



**POST-TEST for DHA UBO and DQMC Program Webinar:
2024 CPT4/HCPCS Code Updates**
[broadcast 23 and 25 January 2024]

POST-TEST INSTRUCTIONS: View the recorded Webinar located at [UBO Learning Center Archived Webinars](#) and then complete all of the 10 questions below. Submit your answers via e-mail to webmeeting@triafed.com with “Answers, Post Test **2024 CPT4/HCPCS Code Updates**” in the subject line (a read receipt for your records is recommended). If at least 70% of the questions are answered correctly, you will receive a Certificate of Approval with Index Number via email. If you receive a score of 69% or lower, you will be notified via email and may review the archived Webinar and resubmit the post-test. Results may take up to five business days. If you have any questions, please submit those as well to webmeeting@triafed.com.

- 1) **Multiple Choice:** What conferences should you attend to stay abreast of changes:
 - a. Local
 - b. Regional
 - c. National
 - d. All the above

- 2) **True or False:** Scheduling is the first step of the MHS Revenue Cycle.
 - a. True
 - b. False

- 3) **Multiple Choice:** Understanding and knowledge of the coding, billing, and payer guidelines help claims get paid:
 - a. Compliantly
 - b. Accurately
 - c. Fashionably
 - d. Timely
 - e. All the above, except C

- 4) **True or False:** You should review some of the changes to the guidelines, rules, and policies.
 - a. True
 - b. False

- 5) **True or False:** Professional billing is not associated with the new E/M code: 99459, pelvic exam.
 - a. True
 - b. False

- 6) **True or False:** You should share CPT/HCPCS changes and updates with all relevant personnel.
 - a. True
 - b. False

- 7) **True or False:** Which of the below definitions correlate with the cancel sign.
 - a. Indicates a telemedicine code



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- b. Indicates a code that is exempt from the use of modifier 51 but is not designated as a CPT add-on procedure or service
 - c. Located to the left of CPT codes that identifies vaccines pending FDA approval but that have been assigned a CPT code
 - d. Located to the left of CPT codes that identifies revised/modified code descriptions
- 8) **Multiple Choice:** Clinical Documentation Improvement (CDI) Specialist should:
- a. Ensure payer requirements are understood by all billers
 - b. Review new payer policy changes that pertain to the 2024 updates
 - c. Provide formal training on new, modified and deleted codes and the MHS policies impacted
 - d. Review updates and changes in online billing software tools
- 9) **Multiple Choice:** In the summary of 2024 CPT changes, in section Category III, what is the number of deleted CPT codes:
- a. 3
 - b. 21
 - c. 55
 - d. 32
- 10) **True or False:** Centers for Medicine & Medicaid Services (CMS) updates HCPCS codes on a yearly basis.
- a. True
 - b. False