

PRACTICE EXAM 31: 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. In chart exercise 31-01, which option correctly addresses documentation of absence of menstrual periods?

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

2. During coding review 31-02, the record refers to inflammation of the kidney. Which response is correct?

- A. nephritis
- B. nephrosis
- C. cystitis
- D. urethritis

3. In training encounter 31-03, a CPC candidate finds documentation describing paralysis affecting one side of the body. What is the best answer?

- A. quadriplegia
- B. hemiparesis

- C. hemiplegia
- D. paraplegia

4. For audit sample 31-04, the documentation states inflammation of a tendon. Which choice is most accurate?

- A. arthrosis
- B. tendinitis
- C. myalgia
- D. tenosynovitis

5. In chart exercise 31-01, which option correctly addresses documentation of joint connecting the mandible to the skull?

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

6. During coding review 31-02, the record refers to functional filtering unit of the kidney. Which response is correct?

- A. acinus
- B. nephron
- C. alveolus
- D. glomerular capsule only

7. In training encounter 31-03, a CPC candidate finds documentation describing brain region primarily coordinating balance and movement. What is the best answer?

- A. hypothalamus

- B. frontal cortex
- C. cerebellum
- D. medulla

8. For audit sample 31-04, the documentation states structure that carries urine from a kidney to the bladder. Which choice is most accurate?

- A. collecting duct
- B. urethra
- C. renal pelvis
- D. ureter

9. In chart exercise 31-01, which option correctly addresses documentation of a workforce member requests more patient data than the assigned task requires?

- A. Refuse all access regardless of duties
- B. Send the record through personal email
- C. Release the entire record for convenience
- D. Limit access to the minimum necessary information

10. During coding review 31-02, the record refers to a claim was paid because of a material coding error. Which response is correct?

- A. Keep the payment until the payer notices
- B. Alter the original note after billing
- C. Follow policy to investigate, correct, and refund any overpayment
- D. Transfer the balance to the patient

11. In training encounter 31-03, a CPC candidate finds documentation describing documentation does not support the code selected by a provider. What is the best answer?

- A. Query the provider using a compliant nonleading process
- B. Ask the patient to select the diagnosis
- C. Increase specificity from memory
- D. Choose a diagnosis based on test results alone

12. In chart exercise 31-01, 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. Omit all diagnoses, when fully supported by the documentation and all applicable reporting requirements
- D. Use an inpatient present-on-admission indicator, when fully supported by the documentation and all applicable reporting requirements

13. During coding review 31-02, the record refers to the same physician repeats a diagnostic test. Which response is correct?

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

14. In training encounter 31-03, 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 24 on the procedure
- C. Use modifier 57 on the diagnosis
- D. Use modifier 76 for a different physician

15. For audit sample 31-04, the documentation states multiple procedures are performed during one operative session. Which choice is most accurate?

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

16. In chart exercise 31-05, which option correctly addresses documentation of a global-surgery patient returns for an unrelated E/M service?

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

17. During coding review 31-06, the record refers to a distinct procedural service survives an edit because it occurred at a separate site. Which response is correct?

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

18. In training encounter 31-07, a CPC candidate finds documentation describing a laboratory test is repeated to obtain a subsequent result. What is the best answer?

- A. Consider modifier 91 when criteria are met
- B. Use modifier 76 for all laboratory repeats
- C. Omit the medically necessary repeat
- D. Report the second result as a new patient

19. In chart exercise 31-01, which option correctly addresses documentation of acute cystitis without hematuria?

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

20. During coding review 31-02, the record refers to mild intermittent asthma, uncomplicated. Which response is correct?

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

21. In training encounter 31-03, a CPC candidate finds documentation describing encounter for screening mammogram for malignant neoplasm of breast. What is the best answer?

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

22. For audit sample 31-04, the documentation states pain in right knee. Which choice is most accurate?

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

23. In chart exercise 31-05, which option correctly addresses documentation of nausea with vomiting, unspecified?

- A. R11.2
- B. R11.10
- C. K52.9
- D. R11.0

24. In chart exercise 31-01, which option correctly addresses documentation of standard wheelchair?

- A. E0130
- B. K0002
- C. K0001
- D. E0143

25. During coding review 31-02, the record refers to blood glucose test strips for home use, per 50 strips. Which response is correct?

- A. A4259
- B. E0607
- C. A4233
- D. A4253

26. In training encounter 31-03, a CPC candidate finds documentation describing ceftriaxone sodium injection, per 250 mg. What is the best answer?

- A. J1100
- B. J1885
- C. J0696
- D. J0690

27. In review batch 31-01, CPT code 11102 is selected. Which documented service best matches it?

- A. destruction of up to 14 benign skin lesions
- B. tangential biopsy of a single skin lesion
- C. destruction of the first premalignant skin lesion
- D. incision and drainage of a simple or single skin abscess

28. In encounter 31-02, a 71-year-old patient receives removal of up to 15 skin tags in a office. Which CPT code is the best match?

- A. 11200
- B. 17110
- C. 19301
- D. 17000

29. In review batch 31-03, CPT code 17000 is selected. Which documented service best matches it?

- A. destruction of the first premalignant skin lesion
- B. removal of up to 15 skin tags
- C. tangential biopsy of a single skin lesion
- D. destruction of up to 14 benign skin lesions

30. In encounter 31-04, a 45-year-old patient receives destruction of up to 14 benign skin lesions in a ambulatory center. Which CPT code is the best match?

- A. 11200
- B. 17110
- C. 19301
- D. 10060

31. In review batch 31-05, CPT code 19301 is selected. Which documented service best matches it?

- A. removal of up to 15 skin tags
- B. destruction of the first premalignant skin lesion
- C. incision and drainage of a simple or single skin abscess
- D. partial mastectomy

32. In encounter 31-06, a 67-year-old patient receives incision and drainage of a simple or single skin abscess in a office. Which CPT code is the best match?

- A. 19301
- B. 11102
- C. 10060
- D. 17000

33. In review batch 31-01, CPT code 20610 is selected. Which documented service best matches it?

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

34. In encounter 31-02, a 71-year-old patient receives closed treatment of a distal radial fracture with manipulation in a office. Which CPT code is the best match?

- A. 25605
- B. 20610
- C. 27447
- D. 27130

35. In review batch 31-03, CPT code 27130 is selected. Which documented service best matches it?

- A. closed treatment of a distal radial fracture with manipulation
- B. total knee arthroplasty
- C. arthrocentesis of a major joint without ultrasound guidance
- D. total hip arthroplasty

36. In encounter 31-04, a 45-year-old patient receives total knee arthroplasty in a ambulatory center. Which CPT code is the best match?

- A. 20550
- B. 27130
- C. 27447
- D. 29827

37. In review batch 31-05, 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. injection of a single tendon sheath, ligament, or aponeurosis, 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. total hip arthroplasty, when fully supported by the documentation and all applicable reporting requirements

38. In encounter 31-06, a 67-year-old patient receives injection of a single tendon sheath, ligament, or aponeurosis in a office. Which CPT code is the best match?

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

39. In review batch 31-01, 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. diagnostic flexible laryngoscopy, when fully supported by the documentation and all applicable reporting requirements
- C. excision of deep axillary lymph nodes, when fully supported by the documentation and all applicable reporting requirements
- D. initial or replacement permanent pacemaker system with atrial and ventricular leads, when fully supported by the documentation and all applicable reporting requirements

40. In encounter 31-02, a 71-year-old patient receives diagnostic bronchoscopy in a office. Which CPT code is the best match?

- A. 31622
- B. 31575
- C. 33208
- D. 36415

41. In review batch 31-03, CPT code 33208 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. excision of deep axillary lymph nodes, when fully supported by the documentation and all applicable reporting requirements

42. In encounter 31-04, a 45-year-old patient receives collection of venous blood by venipuncture in a ambulatory center. Which CPT code is the best match?

- A. 33208
- B. 38525
- C. 31622
- D. 36415

43. In review batch 31-05, 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. diagnostic flexible laryngoscopy, 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

44. In encounter 31-06, a 67-year-old patient receives diagnostic nasal endoscopy in a office. Which CPT code is the best match?

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

45. In review batch 31-01, CPT code 43239 is selected. Which documented service best matches it?

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

46. In encounter 31-02, a 71-year-old patient receives diagnostic colonoscopy in a office. Which CPT code is the best match?

- A. 45380
- B. 47562
- C. 43235
- D. 45378

47. In review batch 31-03, CPT code 45380 is selected. Which documented service best matches it?

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

48. In encounter 31-04, a 45-year-old patient receives appendectomy in a ambulatory center. Which CPT code is the best match?

- A. 44950
- B. 47562
- C. 43239
- D. 43235

49. In review batch 31-05, CPT code 47562 is selected. Which documented service best matches it?

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

50. In encounter 31-06, a 67-year-old patient receives diagnostic upper gastrointestinal endoscopy in a office. Which CPT code is the best match?

- A. 45380
- B. 45378
- C. 43235
- D. 44950

51. In review batch 31-01, CPT code 52000 is selected. Which documented service best matches it?

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

52. In encounter 31-02, a 71-year-old patient receives insertion of an indwelling ureteral stent in a office. Which CPT code is the best match?

- A. 60240
- B. 52000
- C. 58100
- D. 52332

53. In review batch 31-03, CPT code 52601 is selected. Which documented service best matches it?

- A. insertion of an indwelling ureteral stent
- B. measurement of post-void residual urine by ultrasound
- C. transurethral electrosurgical resection of the prostate
- D. endometrial biopsy

54. In encounter 31-04, a 45-year-old patient receives endometrial biopsy in a ambulatory center. Which CPT code is the best match?

- A. 52601
- B. 58100
- C. 52332
- D. 51798

55. In review batch 31-05, CPT code 60240 is selected. Which documented service best matches it?

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

56. In encounter 31-06, a 67-year-old patient receives measurement of post-void residual urine by ultrasound in a office. Which CPT code is the best match?

- A. 51798
- B. 58100
- C. 52332
- D. 52601

57. In review batch 31-01, CPT code 62270 is selected. Which documented service best matches it?

- A. cataract removal with intraocular lens insertion, when fully supported by the documentation and all applicable reporting requirements
- B. supratentorial craniectomy or craniotomy for excision of brain tumor, when fully supported by the documentation and all applicable reporting requirements
- C. diagnostic lumbar puncture, when fully supported by the documentation and all applicable reporting requirements

D. tympanoplasty without mastoidectomy, when fully supported by the documentation and all applicable reporting requirements

58. In encounter 31-02, a 71-year-old patient receives single-interspace lumbar laminotomy with decompression in a office. Which CPT code is the best match?

- A. 61510
- B. 63030
- C. 66984
- D. 69631

59. In review batch 31-03, CPT code 64721 is selected. Which documented service best matches it?

- A. diagnostic lumbar puncture, when fully supported by the documentation and all applicable reporting requirements
- B. supratentorial craniectomy or craniotomy for excision of brain tumor, when fully supported by the documentation and all applicable reporting requirements
- C. single-interspace lumbar laminotomy with decompression, 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

60. In encounter 31-04, a 45-year-old patient receives cataract removal with intraocular lens insertion in a ambulatory center. Which CPT code is the best match?

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

61. In review batch 31-05, CPT code 69631 is selected. Which documented service best matches it?

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

62. In encounter 31-06, a 67-year-old patient receives supratentorial craniectomy or craniotomy for excision of brain tumor in a office. Which CPT code is the best match?

- A. 61510
- B. 62270
- C. 64721
- D. 66984

63. In review batch 31-01, CPT code 73030 is selected. Which documented service best matches it?

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

64. In encounter 31-02, a 71-year-old patient receives knee radiographs, three views in a office. Which CPT code is the best match?

- A. 71046
- B. 73030
- C. 77067
- D. 73562

65. In review batch 31-03, CPT code 74177 is selected. Which documented service best matches it?

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

66. In encounter 31-04, a 45-year-old patient receives MRI of brain without and with contrast in a ambulatory center. Which CPT code is the best match?

- A. 77067
- B. 73562
- C. 71046
- D. 70553

67. In review batch 31-05, CPT code 77067 is selected. Which documented service best matches it?

- A. knee radiographs, three views
- B. bilateral screening mammography
- C. chest radiographs, two views
- D. CT of abdomen and pelvis with contrast

68. In encounter 31-06, a 67-year-old patient receives chest radiographs, two views in a office. Which CPT code is the best match?

- A. 74177
- B. 73562
- C. 71046
- D. 70553

69. In review batch 31-01, CPT code 80061 is selected. Which documented service best matches it?

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

70. In encounter 31-02, a 71-year-old patient receives automated urinalysis with microscopy in a office. Which CPT code is the best match?

- A. 80053
- B. 85610
- C. 81001
- D. 80061

71. In review batch 31-03, CPT code 85025 is selected. Which documented service best matches it?

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

72. In encounter 31-04, a 45-year-old patient receives prothrombin time in a ambulatory center. Which CPT code is the best match?

- A. 85610
- B. 81001
- C. 83036
- D. 80053

73. In review batch 31-05, CPT code 83036 is selected. Which documented service best matches it?

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

74. In encounter 31-06, a 67-year-old patient receives comprehensive metabolic panel in a office. Which CPT code is the best match?

- A. 80053
- B. 81001
- C. 85025
- D. 85610

75. In review batch 31-01, CPT code 90715 is selected. Which documented service best matches it?

- A. therapeutic exercises, each 15 minutes
- B. complete electrocardiogram with interpretation and report
- C. spirometry including graphic record
- D. Tdap vaccine for patients age seven years or older

76. In encounter 31-02, a 71-year-old patient receives complete electrocardiogram with interpretation and report in a office. Which CPT code is the best match?

- A. 90471
- B. 94010
- C. 93000
- D. 96372

77. In review batch 31-03, CPT code 94010 is selected. Which documented service best matches it?

- A. complete electrocardiogram with interpretation and report

- B. spirometry including graphic record
- C. therapeutic or diagnostic subcutaneous or intramuscular injection
- D. Tdap vaccine for patients age seven years or older

78. In encounter 31-04, a 45-year-old patient receives therapeutic or diagnostic subcutaneous or intramuscular injection in a ambulatory center. Which CPT code is the best match?

- A. 93000
- B. 97110
- C. 90715
- D. 96372

79. In review batch 31-05, CPT code 97110 is selected. Which documented service best matches it?

- A. therapeutic exercises, each 15 minutes
- B. therapeutic or diagnostic subcutaneous or intramuscular injection
- C. initial immunization administration by injection
- D. spirometry including graphic record

80. In encounter 31-06, a 67-year-old patient receives initial immunization administration by injection in a office. Which CPT code is the best match?

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

81. During CPC practice set 31, scenario 01, a separately reportable procedure is performed during an office visit. Which reporting action is most appropriate?

- A. Do not count procedure time toward time-based E/M selection

- B. Count patient travel time
- C. Add all procedure time to E/M time
- D. Select E/M only by rooming time

82. During CPC practice set 31, scenario 02, 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 every referred patient as established
- B. Treat the patient as new when all applicable criteria are satisfied
- C. Use place of service alone
- D. Treat the patient as new after one year

83. During CPC practice set 31, scenario 03, an emergency department service is reported. Which reporting action is most appropriate?

- A. Choose the code by total time only, 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. Select the level using the applicable ED requirements rather than typical time, when fully supported by the documentation and all applicable reporting requirements

84. During CPC practice set 31, scenario 04, documentation supports critical care. Which reporting action is most appropriate?

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

85. During CPC practice set 31, scenario 05, a new patient office visit is selected by medical decision making. Which reporting action is most appropriate?

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

86. During CPC practice set 31, scenario 06, an established patient office visit is selected by total time. Which reporting action is most appropriate?

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

87. During CPC practice set 31, scenario 01, a medically directed CRNA reports the anesthesia service. Which reporting action is most appropriate?

- A. Append modifier QS only
- B. Append modifier AA
- C. Append modifier QX
- D. Append modifier QY

88. During CPC practice set 31, scenario 02, an anesthesiologist medically directs one CRNA. Which reporting action is most appropriate?

- A. Append modifier AA to the CRNA claim
- B. Append modifier QY to the physician claim
- C. Append modifier QZ to the physician claim
- D. Append modifier QX to the physician claim

89. During CPC practice set 31, scenario 03, monitored anesthesia care is provided. Which reporting action is most appropriate?

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

90. During CPC practice set 31, scenario 04, a healthy patient receives anesthesia. Which reporting action is most appropriate?

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

91. Case 31-1: The patient is 71 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 ultrasound-guided aspiration, when fully supported by the documentation and all applicable reporting requirements

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

92. Case 31-2: The patient is 84 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 removal of skin tags
- C. Report excision of a malignant lesion
- D. Report destruction of benign lesions

93. Case 31-3: The patient is 38 years old. A patient has a diagnostic flexible laryngoscopy in the office. Which reporting approach is most appropriate?

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

94. Case 31-4: The patient is 51 years old. A patient with type 2 diabetes has no documented complication and uses long-term insulin. Which reporting approach is most appropriate?

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

95. Case 31-5: The patient is 64 years old. A screening encounter includes bilateral screening mammography with computer-aided detection when performed. Which reporting approach is most appropriate?

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

96. Case 31-6: The patient is 77 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. Report only an office visit, when fully supported by the documentation and all applicable reporting requirements
- C. Report intravenous chemotherapy, when fully supported by the documentation and all applicable reporting requirements
- D. Bundle every drug into the administration, when fully supported by the documentation and all applicable reporting requirements

97. Case 31-7: The patient is 31 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 QZ and P4, when fully supported by the documentation and all applicable reporting requirements

D. Use QX and P3, when fully supported by the documentation and all applicable reporting requirements

98. Case 31-8: The patient is 44 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 a new-patient visit
- B. Report critical care
- C. Report only a preventive service
- D. Report the supported established-patient office E/M level

99. Case 31-9: The patient is 57 years old. A patient undergoes diagnostic colonoscopy and a lesion is biopsied during the same session. Which reporting approach is most appropriate?

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

100. Case 31-10: The patient is 70 years old. A surgeon performs laparoscopic removal of the gallbladder for symptomatic cholelithiasis. Which reporting approach is most appropriate?

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

Practice Exam 31: Answer Key and Explanations

1. **D** — 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.
2. **A** — Nephritis denotes inflammation of a kidney. 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. **C** — Hemiplegia is paralysis of one side of the body. 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.
4. **B** — Tendinitis denotes inflammation of a tendon. 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 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.
6. **B** — The nephron is the kidney's functional filtration unit. 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.
7. **C** — The cerebellum coordinates balance and fine movement. 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. D — A ureter transports urine from each kidney to the bladder. 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.

9. D — HIPAA's minimum-necessary principle limits routine access and disclosure. 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.

10. C — Identified overpayments require timely investigation and appropriate correction. 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.

11. A — A compliant query resolves documentation ambiguity without directing an unsupported answer. 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.

12. 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.

13. D — 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.

14. 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.

15. C — 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.

16. B — 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.

17. B — 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.

18. A — Modifier 91 is used for repeat clinical diagnostic laboratory testing in appropriate circumstances. 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. D — 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.

20. 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.

21. B — 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.

22. 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.

23. A — R11.2 reports nausea with vomiting when no greater specificity is documented. 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.

24. C — K0001 identifies a standard wheelchair. 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. D — A4253 reports blood glucose test strips in the specified supply unit. 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.

26. C — J0696 identifies ceftriaxone sodium injection in the stated unit. 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. 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.

28. 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.

29. A — 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.

30. B — 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.

31. D — 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.

32. 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.

33. B — 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.

34. 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.

35. 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.

36. C — 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.

37. 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.

38. D — 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.

39. B — 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.

40. A — 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.

41. 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.

42. 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.

43. 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.

44. C — 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.

45. 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.

46. 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.

47. B — 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.

48. A — 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.

49. A — 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.

50. C — 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.

51. B — 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.

52. D — 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.

53. C — 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.

54. B — 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.

55. D — 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.

56. A — 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.

57. C — 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.

58. B — 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.

59. 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.

60. C — 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.

61. 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.

62. A — 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.

63. B — 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.

64. D — 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.

65. A — 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.

66. D — 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.

67. B — 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.

68. C — 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.

69. B — 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.

70. C — 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.

71. D — 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.

72. A — 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.

73. B — 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.

74. 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.

75. 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.

76. 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.

77. 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.

78. D — 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.

79. A — 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.

80. C — 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.

81. A — 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.

82. B — 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.

83. D — 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.

84. C — 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.

85. A — 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.

86. D — 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.

87. C — Modifier QX identifies CRNA service performed with 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.

88. B — Modifier QY identifies medical direction of one CRNA 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.

89. B — 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.

90. C — 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.

91. D — 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.

92. 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.

93. C — 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.

94. D — 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.

95. B — 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.

96. 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.

97. 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.

98. D — 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.

99. A — 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.

100. C — 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.