

PRACTICE EXAM 14: AAPC CPC SIMULATION (100 QUESTIONS)

This practice exam contains 100 multiple-choice questions and is designed for a four-hour session. Select the single best answer for every question. AAPC requires an overall score of 70 percent or higher to pass. Use the current-year AMA CPT Professional, ICD-10-CM, and HCPCS Level II code books when checking code-specific answers.

1. For audit sample 14-01, the documentation states enlargement of the liver. Which choice is most accurate?

- A. hepatitis
- B. splenomegaly
- C. hepatosis
- D. hepatomegaly

2. In chart exercise 14-02, which option correctly addresses documentation of pain arising from a nerve?

- A. arthralgia
- B. myalgia
- C. neuralgia
- D. neuropathy

3. During coding review 14-03, the record refers to incision into the trachea. Which response is correct?

- A. tracheostomy
- B. tracheotomy
- C. laryngectomy
- D. thoracotomy

4. In training encounter 14-04, a CPC candidate finds documentation describing absence of menstrual periods. What is the best answer?

- A. amenorrhea
- B. dysmenorrhea
- C. menorrhagia
- D. metrorrhagia

5. For audit sample 14-01, the documentation states cranial nerve responsible for vision. Which choice is most accurate?

- A. optic nerve
- B. oculomotor nerve
- C. facial nerve
- D. trigeminal nerve

6. In chart exercise 14-02, which option correctly addresses documentation of valve between the left atrium and left ventricle?

- A. aortic valve
- B. pulmonic valve
- C. tricuspid valve
- D. mitral valve

7. During coding review 14-03, the record refers to largest lobe of the human liver. Which response is correct?

- A. left lobe
- B. right lobe
- C. quadrate lobe

D. caudate lobe

8. In training encounter 14-04, a CPC candidate finds documentation describing joint connecting the mandible to the skull. What is the best answer?

- A. atlantoaxial joint
- B. acromioclavicular joint
- C. temporomandibular joint
- D. sternoclavicular joint

9. For audit sample 14-01, the documentation states a Medicare patient may owe for a service expected to be denied as not reasonable and necessary. Which choice is most accurate?

- A. Change the diagnosis to obtain payment
- B. Write off every potentially denied service
- C. Obtain a valid ABN before furnishing the service
- D. Bill the patient after denial without prior notice

10. In chart exercise 14-02, which option correctly addresses documentation of a coder discovers an established pattern of upcoding?

- A. Report the concern through the compliance process
- B. Ignore it unless a payer complains
- C. Delete the affected records
- D. Discuss patient names in a public area

11. During coding review 14-03, the record refers to two procedure codes are subject to an NCCI edit. Which response is correct?

- A. Append modifier 59 automatically
- B. Review the edit and any permitted modifier indicator

- C. Submit separate claims on different days
- D. Replace both codes with an unrelated service

12. For audit sample 14-01, the documentation states a service is reduced at the physician's discretion. Which choice is most accurate?

- A. Use modifier 53 for every reduction
- B. Use modifier 22 for reduced work
- C. Change the procedure date
- D. Consider modifier 52 when its requirements are met

13. In chart exercise 14-02, which option correctly addresses documentation of an outpatient diagnosis is documented as probable?

- A. Code the probable condition as confirmed, when fully supported by the documentation and all applicable reporting requirements
- B. Code the signs and symptoms rather than the uncertain diagnosis, when fully supported by the documentation and all applicable reporting requirements
- C. Use an inpatient present-on-admission indicator, when fully supported by the documentation and all applicable reporting requirements
- D. Omit all diagnoses, when fully supported by the documentation and all applicable reporting requirements

14. During coding review 14-03, the record refers to the same physician repeats a diagnostic test. Which response is correct?

- A. Report the original test only
- B. Use modifier 77 for the same physician
- C. Consider modifier 76 when documentation supports the repeat
- D. Use modifier 91 on every repeated service

15. In training encounter 14-04, a CPC candidate finds documentation describing a different physician repeats a procedure. What is the best answer?

- A. Consider modifier 77 when documentation supports the repeat
- B. Use modifier 57 on the diagnosis
- C. Use modifier 24 on the procedure
- D. Use modifier 76 for a different physician

16. For audit sample 14-05, the documentation states multiple procedures are performed during one operative session. Which choice is most accurate?

- A. Report every component separately
- B. Use modifier 25 on each procedure
- C. List procedures alphabetically
- D. Sequence the primary procedure and apply applicable multiple-procedure rules

17. In chart exercise 14-06, which option correctly addresses documentation of a global-surgery patient returns for an unrelated E/M service?

- A. Bundle every unrelated visit
- B. Use modifier 79 on the E/M service
- C. Use modifier 58 on the diagnosis
- D. Consider modifier 24 on the E/M service

18. During coding review 14-07, the record refers to a distinct procedural service survives an edit because it occurred at a separate site. Which response is correct?

- A. Use the most specific supported modifier, or modifier 59 when appropriate
- B. Report the service without documentation
- C. Move the service to another date
- D. Use modifier 59 to override every edit

19. For audit sample 14-01, the documentation states gastroesophageal reflux disease without esophagitis. Which choice is most accurate?

- A. K21.0
- B. R12
- C. K21.9
- D. K22.9

20. In chart exercise 14-02, which option correctly addresses documentation of acute cystitis without hematuria?

- A. R30.0
- B. N30.00
- C. N30.01
- D. N39.0

21. During coding review 14-03, the record refers to mild intermittent asthma, uncomplicated. Which response is correct?

- A. J45.21
- B. J44.9
- C. J45.20
- D. J45.30

22. In training encounter 14-04, a CPC candidate finds documentation describing encounter for screening mammogram for malignant neoplasm of breast. What is the best answer?

- A. Z12.31
- B. Z85.3
- C. R92.8
- D. Z12.39

23. For audit sample 14-05, the documentation states pain in right knee. Which choice is most accurate?

- A. M17.11
- B. M25.569
- C. M25.562
- D. M25.561

24. For audit sample 14-01, the documentation states ambulance service, basic life support, emergency transport. Which choice is most accurate?

- A. A0425
- B. A0429
- C. A0428
- D. A0433

25. In chart exercise 14-02, which option correctly addresses documentation of ground mileage for an ambulance trip, per statute mile?

- A. A0380
- B. A0429
- C. A0425
- D. A0430

26. During coding review 14-03, the record refers to portable gaseous oxygen system rental. Which response is correct?

- A. E0443
- B. K0738
- C. E1390
- D. E0431

27. In encounter 14-01, a 37-year-old patient receives removal of up to 15 skin tags in a ambulatory center. Which CPT code is the best match?

- A. 11200
- B. 11102
- C. 19301
- D. 17110

28. In review batch 14-02, CPT code 17000 is selected. Which documented service best matches it?

- A. destruction of up to 14 benign skin lesions
- B. destruction of the first premalignant skin lesion
- C. tangential biopsy of a single skin lesion
- D. partial mastectomy

29. In encounter 14-03, a 59-year-old patient receives destruction of up to 14 benign skin lesions in a office. Which CPT code is the best match?

- A. 11102
- B. 10060
- C. 11200
- D. 17110

30. In review batch 14-04, CPT code 19301 is selected. Which documented service best matches it?

- A. partial mastectomy
- B. destruction of up to 14 benign skin lesions
- C. destruction of the first premalignant skin lesion
- D. tangential biopsy of a single skin lesion

31. In encounter 14-05, a 81-year-old patient receives incision and drainage of a simple or single skin abscess in a ambulatory center. Which CPT code is the best match?

- A. 11200
- B. 19301
- C. 10060
- D. 17000

32. In review batch 14-06, CPT code 11102 is selected. Which documented service best matches it?

- A. partial mastectomy
- B. tangential biopsy of a single skin lesion
- C. destruction of up to 14 benign skin lesions
- D. destruction of the first premalignant skin lesion

33. In encounter 14-01, a 37-year-old patient receives closed treatment of a distal radial fracture with manipulation in a ambulatory center. Which CPT code is the best match?

- A. 25605
- B. 29827
- C. 20550
- D. 27447

34. In review batch 14-02, CPT code 27130 is selected. Which documented service best matches it?

- A. arthrocentesis of a major joint without ultrasound guidance
- B. total knee arthroplasty
- C. injection of a single tendon sheath, ligament, or aponeurosis
- D. total hip arthroplasty

35. In encounter 14-03, a 59-year-old patient receives total knee arthroplasty in a office. Which CPT code is the best match?

- A. 29827
- B. 27447
- C. 27130
- D. 25605

36. In review batch 14-04, CPT code 29827 is selected. Which documented service best matches it?

- A. total knee arthroplasty, when fully supported by the documentation and all applicable reporting requirements
- B. total hip arthroplasty, when fully supported by the documentation and all applicable reporting requirements
- C. arthroscopic rotator cuff repair, when fully supported by the documentation and all applicable reporting requirements
- D. closed treatment of a distal radial fracture with manipulation, when fully supported by the documentation and all applicable reporting requirements

37. In encounter 14-05, a 81-year-old patient receives injection of a single tendon sheath, ligament, or aponeurosis in a ambulatory center. Which CPT code is the best match?

- A. 20550
- B. 25605
- C. 20610
- D. 27447

38. In review batch 14-06, CPT code 20610 is selected. Which documented service best matches it?

- A. total knee arthroplasty
- B. total hip arthroplasty
- C. injection of a single tendon sheath, ligament, or aponeurosis

D. arthrocentesis of a major joint without ultrasound guidance

39. In encounter 14-01, a 37-year-old patient receives diagnostic bronchoscopy in a ambulatory center. Which CPT code is the best match?

- A. 38525
- B. 31575
- C. 31622
- D. 33208

40. In review batch 14-02, CPT code 33208 is selected. Which documented service best matches it?

- A. diagnostic flexible laryngoscopy, when fully supported by the documentation and all applicable reporting requirements
- B. initial or replacement permanent pacemaker system with atrial and ventricular leads, when fully supported by the documentation and all applicable reporting requirements
- C. diagnostic nasal endoscopy, when fully supported by the documentation and all applicable reporting requirements
- D. diagnostic bronchoscopy, when fully supported by the documentation and all applicable reporting requirements

41. In encounter 14-03, a 59-year-old patient receives collection of venous blood by venipuncture in a office. Which CPT code is the best match?

- A. 31231
- B. 31622
- C. 31575
- D. 36415

42. In review batch 14-04, CPT code 38525 is selected. Which documented service best matches it?

- A. excision of deep axillary lymph nodes, when fully supported by the documentation and all applicable reporting requirements
- B. initial or replacement permanent pacemaker system with atrial and ventricular leads, when fully supported by the documentation and all applicable reporting requirements
- C. collection of venous blood by venipuncture, when fully supported by the documentation and all applicable reporting requirements
- D. diagnostic nasal endoscopy, when fully supported by the documentation and all applicable reporting requirements

43. In encounter 14-05, a 81-year-old patient receives diagnostic nasal endoscopy in a ambulatory center. Which CPT code is the best match?

- A. 38525
- B. 31231
- C. 31575
- D. 31622

44. In review batch 14-06, CPT code 31575 is selected. Which documented service best matches it?

- A. diagnostic nasal endoscopy, when fully supported by the documentation and all applicable reporting requirements
- B. initial or replacement permanent pacemaker system with atrial and ventricular leads, when fully supported by the documentation and all applicable reporting requirements
- C. diagnostic flexible laryngoscopy, when fully supported by the documentation and all applicable reporting requirements
- D. diagnostic bronchoscopy, when fully supported by the documentation and all applicable reporting requirements

45. In encounter 14-01, a 37-year-old patient receives diagnostic colonoscopy in a ambulatory center. Which CPT code is the best match?

- A. 45380
- B. 43235

- C. 43239
- D. 45378

46. In review batch 14-02, CPT code 45380 is selected. Which documented service best matches it?

- A. colonoscopy with biopsy
- B. diagnostic upper gastrointestinal endoscopy
- C. diagnostic colonoscopy
- D. upper gastrointestinal endoscopy with biopsy

47. In encounter 14-03, a 59-year-old patient receives appendectomy in a office. Which CPT code is the best match?

- A. 45378
- B. 43239
- C. 44950
- D. 47562

48. In review batch 14-04, CPT code 47562 is selected. Which documented service best matches it?

- A. diagnostic colonoscopy
- B. laparoscopic cholecystectomy
- C. colonoscopy with biopsy
- D. diagnostic upper gastrointestinal endoscopy

49. In encounter 14-05, a 81-year-old patient receives diagnostic upper gastrointestinal endoscopy in a ambulatory center. Which CPT code is the best match?

- A. 43235
- B. 47562
- C. 45380

D. 44950

50. In review batch 14-06, CPT code 43239 is selected. Which documented service best matches it?

- A. laparoscopic cholecystectomy
- B. diagnostic colonoscopy
- C. upper gastrointestinal endoscopy with biopsy
- D. diagnostic upper gastrointestinal endoscopy

51. In encounter 14-01, a 37-year-old patient receives insertion of an indwelling ureteral stent in a ambulatory center. Which CPT code is the best match?

- A. 52601
- B. 52332
- C. 60240
- D. 52000

52. In review batch 14-02, CPT code 52601 is selected. Which documented service best matches it?

- A. diagnostic cystourethroscopy
- B. insertion of an indwelling ureteral stent
- C. total or complete thyroidectomy
- D. transurethral electrosurgical resection of the prostate

53. In encounter 14-03, a 59-year-old patient receives endometrial biopsy in a office. Which CPT code is the best match?

- A. 51798
- B. 52332
- C. 58100
- D. 60240

54. In review batch 14-04, CPT code 60240 is selected. Which documented service best matches it?

- A. total or complete thyroidectomy
- B. transurethral electrosurgical resection of the prostate
- C. measurement of post-void residual urine by ultrasound
- D. endometrial biopsy

55. In encounter 14-05, a 81-year-old patient receives measurement of post-void residual urine by ultrasound in a ambulatory center. Which CPT code is the best match?

- A. 52000
- B. 51798
- C. 60240
- D. 58100

56. In review batch 14-06, CPT code 52000 is selected. Which documented service best matches it?

- A. total or complete thyroidectomy
- B. endometrial biopsy
- C. transurethral electrosurgical resection of the prostate
- D. diagnostic cystourethroscopy

57. In encounter 14-01, a 37-year-old patient receives single-interspace lumbar laminotomy with decompression in a ambulatory center. Which CPT code is the best match?

- A. 62270
- B. 66984
- C. 63030
- D. 69631

58. In review batch 14-02, CPT code 64721 is selected. Which documented service best matches it?

- A. tympanoplasty without mastoidectomy, when fully supported by the documentation and all applicable reporting requirements
- B. single-interspace lumbar laminotomy with decompression, when fully supported by the documentation and all applicable reporting requirements
- C. supratentorial craniectomy or craniotomy for excision of brain tumor, when fully supported by the documentation and all applicable reporting requirements
- D. open carpal tunnel release, when fully supported by the documentation and all applicable reporting requirements

59. In encounter 14-03, a 59-year-old patient receives cataract removal with intraocular lens insertion in a office. Which CPT code is the best match?

- A. 69631
- B. 66984
- C. 62270
- D. 61510

60. In review batch 14-04, CPT code 69631 is selected. Which documented service best matches it?

- A. tympanoplasty without mastoidectomy
- B. single-interspace lumbar laminotomy with decompression
- C. cataract removal with intraocular lens insertion
- D. supratentorial craniectomy or craniotomy for excision of brain tumor

61. In encounter 14-05, a 81-year-old patient receives supratentorial craniectomy or craniotomy for excision of brain tumor in a ambulatory center. Which CPT code is the best match?

- A. 64721
- B. 61510
- C. 63030

D. 66984

62. In review batch 14-06, CPT code 62270 is selected. Which documented service best matches it?

- A. diagnostic lumbar puncture
- B. cataract removal with intraocular lens insertion
- C. tympanoplasty without mastoidectomy
- D. single-interspace lumbar laminotomy with decompression

63. In encounter 14-01, a 37-year-old patient receives knee radiographs, three views in a ambulatory center. Which CPT code is the best match?

- A. 73030
- B. 70553
- C. 73562
- D. 74177

64. In review batch 14-02, CPT code 74177 is selected. Which documented service best matches it?

- A. complete shoulder radiographs, minimum two views
- B. knee radiographs, three views
- C. chest radiographs, two views
- D. CT of abdomen and pelvis with contrast

65. In encounter 14-03, a 59-year-old patient receives MRI of brain without and with contrast in a office. Which CPT code is the best match?

- A. 73562
- B. 71046
- C. 70553
- D. 73030

66. In review batch 14-04, CPT code 77067 is selected. Which documented service best matches it?

- A. bilateral screening mammography
- B. knee radiographs, three views
- C. complete shoulder radiographs, minimum two views
- D. MRI of brain without and with contrast

67. In encounter 14-05, a 81-year-old patient receives chest radiographs, two views in a ambulatory center. Which CPT code is the best match?

- A. 73030
- B. 71046
- C. 74177
- D. 77067

68. In review batch 14-06, CPT code 73030 is selected. Which documented service best matches it?

- A. MRI of brain without and with contrast
- B. CT of abdomen and pelvis with contrast
- C. chest radiographs, two views
- D. complete shoulder radiographs, minimum two views

69. In encounter 14-01, a 37-year-old patient receives automated urinalysis with microscopy in a ambulatory center. Which CPT code is the best match?

- A. 80061
- B. 85025
- C. 85610
- D. 81001

70. In review batch 14-02, CPT code 85025 is selected. Which documented service best matches it?

- A. automated complete blood count with differential
- B. comprehensive metabolic panel
- C. prothrombin time
- D. lipid panel

71. In encounter 14-03, a 59-year-old patient receives prothrombin time in a office. Which CPT code is the best match?

- A. 83036
- B. 85610
- C. 80053
- D. 80061

72. In review batch 14-04, CPT code 83036 is selected. Which documented service best matches it?

- A. lipid panel
- B. prothrombin time
- C. hemoglobin A1c
- D. automated urinalysis with microscopy

73. In encounter 14-05, a 81-year-old patient receives comprehensive metabolic panel in a ambulatory center. Which CPT code is the best match?

- A. 80053
- B. 85025
- C. 85610
- D. 80061

74. In review batch 14-06, CPT code 80061 is selected. Which documented service best matches it?

- A. comprehensive metabolic panel
- B. automated urinalysis with microscopy
- C. hemoglobin A1c
- D. lipid panel

75. In encounter 14-01, a 37-year-old patient receives complete electrocardiogram with interpretation and report in a ambulatory center. Which CPT code is the best match?

- A. 90715
- B. 94010
- C. 93000
- D. 96372

76. In review batch 14-02, CPT code 94010 is selected. Which documented service best matches it?

- A. therapeutic or diagnostic subcutaneous or intramuscular injection
- B. spirometry including graphic record
- C. complete electrocardiogram with interpretation and report
- D. Tdap vaccine for patients age seven years or older

77. In encounter 14-03, a 59-year-old patient receives therapeutic or diagnostic subcutaneous or intramuscular injection in a office. Which CPT code is the best match?

- A. 96372
- B. 90715
- C. 97110
- D. 90471

78. In review batch 14-04, CPT code 97110 is selected. Which documented service best matches it?

- A. Tdap vaccine for patients age seven years or older
- B. spirometry including graphic record
- C. therapeutic exercises, each 15 minutes
- D. initial immunization administration by injection

79. In encounter 14-05, a 81-year-old patient receives initial immunization administration by injection in a ambulatory center. Which CPT code is the best match?

- A. 97110
- B. 90471
- C. 94010
- D. 90715

80. In review batch 14-06, CPT code 90715 is selected. Which documented service best matches it?

- A. therapeutic or diagnostic subcutaneous or intramuscular injection
- B. spirometry including graphic record
- C. therapeutic exercises, each 15 minutes
- D. Tdap vaccine for patients age seven years or older

81. During CPC practice set 14, scenario 01, an emergency department service is reported. Which reporting action is most appropriate?

- A. Select the level using the applicable ED requirements rather than typical time, when fully supported by the documentation and all applicable reporting requirements
- B. Use new-patient office codes, when fully supported by the documentation and all applicable reporting requirements
- C. Require the patient to be admitted, when fully supported by the documentation and all applicable reporting requirements
- D. Choose the code by total time only, when fully supported by the documentation and all applicable reporting requirements

82. During CPC practice set 14, scenario 02, documentation supports critical care. Which reporting action is most appropriate?

- A. Use room location as the only criterion
- B. Confirm critical illness or injury, qualifying work, and total critical-care time
- C. Report critical care for every ICU patient
- D. Count separately billable procedure time

83. During CPC practice set 14, scenario 03, a new patient office visit is selected by medical decision making. Which reporting action is most appropriate?

- A. Count only face-to-face counseling time, when fully supported by the documentation and all applicable reporting requirements
- B. Use examination alone to select the level, when fully supported by the documentation and all applicable reporting requirements
- C. Use history alone to select the level, when fully supported by the documentation and all applicable reporting requirements
- D. Meet or exceed two of the three MDM elements at the reported level, when fully supported by the documentation and all applicable reporting requirements

84. During CPC practice set 14, scenario 04, an established patient office visit is selected by total time. Which reporting action is most appropriate?

- A. Count time spent on a different date, when fully supported by the documentation and all applicable reporting requirements
- B. Count time from every staff member, when fully supported by the documentation and all applicable reporting requirements
- C. Use the reporting professional's qualifying total time on the date of service, when fully supported by the documentation and all applicable reporting requirements
- D. Add time for separately reported procedures, when fully supported by the documentation and all applicable reporting requirements

85. During CPC practice set 14, scenario 05, a separately reportable procedure is performed during an office visit. Which reporting action is most appropriate?

- A. Add all procedure time to E/M time
- B. Select E/M only by rooming time
- C. Do not count procedure time toward time-based E/M selection
- D. Count patient travel time

86. During CPC practice set 14, scenario 06, the patient has not received professional services from the physician or same-specialty group within three years. Which reporting action is most appropriate?

- A. Treat the patient as new after one year
- B. Use place of service alone
- C. Treat every referred patient as established
- D. Treat the patient as new when all applicable criteria are satisfied

87. During CPC practice set 14, scenario 01, monitored anesthesia care is provided. Which reporting action is most appropriate?

- A. Report the appropriate anesthesia code with modifier QS when required
- B. Use modifier 25 as the anesthesia modifier
- C. Report only the surgical procedure
- D. Replace the anesthesia code with an office visit

88. During CPC practice set 14, scenario 02, a healthy patient receives anesthesia. Which reporting action is most appropriate?

- A. Assign P2
- B. Assign physical-status modifier P1
- C. Assign P3
- D. Assign P4

89. During CPC practice set 14, scenario 03, an anesthesiologist personally performs the anesthesia service. Which reporting action is most appropriate?

- A. Append modifier QX
- B. Append modifier QZ
- C. Append modifier QY
- D. Append modifier AA

90. During CPC practice set 14, scenario 04, a CRNA performs anesthesia without medical direction by a physician. Which reporting action is most appropriate?

- A. Append modifier QZ
- B. Append modifier AA
- C. Append modifier QY
- D. Append modifier QK

91. Case 14-1: The patient is 36 years old. A surgeon performs laparoscopic removal of the gallbladder for symptomatic cholelithiasis. Which reporting approach is most appropriate?

- A. Report total colectomy
- B. Report the supported laparoscopic cholecystectomy code
- C. Report diagnostic upper endoscopy
- D. Report open appendectomy

92. Case 14-2: The patient is 49 years old. A patient with knee pain receives aspiration of the knee without ultrasound guidance. Which reporting approach is most appropriate?

- A. Report a small-joint aspiration, when fully supported by the documentation and all applicable reporting requirements
- B. Report physical therapy exercise, when fully supported by the documentation and all applicable reporting requirements

- C. Report arthrocentesis of a major joint without ultrasound guidance, when fully supported by the documentation and all applicable reporting requirements
- D. Report ultrasound-guided aspiration, when fully supported by the documentation and all applicable reporting requirements

93. Case 14-3: The patient is 62 years old. A dermatologist destroys one actinic keratosis and documents no additional lesions. Which reporting approach is most appropriate?

- A. Report destruction of the first premalignant lesion
- B. Report excision of a malignant lesion
- C. Report removal of skin tags
- D. Report destruction of benign lesions

94. Case 14-4: The patient is 75 years old. A patient has a diagnostic flexible laryngoscopy in the office. Which reporting approach is most appropriate?

- A. Report operative tracheostomy
- B. Report diagnostic bronchoscopy
- C. Report nasal endoscopy
- D. Report the diagnostic flexible laryngoscopy service

95. Case 14-5: The patient is 29 years old. A patient with type 2 diabetes has no documented complication and uses long-term insulin. Which reporting approach is most appropriate?

- A. Omit the documented insulin-use status, when fully supported by the documentation and all applicable reporting requirements
- B. Report the diabetes code and the supported long-term insulin-use status code, when fully supported by the documentation and all applicable reporting requirements
- C. Report type 1 diabetes only, when fully supported by the documentation and all applicable reporting requirements
- D. Report hyperglycemia without diabetes, when fully supported by the documentation and all applicable reporting requirements

96. Case 14-6: The patient is 42 years old. A screening encounter includes bilateral screening mammography with computer-aided detection when performed. Which reporting approach is most appropriate?

- A. Report a diagnostic unilateral mammogram, when fully supported by the documentation and all applicable reporting requirements
- B. Report breast biopsy, when fully supported by the documentation and all applicable reporting requirements
- C. Report the bilateral screening mammography service and screening diagnosis, when fully supported by the documentation and all applicable reporting requirements
- D. Report chest radiographs, when fully supported by the documentation and all applicable reporting requirements

97. Case 14-7: The patient is 55 years old. A patient receives an intramuscular therapeutic injection in the office; the drug is separately reportable. Which reporting approach is most appropriate?

- A. Report the injection administration and the appropriate drug supply code, when fully supported by the documentation and all applicable reporting requirements
- B. Bundle every drug into the administration, when fully supported by the documentation and all applicable reporting requirements
- C. Report only an office visit, when fully supported by the documentation and all applicable reporting requirements
- D. Report intravenous chemotherapy, when fully supported by the documentation and all applicable reporting requirements

98. Case 14-8: The patient is 68 years old. A healthy patient receives anesthesia personally performed by an anesthesiologist. Which reporting approach is most appropriate?

- A. Use QY without a CRNA, when fully supported by the documentation and all applicable reporting requirements
- B. Report the anesthesia service with modifiers AA and P1 as applicable, when fully supported by the documentation and all applicable reporting requirements
- C. Use QX and P3, when fully supported by the documentation and all applicable reporting requirements

D. Use QZ and P4, when fully supported by the documentation and all applicable reporting requirements

99. Case 14-9: The patient is 81 years old. An established patient is evaluated for stable hypertension. The physician documents a low level of MDM and no separately reported procedure. Which reporting approach is most appropriate?

- A. Report only a preventive service
- B. Report critical care
- C. Report the supported established-patient office E/M level
- D. Report a new-patient visit

100. Case 14-10: The patient is 35 years old. A patient undergoes diagnostic colonoscopy and a lesion is biopsied during the same session. Which reporting approach is most appropriate?

- A. Report an upper endoscopy code
- B. Report diagnostic colonoscopy alone
- C. Report both complete colonoscopy codes without edit review
- D. Report the colonoscopy-with-biopsy code as supported

Practice Exam 14: Answer Key and Explanations

1. D — Hepatomegaly means enlargement of the liver. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

2. C — Neuralgia refers to pain along a nerve. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

3. B — Tracheotomy is an incision into the trachea. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor,

instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

4. A — Amenorrhea means absence of menstrual flow. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

5. A — The optic nerve carries visual sensory information. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

6. D — The mitral valve separates the left atrium and ventricle. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final.

7. B — The right lobe is the largest hepatic lobe. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

8. C — The temporomandibular joint connects mandible and temporal bone. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

9. C — A properly executed ABN gives advance notice of likely Medicare noncoverage. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books.

10. A — A suspected upcoding pattern belongs in the organization's compliance reporting process. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books.

11. B — NCCI edits require review of the edit pair, documentation, and modifier indicator. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code.

12. D — Modifier 52 may report a partially reduced or eliminated service. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before.

13. B — Outpatient rules generally prohibit coding uncertain diagnoses as established. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final.

14. C — Modifier 76 describes a repeat procedure or service by the same physician or professional. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

15. A — Modifier 77 identifies a repeat service by another physician or qualified professional. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code.

16. D — Multiple-procedure reporting requires correct sequencing and bundling review. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

17. D — Modifier 24 identifies an unrelated E/M service during a postoperative period. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books.

18. A — A distinct-service modifier requires documentation of a truly separate encounter, site, or service. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by

the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

19. C — K21.9 reports gastroesophageal reflux disease without esophagitis. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

20. B — N30.00 identifies acute cystitis without hematuria. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

21. C — J45.20 reports uncomplicated mild intermittent asthma. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

22. A — Z12.31 identifies an encounter for screening mammography. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

23. D — M25.561 identifies pain in the right knee. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

24. B — A0429 identifies basic life support emergency ambulance transport. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

25. C — A0425 reports ground ambulance mileage per statute mile. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final selection.

26. D — E0431 identifies rental of a portable gaseous oxygen system. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before final.

27. A — CPT code 11200 corresponds to removal of up to 15 skin tags under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable.

28. B — CPT code 17000 corresponds to destruction of the first premalignant skin lesion under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable.

29. D — CPT code 17110 corresponds to destruction of up to 14 benign skin lesions under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and.

30. A — CPT code 19301 corresponds to partial mastectomy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

31. C — CPT code 10060 corresponds to incision and drainage of a simple or single skin abscess under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes.

32. B — CPT code 11102 corresponds to tangential biopsy of a single skin lesion under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable.

33. A — CPT code 25605 corresponds to closed treatment of a distal radial fracture with manipulation under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits.

34. D — CPT code 27130 corresponds to total hip arthroplasty under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

35. B — CPT code 27447 corresponds to total knee arthroplasty under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

36. C — CPT code 29827 corresponds to arthroscopic rotator cuff repair under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

37. A — CPT code 20550 corresponds to injection of a single tendon sheath, ligament, or aponeurosis under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits.

38. D — CPT code 20610 corresponds to arthrocentesis of a major joint without ultrasound guidance under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and.

39. C — CPT code 31622 corresponds to diagnostic bronchoscopy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

40. B — CPT code 33208 corresponds to initial or replacement permanent pacemaker system with atrial and ventricular leads under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional.

41. D — CPT code 36415 corresponds to collection of venous blood by venipuncture under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a

reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.

42. A — CPT code 38525 corresponds to excision of deep axillary lymph nodes under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.

43. B — CPT code 31231 corresponds to diagnostic nasal endoscopy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

44. C — CPT code 31575 corresponds to diagnostic flexible laryngoscopy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

45. D — CPT code 45378 corresponds to diagnostic colonoscopy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

46. A — CPT code 45380 corresponds to colonoscopy with biopsy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

47. C — CPT code 44950 corresponds to appendectomy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code.

48. B — CPT code 47562 corresponds to laparoscopic cholecystectomy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

49. A — CPT code 43235 corresponds to diagnostic upper gastrointestinal endoscopy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

50. C — CPT code 43239 corresponds to upper gastrointestinal endoscopy with biopsy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines.

51. B — CPT code 52332 corresponds to insertion of an indwelling ureteral stent under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.

52. D — CPT code 52601 corresponds to transurethral electrosurgical resection of the prostate under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.

53. C — CPT code 58100 corresponds to endometrial biopsy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

54. A — CPT code 60240 corresponds to total or complete thyroidectomy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

55. B — CPT code 51798 corresponds to measurement of post-void residual urine by ultrasound under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable.

56. D — CPT code 52000 corresponds to diagnostic cystourethroscopy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established

by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

57. C — CPT code 63030 corresponds to single-interspace lumbar laminotomy with decompression under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines.

58. D — CPT code 64721 corresponds to open carpal tunnel release under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

59. B — CPT code 66984 corresponds to cataract removal with intraocular lens insertion under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.

60. A — CPT code 69631 corresponds to tympanoplasty without mastoidectomy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

61. B — CPT code 61510 corresponds to supratentorial craniectomy or craniotomy for excision of brain tumor under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits.

62. A — CPT code 62270 corresponds to diagnostic lumbar puncture under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

63. C — CPT code 73562 corresponds to knee radiographs, three views under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

64. D — CPT code 74177 corresponds to CT of abdomen and pelvis with contrast under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable.

65. C — CPT code 70553 corresponds to MRI of brain without and with contrast under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable.

66. A — CPT code 77067 corresponds to bilateral screening mammography under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

67. B — CPT code 71046 corresponds to chest radiographs, two views under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

68. D — CPT code 73030 corresponds to complete shoulder radiographs, minimum two views under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.

69. D — CPT code 81001 corresponds to automated urinalysis with microscopy under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

70. A — CPT code 85025 corresponds to automated complete blood count with differential under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.

71. B — CPT code 85610 corresponds to prothrombin time under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established

by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

72. C — CPT code 83036 corresponds to hemoglobin A1c under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

73. A — CPT code 80053 corresponds to comprehensive metabolic panel under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

74. D — CPT code 80061 corresponds to lipid panel under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

75. C — CPT code 93000 corresponds to complete electrocardiogram with interpretation and report under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.

76. B — CPT code 94010 corresponds to spirometry including graphic record under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

77. A — CPT code 96372 corresponds to therapeutic or diagnostic subcutaneous or intramuscular injection under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable.

78. C — CPT code 97110 corresponds to therapeutic exercises, each 15 minutes under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines.

79. B — CPT code 90471 corresponds to initial immunization administration by injection under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines.

80. D — CPT code 90715 corresponds to Tdap vaccine for patients age seven years or older under the commonly used code-set description. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits.

81. A — Emergency department E/M codes are not selected using the office-visit time ranges. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code.

82. B — Critical care depends on the patient's condition, qualifying physician work, and documented time, not location alone. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines.

83. D — Office E/M selection by MDM uses the defined three elements and requires the applicable number at a level. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable.

84. C — Office E/M time includes qualifying physician or professional work on the service date and excludes separately reported work. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable.

85. C — Time spent performing separately reported services is excluded from time used to select an E/M level. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines.

86. D — New-versus-established status depends on prior professional services and specialty or subspecialty within the defined period. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a

reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

87. A — QS identifies monitored anesthesia care and supplements the appropriate anesthesia reporting. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books.

88. B — P1 describes a normal healthy patient for anesthesia physical-status reporting. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before.

89. D — Modifier AA reports anesthesia services personally performed by an anesthesiologist. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before.

90. A — Modifier QZ reports a CRNA service without medical direction by a physician. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code.

91. B — The operative approach and organ removed support laparoscopic cholecystectomy reporting. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before.

92. C — The knee is a major joint and the record does not support ultrasound guidance. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

93. A — An actinic keratosis is premalignant, and one lesion supports the first-lesion destruction service. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

94. D — The documented instrument, anatomy, and diagnostic purpose support flexible laryngoscopy. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year code books before.

95. B — Type 2 diabetes without complications is coded with its category, and documented long-term insulin use may require an additional status code. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes.

96. C — The purpose and bilateral screening technique support the screening mammography service and screening diagnosis. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the.

97. A — Administration and drug supply represent different reportable components when payer rules and documentation support both. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in.

98. B — Personal performance by the anesthesiologist supports AA, while healthy physical status supports P1. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official guidelines in the current-year.

99. C — The record describes problem-oriented work for an established patient, so the supported office E/M level is appropriate. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.

100. D — The biopsy service describes the work performed and generally supersedes the diagnostic-only colonoscopy for the same encounter. The keyed response best matches the documented service or governing coding principle. The distractors represent a different service, unsupported specificity, or a reporting rule not established by the record. For exam use, confirm the descriptor, instructional notes, edits, and applicable official.