

MEDICAL OFFICE PROCEDURES (250)

REGIONAL – 2015

Objective Section:

Multiple Choice (20 @ 5 points each)	_____	(100 points)
Abbreviations (10 @ 3 points each)	_____	(30 points)
Matching (10 @ 3 points each)	_____	(30 points)
Proofreading HPIP Document (10 @ 4 points each)	_____	(40 points)

Production Portion:

Job 1: SOAP Document	_____	(100 points)
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TOTAL POINTS _____ ***(300 points)***

Failure to adhere to any of the following rules will result in disqualification:

- 1. Contestant must hand in this test booklet and all printouts. Failure to do so will result in disqualification.**
- 2. No equipment, supplies, or materials other than those specified for this event are allowed in the testing area. No previous BPA tests and/or sample tests or facsimile (handwritten, photocopied, or keyed) are allowed in the testing area.**
- 3. Electronic devices will be monitored according to ACT standards.**

No more than 10 minutes orientation.
No more than 60 minutes actual testing time.
No more than 10 minutes wrap-up.

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Workplace Skills Assessment Program competition.

Part I—Multiple Choice: Directions: Please choose the best answer for the following questions and mark it on your Scantron. Be sure to write your contestant number and contest on Scantron form.

1. Which one of the following is *not* obtained from new patients?
 - A. The patient's full legal name
 - B. The patient's date of graduation
 - C. The patient's address and telephone numbers
 - D. The reason for the visit

2. The most important reason for using numeric filing is:
 - A. It preserves patient confidentiality
 - B. A larger number of records can be easily filed
 - C. A computer can more readily read numeric filing labels
 - D. It is easier to learn than alphabetical filing

3. Any information to be released from a medical record:
 - A. Goes to medical insurance
 - B. Requires a provider's signature
 - C. Requires patient notification and approval
 - D. Requires a subpoena

4. The portion of the medical fees that the patient needs to pay at the time of service is called:
 - A. Fee for service
 - B. Co-pay
 - C. Out-of-pocket expenses
 - D. Premium

5. Noncovered services are also known as:
 - A. Nonallowed services
 - B. Exclusions
 - C. Out-of-pocket services
 - D. Expensive services

6. Which of the following describes HIPAA?
 - A. It is about confidentiality, patient privacy, and security of personal health information.
 - B. It protects health insurance coverage for workers and their families when they change or lose their jobs.
 - C. It includes national standards for electronic health care transactions.
 - D. A and C

7. The person covered under the terms of the insurance policy is called:
 - A. Primary
 - B. Secondary
 - C. Beneficiary
 - D. Elector

8. When more than one policy covers the individual, the _____ determines which of the policies will pay first.
 - A. Deductible
 - B. Exclusion
 - C. Coinsurance
 - D. Coordination of benefits

9. A provider's fee schedule is:
 - A. Based on what the insurance companies feel is appropriate.
 - B. A continuous record of usual charges made for specific services.
 - C. Revised every three months.
 - D. The amount paid by insurance carriers.

10. In cases of divorce, the parent who has physical custody of the child and is responsible for payment is called the:
 - A. The guarantor
 - B. The payee
 - C. The subscriber
 - D. None of the above

11. The most appropriate time to discuss fees for financial concerns of the patient is:
 - A. When services are rendered
 - B. When scheduling an appointment
 - C. By mail after services are rendered
 - D. When the insurance company does not pay the fee

12. Which is *not* a component of SOAP charting?
 - A. Subjective information
 - B. Assessment of symptoms
 - C. Payment information
 - D. Plan for treatment

13. The medical history form includes the social history, medical history, family history, review of symptoms, and:
 - A. Insurance information
 - B. Chief complaint
 - C. Provider's history
 - D. Diagnosis and prognosis

14. Primary administrative information includes the patient's full name, telephone numbers, insurance information, and:
 - A. Addresses
 - B. Date of birth
 - C. Vital signs
 - D. A and B

15. The Continuity of Care Record (CCR):
 - A. Ensures that a minimum standard of information is to be shared with other providers.
 - B. Will increase the number of errors made on the patient's chart.
 - C. Is being established by the American Academy of Gerontologists.
 - D. All of the above.

16. A system of values that each individual has that determines perception of right and wrong is called:
 - A. laws
 - B. ethics
 - C. attributes
 - D. attitudes

17. Stepping into a patient's place, discovering what the patient is experiencing, then recognizing and identifying with those feelings is:
 - A. sympathy
 - B. association
 - C. flexibility
 - D. empathy

18. The type of regulation for health care providers that is legislated by each state and mandatory in order to practice is:
 - A. licensure
 - B. registration
 - C. certification
 - D. B and C

19. Another term for assessing the patient's needs is:
 - A. screening
 - B. prescribing
 - C. taking vital signs
 - D. monitoring

20. Your patient has just been diagnosed with a life-threatening illness. She tells you that she would much rather die quickly rather than suffer through this disease. She asks you not to say anything about her comment to the doctor. What is your response?
 - A. You have had quite a shock. The doctor would like to talk to you about those feelings. I'll go get the doctor for you.
 - B. You, above anyone else, know what is best for your life.
 - C. I know what you mean, I would feel the same way.
 - D. Don't worry about that right now. The doctor will give you medication to help with the pain.

Contestant Number _____

(Attach to work to be submitted for grading)

Part II—Abbreviations @ 3 points each = 30 points

Write what each medical abbreviation stands for:

1. CC _____
2. EMR _____
3. GI _____
4. PPO _____
5. Wt _____
6. N&V _____
7. LMP _____
8. HEENT _____
9. EOB _____
10. COB _____

Contestant Number _____

(Attach to work to be submitted for grading)

Part III—Matching @ 3 points each = 30 points (Specialties/Prefixes/Suffixes)

- | | |
|------------------|-----------|
| A. pseudo | G. osteo |
| B. gerontology | H. histo |
| C. bariatrics | I. hyper |
| D. otomy | J. n.p.o. |
| E. pathology | K. EP |
| F. nephrologists | L. a. c. |

- ____ 1. Nothing by mouth
- ____ 2. Study, diagnose and manage diseases of the kidney
- ____ 3. Established patient
- ____ 4. The study of disease
- ____ 5. Deals with the medical and surgical treatment of obesity
- ____ 6. Before meals
- ____ 7. Above, over, increased, excessive
- ____ 8. bone
- ____ 9. tissue
- ____ 10. false

Part IV

Proofreading--HPIP Medical Report—40 points possible. Circle the 10 errors in the following HPIP report. Attach this document to your test paper.

Contestant Number: _____

Patient Name: Jacob D. Tracy
Date of Birth: 02/09/1975
Date of Exam: 03/02/2015

PCP: C.K. Winston, M.D
Sex: Male

HISTORY OF PRESENT ILLNESS: Mr. Tracy is a 40-year-old male admitted to Riverside Medical Center for treatment of deep vein thrombophlebitis in his left lower extremity. Mr. Tracy has always been healthy, has never been hospitalized, and has had no medical problems until recently. About six weeks ago, he developed a superficial thrombophlebitis of the left lower extremity. He was treated for this without incident and seemed to improve. About one week ago, he was trying to get back into shape and started to work out on a treadmill. He noted some discomfort in his left calf, which he attributed to muscle pain and continued his exercise. Over the past 24 hours, the left lower extremity has become more painful and swollen. He was seen by Dr. Winston at the Riverside Medical Center and a Doppler ultrasound was performed demonstrating clear evidence of deep venous thrombosis. He is now admitted for treatment of that condition. He has not had any undue shortness of breath nor has he had any palpitations, cough, or chest pain. He notes that he usually runs a rapid pulse in the range of 80 or 90.

PHYSICAL EXAMINATION: This is a well-developed male, who appears somewhat older than his stated age.

IMPRESSION:

1. Deep vein thrombophlebitis, left lower extremity.
2. Tachycardia.

PLAN: The patient was admitted for treatment of the condition with a ultrasound performed to assess further treatment.

C.K. Winston, M.D.

CKW:xx

D:03/09/2015
T:03/09/2015

Part V—SOAP Report—100 points possible

Key the following report for Dr. Ian M. Giangobbe using SOAP formatting. Use today's date for the transcription date and yesterday's date for the dictation date. Correct any errors in the document. Print the document.

Subjective:

Keirnan Davis is the husband of Denise Davis. His DOB is 08/08/1980. The date of the exam is 01/15/2014. Keirnan indicates that he has difficulty walking. His left knee hurts to the point that he has to limp. He has tried taking Tylenol, but there is no relief. Over the past 3 months, the pain has increased.

Objective:

He is on Coumadin 7.5 mg four days, 5 mg three days. Other medicines are Allegra, Protonix, Diovan, Vitamin Eyes with lutein, Omega, and Selenium (study for colon cancer).

Assessment:

Mr. Davis has osteoarthritis of the left knee. Today we talked about knee replacement surgery, small knee incisions, standard knee incisions, pain medicine, and modification in great detail. The intent on Mr. Davis's part is that as I have done his wife's surgery, he would like me to do the surgery on his knee. I explained to him that I could not guarantee that I would do a small knee approach on him. What I would be more concerned about would be to control the bleeding and to make accurate bone cuts and that we would probably use a modified standard incision unless his tissues were a lot more flexible than I thought they were. The advantages of that of course, would be also they wouldn't take quite as long. He feels that is the way he would want to go. In preparation for his surgery, we would certainly want Doctor Lind to participate in his perioperative care. It sounds like we would stop the Coumadin and perhaps initiate Lovenox after the Coumadin was stopped, continue Lovenox postoperatively, resume the Coumadin, and then, once his protime is back to a satisfactory level, stop the Lovenox.

Plan: Left knee replacement