Chapter 9 Worksheet 3 2 1 Code It

True/False

Indicate whether the statement is true or false.

1. Notes located beneath headings and/or subheadings apply to all codes in the categories or subcategories.
2. E/M services do not include significant procedural services.
3. Five levels of service are included in the new patient “office or other office outpatient services” category of the CPT E/M section.
4. Reference to the kind of health care services provided to patients defines type of service.
5. When codes for specialty services are reported, a separate evaluation and management service from the CPT E/M section is reported on the same date.
6. An established patient is one who has received professional services from the physician or from another physician of the same specialty who has belonged to the same group practice within the past 3 years.
7. Professional services might not require a face-to-face encounter with a provider.
8. An unlisted service code is assigned when the provider furnishes an E/M service for which there is no CPT code.
9. The levels within categories and subcategories are interchangeable.
10. Two key components must be considered when codes are assigned for new patients.
11. Providers should not document negative or normal in response to review of systems (ROS) items.
12. The coder is responsible for determining the complexity of medical decision making.
13. Unit/floor time is the amount of time the provider spends at the patient's bedside and in management of the patient's care on the unit or floor.
14. When a physician provides multiple E/M office services to the same patient on the same day and the patient's problems are different for each E/M service, report only one E/M code.
15. Initial observation care codes are reported for patients who are admitted for observation services on one date and discharged from observation status on a different date.
16. A preoperative clearance is considered a consultation.
17. When an emergency department (ED) visit is provided on the same day as a comprehensive nursing facility assessment by the same physician, report an ED services code.
18. E/M codes for services provided in the ED can be reported only by ED physicians.
19. The fact that a patient is located in a critical care unit means that she is receiving critical care.
20. Physician standby services involve a physician spending a prolonged period of time without patient contact, waiting for an event to occur that will require the physician’s services.
Completion
Complete each statement.

21. Office or other outpatient visit that requires a detailed history, detailed examination, and medical decision making of low complexity. Assign code(s).

22. Office or other outpatient visit, for established patient, presenting problem(s) are minimal. Assign code(s).

23. Observation care discharge, day management. Assign code(s).

24. Initial observation care per day, comprehensive history, comprehensive examination, and medical decision making of moderate complexity. Assign code(s).

25. Observation or inpatient hospital care requiring a comprehensive history, comprehensive examination, and straightforward medical decision making. Assign code(s).

26. Emergency department visit that requires an expanded problem-focused history, expanded problem-focused examination, and medical decision making of moderate complexity. Assign code(s).

27. Physician direction of emergency medical systems (EMS) emergency care, advanced life support. Assign code(s).

28. Critical care for the critically ill or critically injured patient, 1 hour, 30 minutes. Assign code(s).

29. Annual nursing facility assessment requiring detailed interval history, comprehensive examination, and low-to-moderate medical decision making. Assign code(s).

30. Home visit of new patient which requires comprehensive history, comprehensive examination, and medical decision making of high complexity. Assign code(s).

31. Prolonged evaluation and management service before and/or after direct patient care, first hour. Assign code(s).

32. Physician standby service, 15 minutes. Assign code(s).

33. Medical team conference, patient and/or family not present, 30 minutes or more participation by nonphysician qualified health care professional. Assign code(s).

34. Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal). Assign code(s).

35. Work-related or medical disability examination by other than the treating physician. Assign code(s).

36. Initial inpatient pediatric critical care, 29 days of age. Assign code(s).

37. Initial care of newborn infant seen in other than hospital or birthing center, circumcision performed at that time. Assign code(s).

38. Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 18 months of age, 60 minutes transport. Assign code(s).

39. Subsequent intensive care of recovering VLBW infant (present body weight less than 1500 grams). Assign code(s).

40. Unlisted evaluation and management service. Assign code(s).
Multiple Choice
Identify the choice that best completes the statement or answers the question.

41. Which of the following refers to type of service?
   a. Critical care
   b. Hospital
   c. Emergency department
   d. Home health care

42. When selecting an E/M code, it is important to review patient record documentation to consider up to _____ components.
   a. three
   b. five
   c. seven
   d. ten

43. Which of the following is a key component?
   a. Counseling
   b. Time
   c. Nature of presenting problem
   d. Medical decision making

44. Evaluation and management code selection is based on _____ key components.
   a. two
   b. three
   c. four
   d. seven

45. A limited examination of the affected body part or organ system and other symptomatic or related organ systems is a(n) _____ examination.
   a. problem-focused
   b. expanded problem-focused
   c. detailed
   d. comprehensive

46. CPT recognizes _____ types of presenting problems.
   a. two
   b. three
   c. four
   d. five

47. A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status is _____.
   a. minimal
   b. self-limited
   c. of low severity
   d. of moderate severity

48. Dr. Taylor reviewed the x-ray report on her patient and then discussed the results with him by telephone. Which E/M subsection would be referenced to assign the appropriate code?
   a. Non-face-to-face physician services
   b. Office or other outpatient consultation
   c. Preventive medicine
   d. Other evaluation/management

49. Patient record documentation states “patient has a history of alcohol and drug use as a teenager and smokes one to two packs of cigarettes daily.” This would be found under the heading _____.
   a. History of Present Illness
   b. Past History
   c. Social History
   d. System Review

50. The physician spent 30 minutes providing telephone services to a distraught patient who had been seen in the office 2 weeks ago. The patient was calm by the end of the call, and the physician scheduled an appointment to see the patient the next day. Which is reported?
   a. 99367
   b. 99443
   c. 99499
   d. No code is reported.

51. Dr. Lee saw Kenya Yatani in her office for the first time for treatment of a mild sprain. A problem-focused history and exam were performed, and medical decision making was straightforward. Report code _____.
   a. 99201
   b. 99202
   c. 99211
   d. 99212
52. An established patient was seen in his primary physician’s office. The patient fell at home and came to the physician’s office for examination. Due to a possible concussion, the patient was sent to the hospital to be admitted as an observation patient. A detailed history and comprehensive examination were performed, and the medical decision was of low complexity. The patient stayed overnight, and was discharged the next afternoon.
Report code(s) ______.
   a. 99214, 99234
   b. 99214, 99218, 99217
   c. 99218
   d. 99218, 99217

53. Dr. Lewis treated an established patient in the office who complained of a 3-month history of fatigue and weight loss. Comprehensive history and exam were performed; medical decision making was of high complexity. Report code ______.
   a. 99205
   b. 99215
   c. 99223
   d. 99236

54. A physician returns a call to a patient who needs clarification about instructions for taking a medication prescribed during an office visit 10 days ago. Medical discussion was 8 minutes in duration, and the physician confirmed that the patient would be seen in the office in 2 weeks. Report code ______.
   a. 99211
   b. 99441
   c. 99442
   d. 99443

55. Dr. Wisniewski treated a 9-month-old new female patient in the office for diaper rash. A detailed history and examination were performed, and medical decision making was straightforward. Report code ______.
   a. 99201
   b. 99202
   c. 99203
   d. 99381

56. Dr. O’Connor treated a 42-year-old male in the hospital emergency department. The patient complained of right lower quadrant pain and of feeling faint. Dr. O’Connor documented a chief complaint, a brief history of present illness, and a systemic review of the gastrointestinal system and respiratory system. Dr. O’Connor also documented a complete examination of all body systems, which included all required elements. Medical decision making was of moderate complexity. Report code ______.
   a. 99281
   b. 99282
   c. 99283
   d. 99284

57. Janet Bell was seen by hr physician and underwent a workers’ compensation evaluation. Report code ______.
   a. 99450
   b. 99455
   c. 99456
   d. 99499

58. An office consultation is performed for a postmenopausal woman who is complaining of spotting in the past 6 months with right lower quadrant tenderness. A detailed history and physical are performed with a low complexity of medical decision making.
   a. 99263
   b. 99273
   c. 99242
   d. 99243

59. An out-of-town patient presents to a walk-in clinic to have a prescription refilled for a nonsteroidal anti-inflammatory drug. The physician performs a problem-focused history and physical examination with straightforward decision making. Report code ______.
   a. 99201
   b. 99202
   c. 99211
   d. 99212

60. Well-baby checkup on a 2-month-old female new patient. Report code ______.
   a. 99201
   b. 99381
   c. 99391
   d. 99432
Matching

Match each content description with the corresponding type of information.

- a. expanded problem-focused history
- b. chief complaint
- c. problem-focused history
- d. comprehensive history
- e. history of present illness

61. consists of chief complaint and brief history of present illness or problem
62. chronological description of patient’s present condition from time of onset to present
63. chief complaint, extended history of present illness, review of systems directly related to the problem identified in the HPI in addition to a review of all additional body systems, and complete past/family/social history
64. chief complaint, brief history of present illness, and problem pertinent system review
65. description of medical condition stated in the patient’s own words

Match each documented case with a type of service listed below.

- a. emergency department services
- b. critical care services
- c. prolonged services
- d. physician standby services
- e. place of service

66. physical location where health care is provided to patients
67. patient who receives immediate care in the hospital emergency room
68. patient who is admitted to the hospital with severe congestive heart failure and receives critical care
69. physician who is waiting to determine if a cesarean section is required
70. physician who provides lengthier than usual bedside care to an injured 2-month-old child

Match each code with a service listed below.

- a. unlisted E/M service
- b. examination of a patient applying for basic life insurance
- c. patient who saw physician for third opinion regarding ulcer treatment
- d. sleep study with ECG and oxygen monitoring; technologist in attendance
- e. individual psychotherapy with psychologist for behavior modification; session was 45 minutes

71. 90806
72. 95807
73. 99242
74. 99450
75. 99499
Match each type of service with a CPT element listed below.

a. E/M subsection
b. E/M type of service
c. E/M place of service
d. E/M level of history
e. E/M key components

76. emergency room
77. case management
78. history, exam, and medical decision making
79. consultation
80. comprehensive