Med Inf 405
Session 6 - Study Questions and Answers

1. **Which clinical setting does not submit CPT codes for reimbursement?**
   Hospital inpatient services

2. **What criteria must a procedure meet in order to receive a category I CPT code?**
   (1) Performed by many healthcare professionals across the country and a distinct service; (2) Approved by (FDA) or with approval imminent within a given CPT cycle; (3) Proven clinical efficiency; (4) Not a fragmentation of another procedure or reportable by current CPT codes; (5) Not a means to report extraordinary circumstances of another CPT code.

3. **Which larger coding system are CPT codes part of?**
   Healthcare Common Procedure Coding System (HCPCS)

4. **What sections are category I CPT codes divided into?**
   Evaluation and management; Anesthesiology; Surgery; Radiology; Pathology and Laboratory; Medicine.

5. **Which group of people drives the vast majority of content updates for LOINC?**
   Regenstrief Institute, Inc's informaticists (LOINC Committee)

6. **What sections are included in the overall domain scope of clinical LOINC content?**
   Vital Signs; Hemodynamic measurements; Fluid intake/output; Anthropomorphic measures; Emergency department variables (Data elements for Emergency Department Systems DEEDS); Respiratory therapy; Tumor Registry; Patient assessment instruments; Opthalmology measurements; Radiology reports; EKG; Cardiac ultrasound; Obstetrical ultrasound; Discharge summaries; History and physical exam findings; Pathology findings; Colonoscopy/endoscopy reports; Clinical documents and sections.

7. **Have the "questions" in the Data Elements for Emergency Department Systems (DEEDS) been translated into LOINC codes?**
   Yes

8. **Was LOINC included in the National Electronic Disease Surveillance System (NEDSS) initiative?**
   Yes

9. **Which domains has the CHI initiative named LOINC the adopted standard for?**
   Laboratory result names; laboratory test orders; drug section label headers, and for federally required patient assessment instruments (questions, answers, and forms) including functioning and disability content.

10. What are the main parts of LOINC observation names?
Component (analyte); Kind of property; Time aspect; System; Type of scale; Type of method.

11. Which HIPAA standard includes the use of LOINC codes?
Electronic claim attachment standards

12. What is the purpose of the UHDDS?
A data dictionary intended to report inpatient data elements in a standardized manner. It is a core data set for hospital reporting (acute, short stay, <30 days). Contains a data dictionary where the principal diagnosis is defined along with its allowable value. Defacto standard for data collection for federal and state agencies & others. Developed through the National Committee on Vital and Health Statistics (NCVHS) and been required by Department of Health and Human Services (HHS) since 1975.

13. How can MDS information be used to standardize communication?
Minimum Data Set is the foundation of the comprehensive assessment for all residents of long term care facilities certified to participate in Medicare and Medicaid. It is a core sent of screening, clinical, & functional status elements, including common definitions & coding categories. It provides a standard way to communicate about resident problems within facilities, between facilities, & between facilities &outside agencies.

14. What are some important uses of OASIS data?
The Outcomes and Assessment Information Set is a core group of data elements that represent items of a comprehensive assessment for an adult home care patient. It forms the basis for measuring patient outcomes for outcome-based quality improvement;patient assessment & care planning for individual patients;agency level case mix reporting (demographics, health); Internal home health agency performance improvement.

15. How does DEEDS encourage the use of electronic health records?
The Data Elements for Emergency Department Systems is designed to support the uniform collection of data in 24hr, hospital based emergency department. It provides minimum specifications for emergency room data sets which encourage greater consistency & integrate existing health data standards, particularly those for EHRs. For example data types and field lengths conform with HL7.

16. What is the difference between DEEDS and EMDS?
Essential Medical Data Set expands on DEEDS & is a standardized medical history set containing the data elements for demographic, problem lists, medications, allergies, & previous critical encounters.

17. What are the broad categories of elements for the NMDS?
The Nursing Medical Data Set elements are Nursing care;Patient or client demographics;Service elements.

18. How is the NMMDS work significant?
It supports the description, analysis, & comparison of nurse care & nursing care resources with greater precision regarding the effects of context on complex health outcomes.

19. How is the MDS used?
It was originally intended to serve as an assessment tool in identifying resident care problems addressed in individual care plans. The data is also now used by Medicare & Medicaid reimbursement systems (classify Medicare & Medicaid residents into Resource Utilization Groups);Monitoring quality of care for improvement, surveyors & CMS quality monitoring.

20. Can data items collected on the MDS vary from state to state?
Y, section S

21. What can Extensible Markup Language be used for?
XML is used to encode documents to facilitate the exchange of medical data in a structured manner. HL7 CCR & CDA documents use XML for EMRs.

22. What can CDA be used for?
HL7 CDA is XML-based markup standard intended to specify the encoding, structure & semantics of clinical documents for exchange (EHR data): Radiology;Progress & Transfer notes;Medications;Laboratory reports; Patient, Clinical & Discharge summaries.

23. What types of information formats can CDA include?
Standard text, images; audio/video multimedia content.

24. What are the defining characteristics of a CDA document?
Persistence; Stewardship; Wholeness;Human readability;Potential for authentication.

25. Does the CCR standard provide for user-configurable fields?
NO-to ensure consistent implemention.