select the Yes radio button to indicate that the HIPAA form is on file for Robert Caudill and document the current date in the Dated field.
96. Document any additional information needed and click the Save button.
97. Click the Claim Info tab.
98. Review the auto-populated information and document any additional information needed. Click the Save button.
99. Click the Charge Capture tab.
100. Document the encounter date in the DOS From and DOS To columns.
103. Document “1 2” in the DX column.
104. Document “1” in the Units column.
105. Document “32.00” in the Charge column.
106. Document any additional information needed.
107. Click the Submission tab. Click in the I am ready to submit the claim box. Click on the Yes radio button to indicate that there is a signature on file and enter today’s date in the Date field.
108. Click the Save button.
109. Click the Submit button.

Quiz Questions

1. What does the acronym SOAPE represent?
   - Sickness, observation, aching, pain, elevation
   - Subjective data, objective data, assessment, plan, and evaluation
   - Stomach, ovary, ankle, pancreas, ear
   - Shivering, outward, aching, pain, eventual

   **Answer:** Subjective data, objective data, assessment, plan, and evaluation

   **Rationale:** Writing progress notes in this format is called soaping. Some physicians who use a source-orientated format find it advantageous to record progress notes in SOAPE format. This structure increases the physician’s ability to deal with each problem clearly and to analyze data in an orderly, systematic manner.

   **Competency:** Describe various types of content maintained in a patient’s medical record, CAAHEP V.C-6

2. A referral is:
   - a transfer of specific care of the patient.
   - a request for a specialist opinion.
   - provided for certain procedures or hospital admissions.
   - required for all patients.

   **Answer:** a transfer of specific care of the patient.

   **Rationale:** Referral is used to describe an order for the transfer of patient care or part of a patient’s care.

   **Competency:** Discuss referral process for patients in a managed care program, CAAHEP VII.C-6

3. Mr. Caudill is feeling depressed about his new diagnosis. The medical assistant knows of another patient who was recently diagnosed with the same disorder and gives Mr. Caudill the patient’s phone number. Which of the following statements regarding the medical assistant’s actions are true:
   - The medical assistant violated Title One of HIPAA and could face disciplinary action.
   - The medical assistant violated Title Two of HIPAA and could face disciplinary action.
   - The medical assistant helped the patient network with others.
   - The medical assistant did nothing wrong.

   **Answer:** The medical assistant helped the patient network with others.

   **Rationale:** The medical assistant did not violate Title One or Title Two of HIPAA as they did not share protected health information. However, the medical assistant helped Mr. Caudill network with another patient, which is an ethical and professional action.

   **Competency:** Discuss ethical and professional behavior in the healthcare environment, CAAHEP VII.A-6
Answer: The medical assistant violated Title Two of HIPAA and could face disciplinary action.
Rationale: Title Two of HIPAA includes the Privacy Rule. The medical assistant should never share a patient’s private contact information with anyone.
Competency: Respond to issues of confidentiality, CAAHEP IX.P-1
Objectives

• Search for a patient record.
• Document patient payments on a bank deposit slip.

Overview

The first transaction of the day was a $15.00 form completion fee for Walter Biller. Now that the Walden-Martin office is closed, begin a bank deposit slip by documenting this transaction. Walter Biller paid with a check (#3345).

Competencies

• Perform a bank deposit, CAAHEP VI.P-1

Estimated completion time: 10 minutes

Measurable Steps

1. Click on the Form Repository icon.
2. Select Bank Deposit Slip from the Office Forms section of the left Info Panel.
3. Document the date in the Date field.
4. Document “Walter Biller” in the first row of the Checks column, followed by “15” in the Dollars column and “00” in the Cents column.
5. Document “15.00” in the Total field.
6. Document “1” in the Total Items field
7. Click the Save button.
8. Select the saved bank deposit from the Select Saved Form dropdown menu.
9. Click the Print button to print.

Quiz Questions

1. After a claim is processed, payment and the remittance advice (RA) are sent to the:
   • patient.
   • guarantor.
   • provider.
   • health plan.

Answer: provider.

Rationale: The Remittance Advice (RA) and payment is sent to the provider.

Competency: Perform a bank deposit, CAAHEP VI.P-2

2. True or false? Electronic Funds Transfer (EFT) can be used instead of mailed paper check.

Answer: True

Rationale: Many payers issue EFT payments to eliminate the creation and processing of paper checks.

Competency: Perform a bank deposit, CAAHEP VI.P-2

3. Which of the following statements regarding EFT is false?
   • EFT still requires the endorsement of a check.
   • EFT allows payment to be automatically deposited into the provider account.
   • EFT still has a corresponding remittance advice (RA).

Answer: EFT still requires the endorsement of a check.

Rationale: EFT payments are electronically processed and do not require physical checks or endorsements.

Competency: Perform a bank deposit, CAAHEP VI.P-2
• EFT still requires the endorsement of a check, allows payment to be automatically deposited, and still has a corresponding remittance advice (RA).

**Answer:** EFT still requires the endorsement of a check.

**Rationale:** EFT does not require a manual endorsement as the funds are automatically transferred.

**Competency:** Perform a bank deposit, CAAHEP VI.P-2

4. True or false? The total amount of cash and checks needs to be documented at the bottom of the deposit slip.

**Answer:** True

**Rationale:** The total amount of a deposit is documented at the bottom of a deposit slip.

**Competency:** Perform a bank deposit, CAAHEP VI.P-2
99. Document Transactions on Ledger and Day Sheet, then Prepare Bank Deposit Slip

Objectives
• Create a bank deposit.
• Document daily transactions on a day sheet.

Overview
Complete a bank deposit slip and document the daily transactions on the ledger and day sheet using the payments listed below:
• Amma Patel (DOB 1/14/1988) paid $25.00 by check – colposcopy with biopsy
• Celia Tapia (DOB 5/8/1970) paid $25.00 by cash – problem-focused office visit
• Charles Johnson (DOB 3/3/1958) paid $25.00 by check – metabolic panel, basic
• Diego Lupez (DOB 8/1/1982) paid $25.00 by check – problem-focused office visit
• Ella Rainwater (DOB 7/11/1959) paid $25.00 by check – problem-focused office visit
• Janine Butler (DOB 4/25/1968) paid $70.00 by check – new patient detailed office visit
• Quinton Brown (DOB 2/24/1978) paid $24.00 by cash – minimal office visit

Competencies
• Describe banking procedures, CAAHEP VI.C-3
• Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6
• Discuss precautions for accepting checks, CAAHEP VI.C-4
• Perform billing and collection procedures, ABHES 8-b

Estimated completion time: 50 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
2. Search for Amma Patel using the Patient Search fields, then select the radio button for Amma Patel and click the Select button.
3. Document the current date in the Transaction Date column using the calendar picker.
4. Document the date of service in the DOS column using the calendar picker.
5. Select the correct provider using the dropdown in the Provider field.
6. Place your cursor in the Service column text field to access the encoder.
7. Enter “Colposcopy” in the Search field and select CPT Tabular from the dropdown menu.
8. Click the Search button.
9. Click the link to show all 12 search results and click the 57455 code to expand this code and confirm that it is the most specific code available.
10. Click the code 57455 for “Colposcopy with biopsy(s) of the cervix” that appears in the tree. This code will auto-populate in the ledger.
11. Document “178.00” in the Charges field.
13. Click the Save button.
14. Select Day Sheet from the left Info Panel.
15. Document today’s date in the Date field.
17. Select the correct provider using the dropdown in the Provider field.
19. Document “178.00” in the Charges field.
22. Document “0.00” in the Old Balance.  
23. Click the Save button.  
24. Select Ledger from the left Info Panel. Select Change Patient to clear data.  
25. Search for Celia Tapia using the Patient Search fields, then select the radio button for Celia Tapia and click the Select button.  
26. Document the current date in the Transaction Date column using the calendar picker.  
27. Document the date of service in the DOS column using the calendar picker.  
28. Select the correct provider using the dropdown in the Provider field.  
29. Place your cursor in the Service column text field to access the encoder. Enter “Office visit” in the Search field and select CPT Tabular from the dropdown menu.  
30. Click the Search button.  
31. Click the code 99212 to expand this code and confirm that it is the most specific code available.  
32. Click the code 99212 for “Office or other outpatient visit” that appears in the tree. This code will auto-populate in the ledger.  
33. Document “32.00” in the Charges field.  
34. Document “25.00” in the Payment field.  
35. Click the Save button.  
36. Select Day Sheet from the left Info Panel.  
37. Within the Saved Day Sheets tab, select the saved day sheet from the dropdown menu.  
38. Click the Add Row button.  
39. Document today’s date in the Date field.  
41. Select the correct provider using the dropdown in the Provider field.  
42. Document “99212” in the Service field.  
43. Document “32.00” in the Charges field.  
44. Document “32.00” in the Payment field.  
46. Document “7.00” in the Old Balance.  
47. Click the Save button.  
48. Select Ledger from the left Info Panel. Select Change Patient to clear data.  
49. Search for Charles Johnson using the Patient Search fields, then select the radio button for Charles Johnson and click the Select button.  
50. Document the current date in the Transaction Date column using the calendar picker.  
51. Document the date of service in the DOS column using the calendar picker.  
52. Select the correct provider using the dropdown in the Provider field.  
53. Place your cursor in the Service column text field to access the encoder. Enter “Metabolic panel” in the Search field and select CPT Tabular from the dropdown menu.  
54. Click the Search button.  
55. Click the code 80048 to expand this code and confirm that it is the most specific code available.  
56. Click the code 80048 for “Basic metabolic panel” that appears in the tree. This code will auto-populate in the ledger.  
57. Document “42.00” in the Charges field.  
58. Document “25.00” in the Payment field.  
59. Click the Save button.  
60. Select Day Sheet from the left Info Panel.  
61. Within the Saved Day Sheets tab, select the saved day sheet from the dropdown menu.  
62. Click the Add Row button.  
63. Document today’s date in the Date field.
64. Document “Charles Johnson” in the Patient field.
66. Document “42.00” in the Charges field.
67. Document “25.00” in the Payment field.
68. Document “17.00” in the New Balance field.
69. Document “0.00” in the Old Balance.
70. Click the Save button.
71. Select Ledger from the left Info Panel. Select Change Patient to clear data.
72. Search for Diego Lupez using the Patient Search fields, then select the radio button for Diego Lupez and click the Select button.
73. Document the current date in the Transaction Date column using the calendar picker.
74. Document the date of service in the DOS column using the calendar picker.
75. Select the correct provider using the dropdown in the Provider field.
76. Place your cursor in the Service column text field to access the encoder. Enter “Office visit” in the Search field and select CPT tabular from the dropdown menu.
77. Click the Search button.
78. Click the code 99212 to expand this code and confirm that it is the most specific code available.
79. Click the code 99212 for “Office visit” that appears in the tree. This code will auto-populate in the ledger.
80. Document “32.00” in the Charges field.
81. Document “25.00” in the Payment field. Click the Save button.
82. Select Day Sheet from the left Info Panel.
83. Within the Saved Day Sheets tab, select the saved day sheet from the dropdown menu.
84. Click the Add Row button.
85. Document today’s date in the Date field.
88. Document “32.00” in the Charges field.
89. Document “25.00” in the Payment field.
90. Document “7.00” in the New Balance field.
91. Document “0.00” in the Old Balance.
92. Click the Save button. Select Change Patient to clear data.
93. Select Ledger from the left Info Panel.
94. Search for Ella Rainwater using the Patient Search fields, then select the radio button for Ella Rainwater and click the Select button.
95. Document the current date in the Transaction Date column using the calendar picker.
96. Document the date of service in the DOS column using the calendar picker.
97. Select the correct provider using the dropdown in the Provider field.
98. Place your cursor in the Service column text field to access the encoder.
99. Enter “Office visit” in the Search field and select CPT Tabular from the dropdown menu.
100. Click the Search button.
101. Click the code 99212 to expand this code and confirm that it is the most specific code available.
102. Click the code 99212 for “Office or other outpatient visit” that appears in the tree. This code will auto-populate in the ledger.
103. Document “25.00” in the Charges field.
104. Document “32.00” in the Payment field.
105. Click the Save button.
106. Select Day Sheet from the left Info Panel.
107. Within the Saved Day Sheets tab, select the saved Day Sheet from the dropdown menu.
108. Click the Add Row button.
109. Document today’s date in the Date field.
111. Select the correct provider using the dropdown in the Provider field.
113. Document “32.00” in the Charges field.
114. Document “32.00” in the Payment field.
115. Document "7.00" in the New Balance field.
116. Document “0.00” in the Old Balance.
117. Click the Save button.
118. Select Ledger from the left Info Panel. Select Change Patient to clear data.
119. Search for Janine Butler using the Patient Search fields, then select the radio button for Janine Butler and click the Select button.
120. Document the current date in the Transaction Date column using the calendar picker.
121. Document the date of service in the DOS column using the calendar picker.
122. Select the correct provider using the dropdown in the Provider field.
123. Place your cursor in the Service column text field to access the encoder.
124. Enter “Office visit new patient” in the Search field and select CPT Tabular from the dropdown menu.
125. Click the Search button.
126. Click the code 99203 to expand this code and confirm that it is the most specific code available.
127. Click the code 99203 for “Office or other outpatient visit” that appears in the tree. This code will auto-populate in the ledger.
128. Document “70.00” in the Charges field.
129. Document “70.00” in the Payment field.
130. Document “0.00” in the Adjustment field.
131. Click the Save button.
132. Select Day Sheet from the left Info Panel.
133. Within the Saved Day Sheets tab, select the saved day sheet from the dropdown menu.
134. Click the Add Row button.
135. Document today’s date in the Date field.
137. Select the correct provider using the dropdown in the Provider field.
139. Document “70.00” in the Charges field.
140. Document “70.00” in the Payment field.
141. Document “0.00” in the Adjustment field.
142. Document “0.00” in the New Balance field.
143. Document “0.00” in the Old Balance.
144. Click the Save button.
145. Select Ledger from the left Info Panel. Select Change Patient to clear data.
146. Search for Quinton Brown using the Patient Search fields, then select the radio button for Quinton Brown and click the Select button.
147. Document the current date in the Transaction Date column using the calendar picker.
148. Document the date of service in the DOS column using the calendar picker.
149. Select the correct provider using the dropdown in the Provider field.
150. Place your cursor in the Service column text field to access the encoder.
151. Enter “Office visit” in the Search field and select CPT Tabular from the dropdown menu.
152. Click the Search button.
153. Click the code 99211 to expand this code and confirm that it is the most specific code available.
154. Click the code 99211 for “Office or other outpatient visit” that appears in the tree. This code will auto-populate in the ledger.
155. Document “24.00” in the Charges field.
156. Document “24.00” in the Payment field.
157. Click the Save button.
158. Select Day Sheet from the left Info Panel.
159. Within the Saved Day Sheets tab, select the saved day sheet from the dropdown menu.
160. Click the Add Row button.
161. Document today’s date in the Date field.
163. Select the correct provider using the dropdown in the Provider field.
165. Document “24.00” in the Charges field.
166. Document “24.00” in the Payment field.
167. Document “0.00” in the Adjustment field.
168. Document “0.00” in the New Balance field.
169. Document “0.00” in the Old Balance.
170. Click the Save button.
171. Click the Form Repository icon and select Bank Deposit Slip from the Office Forms section.
172. Document today’s date in the Date field.
173. In the Currency row, document “49” in the Dollars column and “00” in the Cents column.
174. In the Total Cash row, document “49” in the Dollars column and “00” in the Cents column.
175. In the first row, document “Amma Patel” in the first column, “25” in the Dollars column, and “00” in the Cents column.
176. In the second row, document “Charles Johnson” in the first column, “42” in the Dollars column, and “00” in the Cents column.
177. In the third row, document “Diego Lupez” in the first column, “25” in the Dollars column, and “00” in the Cents column.
178. In the fourth row, document “Ella Rainwater” in the first column, “25” in the Dollars column, and “00” in the Cents column.
179. In the fifth row, document “Janine Butler” in the first column, “70” in the Dollars column, and “00” in the Cents column.
180. Document “170.00” in the Total From Attached List field.
182. Click the Save button.

Quiz Questions
1. True or false? Checks are documented individually on a deposit slip.
   Answer: True
   Rationale: Checks are itemized on the deposit slip, while cash is documented as one amount.
   Competency: Perform billing and collection procedures, ABHES 8-b

2. True or false? The medical assistant only needs to be aware of deposits and checks when reconciling a bank statement.
   Answer: False
   Rationale: Any service or charges for returned checks, in addition to any interest earned, must be documented.
   Competency: Perform billing and collection procedures, ABHES 8-b

3. True or false? The medical assistant only needs to document checks received from insurance carriers on the bank deposit slip.
   Answer: False
   Rationale: All checks received, including those from patients, must be documented on a bank deposit slip.
**Competency:** Perform billing and collection procedures, ABHES 8-b

4. All checks prepared for a deposit must be:
   - photocopied.
   - arranged in numerical order by check number.
   - stamped “Paid in full”.
   - endorsed.

   **Answer:** endorsed

   **Rationale:** All checks prepared for a deposit must be endorsed.

   **Competency:** Perform billing and collection procedures, ABHES 8-b g

5. True or false? Postdated checks are not accepted as payment in the medical office.

   **Answer:** True

   **Rationale:** The medical assistant should check the date on all check payments in order to avoid accepting postdated checks.

   **Competency:** Discuss precautions for accepting checks, CAAHEP VI.C-4

6. NSF stands for:
   - negative sum funds.
   - neutrally subtracted funds.
   - non-sufficient funds.
   - non-secure funds.

   **Answer:** non-sufficient funds.

   **Rationale:** If a patient’s check is stamped NSF (non-sufficient funds), the medical assistant should contact the patient to resolve the issue right away.

   **Competency:** Describe banking procedures, CAAHEP VI.C-3

7. What types of payment are most commonly used in the medical office?
   - Cash or personal check
   - Cash, personal check, or credit card
   - Cash, personal check, or third party check only
   - Cash

   **Answer:** Cash, personal check, or credit card

   **Rationale:** The most common forms of payment in the medical office are cash, check or credit card. It is not advised to accept third party checks.

   **Competency:** Describe banking procedures, CAAHEP VI.C-3

8. True or false? It is appropriate to charge a fee for NSF checks.

   **Answer:** True

   **Rationale:** Many medical offices charge a fee of $15.00 to $30.00 dollars to cover NSF checks.

   **Competency:** Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6

9. If a patient mails a check payment without having sufficient funds, the medical office could:
   - deduct the amount from the medical office’s checking account balance.
   - add the amount due back to the patient ledger.
   - document a description of the transaction in the patient ledger.
   - deduct the amount from the medical office’s checking account balance, add the amount due back to the patient ledger, or document a description.
**Answer:** deduct the amount from the medical office’s checking account balance, add the amount due back to the patient ledger, or document a description.

**Rationale:** Once a bank determines a check is NSF (non-sufficient funds), the medical assistant must take the proper steps to ensure proper bookkeeping.

**Competency:** Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6
100. Update Ledger, Create Deposit Slip, and Prepare Patient Statement for Norma Washington

Objectives
• Search for a patient record.
• Document patient payments.
• Document patient payments on the deposit slip.
• Prepare a patient statement.

Overview
Norma Washington (DOB 08/01/1944) is on a payment plan and sends the agreed-upon payments within the first 10 days of the month. Her first two payments were personal checks as follows: No. 212 for $20.00 and No. 215 for $20.00. Norma Washington’s payment is late this month. According to her ledger, she has an outstanding balance of $25.00 on her account. Update the ledger to show the two patient payments (PTPYMTCK), create a deposit slip for the payments received, and create a patient statement for the outstanding balance.

Competencies
• Describe the impact of both the Fair Debt Collection Act and the Federal Truth in Lending Act of 1968 as they apply to collections, CAAHEP VI.C-12
• Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6
• Discuss precautions for accepting checks, CAAHEP VI.C-4
• Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c
• Post non-sufficient fund (NSF) checks, ABHES 8-b.3, CAAHEP VI.P-2g
• Use internet to access information related to the medical office, CAAHEP V.P-7

Estimated completion time: 50 minutes

Measurable Steps
1. Within the Coding & Billing tab, select Ledger from the left Info Panel.
3. Select the radio button for Norma Washington and click the Select button.
4. Confirm the auto-populated details in the header.
5. Click the "Add Row" button.
6. Document the date the payment was received in the Date column using the calendar picker.
8. Document “0.00” in the Charges column.
11. Document “0.00” in the Adjustment column. The balance will auto-populate in the Balance column.
12. Document the current date in the Date column using the calendar picker.
13. Click the Add Row button.
16. Document “0.00” in the Charges column.
17. Document “20.00” in the Payment column. The balance will auto-populate in the Balance column and the total will auto-populate in the Total field below the grid.
18. Click the Save button.
19. Click on the Form Repository icon.
20. Select Bank Deposit Slip from the Office Forms section of the left Info Panel.
21. Document the date in the Date field.
22. Document “Norma Washington” in the first row of the Checks column, followed by “20” in the Dollars column and “00” in the Cents column.
23. Document “Norma Washington” in the second row of the Checks column, followed by “20” in the Dollars column and “00” in the Cents column.
24. Document “40.00” in the Total field.
26. Click the Save button.
27. Select the saved bank deposit from the Select Saved Form dropdown menu.
28. Click the Print button to print.
29. Click the Form Repository icon.
30. Select Patient Statement from the Office Forms section of the left Info Panel.
32. Select the radio button for Norma Washington and click the Select button.
33. Confirm the auto-populated details in the header.
34. Document the date that the first payment was received in the first row of the Date of Service column.
35. Document Patient Payment in the first row of the Description column.
36. Document “45.00” in the first row of the Patient’s Responsibility column.
37. Document the date that the second payment was received in the second row of the Date of Service column.
38. Document Patient Payment in the second row of the Description column.
40. Document “25.00” in the Total Amount Due column.
41. Document two weeks from today’s date in the Please Pay in Full by field.
42. Click the Save to Patient Record button.

**Quiz Questions**

1. True or false? A patient’s outstanding balances are accounts payable.
   **Answer:** False
   **Rationale:** A patient’s outstanding balances are accounts receivable.
   **Competency:** Differentiate between accounts payable and accounts receivable, ABHES 8-b.1, CAAHEP VI.C-6

2. True or false? It is good practice to document the date and time you attempt to call patients about collections on accounts.
   **Answer:** True
   **Rationale:** It is good practice to make notes about patient accounts during collections. Noting the date and time provides evidence of contact and might even indicate what times are better to contact the patient than others.
   **Competency:** Perform collection procedures, ABHES 8-b.3, CAAHEP VI.P-2c

3. Bank deposit slips should be prepared:
   - daily.
   - weekly.
   - by the physician only.
   - monthly.
   **Answer:** daily
   **Rationale:** It is best practice for the medical assistant to prepare bank deposits daily.
   **Competency:** Perform billing and collection procedures, ABHES 8-b
4. True or false? Cash and checks are listed separately on the deposit slip.
Answer: True
Rationale: Checks are itemized on the deposit slip and cash payments are listed separately.
Competency: Perform billing and collection procedures, ABHES 8-b

5. True or false? The Federal Trade Commission (FTC) enforces the Fair Debt Collection Practices Act (FDCPA). This act encourages debt collectors to use abusive, unfair, or deceptive practices to collect past due monies.
Answer: False
Rationale: The Federal Trade Commission (FTC) enforces the Fair Debt Collection Practices Act (FDCPA), which prohibits debt collectors from using abusive, unfair, or deceptive practices to collect past due monies. Collecting past due money on patient accounts is a common practice in the physician’s office. The medical assistant must be aware of the patient’s rights when attempting to collect these funds and follow the guidelines published by the FDCPA.
Competency: Describe the impact of both the Fair Debt Collection Act and the Federal Truth in Lending Act of 1968 as they apply to collections, CAAHEP VI.C-12

6. True or false? The biller should not contact the patient about past due balances at their employment unless the work phone contact has been approved by the patient.
Answer: True.
Rationale: Collecting past due money on patient accounts is a common practice in the doctor’s office. The medical assistant must be aware of the patient’s rights when attempting to collect these funds and follow the guidelines published by the FDCPA.
Competency: Describe the impact of both the Fair Debt Collection Act and the Federal Truth in Lending Act of 1968 as they apply to collections, CAAHEP VI.C-12

7. Which detail should be documented on a check?
   - Payee name
   - Correct date
   - Amount
   - Payee name, correct date, and amount
Answer: Payee name, correct date, and amount
Rationale: The check should be carefully filled out with the correct information.
Competency: Discuss precautions for accepting checks, CAAHEP VI.C-4

8. True or false? If the patient writes “payment in full” and the account is not fully paid, it is ok to scratch the documentation from the check.
Answer: False
Rationale: It is illegal to scratch off any documentation from a patient’s check.
Competency: Discuss precautions for accepting checks, CAAHEP VI.C-4

9. What precautions should be taken when accepting a check?
   - Scan the check for accuracy
   - Do not accept checks made out for more money than owed
   - Do not accept third party checks
   - Scan for accuracy, don’t accept checks made out for more money than owed, and don’t accept third party checks.
Answer: Scan for accuracy, don’t accept checks made out for more money than owed, and don’t accept third party checks.
Rationale: To minimize errors because cautious when accepting checks.
Competency: Discuss precautions for accepting checks, CAAHEP VI.C-4

10. True or false? It is acceptable to insist on cash only payments from patients with previous NSF checks.
Answer: True
Rationale: The medical office may require patients to pay cash when there is an established history of NSF checks from the patient.
Competency: Post non-sufficient fund (NSF) checks, ABHES 8-b.3, CAAHEP VI.P-2g

11. True or false? The medical office may not impose a returned check fee for NSF checks. It is against insurance agreements.
Answer: False
Rationale: The medical office may establish a policy for fees on NSF checks.
Competency: Post non-sufficient fund (NSF) checks, ABHES 8-b.3, CAAHEP VI.P-2g

12. True or false? Third party checks have a greater risk of being NSF.
Answer: True
Rationale: It is not good practice to accept third party checks.
Competency: Post non-sufficient fund (NSF) checks, ABHES 8-b.3, CAAHEP VI.P-2g

13. True or false? The Internet is a good resource when trying to collection money owed to the medical office and the patient has moved without leaving forwarding address.
Answer: True
Rationale: The Internet is a good source of information when trying to track down an address for a patient who has moved and left no forwarding address.
Competency: Use internet to access information related to the medical office, CAAHEP V.P-7
101. Generate Phone Message and Physical Activity Order for Amma Patel

Objectives
• Search for a patient record.
• Document a phone encounter.
• Locate ICD-10 CM code using an encoder.
• Document an order.

Overview
Amma Patel (DOB 01/14/1988) calls the office this morning at 9:15 am to report that she has recently joined a gym. Her health insurance coverage reimburses up to 40% of her membership fee if Dr. Walden writes an order with a diagnosis meeting medical necessity. Amma Patel would like to pick up the prescription today at 3:00 pm. Create a phone encounter for Dr. Walden’s review.

After Dr. Walden reviews the phone message, he instructs you to prepare a blank prescription stating “Patient to complete 45 minutes, weight bearing exercise 5-6 days per week.” The diagnoses are obesity and primary hypertension. Use the encoder to assign the ICD-10 CM codes in the prescription.

Competencies
• Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2
• Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7
• Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
• Discuss legal scope of practice for medical assistants, CAAHEP IX.C-1
• Define scope of practice for the medical assistant within the state that the medical assistant is employed, ABHES 4-f.1

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Amma Patel’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
   **Helpful Hint:** Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Amma Patel and click the Select button. Confirm the auto-populated details in the patient header.
4. Select Phone Encounter from the left Info Panel and confirm or adjust the date and time of the call.
5. In the Create New Encounter window, document “Amma Patel” in the Caller field.
6. Confirm that the correct provider is auto-populated in the Provider field.
8. Click the Save button to begin documenting in the new encounter.
9. Select Order Entry from the Record dropdown menu.
10. Select the TruCode encoder button in the top right corner. The encoder tool will open in a new tab.
11. Enter “Obesity” in the Search field and select Diagnosis, ICD-10-CM from the corresponding dropdown menu.
12. Click the Search button.
13. Click the code E66.9 that appears in red to expand this code and confirm that it is the most specific code available.
14. Copy the E66.9 code for “Obesity, unspecified” that populates in the search results.
15. Click the Add button below the Out-of-Office table to add an order.
16. In the Add Order window, select Blank Prescription from the Order dropdown menu.
17. Paste the obesity diagnosis within the body of the blank prescription template so that is available for documentation.
18. Return to the TruCode tab, enter “Hypertension” in the Search field and confirm that Diagnosis, ICD-10-CM is still displayed in the corresponding dropdown menu.
19. Click the Search button.
20. Click the code I10 that appears in red to expand this code and confirm that it is the most specific code available.
21. Copy the I10 code for “Essential (primary) hypertension” that populates in the search results and paste within the body of the blank prescription template so that it is available for documentation.
22. Select the checkbox for Julie Walden.
23. Document the details of the fitness order within the body of the blank prescription template, where you pasted the codes: “Patient to complete 45 minutes, weight bearing exercise 5-6 days per week”. The diagnoses are obesity (E66.9), hypertension (I10).
24. Complete the Entry By and Date fields using today’s date.
25. Document “Patient will pick up prescription today at 3:00 pm.” in the Notes field.
26. Click the Save button. A confirmation message will appear and the Out-of-Office table will display the new order.

Quiz Questions
1. True or False? The certified medical assistant is permitted to prepare a non-medical prescription, such as an order for a fitness center in this case, for provider approval using a documented order in the electronic health record.
Answer: True
Rationale: When performing duties as a certified medical assistant, documenting orders including non-medical scripts may be done with a documented medical order from the physician.
Competency: Discuss legal scope of practice for medical assistants, CAAHEP IX.C-1

2. Place the following steps for a phone encounter in the correct order:
   1. Document the details of the call, including time, caller name, provider, and message.
   2. Select “Phone Encounter” from the Info Panel.
   3. Select the Clinical Care module and perform a patient search.
   4. Click the Save button.
Answer: 3, 2, 1, 4
Rationale: Create a phone encounter by searching for a patient record in the Clinical Care module. Select “Phone Encounter” from the Info Panel to begin a new encounter. Document the details of the call and always save your documentation.
Competency: Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

3. You can access a specific patient encounter by selecting ____________.
   • an encounter listed in the Patient Dashboard
   • the Clinical Care module
   • the Record dropdown menu
   • Patient Demographics
Answer: an encounter listed in the Patient Dashboard
Rationale: The Patient Dashboard, located in the Clinical Care module, allows users to enter or create patient encounters. Existing encounters are listed in the Encounters section of the Patient Dashboard, while new encounters can be created by selecting Office Visit or Phone Encounter from the Info Panel.
4. The ICD-10 CM code for obesity is: ___________.
   - E60.0
   - E66.9
   - E65.9
   - E66.0
   **Answer:** E66.9
   **Rationale:** The ICD-10 CM for unspecified obesity is E66.9.

**Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

5. True or false? The medical assistant must document the date and time of a phone message in order to determine the average turnaround time to complete messages.
   **Answer:** True
   **Rationale:** The details of a phone message are very important to provide the patient with the best possible experience. Along with the patient information and reason for call, the Medical Assistant must document the TIME and DATE in order to identify when the inquiry occurred and can be helpful to determine how long it takes for the office to finish phone requests.

**Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

6. True or false? It is not necessary for the order to be documented in the patient record for the Medical Assistant to generate an order.
   **Answer:** False
   **Rationale:** In non-emergent situations the Medical Assistant should only prepare orders for those documented in the medical record.

**Competency:** Define scope of practice for the medical assistant within the state that the medical assistant is employed, ABHES 4-f.1

7. Place the following steps for Order Entry in the correct order:
   1. Select the Clinical Care module and perform a patient search.
   2. Click the Add button below the “Out-of-Office” table.
   3. From the Patient Dashboard, choose or create an encounter.
   4. Select “Order Entry” from the Record dropdown menu.
   5. Select the Order Type and document the patient order.
   6. Click the Save button.
   **Answer:** 1, 3, 4, 2, 5, 6
   **Rationale:** The workflow to document CPOE in a patient record includes locating the correct patient, choosing or creating an encounter, then selecting “Order Entry” from the Record dropdown menu. Next, click the Add button below the Out-of-Office table and select the order type. Once the order type is selected, document the order and save the order to the patient record.

**Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

8. True or false? A blank prescription is documented as an in-office order in the Order Entry section of the patient record.
   **Answer:** False
   **Rationale:** Order Entry is organized into two sections. A blank prescription is an out-of-office order.

**Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

9. According to Amma Patel’s Phone Encounter, Ms. Patel called Walden-Martin:
• this morning.
• this afternoon.
• yesterday.
• two days ago.

Answer: this morning.

Rationale: The documented Phone Encounter identified the time of call as 09:15 am. The medical assistant should document the call time to track the amount of time it takes to respond to patient requests.

Competency: Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

10. True or false? It is not important to document the time Ms. Patel plans to pick up her prescription.

Answer: False

Rationale: Any information that can assist the patient and the office staff in efficient workflow should be documented. It would be important to note the time of 3:00 pm on the Phone Encounter to have the documents ready for her arrival.

Competency: Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

11. Which of the following orders can be generated using an Out-of-Office order?

- Blank prescription
- Medication prescription
- Requisition
- All of the above

Answer: All of the above

Rationale: Blank prescriptions, medication prescriptions and requisitions are all documented as Out-of-Office orders.

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
Objectives
- Document phone encounter.
- Document lab results.
- Update problem list using an encoder.

Overview
Sarah at University Lab called Walden-Martin today at 4:54 pm regarding a report that Tai Yan’s (DOB 04/07/1956) PT/INR obtained earlier in the day. The lab result is INR: 2.4. Jean Burke, NP is monitoring the patient on long term anticoagulant therapy for history of CVA. Create a phone encounter to update the problem list using ICD-10 CM codes. The anticoagulant therapy and past stroke were identified on November 19, 2012. Lastly, document the INR results in the Diagnosis Lab Results grid.

Competencies
- Apply diagnosis/procedure codes according to current guidelines, HIM I.A-1
- Describe implications for treatment related to pathology, CAAHEP I.C-9
- Screen test results, ABHES 9-b, CAAHEP I.P-16
- Maintain laboratory test results using flow sheets, CAAHEP II.P-2
- Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Tai Yan’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Tai Yan and click the Select button. Confirm the auto-populated details in the patient header.
4. Select Phone Encounter from the left Info Panel and confirm or adjust the date and time of the call.
5. In the Create New Encounter window, document “University Lab, Sarah” in the Caller field.
6. Confirm that the correct provider is auto-populated in the Provider field.
7. Document “INR results are 2.4 for Tai Yan” in the Message field.
8. Click the Save button to begin documenting in the new encounter.
9. Select Problem List from the Record dropdown menu.
10. Click the Add button to add “anticoagulant therapy” as a problem in the Diagnosis field of the Add Problem window.
11. Select the ICD-10 radio button and place the cursor in the text box to access the TruCode encoder.
   Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
12. Enter “anticoagulant therapy” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
13. Click the Search button.
14. Click the code Z79.01 to expand this code and confirm that it is the most specific code available.
15. Click the code Z79.01 for “Long term (current) use of anticoagulants and antithrombotics/antiplatelets” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
17. Select the Active radio button in the Status field.
18. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
19. Click the Add button to add “personal history of stroke” as a problem in the Diagnosis field of the Add Problem window.
20. Select the ICD-10 radio button and place the cursor in the text box to access the encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
21. Enter “personal history of stroke” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
22. Click the Search button.
23. Click the code Z86.73 to expand this code and confirm that it is the most specific code available.
24. Click the code Z86.73 for “Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
25. Select the Active radio button in the Status field.
26. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
27. Click Diagnostics/Lab Results in the left Info Panel.
28. Click the Add button below the Diagnostics/Lab Results table.
29. Use the calendar picker to document today’s date in the Date field.
30. Select Path/Lab from the Type dropdown menu.
31. Document “University Lab; INR: 2.4” in the Notes field.
32. Click the Save button.

Quiz Questions

1. ICD-10 CM code Z79.01 is used to identify which patient condition?
   - Long Term Use of Anticoagulants
   - CVA
   - Transient Ischemic Attack (TIA)
   - Traumatic Brain Injury (TIA)
   **Answer:** Long Term Use of Anticoagulants
   **Rationale:** Tai Yan has used anticoagulant therapy since November 2012. The ICD-10 CM code used to identify this condition is Z79.01.
   **Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

2. True or false? Z86.73 is part of the ICD-9 CM coding system.
   **Answer:** False
   **Rationale:** Code Z86.73 is part of the ICD-10 CM coding system.
   **Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

3. True or false? The Problem List allows the user to enter both the ICD 9 CM code and ICD 10 code as part of the record.
   **Answer:** False
   **Rationale:** Within the Problem List, the user must identify which coding system to enter for the case. Within this case the user is instructed to document the ICD 10 CM.
   **Competency:** Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

4. True or false? The date field within Diagnostic Lab Results is the date the user enters the results into the record.
   **Answer:** False
   **Rationale:** Within Diagnostic Lab Results tab, the date field is identified as the date of the test performance.
5. If the desired range for INR is 2.2-2.6, the results of Ms. Yan’s laboratory level is considered:
   • too high.
   • too low.
   • within normal, therapeutic limits.
   • not therapeutic.
Answer: within normal, therapeutic limits.
Rationale: Ms. Yan’s INR test performed today is 2.4. If the desired range is between 2.2-2.6, the results are considered “within normal and therapeutic limits”.
Competency: Screen test results, ABHES 9-b, CAAHEP I.P-16

6. Ms. Yan is taking which type of drug to prevent a new cerebral vascular accident?
   • Anticoagulant
   • Aspirin
   • Antibiotic
   • Anti-inflammatory
Answer: Anticoagulant
Rationale: In order to prevent future clots from developing in the brain, Ms. Yan would be treated with an anticoagulant medication. The term anticoagulant means “against or prevent of clots”.
Competency: Describe implications for treatment related to pathology, CAAHEP I.C-9

7. Ms. Yan is taking anticoagulants because of a person history of CVA. The anticoagulants will prevent the formation of _____, which could cause another CVA.
   • Plaques
   • Malignant cells
   • Clots
   • Scars
Answer: Clots
Rationale: Anticoagulation therapy is used to prevent the formation of blood clots that can cause a cerebrovascular accident. As part of the treatment, regular INRs are necessary.
Competency: Describe implications for treatment related to pathology, CAAHEP I.C-9

8. The “INR” is classified as _____________ for the monitoring of ________________.
   • Radiology, carotid blockage
   • Laboratory, cholesterol levels
   • Laboratory, coagulation levels
   • Pathology, atherosclerotic plaque
Answer: Laboratory, coagulation levels
Rationale: A common laboratory test, the INR is used to monitor coagulation level when anticoagulants are used for the prevention of stroke.
Competency: Describe implications for treatment related to pathology, CAAHEP I.C-9

9. In order to document the University Laboratory results for Ms. Yan, the medical assistant should:
   • use the Order Entry record section in Clinical Care.
   • click on the Superbill.
   • select “Diagnostic/Lab Results” from the Clinical Care info panel.
   • document the results within the Phone Encounter only. No other documentation is necessary.
Answer: select “Diagnostic/Lab Results” from the Clinical Care info panel.
**Rationale:** The results of this laboratory test performed at University Lab would be recorded as part of the Phone Encounter, but formally maintained in the patient record with the “Diagnostic/Lab Results” tab.

**Competency:** Maintain laboratory test results using flow sheets, CAAHEP II.P-2

**10. The ICD-10 CM code for Personal History of CVA is Z86.73. This code is also used for which condition?**

- Parkinson’s Disease
- Transient Ischemic Attack (TIA)
- Traumatic Brain Injury (TBI)
- Pulmonary Embolism

**Answer:** Transient Ischemic Attack (TIA)

**Rationale:** The code Z86.73 includes both personal history of CVA and TIA. This code excludes TBI.

**Competency:** Apply diagnosis/procedure codes according to current guidelines, AHIMA I.A-1
103. Generate Phone Message and Radiology Order for Ken Thomas

Objectives
• Complete a phone message.
• Locate ICD-10 CM code using an encoder.
• Generate a radiology order.

Overview
Ken Thomas (DOB 10/25/1961) recently visited a chiropractor who recommended that Dr. Martin order an x-ray of the lumbar spine in order to best evaluate the cause of low back pain resulting from a fall down an embankment. Ken Thomas calls the office today at 9:32 am to ask if Dr. Martin would be willing to order this procedure for him. Document this phone message for Dr. Martin using the correspondence repository.

Shortly after the medical assistant finishes the phone message, Dr. Martin approves the lumbar x-ray order. Generate a radiology requisition for Ken Thomas to be performed this Monday. No authorization number is needed and it is a routine study. Use the encoder to generate the ICD-10 CM diagnosis code and the external cause’s code.

Competencies
• Apply diagnosis/procedure codes according to current guidelines, HIM I.A-1
• Describe implications for treatment related to pathology, CAAHEP I.C-9
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
• Discuss the role of assertiveness in effective professional communication, CAAHEP IV.C-15
• Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2
• Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7
• Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Correspondence icon.
2. Select Phone Message from the left Info Panel.
3. Use the Patient Search button to perform a patient search and assign the message to Ken Thomas after confirming his date of birth.
   Helpful Hint: Confirming date of birth will help to ensure that you have located the correct patient record.
4. Document today’s date in the Date field.
8. Select the Request checkbox.
10. Document your name in the Completed By field and document today’s date and time in the Date/Time field.
11. Click the Save to Patient Record button.
12. Click the Form Repository icon.
13. Select Requisition from the Patient Forms section of the left Info Panel.
14. Select Radiology from the Requisition Type dropdown menu.
15. Click the Patient Search button to perform a patient search and assign the form to Ken Thomas.
Helpful Hint: Performing a patient search before completing a form will help to ensure accurate documentation in the patient record.

16. Document this Monday’s date in the Service Date field.
19. Place the cursor in the Diagnosis Code field to access the encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
20. Enter “Low back pain” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
21. Click the Search button.
22. Click the code M54.5 to expand this code and confirm that it is the most specific code available.
23. Click the yellow information icon to the left of the code to view the instructional notes, which mention the external cause of the code is also required for this diagnosis.
24. Click the code M54.5 for “Low back pain” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
25. Document “Fall down embankment” in the second diagnosis field.
26. Place the cursor in the Diagnosis Code field to access the encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
27. Enter “Fall embankment” in the Search field and select External Cause, ICD-10-CM from the dropdown menu.
28. Click the Search button.
29. Click the code W17.81 to expand this code. Then, maximize the list of additional codes beneath this code by clicking the black triangle to the left of the code.
30. Select A for initial encounter. The code will auto-populate in the requisition form.
31. Select Spine under the X-ray column and document “Lumbar” in the corresponding field.
32. Select the Routine radio button at the bottom of the form to indicate that the exam is routine.
33. Click the Save to Patient Record button.
34. A confirmation message will appear.

Quiz Questions
1. The x-ray of the lumbar spine:
   - is performed with contrast.
   - is ordered as a STAT procedure.
   - is determined to be 12 hours fasting for prep.
   - is ordered as a routine procedure.

Answer: is ordered as a routine procedure.

Rationale: For this assignment, the lumbar spine x-ray is ordered as a routine procedure and does not require fasting or contrast.

Competency: Describe implications for treatment related to pathology, CAAHEP I.C-9

2. How many codes will be documented for Mr. Thomas’s diagnosis?
   - 1
   - 2
   - 3
   - 4

Answer: 2

Rationale: Two diagnosis codes are used to document the lower back pain. One diagnosis is for the lower back pain, and the other diagnosis is for the external cause of injury (fall from embankment).

Competency: Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
3. Mr. Thomas requests an x-ray of the lower back as recommended by the chiropractor. The medical assistant should:
   - go ahead and order the procedure.
   - document the request and allow the ordering physician to determine if the test is necessary.
   - tell the patient to ask the chiropractor to order the procedure.
   - not take a message for the request and instead insist that the patient schedule an office visit.

**Answer:** document the request and allow the ordering physician to determine if the test is necessary.

**Rationale:** The medical assistant is not permitted to schedule a test for a patient without an order from the physician. Chiropractors are not medical doctors and cannot order medical tests, so asking the physician to authorize the order is sometimes requested. Depending on office policies, an appointment with the physician may not be required and the procedure can be ordered by documenting the request in a telephone message.

**Competency:** Discuss the role of assertiveness in effective professional communication, CAAHEP IV.C-15

4. True or false? A procedure lumbar spine x-ray is medically necessary for the diagnosis of Mr. Thomas’s low back pain.

**Answer:** True

**Rationale:** The procedure ordered must need a corresponding and documented medical need. In this case, the patient is receiving radiology imaging of the lumbar spine for the diagnosis of low back pain.

**Competency:** Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

5. Once the Phone Message template is selected from Correspondence repository, the next step is to:
   - document the details of the telephone message.
   - use the Form Repository to submit a message.
   - perform a patient search to link the message to the patient record.
   - print the template and complete the patient message by hand.

**Answer:** perform a patient search to link the message to the patient record.

**Rationale:** The workflow to document a telephone message is to select the Phone Message from the left info panel of Correspondence. After performing a patient search to link the message to a patient record, the medical assistant can document the details of the message for the physician and save the communication to the patient record.

**Competency:** Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

6. True or false? It is not necessary to document the date and time of the call because the message is the most important information to communicate.

**Answer:** False

**Rationale:** In order to ensure timely responses to patients and track incoming calls, it is important to include the date and time of the call as part of the telephone message documentation.

**Competency:** Demonstrate telephone techniques, ABHES 8-f, CAAHEP IV.P-7

7. Which of the following information was used to generate the radiology requisition for Mr. Thomas?
   - Patient name and date of birth
   - Diagnosis and diagnosis code
   - Ordering Physician
   - All of the above

**Answer:** All of the above

**Rationale:** The patient name, date of birth, diagnosis, diagnosis code and ordering physician are all necessary information.

**Competency:** Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4
8. The type of x-ray ordered for Mr. Thomas is an imaging of the _________ spine.
   - Cervical
   - Lumbar
   - Thoracic
   - Sacrum

   Answer: Lumbar

   Rationale: Mr. Thomas is complaining of low back pain. The anatomical position is lumbar spine.

   Competency: Identify critical information required for scheduling patient admissions and or procedures, ABHES 8-d, CAAHEP V.C-4

9. The patient’s lower back pain was caused by which external cause?
   - W17.81
   - M45.54
   - W19
   - E17.81

   Answer: W17.81

   Rationale: Using the encoder, the external cause of injury in this case, fall from embankment is found in the ICD 10 CM, External Causes as W17.81.

   Competency: Apply diagnosis/procedure codes according to current guidelines, AHIMA I.A-1

10. True or false? The diagnosis must be documented on the radiology requisition to properly order the procedure.

    Answer: True

    Rationale: All orders must contain both the procedure to perform and a diagnosis proving medical necessity.

    Competency: Apply diagnosis/procedure codes according to current guidelines, AHIMA I.A-1
104. Create an Insurance Claim Tracer for Ella Rainwater

Objectives
• Complete an Insurance Claim Tracer.

Overview
Amy, the medical coding specialist is reviewing outstanding claims from 11/15/2014. She notices that a claim for date of service 11/14/2014 on behalf of Ella Rainwater (DOB 07/11/1959) has yet to be approved. The claim was sent to Aetna. Her husband, Marcus Rainwater, is the insured on the account and the claim tracking number is MTH1119. The procedure performed is for a 12 lead ECG with interruption for the diagnosis of palpitations. The amount billed for the EGC is $89.00.

Competencies
• Utilize software in the completion of HIM processes, HIM III.A-1
• Execute data management using electronic health care records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Describe guidelines for third party claims, CAAHEP VII.C-9
• Apply both managed care policies and procedures, CAAHEP VII.P-1

Estimated completion time: 15 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Insurance Claim Tracer from the Patient Forms section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the form to Ella Rainwater. Confirm the auto-populated details.
   Helpful Hint: Performing a patient search before completing a form will help to ensure accurate documentation in the patient record.
6. Document “Amy” in the Contact Person field.
8. Document “11/14/2014” in the Date(s) of Service column.
9. Place the cursor in the Procedure field to access the encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
10. Enter “ECG” in the Search field and select CPT Tabular from the dropdown menu.
11. Click the Search button.
12. Click the code 93000 for “Electrocardiogram, routine ECG with at least 12 leads, with interpretation and report” in the Book: CPT section. This code will auto-populate in the Procedure field.
14. Place the cursor in the Diagnosis field to access the encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
15. Enter “palpitations” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
16. Click the Search button.
17. Click the code R00.2 for “Palpitations (heart)” to expand this code and confirm that it is the most specific code available.
18. Click the code R00.2 for “Palpitations” in the Book: ICD-10-CM Diagnosis Tabular. This code will auto-populate in the Diagnosis field.
20. Document “89.00” in the Amount column.
21. Document “89.00” in the Total field.
22. Click the Save to Patient Record button. A confirmation message will appear.
23. Click on the Find Patient icon.
24. Using the Patient Search fields, search for Ella Rainwater’s patient record. Once you locate her in the List of Patients, confirm her date of birth.
25. Select the form from the Forms section of the Patient Dashboard. The form will open as a PDF in a new window.

Quiz Questions
1. The Insurance Claim Tracer is available in ________________.
   • Correspondence
   • the Clinical Care module
   • the Superbill
   • the Form Repository
   Answer: the Form Repository
   Rationale: All office forms, including legal documents, administrative forms, and clinical forms and billing forms like the Insurance Claim Tracer form, are stored in the Form Repository in SimChart.
   Competency: Utilize software in the completion of HIM processes, HIM III.A-1

2. The status of the Ella Rainwater’s claim for this encounter is:
   • in progress.
   • submitted.
   • resubmitted.
   • denied.
   Answer: submitted
   Rationale: Once the claim is submitted to the third party payer, the status of the Claim changes from “In Progress” to “Submitted”.
   Competency: Utilize software in the completion of HIM processes, HIM III.A-1

3. True or false? The Insurance Claim Tracer is generated from the Correspondence function of SimChart for the Medical Office.
   Answer: False
   Rationale: The Form Repository stores the Insurance Claim Tracer. Once complete, it can be saved to the patient record for retrieval at any time from the patient dashboard.
   Competency: Utilize software in the completion of HIM processes, HIM III.A-1

4. Which data elements are part of the Insurance Claim Tracer?
   • Date of service
   • Date of Claim Submission
   • Procedure with charge
   • All of the above
   Answer: All of the above
   Rationale: In order to properly track a previously submitted Insurance Claim, the data elements like the date of service, date of claim submission and procedure with charge must all be documented to the form.
   Competency: Execute data management using electronic health care records such as the EMR, ABHES 7-b, CAAHEP V.P-5

5. The ECG has a cost of $89.00. Where will the user obtain the charge for service to document on the Insurance Tracer?
• Completed Claim
• Superbill
• Fee schedule
• All of the above

Answer: All of the above

Rationale: The fees for the ECG would be found first on the Fee Schedule. This case also has a completed Superbill and Claim form that also contains the charge capture information.

Competency: Execute data management using electronic health care records such as the EMR, ABHES 7-b, CAAHEP V.P-5

6. True or false? Ella Rainwater is the insured member on the Aetna policy.

Answer: False

Rationale: According to the Claim and Patient Demographics, the insured is Marcus Rainwater.

Competency: Execute data management using electronic health care records such as the EMR, ABHES 7-b, CAAHEP V.P-5

7. True or false? The date of service and date of claim are always different.

Answer: False

Rationale: It is possible that the service could be performed and submitted for reimbursement on the same day. In this case, the date of service is one day earlier than the date of claim submission.

Competency: Apply both managed care policies and procedures, CAAHEP VII.P-1

8. The payer to which this Insurance Claim Tracer is submitted is:
   • Aetna.
   • Blue Cross.
   • Medicare.
   • workers’ compensation.

Answer: Aetna.

Rationale: Ella Rainwater has Aetna insurance. Therefore, the Insurance Claim Tracer is submitted to Aetna insurance.

Competency: Apply both managed care policies and procedures, CAAHEP VII.P-1

9. The Insurance Claim Tracer was generated:
   • because the original claim was denied.
   • as a follow up to a claim yet to be paid
   • as an alternative method of claim submission
   • as a method of adding additional services for reimbursement.

Answer: as a follow up to a claim yet to be paid

Rationale: An insurance claim tracer was indicated for this case study as a follow up to a claim that is yet to be paid. It is not an alternative means for charge submission or request for additional services.

Competency: Describe guidelines for third party claims, CAAHEP VII.C-9

10. True or false? The policy ID of the patient account is not part of the Insurance Claim Tracer.

Answer: False

Rationale: As part of third-party guidelines, the Policy ID of the insurance should be documented on the Claim Tracer for proper processing.

Competency: Describe guidelines for third party claims, CAAHEP VII.C-9
Objectives
• Document a Neurological Status Exam.
• Document Problem List.
• Document Patient Education.

Overview
Norma Washington (08/01/1944) presents to the office complaining of memory loss that is progressively getting worse over the past two months. Although her daughter usually accompanies her during doctor visits, Norma Washington is at the office alone today. Dr. Martin would like you to perform a neurological status exam on the patient. The medical assistant documents the following sections of the exam:
• Sequencing: Patient is not able to repeat exact statement. Document Incorrect. (Total 0)
• Time Orientation: Patient identified the correct date and day of week. Patient had an incorrect response for season. (Total 2)
• Drawing: Patient was unable to draw ladder with 6 rungs. Document Incorrect. (Total 0)
• Information: Patient is able to name the president and stars on the flag. (Total 2)
• Recall: Patient is unable to recall previous sentence elements. Document Incorrect. (Total 0)
• Total Exam Score: 4.

After consulting with the neurologist, Dr. Martin agrees with the assessment of Alzheimer’s disease, early onset. Update the problem list using ICD-10 CM. Norma Washington would like some additional information about Alzheimer’s disease. During the education intervention explanation and discussion, the medical assistant identifies the age/development level, emotional state, and time limitations as learning barriers. The medical assistant notes that Norma Washington is able to verbalize understanding. Document patient education for Norma Washington.

Competencies
• Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient’s progress, clinical finding and discharge status, HIM I.B-1
• Distinguish between normal and abnormal test results, CAAHEP II.A-2
• Document patient education, CAAHEP IV.P-9
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Neurological Status Exam from the left Info Panel.
3. Click the Patient Search button to assign the form to Norma Washington (08/01/1944). Skip the Caregiver Questions section since no caregiver was present.
4. In the Sequencing section, select the No radio button to indicate that Norma Washington is not able to repeat the exact statement and document “0” in the Total field.
5. In the Time Orientation section, select the Correct radio buttons to indicate that Norma Washington identified the correct date and day of week and select the Incorrect radio button to indicate that Norma Washington did not identify the correct season. Document “2” in the Total field.
6. In the Drawing section, select the Incorrect radio button to indicate that Norma Washington was unable to draw the ladder with six rungs. Document “0” in the Total field.
7. In the Information section, select the Correct radio buttons to indicate that Norma Washington was able to name the president and state the number of stars on the American flag. Document “2” in the Total field.
8. In the Recall section, select the Incorrect radio buttons to indicate that Norma Washington is unable to repeat any of the words. Document “0” in the Total field.
10. Click the “Save to Patient Record” button.
11. Click on the Find Patient icon.
   **Helpful Hint:** Confirming a patient’s date of birth will help to ensure that you have located the correct patient record.
13. Select the radio button for Norma Washington and click the Select button.
14. Select Office Visit from the left Info Panel and click Add New.
15. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
16. Click the Save button.
17. Select Problem List from the Record dropdown menu.
18. Click the Add Problem button to add “Alzheimer’s disease” as a problem in the Diagnosis field of the Add Problem window.
20. Select the ICD-10 radio button and place the cursor in the Diagnosis Code field to access the TruCode encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
21. Enter “Alzheimer’s disease, early onset” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
22. Click the Search button.
23. Click the code G30.0 to expand this code and confirm that it is the most specific code available.
24. Click the code G30.0 for “Alzheimer’s disease with early onset” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
25. Document the current date in the Date Identified field.
26. Select the Active radio button in the Status field.
27. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
28. Select Patient Education from the Record dropdown menu.
29. Select Diagnosis from the Category dropdown menu.
30. Select Nervous System from the Subcategory dropdown menu.
31. Select the Alzheimer’s disease checkbox in the Teaching Topics field.
32. Select the Patient checkbox in the Persons Taught field.
33. Select Verbal Explanation and Discussion in the Teaching Methods field.
34. Select Age/Developmental Level, Emotional/Mental State, and Time Limitations in the Learning Barriers field.
35. Select Verbalizes Understanding in the Outcome field.
36. Click the Save button. This teaching topic will move from the New tab to the Saved tab.
37. Expand the accordion of the saved patient education category to view and print the handout.

**Quiz Questions**

1. Due to the consultation with the neurologist and clinical findings of the Neurological Assessment, the user documented _________________ to the Problem List.
   - Dementia
   - Alzheimer’s disease
   - Migraines
• Confusion, memory loss

**Answer:** Alzheimer’s disease

**Rationale:** The case study identifies Alzheimer’s disease for the problem list of Norma Washington. Confusion and memory loss are the symptoms of such, but the disorder should be documented.

**Competency:** Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient’s progress, clinical finding and discharge status, HIM I.B-1

2. True or false? Confusion and memory loss are not appropriate symptoms to order a Neurological Assessment test.

**Answer:** False

**Rationale:** Clinical finding within the neurological assessment form can help to identify difficulties with memory and confusion. It is an appropriate tool to use for these symptoms.

**Competency:** Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient’s progress, clinical finding and discharge status, HIM I.B-1

3. True or false? The Neurological Assessment score for Norma Washington qualified her with cognitive impairment.

**Answer:** True

**Rationale:** According to the Neurological Assessment form, Norma does score within cognitive impairment as her score is 4/10.

**Competency:** Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient’s progress, clinical finding and discharge status, HIM I.B-1

4. The maximum score for the Recall section of the Neurological Assessment is:

- 1
- 2
- 3
- 10

**Answer:** 3

**Rationale:** A patient can score up to 3 points for the recall section of the Neurological Status exam.

**Competency:** Distinguish between normal and abnormal test results, CAAHEP II.A-2

5. True or false? A score of 6/10 would result in cognitive delay according to the Neurological Assessment Form.

**Answer:** False

**Rationale:** According to the Neurological Assessment form, a cognitive delay is seen is a score less than 4.

**Competency:** Distinguish between normal and abnormal test results, CAAHEP II.A-2

6. The maximum score for Time Orientation section of the Neurological Assessment is:

- 1
- 2
- 3
- 10

**Answer:** 3

**Rationale:** Under the interview of Time Orientation, the patient can score up to 3.

**Competency:** Distinguish between normal and abnormal test results, CAAHEP II.A-2

7. Which of the following Learning Barriers are documented in patient education for this case? (check all that apply)
• Age
• Emotional
• Time limitations
• All of the above

Answer: All of the above

Rationale: During the patient education intervention for Norma, the patient displayed barriers related to age, emotional, and time limitations.

Competency: Document patient education, CAAHEP IV.P-9

8. True or false? The outcome of the patient education is the patient failed to understand and requirement additional follow up.

Answer: False

Rationale: Although education barriers were documented, the patient was able to verbalize understanding as a documented outcome of the education intervention.

Competency: Document patient education, CAAHEP IV.P-9

9. The Alzheimer’s Disease handout is found under what category of the Patient Education record?
   a. Health Promotion
   b. Diagnosis
   c. Tests
   d. Procedures

Answer: Diagnosis

Rationale: The Alzheimer’s Disease handout is located within the Diagnosis education folder of the Patient Education record.

Competency: Document patient education, CAAHEP IV.P-9

10. Which body system subcategory is the Alzheimer’s Disease handout located?
    • Neurology
    • Cardiology
    • Musculoskeletal
    • Endocrinology

Answer: Neurology

Rationale: Alzheimer’s Disease is a degeneration of the brain and is therefore located in the neurology subcategory of patient record.

Competency: Document patient education, CAAHEP IV.P-9
106. Generate a Prior Authorization for Ken Thomas

Objectives
• Create a Prior Authorization for testing using the Encoder.

Overview
Ken Thomas (DOB 10/25/1961) has been having some significant issues with the great toe of his left foot. Jean Burke, NP has diagnosed Ken Thomas with an ingrowing toenail. She is recommending that he have the toenail removed. Ken Thomas wants to be sure that his insurance carrier will pay for this procedure before he has it done. The procedure, nail removal w/matrix, would be performed at Walden-Martin Family Medical Clinic, 1234 Anystreet in Anytown, AL 12345-1234. Nurse Burke would like it performed within the next two weeks. The procedure is not related to injury and the authorization number is AAX3638. The effective date is today and authorization will expire in 30 days. As the provider contact, generate a prior authorization request for this procedure.

Competencies
• Obtain preauthorization, including documentation, CAAHEP VII.P-5
• Verify eligibility for managed care services, CAAHEP VII.P-6
• Perform procedural coding, ABHES 8-c.3, CAAHEP VIII.P-1
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 15 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Prior Authorization from the Patient Forms section of the left Info Panel.
3. Click the Patient Search button to perform a patient search and assign the form to Ken Thomas. Confirm the auto-populated details.
   **Helpful Hint:** Performing a patient search before completing a form will help to ensure accurate documentation in the patient record.
5. Document your name in the Provider Contact Name field.
7. Document “Walden-Martin Family Medical Clinic 1234 Anystreet Anytown AL 12345-1234” in the Place of Service/Treatment and Address field.
9. Document “1” in the Service Frequency field
10. Place the cursor in the Diagnosis/ICD Code field to access the encoder. Accessing the encoder this way will auto-populate any selected codes where the cursor is placed.
11. Enter “Ingrowing nail” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
12. Click the Search button.
13. Click the code L60.0 to expand this code and confirm that it is the most specific code available.
14. Click the code L60.0 for “Ingrowing nail (finger) (toe)” in the Book: ICD-10-CM Diagnosis Tabular. This code will auto-populate in the Diagnosis field.
15. Place the cursor in the Procedure/CPT Code(s) field to access the encoder and click the TruCode icon to search for the CPT code.
16. Enter “Nail removal” in the Search field and select Diagnosis, CPT Tabular from the dropdown menu.
17. Click the Search button
18. Click the code 11750 for “Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal”. This code will auto-populate in the Procedure/CPT Code(s) field.
19. Within the Prior Authorization Request form, click the No radio buttons to indicate that this procedure is not related to injury or Workers’ Compensation.
20. Document “AAX3638” in the Authorization Number field, today’s date in the Effective Date field, and the correct date in the Expiration Date field.
21. Click the Save to Patient Record button. A confirmation message will appear.
22. Click on the Find Patient icon.
23. Using the Patient Search fields, search for Ken Thomas’s patient record. Once you locate him in the List of Patients, confirm his date of birth.
24. Select the radio button for Ken Thomas and click the Select button. Confirm the auto-populated details.
25. Select the form from the Forms section of the Patient Dashboard. The form will open as a PDF in a new window.

Quiz Questions

1. True or false? Prior Authorization is located in the Form Repository.
   Answer: True
   Rationale: All patient and office forms are stored in the Forms Repository. Once clicking on the icon, the user can select the desired form from the left info panel.
   Competency: Obtain preauthorization, including documentation, CAAHEP VII.P-5

2. Which procedure requires preauthorization for Ken Thomas?
   • Nail removal with matrix
   • Nail removal partial
   • Endometrial biopsy
   • Vasectomy
   Answer: Nail removal with matrix
   Rationale: The nail removal with matrix ordered for Ken Thomas requires prior authorization.
   Competency: Obtain preauthorization, including documentation, CAAHEP VII.P-5

3. What is the service frequency on the Prior Authorization form?
   • 0
   • 1
   • 2
   • 3
   Answer: 1
   Rationale: The prior authorization form is created for one thyroid biopsy procedure. The service frequency field is documented as “1”.
   Competency: Obtain preauthorization, including documentation, CAAHEP VII.P-5

4. The ordering physician for the nail removal with matrix requiring prior authorization:
   • Jean Burke
   • Dr. Martin
   • Dr. Walden
   • No ordering physician is needed on the Prior Authorization Request form
   Answer: Jean Burke
   Rationale: Jean Burke, NP is listed as Mr. Thomas’ provider.
   Competency: Obtain preauthorization, including documentation, CAAHEP VII.P-5
5. True or false? This preauthorization is related to Worker’s Compensation.
Answer: False
Rationale: The documentation of the case does not identify the thyroid biopsy as an injury related to worker’s compensation.
Competency: Obtain preauthorization, including documentation, CAAHEP VII.P-5

6. Which field of the Prior Authorization form signifies the patient’s eligibility of managed care services?
   - Effective date
   - Expiration date
   - Procedure code
   - Authorization number
Answer: Authorization number
Rationale: In order to verify the patient’s eligibility of services on the Prior Authorization form, the user should document the Authorization number to the form.
Competency: Verify eligibility for managed care services, CAAHEP VII.P-6

7. The nail removal is ordered due to a(n):
   - infection.
   - injury to his right foot.
   - ingrowing fingernail.
   - ingrowing toenail.
Answer: ingrowing toenail
Rationale: Mr. Thomas has an ingrowing nail on his left great toe. This is not the result of an injury and there is not infection at this time
Competency: Verify eligibility for managed care services, CAAHEP VII.P-6

8. True or false? Prior authorization forms have both an effective and expiration date.
Answer: True
Rationale: The prior authorization form documents an effective date and expiration date for the services.
Competency: Verify eligibility for managed care services, CAAHEP VII.P-6

9. True or false? The date of injury for this diagnosis is October 20, 2012.
Answer: False
Rationale: The nail removal is not ordered as a result of any injury.
Competency: Verify eligibility for managed care services, CAAHEP VII.P-6

10. Which of the following is listed on the Prior Authorization form?
    - Procedure
    - Diagnosis
    - Expiration date
    - All of the above are listed
Answer: All of the above are listed
Rationale: The Policy ID, Procedure, Diagnosis and Expiration date are all examples of data found on the Prior Authorization form.
Competency: Verify eligibility for managed care services, CAAHEP VII.P-6
Objectives
• Update the Medication Record.
• Update the Problem List using an encoder.
• Document lab results.

Overview
Ken Thomas (DOB 10/25/1961) has recently started taking levothyroxine tablets once daily for hypothyroidism on July 17, 2014. Bloodwork performed on July 14, 2014 showed a TSH: 6.0 (Reference range 0.5-5.0). Update the medication list and problem list, then document the lab results in the Diagnostic/Lab Results tab.

Competencies
• Comply with federal, state, and local health laws and regulations, ABHES 6-e
• Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
• Maintain laboratory test results using flow sheets, CAAHEP II.P-2
• Execute data management using electronic healthcare records such as the EMR, ABHES 7-b, CAAHEP V.P-5
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Ken Thomas’s patient record. Once you locate him in the List of Patients, confirm his date of birth. 
   Helpful Hint: Confirming a patient’s date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Ken Thomas and click the Select button.
4. Select Office Visit from the left Info Panel.
5. In the Create New Encounter window, select Follow-Up/Established Visit from the Visit Type dropdown.
6. Click the Save button.
7. Select Problem List from the Record dropdown menu.
8. Click the Add Problem button to add “Hypothyroidism” as a problem in the Diagnosis field of the Add Problem window.
9. Select the ICD-10 radio button, place the cursor in the Diagnosis Code box to access the TruCode encoder.
10. Enter “Hypothyroidism” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
11. Click the Search button.
12. Click the code E03.9 to expand this code and confirm that it is the most specific code available.
13. Click the code E03.9 for “Hypothyroidism, unspecified” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
15. Select the Active radio button in the Status field.
16. Click the Save button. A confirmation message will appear and the Problem List table will display the new problem.
17. Select Medications from the Record dropdown menu.
18. Within the Prescription Medications tab, click the Add Medication button to add levothyroxine to Ken Thomas’s medications. An Add Medication window will appear.
19. Select levothyroxine from the Medication dropdown menu or start typing the medication in the field.
21. Select Tablet from the Form dropdown menu.
22. Select Oral from the Route dropdown menu.
23. Select Daily from the Frequency dropdown.
24. Use the calendar picker to document “July 14, 2014” in the Start Date field.
26. Select the Active radio button in the Status field.
27. Click the Save button. A confirmation message will appear and the Medications table will display the new medication.
28. Click Diagnostics/Lab Results in the left Info Panel.
29. Click the Add button below the Diagnostics/Lab Results table.
30. Use the calendar picker to document July 14, 2014 in the Date field.
31. Select Path/Lab from the Type dropdown menu.
32. Document results "TSH: 60 (Reference Range 0.5 - 5.0)" in the Notes field.
33. Click the Save button.

Quiz Questions

1. Levothyroxine is documented in which medication record tab?
   - Prescription Medications
   - Over the Counter Products
   - Herbal and Naturals Remedies
   - All of the above
   Answer: Prescription Medications
   Rationale: The medication record is organized into three tabs. Levothyroxine is documented in the Prescription Medications tab.
   Competency: Maintain medication and immunization records, ABHES 6-e

2. Within the medication record, the user may manually type the medication or use the _______.
   - check box
   - radio button
   - scroll bar
   - drop down list
   Answer: drop down list
   Rationale: The medication record allows for either manual entry (unstructured data) of medications or the use of a drop down box (structured data) medication entry.
   Competency: Maintain medication and immunization records, ABHES 6-e

3. The dosage of Levothyroxine for this patient is:
   - 12.5 mg.
   - 25 mg.
   - 50 mcg.
   - 0.05 mcg.
   Answer: 12.5 mg
   Rationale: The provider has ordered a medication dose of 12.5mg Levothyroxine.
   Competency: Maintain medication and immunization records, ABHES 6-e

4. Which diagnosis was documented in the Problem List for this patient?
   - Hypertension
   - Hyperthyroidism
   - Hypothyroidism
- Graves disease

**Answer:** Hypothyroidism  
**Rationale:** The patient in this case was diagnosed with an under-active thyroid gland. This condition is called hypothyroidism.  
**Competency:** Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

5. The TSH is a type of _______________ result.
- Radiology  
- Respiratory  
- Cardiology  
- Laboratory

**Answer:** Laboratory  
**Rationale:** The thyroid stimulating hormone (TSH) is documented in the laboratory results.  
**Competency:** Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

6. True or false? Mr. Thomas's condition is documented as active within the Problem List.

**Answer:** True  
**Rationale:** The Problem List record requires the user to enter the status of a condition. The condition of hypothyroidism in this case is documented as “Active”.  
**Competency:** Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

7. When maintaining laboratory results, the user should document:
- date of results.  
- name of test.  
- lab value.  
- all of the above.

**Answer:** all of the above  
**Rationale:** During the maintenance of laboratory results, the documentation should be as complete as possible. This includes documentation of the date, name, lab result and reference value.  
**Competency:** Maintain laboratory test results using flow sheets, CAAHEP II.P-2

8. A ________ result above the reference range of 5.0 may indicate hypothyroidism.
- T3  
- TSH  
- T4, Free  
- T4, Total

**Answer:** TSH  
**Rationale:** According to the case, the reference range for Thyroid Stimulating Hormone (TSH) is 0.5-5.0. A result greater than 5.0 may indicate an under active thyroid.  
**Competency:** Maintain laboratory test results using flow sheets, CAAHEP II.P-2

9. True or false? Laboratory results, like the TSH are documented in Out of Office orders.

**Answer:** False  
**Rationale:** The laboratory results like the TSH are documented in Diagnostic/Lab Results record located on in the left info panel of the Clinical Module.  
**Competency:** Maintain laboratory test results using flow sheets, CAAHEP II.P-2

10. How many clinical records were documented within the encounter of this case?
- 1
Answer: 2

Rationale: There were two clinical records documented in this case, the Problem List and the Medication record. The Diagnostic/Lab result is not a clinical record, but a flow sheet tab located in the left side info panel.

Competency: Execute data management using electronic healthcare records such as the EMR, ABHES 7-b.2, CAAHEP V.P-5
Objectives

- Generate laboratory orders.

Overview

Jean Burke, NP has ordered some laboratory testing for Ken Thomas. Due to his primary hypothyroidism, a TSH, T4 Free, and T3 Free should be completed in one month. The laboratory tests are not fasting and are routine. Generate a lab requisition.

Competencies

- Identify critical information required for scheduling patient admissions and/or procedures, ABHES 8-d, CAAHEP V.C-4
- Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10
- Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6
- Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2

Estimated completion time: 50 minutes

Measurable Steps

1. Click on the Form Repository icon.
2. Select Requisition from the Patient Forms section of the left Info Panel.
3. Select Laboratory from the Requisition Type dropdown menu.
4. Click the Patient Search button to assign the form to Ken Thomas. Confirm the auto-populated patient demographics.
5. In the Diagnosis field, document “Primary Hypothyroidism”.
6. Place the cursor in the Diagnosis Code field, click the TruCode icon to search for the ICD-10 code.
7. Enter “Primary Hypothyroidism” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
8. Click the Search button.
9. Click the code E03.9 to expand this code and confirm that it is the most specific node available.
10. Click the code E03.9 for “Hypothyroidism, unspecified” that appears in the tree. The code will auto-populate in the Diagnosis Code field of the requisition form.
11. In the Laboratory field, select the checkbox for TSH, T3 Free, and T4 Free.
12. Select the Routine radio button to indicate the exam is routine. Document “Not fasting, due in one month” in the Patient Preparation field.
13. Click the Save to Patient Record button. A confirmation message will appear.

Quiz Questions

1. The diagnosis code documented on this order is:
   - E03.0
   - E03.9
   - E30.0
   - E93.0
   **Answer:** E03.9

**Rationale:** The diagnosis and diagnosis code are critical information required for the lab procedure. The correct diagnosis code for this case is located using the encoder is E03.9.
2. The medical assistant will assist the physician with patient care, by generating the lab order. This document is located in:

- the Form Repository.
- Correspondence.
- Order Entry.
- Diagnostic/Lab Results.

**Answer:** the Form Repository

**Rationale:** Lab orders can be generated using the laboratory requisition maintained in the Form Repository.

**Competency:** Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10

3. In what time frame has the provider ordered the lab work?

- 1 week
- 3 weeks
- 1 month
- 3 months

**Answer:** 1 month

**Rationale:** The provider has ordered the lab work to be performed in one month. It is important to document this time frame in the patient education field of the requisition so the patient can implement the test accurately.

**Competency:** Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6

4. True or false? The lab orders for the patient should include patient instructions to fast 12 hours.

**Answer:** False

**Rationale:** The lab orders for this patient are noted as Non-fasting.

**Competency:** Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6

5. True or false? The first step to create a lab requisition is to find the patient in clinical care.

**Answer:** False

**Rationale:** Since the requisitions are generated from the Form Repository, the first step for the user is to click on Form Repository icon, then click on the Requisition form located in the left info panel.

**Competency:** Prepare a patient for procedures and/or treatments, ABHES 9-c/9-d, CAAHEP IV.P-6

6. Which of following pieces of critical information is required for scheduling a laboratory procedure for this patient?

- Name of Procedure
- Name patient
- Diagnosis
- All of the above

**Answer:** All of the above

**Rationale:** Some of the critical information required for scheduling a patient procedure, like a lab order includes name of procedure, name of patient and diagnosis.

**Competency:** Identify critical information required for scheduling patient admissions and/or procedures, ABHES 8-d, CAAHEP V.C-4

7. True or false? The name of the ordering provider does not need to be listed on the lab requisition because the order will include the office letterhead.
8. True or false? The physicians would like to order the TSH, T3 Total and T4 Total in one month.
Answer: False
Rationale: It is important to verify the provider’s orders to ensure appropriate care. The lab orders in one month are for TSH, T3 Free, and T4 Free.
Competency: Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10

9. The TSH, T3 Free and T4 Free are ordered to monitor:
   - Blood pressure
   - Thyroid activity
   - Heart Disease
   - Pancreas function
Answer: Thyroid activity
Rationale: As noted in the case, the patient is being treated for Hypothyroidism. These laboratory procedures are ordered to monitor thyroid activity.
Competency: Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10

10. Which provider is documented as the ordering physician for this lab order?
    - Dr. Walden
    - Dr. Martin
    - Jean Burke NP
    - Any of the above, since the order is from the same office
Answer: Jean Burke NP
Rationale: The ordering doctor for this lab requisition is Jean Burke NP. The medical office is not an ordering provider as three providers work for the office.
Competency: Assist physician with patient care, ABHES 9-c/9-d, CAAHEP I.P-10
Objectives
• Document Rapid Strep Test results.
• Prepare a prescription for electronic transmission.
• Complete Superbill

Overview
Established patient, Daniel Miller (DOB 03/21/2012), has a sore throat and is at Walden-Martin for a problem-focused visit. Jean Burke, NP ordered a rapid strep test which has come back positive for streptococcal pharyngitis. The rapid strep was not sent for culture. As a result, Nurse Burke would like to start Daniel on Augmentin suspension 500 mg, by mouth twice daily for seven days. Create an urgent visit encounter and document the rapid strep performed during the visit. Then, prepare a prescription for Nurse Burke’s approval to send electronically to Anytown Pharmacy and complete a superbill for the office visit, making sure to complete all fields on page one. Daniel’s insurance requires a $25.00 copayment. It is not related to injury, auto accident or Workers’ Compensation.

Competencies
• Describe the relationship between the anatomy and physiology of all body systems and medication used for treatment in each, HIM I.C-12
• Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i
• Perform diagnostic coding, ABHES 8-c.3, CAAHEP VIII.P-2
• Apply diagnosis/procedure codes according to current guidelines, HIM I.A-1

Estimated completion time: 35 minutes

Measurable Steps
1. Click on the Find Patient icon.
2. Using the Patient Search fields, search for Daniel Miller’s patient record. Once you locate him in the List of Patients, confirm his date of birth.
   **Helpful Hint:** Confirming a patient’s date of birth will help to ensure that you have located the correct patient record.
3. Select the radio button for Daniel Miller and click the Select button.
4. Select Office Visit from the left Info Panel.
5. Select an encounter from the List of Encounters or click the Add New header to create a new encounter.
6. In the Create New Encounter window, select Urgent Visit from the Visit Type dropdown.
7. Click the Save button.
8. Select Order Entry from the Record dropdown menu.
9. Click the Add button below the In-Office table to add an order.
10. In the Add Order window, select Rapid Strep Test from the Order dropdown menu.
11. Document “Positive” as the result. The specimen was not sent for culture. Click the Save button. A confirmation message will appear and the In-Office table will display the new order.
12. Select the TruCode encoder button in the top right corner. The encoder tool will open in a new tab.
13. Enter “Streptococcal pharyngitis” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
14. Click the Search button.
15. Click the code J02.0 that appears in red to expand this code and confirm that it is the most specific code available.
16. Copy the J02.0 code for “Streptococcal pharyngitis” that populates in the search results.
17. Click the Add button below the Out-of-Office table to add an order.
18. In the Add Order window, select Medication Prescription from the Order dropdown menu.
19. Indicate the provider by clicking in the box next to Jean Burke NP.
20. Paste the diagnosis from the encoder tool in the Diagnosis field.
23. Document “500 mg” in the Strength field.
27. Document “1 tablet two times daily for seven days” in the Directions field.
30. Select the Electronic transfer radio button and document the date in the Date field.
31. Click the Save button. A confirmation message will appear and the Out-of-Office table will display the new order.
32. Select Problem List from the Record dropdown menu.
33. Click the Add Problem button to add “Streptococcal pharyngitis” as a problem in the Diagnosis field of the Add Problem window.
34. Select the ICD-10 Code radio button and place the cursor in the text field to access the TruCode encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
35. Enter “Streptococcal pharyngitis” in the Search field and select ICD-10-CM from the dropdown menu.
36. Click the Search button.
37. Click the code J02.0 to expand this code and confirm that it is the most specific code available.
38. Click the code J02.0 for “Acute pharyngitis, unspecified” that appears in the tree. This code will auto-populate in the ICD-10 field of the Add Problem window.
39. Select the Active radio button in the Status field.
40. Click the Save button. A confirmation message will appear and the problem list will display the new problem.
41. Select Medications from the Record dropdown menu.
42. On the Prescription Medications tab click the Add Medication button.
43. Select Augmentin Suspension from the Medication dropdown menu.
44. Select Suspension from the Form dropdown menu.
45. Select Oral from the Route dropdown menu.
46. Select Every 12 Hours from the Frequency dropdown menu.
47. Document “500 mg” in the Dose field.
48. Document the current date in the Start Date field.
50. Select the Active radio button in the Status field.
51. Click the Save button. A confirmation message will appear and the Medication window will display the new medication.
52. Click the Patient Dashboard.
53. After reviewing the details of the encounter, click the Superbill link below the Patient Dashboard.
54. Select the correct encounter from the Encounters Not Coded table and confirm the auto-populated details.
55. On page one of the superbill, select the ICD-10 radio button.
56. In the Rank 1 row of the Diagnoses box, place the cursor in the Diagnosis Code field to access the encoder.
57. Enter “Streptococcal pharyngitis” in the Search field and select ICD-10-CM from the dropdown menu.
58. Click the Search button.
59. Click the code J02.0 to expand this code and confirm that it is the most specific code available.
   Click the code J02.0 for “Pharyngitis” that appears in the tree. This code will auto-populate in the Rank 1 row of the Diagnoses box.

**Helpful Hint:** The View Progress Notes and View Fee Schedule links in the top right corner of the superbill provide information necessary in completing the superbill.

60. Document “1” in the Rank column for EP Problem Focused OV with “32.00” for the fee, and “99212” for the CPT code.

61. Click the Save button and then Click Next to move to page three of the superbill.

62. Document “2” in the Rank column for Strep, rapid with “21.00” for the fee, and “87880” for the CPT Code.

63. Click the Save button and then click Next to move to page four of the superbill.

64. On page four, document “25.00” in the Copay field.

65. Use the View Fee Schedule link to determine the Total Charges.

66. Confirm that the total in the Today’s Charges field has populated correctly.


68. Select the Same Name as Patient checkbox below the Insured Name’s field to indicate that Daniel Miller is the insured patient for the visit.

69. Provide any additional information needed and click the Save button.

70. Select the “I am ready to submit the superbill” checkbox at the bottom of the last screen.

71. Select the Yes radio button to indicate that the signature is on file.

72. Document the date in the Date field.

73. Click the Submit Superbill button. A confirmation message will appear.

**Quiz Questions**

1. **The Augmentin is prescribed for ____________ days.**
   - 5
   - 3
   - 7
   - 10

   **Answer:** 7

   **Rationale:** The Augmentin is prescribed for a 7-day duration.

   **Competency:** Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

2. **In which Clinical Care record is the medication prescription prepared?**
   - Medications
   - In-Office Orders
   - Out-of-Office Orders
   - Requisitions

   **Answer:** Requisitions

   **Rationale:** Order Entry is organized into two different grids. One for In-Office Orders and one for Out-of-Office Orders. Medication prescriptions are located in Out-of-Office Orders.

   **Competency:** Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

3. **The prescription is being prepared for electronic transfer. Which pharmacy does the patient use?**
   - Anytown Pharmacy
   - Customer’s Pharmacy
   - Walden-Martin Pharmacy
   - Miller Pharmacy
Answer: Anytown Pharmacy  
**Rationale:** The patient uses Anytown Pharmacy, so Anytown Pharmacy should be documented in the Pharmacy field on the prescription.  
**Competency:** Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

4. Daniel’s positive strep results are being treated with __________.  
   - Ceftin.  
   - Augmentin.  
   - Cipro.  
   - Bactrim.  

**Answer:** Augmentin  
**Rationale:** Daniel has been prescribed Augmentin 500mg for 7 days to treat streptococcal pharyngitis.  
**Competency:** Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology, ABHES 9-e

5. True or false? The copay for today’s services is $25.00.  
**Answer:** True  
**Rationale:** The copayment is documented on the first page of the superbill. According to the patient’s insurance card, there is $25.00 copayment.  
**Competency:** Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

6. Which procedures are documented on the superbill for the encounter?  
   - Problem Focused Office Visit  
   - Rapid Strep Test  
   - Nebulizer  
   - Problem Focused Office Visit and Rapid Strep Test  

**Answer:** Problem Focused Office Visit and Rapid Strep Test  
**Rationale:** The superbill for Daniel Miller’s encounter included both problem-focused office visit and rapid strep test.  
**Competency:** Utilize computerized office billing systems, ABHES 7-b/8-b, CAAHEP VI.P-2i

7. The CPT code listed on the fee schedule for rapid strep test is:  
   - 99212  
   - 87880  
   - 87800  
   - 99201  

**Answer:** 87880  
**Rationale:** There are two procedures documented on the superbill. The Problem focused office visit is 99212. According to the fee schedule, the procedure code for the rapid strep test is 87880.  
**Competency:** Apply diagnosis/procedure codes according to current guidelines, AHIMA I.A-1

8. True or false? The Rapid Strep specimen was sent for culture according to the documentation.  
**Answer:** False  
**Rationale:** According to the In-Office Order Entry for Rapid Strep testing, the specimen obtained for Daniel Miller was not sent for culture.  
**Competency:** Describe the relationship between the anatomy and physiology of all body systems and medication used for treatment in each, AHIMA I.C-12
9. What chief complaint is indicated for the prescribed Augmentin?

- Ear ache
- Chest congestion
- Sore throat
- Migraine

**Answer:** Sore throat

**Rationale:** Daniel Miller is being treated with Augmentin for sore throat.

**Competency:** Describe the relationship between the anatomy and physiology of all body systems and medication used for treatment in each, AHIMA I.C-12
Objectives
• Generate Requisition.
• Update Preventive Services.

Overview
During Celia Tapia’s (DOB 05/18/1970) wellness visit, Dr. Martin notices she is overdue for preventive services. Dr. Martin would like Celia Tapia to have a screening bilateral mammogram next Tuesday. This is a routine procedure. Generate the radiology order for the screening bilateral mammogram and update the preventive services record to include this procedure.

Competencies
• Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2
• Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7
• Identify critical information required for scheduling patient admissions and/or procedures, ABHES 8-d, CAAHEP V.C-4
• Perform patient screening using established protocols, CAAHEP I.P-6

Estimated completion time: 20 minutes

Measurable Steps
1. Click on the Form Repository icon.
2. Select Requisition from the left Info Panel.
3. Select Radiology from the Requisition Type dropdown menu.
4. Click the Patient Search button to assign the form to Celia Tapia. Confirm the auto-populated patient demographics.
5. In the Diagnosis field, document “Screening for Breast Neoplasm”.
6. Place the cursor in the Diagnosis Code field to access the TruCode encoder. Accessing the encoder tool this way will auto-populate any selected codes where the cursor is placed.
7. Enter “Screening mammogram” in the Search field and select Diagnosis, ICD-10-CM from the dropdown menu.
8. Click the Search button.
9. In the Search Results table, click Z12.39 to view additional details about the code.
10. Click the code Z12.39 in the Diagnosis tabular list. The code will auto-populate in the requisition.
11. In the Radiology field, select the correct checkbox for Screening Mammogram.
12. Click the Save to Patient Record button. A confirmation message will appear.
13. Click the Find Patient icon.
14. Using the Patient Search fields, search for Celia Tapia’s patient record. Once you locate her in the List of Patients, confirm her date of birth.

Helpful Hint: Confirming a patient’s date of birth will help to ensure that you have located the correct patient record.
15. Select the radio button for Celia Tapia and click the Select button.
16. Click the Wellness Exam in the Encounters area of the Patient Dashboard.
17. Select Preventative Services from the Record drop down menu.
18. Note any overdue notifications and click the Preventative Services Schedule link to determine which services are overdue.
19. Click the Add button in the Procedures section.
21. Use the calendar picker to document the date in the Date Performed.
22. Document "Bilateral Screening Mammogram" in the Notes field and click the Save button. A confirmation message will appear and the preventative service you added will display in the Preventative Services table.

Quiz Questions

1. A mammogram is documented in which section of the patient record?
   - Patient Education
   - Progress Note
   - Preventive Services
   - Problem List

   Answer: Preventive Services
   Rationale: The Preventive Services record of the Clinical Care Module facilitates the documentation of the patient’s mammogram.
   Competency: Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

2. Which of the following tests are located in the dropdown menu of the Procedures grid within Preventive Services?
   - Mammogram
   - Sigmoidoscopy
   - Colonoscopy
   - All of the above.

   Answer: All of the above
   Rationale: There are several procedures listed in the Preventive Services grid. They include the Mammogram, sigmoidoscopy, colonoscopy, and bone density procedures.
   Competency: Report relevant information to others succinctly and accurately, ABHES 8-f, CAAHEP IV.P-2

3. True or false? One of Mrs. Tapia’s overdue preventive services is a mammogram.

   Answer: True
   Rationale: Mrs. Tapia has several overdue services and a mammogram is one of the services.
   Competency: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

4. The mammogram order is generated from the _______ requisition.
   - Laboratory
   - Respiratory
   - Cardiology
   - Radiology

   Answer: Radiology
   Rationale: There are four different requisitions stored in the Form Repository. The user will document the mammogram procedure on the radiology requisition.
   Competency: Document accurately in the patient record, ABHES 4-a, CAAHEP IX.P-7

5. According to the Preventive Services Schedule link, mammograms should be ordered starting at age:
   - 35
   - 40
   - 45
   - As needed

   Answer: 35
Rationale: The preventive service schedule located in the right corner of Preventive Services record starts that mammograms should start annually at age 35.
Competency: Identify critical information required for scheduling patient admissions and/or procedures, ABHES 8-d, CAAHEP V.C-4

6. True or false? The patient does not need a mammogram order to obtain the procedure.
Answer: False
Rationale: The patient will need a doctor’s order to schedule the mammogram procedure.
Competency: Identify critical information required for scheduling patient admissions and/or procedures, ABHES 8-d, CAAHEP V.C-4

7. True or false? The date of service does not need to be documented in the Preventive Services record.
Answer: False
Rationale: The date of service will help to identify the last service provided as many procedures are performed annually for health maintenance. Documenting the date of service is necessary for patient screening.
Competency: Perform patient screening using established protocols, CAAHEP I.P-6

8. The ordering provider for the mammogram procedure is:
   - Dr. Martin
   - Dr. Walden
   - Jean Burke NP
   - The patient does not require an order.
Answer: Dr. Martin
Rationale: The mammogram was ordered by Dr. Martin during a Wellness encounter for the patient. The ordering doctor will receive the final report results.
Competency: Perform patient screening using established protocols, CAAHEP I.P-6