PRACTICE EXAM 5: 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 training encounter 5-01, a CPC candidate finds documentation describing blood in the urine. What is the best answer?

A. proteinuria
B. hematuria
C. dysuria
D. pyuria

2. For audit sample 5-02, the documentation states difficulty swallowing. Which choice is most accurate?

A. odynophonia
B. dysphasia
C. aphonia
D. dysphagia

3. In chart exercise 5-03, which option correctly addresses documentation of visual examination of the urinary bladder?

A. ureteroscopy
B. nephroscopy

C. cystoscopy
D. colposcopy

4. During coding review 5-04, the record refers to enlargement of the liver. Which response is correct?

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

5. In training encounter 5-01, a CPC candidate finds documentation describing bone forming the forehead. What is the best answer?

A. parietal bone
B. temporal bone
C. occipital bone
D. frontal bone

6. For audit sample 5-02, the documentation states major muscle used in quiet inspiration. Which choice is most accurate?

A. rectus abdominis
B. trapezius
C. diaphragm
D. latissimus dorsi

7. In chart exercise 5-03, which option correctly addresses documentation of portion of the small intestine immediately after the stomach?

A. jejunum
B. duodenum

C. ileum
D. cecum

8. During coding review 5-04, the record refers to cranial nerve responsible for vision. Which response is correct?

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

9. In training encounter 5-01, a CPC candidate finds documentation describing a workforce member requests more patient data than the assigned task requires. What is the best answer?

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

10. For audit sample 5-02, the documentation states a claim was paid because of a material coding error. Which choice is most accurate?

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

11. In chart exercise 5-03, which option correctly addresses documentation of documentation does not support the code selected by a provider?

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 training encounter 5-01, a CPC candidate finds documentation describing a different physician repeats a procedure. What is the best answer?

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

13. For audit sample 5-02, the documentation states multiple procedures are performed during one operative session. Which choice is most accurate?

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

14. In chart exercise 5-03, 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. Bundle every unrelated visit
C. Use modifier 58 on the diagnosis
D. Consider modifier 24 on the E/M service

15. During coding review 5-04, the record refers to a distinct procedural service survives an edit because it occurred at a separate site. Which response is correct?

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

16. In training encounter 5-05, 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. Report the second result as a new patient
C. Omit the medically necessary repeat
D. Use modifier 76 for all laboratory repeats

17. For audit sample 5-06, the documentation states documentation supports a significant, separately identifiable E/M service on the same day as a minor procedure. Which choice is most accurate?

A. Append modifier 25 to the procedure
B. Report only the E/M service
C. Append modifier 59 to the E/M service
D. Append modifier 25 to the E/M service

18. In chart exercise 5-07, which option correctly addresses documentation of a bilateral procedure is performed and the code is not inherently bilateral?

A. Report only the more complex side
B. Apply the payer-accepted bilateral reporting method
C. Use modifier 51 in every case
D. Create an unlisted diagnosis code

19. In training encounter 5-01, 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

20. For audit sample 5-02, the documentation states pain in right knee. Which choice is most accurate?

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

21. In chart exercise 5-03, which option correctly addresses documentation of nausea with vomiting, unspecified?

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

22. During coding review 5-04, the record refers to acute upper respiratory infection, unspecified. Which response is correct?

A. J02.9
B. J00
C. J06.9
D. J20.9

23. In training encounter 5-05, a CPC candidate finds documentation describing long-term current use of insulin. What is the best answer?

A. Z79.4
B. Z79.84
C. Z51.81
D. Z76.0

24. In training encounter 5-01, a CPC candidate finds documentation describing standard wheelchair. What is the best answer?

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

25. For audit sample 5-02, the documentation states blood glucose test strips for home use, per 50 strips. Which choice is most accurate?

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

26. In chart exercise 5-03, which option correctly addresses documentation of ceftriaxone sodium injection, per 250 mg?

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

27. In review batch 5-01, CPT code 19301 is selected. Which documented service best matches it?

A. tangential biopsy of a single skin lesion
B. removal of up to 15 skin tags
C. partial mastectomy
D. destruction of up to 14 benign skin lesions

28. In encounter 5-02, 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. 10060
B. 11200
C. 19301
D. 17000

29. In review batch 5-03, CPT code 11102 is selected. Which documented service best matches it?

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

30. In encounter 5-04, a 55-year-old patient receives removal of up to 15 skin tags in a office. Which CPT code is the best match?

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

31. In review batch 5-05, CPT code 17000 is selected. Which documented service best matches it?

A. destruction of the first premalignant skin lesion

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

32. In encounter 5-06, a 77-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. 19301
C. 17110
D. 17000

33. In review batch 5-01, CPT code 29827 is selected. Which documented service best matches it?

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

34. In encounter 5-02, 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. 29827
B. 27447
C. 20550
D. 20610

35. In review batch 5-03, CPT code 20610 is selected. Which documented service best matches it?

A. total hip arthroplasty
B. arthroscopic rotator cuff repair

C. injection of a single tendon sheath, ligament, or aponeurosis
D. arthrocentesis of a major joint without ultrasound guidance

36. In encounter 5-04, a 55-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. 20550
C. 20610
D. 27447

37. In review batch 5-05, CPT code 27130 is selected. Which documented service best matches it?

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

38. In encounter 5-06, a 77-year-old patient receives total knee arthroplasty in a ambulatory center. Which CPT code is the best match?

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

39. In review batch 5-01, CPT code 38525 is selected. Which documented service best matches it?

A. collection of venous blood by venipuncture, 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. excision of deep axillary lymph nodes, when fully supported by the documentation and all applicable reporting requirements

40. In encounter 5-02, 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. 31622

D. 33208

41. In review batch 5-03, CPT code 31575 is selected. Which documented service best matches it?

A. diagnostic flexible laryngoscopy

B. excision of deep axillary lymph nodes

C. collection of venous blood by venipuncture

D. diagnostic nasal endoscopy

42. In encounter 5-04, a 55-year-old patient receives diagnostic bronchoscopy in a office. Which CPT code is the best match?

A. 31231

B. 31622

C. 33208

D. 38525

43. In review batch 5-05, CPT code 33208 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. diagnostic nasal endoscopy, when fully supported by the documentation and all applicable reporting requirements
C. initial or replacement permanent pacemaker system with atrial and ventricular leads, when fully supported by the documentation and all applicable reporting requirements
D. diagnostic flexible laryngoscopy, when fully supported by the documentation and all applicable reporting requirements

44. In encounter 5-06, a 77-year-old patient receives collection of venous blood by venipuncture in a ambulatory center. Which CPT code is the best match?

A. 38525
B. 31231
C. 33208
D. 36415

45. In review batch 5-01, CPT code 47562 is selected. Which documented service best matches it?

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

46. In encounter 5-02, a 81-year-old patient receives diagnostic upper gastrointestinal endoscopy in a ambulatory center. Which CPT code is the best match?

A. 47562
B. 45378
C. 43239
D. 43235

47. In review batch 5-03, CPT code 43239 is selected. Which documented service best matches it?

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

48. In encounter 5-04, a 55-year-old patient receives diagnostic colonoscopy in a office. Which CPT code is the best match?

A. 45380
B. 43239
C. 45378
D. 44950

49. In review batch 5-05, CPT code 45380 is selected. Which documented service best matches it?

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

50. In encounter 5-06, a 77-year-old patient receives appendectomy in a ambulatory center. Which CPT code is the best match?

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

51. In review batch 5-01, CPT code 60240 is selected. Which documented service best matches it?

A. measurement of post-void residual urine by ultrasound
B. insertion of an indwelling ureteral stent
C. total or complete thyroidectomy
D. diagnostic cystourethroscopy

52. In encounter 5-02, 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. 52332
B. 51798
C. 60240
D. 52601

53. In review batch 5-03, CPT code 52000 is selected. Which documented service best matches it?

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

54. In encounter 5-04, a 55-year-old patient receives insertion of an indwelling ureteral stent in a office. Which CPT code is the best match?

A. 52000
B. 51798
C. 52601
D. 52332

55. In review batch 5-05, CPT code 52601 is selected. Which documented service best matches it?

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

56. In encounter 5-06, a 77-year-old patient receives endometrial biopsy in a ambulatory center. Which CPT code is the best match?

A. 52000
B. 58100
C. 52332
D. 52601

57. In review batch 5-01, CPT code 69631 is selected. Which documented service best matches it?

A. diagnostic lumbar puncture, when fully supported by the documentation and all applicable reporting requirements
B. tympanoplasty without mastoidectomy, 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

58. In encounter 5-02, 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. 61510
B. 62270
C. 64721
D. 69631

59. In review batch 5-03, CPT code 62270 is selected. Which documented service best matches it?

A. tympanoplasty without mastoidectomy
B. open carpal tunnel release
C. single-interspace lumbar laminotomy with decompression
D. diagnostic lumbar puncture

60. In encounter 5-04, a 55-year-old patient receives single-interspace lumbar laminotomy with decompression in a office. Which CPT code is the best match?

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

61. In review batch 5-05, CPT code 64721 is selected. Which documented service best matches it?

A. cataract removal with intraocular lens insertion
B. open carpal tunnel release
C. tympanoplasty without mastoidectomy
D. single-interspace lumbar laminotomy with decompression

62. In encounter 5-06, a 77-year-old patient receives cataract removal with intraocular lens insertion in a ambulatory center. Which CPT code is the best match?

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

63. In review batch 5-01, CPT code 77067 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. bilateral screening mammography
D. chest radiographs, two views

64. In encounter 5-02, a 81-year-old patient receives chest radiographs, two views in a ambulatory center. Which CPT code is the best match?

A. 71046
B. 74177
C. 73562
D. 73030

65. In review batch 5-03, CPT code 73030 is selected. Which documented service best matches it?

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

66. In encounter 5-04, a 55-year-old patient receives knee radiographs, three views in a office. Which CPT code is the best match?

A. 70553
B. 74177
C. 77067
D. 73562

67. In review batch 5-05, CPT code 74177 is selected. Which documented service best matches it?

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

68. In encounter 5-06, a 77-year-old patient receives MRI of brain without and with contrast in a ambulatory center. Which CPT code is the best match?

A. 70553
B. 71046
C. 77067
D. 74177

69. In review batch 5-01, CPT code 83036 is selected. Which documented service best matches it?

A. automated urinalysis with microscopy
B. hemoglobin A1c
C. comprehensive metabolic panel
D. prothrombin time

70. In encounter 5-02, a 81-year-old patient receives comprehensive metabolic panel in a ambulatory center. Which CPT code is the best match?

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

71. In review batch 5-03, CPT code 80061 is selected. Which documented service best matches it?

A. lipid panel

B. prothrombin time
C. automated complete blood count with differential
D. hemoglobin A1c

72. In encounter 5-04, a 55-year-old patient receives automated urinalysis with microscopy in a office. Which CPT code is the best match?

A. 85025
B. 80053
C. 80061
D. 81001

73. In review batch 5-05, CPT code 85025 is selected. Which documented service best matches it?

A. lipid panel
B. automated complete blood count with differential
C. prothrombin time
D. automated urinalysis with microscopy

74. In encounter 5-06, a 77-year-old patient receives prothrombin time in a ambulatory center. Which CPT code is the best match?

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

75. In review batch 5-01, CPT code 97110 is selected. Which documented service best matches it?

A. therapeutic or diagnostic subcutaneous or intramuscular injection
B. spirometry including graphic record

C. Tdap vaccine for patients age seven years or older
D. therapeutic exercises, each 15 minutes

76. In encounter 5-02, a 81-year-old patient receives initial immunization administration by injection in a ambulatory center. Which CPT code is the best match?

A. 90715
B. 96372
C. 90471
D. 93000

77. In review batch 5-03, CPT code 90715 is selected. Which documented service best matches it?

A. initial immunization administration by injection
B. therapeutic or diagnostic subcutaneous or intramuscular injection
C. therapeutic exercises, each 15 minutes
D. Tdap vaccine for patients age seven years or older

78. In encounter 5-04, a 55-year-old patient receives complete electrocardiogram with interpretation and report in a office. Which CPT code is the best match?

A. 93000
B. 96372
C. 94010
D. 97110

79. In review batch 5-05, CPT code 94010 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. therapeutic or diagnostic subcutaneous or intramuscular injection

80. In encounter 5-06, a 77-year-old patient receives therapeutic or diagnostic subcutaneous or intramuscular injection in a ambulatory center. Which CPT code is the best match?

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

81. During CPC practice set 5, 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. Choose the code by total time only, when fully supported by the documentation and all applicable reporting requirements
C. Use new-patient office codes, when fully supported by the documentation and all applicable reporting requirements
D. Require the patient to be admitted, when fully supported by the documentation and all applicable reporting requirements

82. During CPC practice set 5, scenario 02, documentation supports critical care. Which reporting action is most appropriate?

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

83. During CPC practice set 5, 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. Meet or exceed two of the three MDM elements at the reported level, when fully supported by the documentation and all applicable reporting requirements

D. Use history alone to select the level, when fully supported by the documentation and all applicable reporting requirements

84. During CPC practice set 5, 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. Use the reporting professional's qualifying total time on the date of service, when fully supported by the documentation and all applicable reporting requirements

C. Count time from every staff member, 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 5, scenario 05, a separately reportable procedure is performed during an office visit. Which reporting action is most appropriate?

A. Count patient travel time

B. Add all procedure time to E/M time

C. Select E/M only by rooming time

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

86. During CPC practice set 5, 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 every referred patient as established
B. Treat the patient as new when all applicable criteria are satisfied
C. Treat the patient as new after one year
D. Use place of service alone

87. During CPC practice set 5, 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. Report only the surgical procedure
C. Replace the anesthesia code with an office visit
D. Use modifier 25 as the anesthesia modifier

88. During CPC practice set 5, scenario 02, a healthy patient receives anesthesia. Which reporting action is most appropriate?

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

89. During CPC practice set 5, scenario 03, an anesthesiologist personally performs the anesthesia service. Which reporting action is most appropriate?

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

90. During CPC practice set 5, scenario 04, a CRNA performs anesthesia without medical direction by a physician. Which reporting action is most appropriate?

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

91. Case 5-1: The patient is 73 years old. A patient has a diagnostic flexible laryngoscopy in the office. Which reporting approach is most appropriate?

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

92. Case 5-2: The patient is 86 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 the diabetes code and the supported long-term insulin-use status code, 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 type 1 diabetes only, when fully supported by the documentation and all applicable reporting requirements

93. Case 5-3: The patient is 40 years old. A screening encounter includes bilateral screening mammography with computer-aided detection when performed. Which reporting approach is most appropriate?

A. Report chest radiographs, 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 a diagnostic unilateral mammogram, when fully supported by the documentation and all applicable reporting requirements

D. Report the bilateral screening mammography service and screening diagnosis, when fully supported by the documentation and all applicable reporting requirements

94. Case 5-4: The patient is 53 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 intravenous chemotherapy, when fully supported by the documentation and all applicable reporting requirements

D. Report only an office visit, when fully supported by the documentation and all applicable reporting requirements

95. Case 5-5: The patient is 66 years old. A healthy patient receives anesthesia personally performed by an anesthesiologist. Which reporting approach is most appropriate?

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

B. Use QY without a CRNA, when fully supported by the documentation and all applicable reporting requirements

C. Report the anesthesia service with modifiers AA and P1 as applicable, 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

96. Case 5-6: The patient is 79 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 the supported established-patient office E/M level
C. Report only a preventive service
D. Report critical care

97. Case 5-7: The patient is 33 years old. A patient undergoes diagnostic colonoscopy and a lesion is biopsied during the same session. Which reporting approach is most appropriate?

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

98. Case 5-8: The patient is 46 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 total colectomy
C. Report the supported laparoscopic cholecystectomy code
D. Report open appendectomy

99. Case 5-9: The patient is 59 years old. A patient with knee pain receives aspiration of the knee without ultrasound guidance. Which reporting approach is most appropriate?

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

100. Case 5-10: The patient is 72 years old. A dermatologist destroys one actinic keratosis and documents no additional lesions. Which reporting approach is most appropriate?

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

Practice Exam 5: Answer Key and Explanations

1. B — Hematuria means blood is present in urine. 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. D — Dysphagia is difficulty with swallowing. 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 — Cystoscopy is endoscopic inspection of the urinary 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 final selection.

4. A — 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.

5. D — The frontal bone forms the forehead and anterior cranial vault. 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.

6. C — The diaphragm is the primary muscle of quiet inspiration. 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 duodenum is the first small-intestinal segment. 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. 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.

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. B — 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. C — 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. D — Modifier 25 identifies a separately identifiable E/M service by the same 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.

18. B — Bilateral reporting depends on the code descriptor and payer instructions. 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.

19. 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.

20. C — 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.

21. B — 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.

22. C — J06.9 identifies an unspecified acute upper respiratory infection. 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 — Z79.4 identifies long-term current use of insulin. 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. D — 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. B — 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. C — 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.

28. A — 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.

29. 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.

30. D — 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.

31. 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.

32. C — 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.

33. B — 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.

34. C — 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.

35. 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.

36. 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.

37. A — 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.

38. 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.

39. D — 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.

40. 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.

41. A — 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.

42. B — 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.

43. C — 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.

44. 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.

45. 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.

46. D — 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.

47. B — 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.

48. C — 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.

49. D — 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.

50. 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.

51. C — 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.

52. 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.

53. A — 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.

54. 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.

55. 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.

56. 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.

57. B — 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.

58. 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.

59. D — 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.

60. 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.

61. B — 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.

62. D — 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.

63. C — 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.

64. A — 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.

65. C — 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.

66. 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.

67. B — 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.

68. A — 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.

69. 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.

70. C — 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.

71. A — 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.

72. 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.

73. B — 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.

74. 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.

75. D — 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.

76. 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.

77. 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.

78. A — 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.

79. C — 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.

80. B — 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.

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. D — 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. C — 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. B — 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. D — 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. 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.

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. 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.

89. B — 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. C — 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. 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.

92. A — 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.

93. D — 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.

94. 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.

95. C — 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.

96. B — 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.

97. B — 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.

98. 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.

99. A — 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.

100. D — 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.