# Evaluation & Management (Multiple Choice)

CPC® Study Group with Legacy Education

1. A 10-year-old girl is scheduled for her yearly physical with her pediatrician. At the time of the visit, the patient complains of watery eyes, scratchy throat and stuffy nose for the past two days. The provider performs the physical. He also performs a history and exam and treats the patient for a URI with low medical decision making. What CPT® coding is reported for this visit?

    a. 99393
    b. 99393, 99213-25
    c. 99213
    d. 99393-25, 99213

2. A 32-year-old patient sees Dr. Smith for a consult at the request of his PCP, Dr. Long, for an ongoing problem with allergies. The patient has failed Claritin and Alavert and feels his symptoms continue to worsen. Dr. Smith performs medically appropraite history and exam and discusses options with the patient on allergy management. The patient agrees he would like to be tested to possibly gain better control of his allergies. Dr. Smith sends a report to Dr. Long thanking him for the referral and includes the date the patient is scheduled for allergy testing. Dr. Smith also includes his findings from the encounter. What E/M code is reported?

    a. 99203
    b. 99214
    c. 99242
    d. 99243

3. Dr. Howitzer sees Mrs. Jones in Clinic Eight for sudden loss of consciousness while watching the Olympic Torch go by. He is a new provider to the neurology department. Dr. Drake Rinaldi, a prominent member of the neurology faculty at the university saw Mrs. Jones last month. Dr. Howitzer performs a medically appropriate history and exam. Medical decision making is of high complexity. The final diagnosis given is transient loss of consciousness. The patient makes a follow-up appointment to see Dr. Rinaldi in one week. What is the appropriate diagnosis and E/M code for this visit?

    a. 99214, R40.1
    b. 99215, R55
    c. 99203, R55
    d. 99202, R40.1

4. A soccer player hits his head during an indoor game and is admitted to observation to watch for head trauma.

   Admit date/time: 01/21/20XX 8:12 PM
   Medically appropriate history and exam
   Low MDM

   Discharge date/time: 01/22/20XX 8:15 AM
   Discharge time: 20 minutes

   What CPT® coding is reported for the admission and discharge in Observation Care?

   a. 99234
   b. 99221, 99239
   c. 99221
   d. 99221, 99238

5. A new patient visits the internal medicine clinic today for diabetes, hypertension, arthritis, and a history of cardiac disease. The provider performs a medically appropriate history and exam. Blood pressure is high. All other conditions are stable. Labs ordered are HbA1c and complete blood count (CBC). The dosage for the blood pressure medication is reviewed and changed. The patient will follow up in three months. What CPT® code is reported?

   a. 99213
   b. 99214
   c. 99203
   d. 99204

6. A 75-year-old established patient sees his regular primary care provider for a physical screening prior to joining a group home. He has no new complaints. The patient has an established diagnosis of cerebral palsy and type 2 diabetes and is currently on his meds. A comprehensive history and examination is performed. The provider counsels the patient on the importance of taking his medication and gives him a prescription for refills. Blood work was ordered. PPD was done and flu vaccine given. Patient already had a vision exam. No abnormal historical facts or finding are noted. What CPT® code is reported?

   a. 99397
   b. 99387
   c. 99214
   d. 99215

7. Mr. Flintstone is seen by his oncologist just two days after undergoing extensive testing for a sudden onset of petechiae, night sweats, swollen glands and weakness. After a brief review of history, Dr. B. Marrow re-examines Mr. Flintstone. The exam is documented and the medical decision making is of moderate complexity and takes 11 minutes. The oncologist spends an additional 45 minutes discussing Mr. Flintstone's new diagnosis of Hodgkin's lymphoma, treatment options and prognosis.
   What CPT® coding is reported?

   a. 99215, 99417
   b. 99253
   c. 99204, 99354
   d. 99215,99354

8. Subjective: 6-year-old girl twisted her arm on the playground. She is seen in the ED complaining of pain in her wrist.
   Objective: Vital Signs: stable. Wrist: Significant tenderness laterally. X-ray is normal
   Assessment: Wrist sprain
   Plan: Over the counter Anaprox. Give twice daily with hot packs. Recheck if no improvement.
   What is the E/M code for this visit?

   a. 99221
   b. 99284
   c. 99281
   d. 99283

9. Mr. Yates loses his yacht in a poker game and experiences a sudden onset of chest pain which radiates down his left arm. The paramedics are called to the casino he owns in Atlantic City to stabilize him and transport him to the hospital. Dr. H. Art is in the ER to direct the activities of the paramedics. He spends 30 minutes in two-way communication directing the care of Mr. Yates. When EMS reached the hospital Emergency Department, Mr. Yates is in full arrest with torsades de pointes (ventricular tachycardia). Dr. H. Art spends another hour in critical care stabilizing the patient and performing CPR. The time the provider spent on CPR was 15 minutes (the CPR time was included in the one-hour critical care time). What are the appropriate procedure codes for this encounter?

   a. 92950, 99291, 99288
   b. 99291, 99292, 99288
   c. 99291, 99288
   d. 92950, 99291

10. ICU - CC: Multi-system organ failure
    INTERVAL HISTORY: Patient remains intubated and sedated. Overnight events reviewed. Tolerating tube feeds. Systolic pressures have been running in the low 90s on LEVOPHED. Cultures remain negative. Kidney function has worsened, but patient remains non-oliguric.

    PHYSICAL EXAM: BP 96/60, Pulse 112, Temp 100.8. Lungs have anterior rhonchi. Heart RRR with no MRGs. Abdomen is soft with positive bowel sounds. Extremities show moderate edema.
    LABS: BUN 89, creatinine 2.6, HGB 10.2, WBC 22,000. ABG: 7.34/100/42 on 50% FiO2. CXR shows RLL infiltrate.

    IMPRESSION
    Hypoxic respiratory failure
    Community acquired pneumonia
    Septic shock
    Non-oliguric acute renal failure

    PLAN: Continue NS at 75 cc/hr. Decrease ZOSYN to 2.25 grams IV Q 6H
    Follow cultures. Continue tube feeds. Titrate LEVOPHED to maintain SBP > 90
    Usual labs ordered for tomorrow.
    Critical care time: 35 minutes

    What CPT® code(s) is/are reported?

    a. 99232
    b. 99233
    c. 99291
    d. 99291, 99292

# Evaluation & Management (Fill in the Blanks)

CPC® Study Group with Legacy Education

1. A 10-year-old girl is scheduled for her yearly physical with her pediatrician. At the time of the visit, the patient complains of watery eyes, scratchy throat and stuffy nose for the past two days. The provider performs the physical. He also performs a history and exam and treats the patient for a URI with low medical decision making. What CPT® coding is reported for this visit?

   CPT®: _____, _____

2. A 32-year-old patient sees Dr. Smith for a consult at the request of his PCP, Dr. Long, for an ongoing problem with allergies. The patient has failed Claritin and Alavert and feels his symptoms continue to worsen. Dr. Smith performs medically appropraite history and exam and discusses options with the patient on allergy management. The patient agrees he would like to be tested to possibly gain better control of his allergies. Dr. Smith sends a report to Dr. Long thanking him for the referral and includes the date the patient is scheduled for allergy testing. Dr. Smith also includes his findings from the encounter. What E/M code is reported?

   CPT®: _____

3. Dr. Howitzer sees Mrs. Jones in Clinic Eight for sudden loss of consciousness while watching the Olympic Torch go by. He is a new provider to the neurology department. Dr. Drake Rinaldi, a prominent member of the neurology faculty at the university saw Mrs. Jones last month. Dr. Howitzer performs a medically appropriate history and exam. Medical decision making is of high complexity. The final diagnosis given is transient loss of consciousness. The patient makes a follow-up appointment to see Dr. Rinaldi in one week. What is the appropriate diagnosis and E/M code for this visit?

   CPT®: _____

   ICD-10-CM: _____

4. A soccer player hits his head during an indoor game and is admitted to observation to watch for head trauma.

   Admit date/time: 01/21/20XX 8:12 PM
   Medically appropriate history and exam
   Low MDM

   Discharge date/time: 01/22/20XX 8:15 AM
   Discharge time: 20 minutes

   What CPT® coding is reported for the admission and discharge in Observation Care?

   CPT®: _____, _____

5. A new patient visits the internal medicine clinic today for diabetes, hypertension, arthritis, and a history of cardiac disease. The provider performs a medically appropriate history and exam. Blood pressure is high. All other conditions are stable. Labs ordered are HbA1c and complete blood count (CBC). The dosage for the blood pressure medication is reviewed and changed. The patient will follow up in three months. What CPT® code is reported?

   CPT®: _____

6. A 75-year-old established patient sees his regular primary care provider for a physical screening prior to joining a group home. He has no new complaints. The patient has an established diagnosis of cerebral palsy and type 2 diabetes and is currently on his meds. A comprehensive history and examination is performed. The provider counsels the patient on the importance of taking his medication and gives him a prescription for refills. Blood work was ordered. PPD was done and flu vaccine given. Patient already had a vision exam. No abnormal historical facts or finding are noted. What CPT® code is reported?

   CPT®: _____

7. Mr. Flintstone is seen by his oncologist just two days after undergoing extensive testing for a sudden onset of petechiae, night sweats, swollen glands and weakness. After a brief review of history, Dr. B. Marrow re-examines Mr. Flintstone. The exam is documented and the medical decision making is of moderate complexity and takes 11 minutes. The oncologist spends an additional 45 minutes discussing Mr. Flintstone's new diagnosis of Hodgkin's lymphoma, treatment options and prognosis.
   What CPT® coding is reported?

   CPT®: _____, _____

8. Subjective: 6-year-old girl twisted her arm on the playground. She is seen in the ED complaining of pain in her wrist.
   Objective: Vital Signs: stable. Wrist: Significant tenderness laterally. X-ray is normal
   Assessment: Wrist sprain
   Plan: Over the counter Anaprox. Give twice daily with hot packs. Recheck if no improvement.
   What is the E/M code for this visit?

   CPT®: _____

9. Mr. Yates loses his yacht in a poker game and experiences a sudden onset of chest pain which radiates down his left arm. The paramedics are called to the casino he owns in Atlantic City to stabilize him and transport him to the hospital. Dr. H. Art is in the ER to direct the activities of the paramedics. He spends 30 minutes in two-way communication directing the care of Mr. Yates. When EMS reached the hospital Emergency Department, Mr. Yates is in full arrest with torsades de pointes (ventricular tachycardia). Dr. H. Art spends another hour in critical care stabilizing the patient and performing CPR. The time the provider spent on CPR was 15 minutes (the CPR time was included in the one-hour critical care time). What are the appropriate procedure codes for this encounter?

   CPT®: _____, _____, _____

10. ICU - CC: Multi-system organ failure
    INTERVAL HISTORY: Patient remains intubated and sedated. Overnight events reviewed. Tolerating tube feeds. Systolic pressures have been running in the low 90s on LEVOPHED. Cultures remain negative. Kidney function has worsened, but patient remains non-oliguric.

    PHYSICAL EXAM: BP 96/60, Pulse 112, Temp 100.8. Lungs have anterior rhonchi. Heart RRR with no MRGs. Abdomen is soft with positive bowel sounds. Extremities show moderate edema.
    LABS: BUN 89, creatinine 2.6, HGB 10.2, WBC 22,000. ABG: 7.34/100/42 on 50% FiO2. CXR shows RLL infiltrate.

    IMPRESSION
    Hypoxic respiratory failure
    Community acquired pneumonia
    Septic shock
    Non-oliguric acute renal failure

    PLAN: Continue NS at 75 cc/hr. Decrease ZOSYN to 2.25 grams IV Q 6H
    Follow cultures. Continue tube feeds. Titrate LEVOPHED to maintain SBP > 90
    Usual labs ordered for tomorrow.
    Critical care time: 35 minutes

    What CPT® code(s) is/are reported?

    CPT®: _____

# Answer Key

1. A 10-year-old girl is scheduled for her yearly physical with her pediatrician. At the time of the visit, the patient complains of watery eyes, scratchy throat and stuffy nose for the past two days. The provider performs the physical. He also performs a history and exam and treats the patient for a URI with low medical decision making. What CPT® coding is reported for this visit?

    a. 99393
    b. 99393, 99213-25
    c. 99213
    d. 99393-25, 99213

    Rationale: The physical exam code is selected from the Preventive Medicine Services and selected based on whether the patient is new or established and by age. The pediatrician also evaluates and treats the URI. The additional work for the URI allows us to report an established patient office visit. Modifier 25 is appended to the office visit to show it is a significant and separately identifiable service from the preventive visit.

2. A 32-year-old patient sees Dr. Smith for a consult at the request of his PCP, Dr. Long, for an ongoing problem with allergies. The patient has failed Claritin and Alavert and feels his symptoms continue to worsen. Dr. Smith performs medically appropraite history and exam and discusses options with the patient on allergy management. The patient agrees he would like to be tested to possibly gain better control of his allergies. Dr. Smith sends a report to Dr. Long thanking him for the referral and includes the date the patient is scheduled for allergy testing. Dr. Smith also includes his findings from the encounter. What E/M code is reported?

    a. 99203
    b. 99214
    c. 99242
    d. 99243

    Rationale: The three Rs of consultation are documented (request, render, reply). The consultation code range is 99242-99245 and applies to new or established patients. MDM is low:
    Number and Complexity of Problems Addressed at the Encounter – Moderate (chronic illness with exacerbation/progression)
    Amount and /or Complexity of Data to be Reviewed and Analyzed – Minimal (one unique test ordered)
    Risk of Complications and/or Morbidity of Patient Management – Low (allergy testing)
    Low MDM is 99243.

3. Dr. Howitzer sees Mrs. Jones in Clinic Eight for sudden loss of consciousness while watching the Olympic Torch go by. He is a new provider to the neurology department. Dr. Drake Rinaldi, a prominent member of the neurology faculty at the university saw Mrs. Jones last month. Dr. Howitzer performs a medically appropriate history and exam. Medical decision making is of high complexity. The final diagnosis given is transient loss of consciousness. The patient makes a follow-up appointment to see Dr. Rinaldi in one week. What is the appropriate diagnosis and E/M code for this visit?

    a. 99214, R40.1
    b. 99215, R55
    c. 99203, R55
    d. 99202, R40.1

    E/M Guidelines define an established patient as one who has received professional services from the provider – or another provider of the same specialty who belongs to the same group practice within the past three years. The patient was seen the previous month by another member in the same group practice of the neurology department making this an established patient. A medically appropriate history and exam are documented. MDM is of high complexity. Based on CPT® E/M guidelines, this supports 99215.

    Look in the ICD-10-CM Alphabetic Index for Loss (of)/consciousness, transient directing you to code R55. Verify code selection in the Tabular List.

4. A soccer player hits his head during an indoor game and is admitted to observation to watch for head trauma.

    Admit date/time: 01/21/20XX 8:12 PM
    Medically appropriate history and exam
    Low MDM

    Discharge date/time: 01/22/20XX 8:15 AM
    Discharge time: 20 minutes

    What CPT® coding is reported for the admission and discharge in Observation Care?

    a. 99234
    b. 99221, 99239
    c. 99221
    d. 99221, 99238

    Rationale: Although the patient was in observation for less than 24 hours, the service covered two dates of service. The low level of medical decision making support level 99221. Code 99238 is reported for Hospital care discharge of 30 minutes or less.

5. A new patient visits the internal medicine clinic today for diabetes, hypertension, arthritis, and a history of cardiac disease. The provider performs a medically appropriate history and exam. Blood pressure is high. All other conditions are stable. Labs ordered are HbA1c and complete blood count (CBC). The dosage for the blood pressure medication is reviewed and changed. The patient will follow up in three months. What CPT® code is reported?

    a. 99213
    b. 99214
    c. 99203
    d. 99204

    Rationale: In the CPT® Index, look for Office and/or Other Outpatient Services/Office Visit/New Patient, and you are directed to codes 99202-99205. CPT® E/M guidelines state that office and other outpatient services are reported based on medical decision making or time. Time is not documented in this scenario. MDM is moderate:
    Number and Complexity of Problems Addressed at the Encounter – Moderate (2+ stable chronic illnesses and 1 chronic illness with exacerbation)
    Amount and/or Complexity of Data to be Reviewed and Analyzed – Limited (two unique lab tests ordered [HbA1c and CBC])
    Risk of Complications and/or Morbidity of Patient Management – Moderate (prescription drug management)
    Moderate MDM is 99204.

6. A 75-year-old established patient sees his regular primary care provider for a physical screening prior to joining a group home. He has no new complaints. The patient has an established diagnosis of cerebral palsy and type 2 diabetes and is currently on his meds. A comprehensive history and examination is performed. The provider counsels the patient on the importance of taking his medication and gives him a prescription for refills. Blood work was ordered. PPD was done and flu vaccine given. Patient already had a vision exam. No abnormal historical facts or finding are noted. What CPT® code is reported?

    a. 99397
    b. 99387
    c. 99214
    d. 99215

    Rationale: According to CPT® guidelines Preventive Medicine Services codes provide a means to report a routine or periodic history and physical examination in asymptomatic individuals. They include only those evaluation and management services related to the age specific history and examination provided by the provider. The patient is here for a preventive service. He did not have any complaints and the provider did not identify any new problems. In the CPT® Index look for Preventive Medicine/Established Patient. You are referred to 99382-99397. The code selection is based on age. Code 99397 is the correct code for a patient who is older than 65 years.

7. Mr. Flintstone is seen by his oncologist just two days after undergoing extensive testing for a sudden onset of petechiae, night sweats, swollen glands and weakness. After a brief review of history, Dr. B. Marrow re-examines Mr. Flintstone. The exam is documented and the medical decision making is of moderate complexity and takes 11 minutes. The oncologist spends an additional 45 minutes discussing Mr. Flintstone's new diagnosis of Hodgkin's lymphoma, treatment options and prognosis.
What CPT® coding is reported?

   a. 99215, 99417
   b. 99253
   c. 99204, 99354
   d. 99215,99354

   Rationale: This is an established patient. Using medical decision making of moderate complexity, 99214 would be billed. However, the E/M services guidelines indicate time can also be used for the level of service, and this service is billed with total time. Code 99215 has a time of 40 minutes that must be met or exceeded. The 11 minutes plus the additional 45 minutes gives a total time of 56 minutes. An instructional note under 99215 indicates for services 55 minutes or longer to use prolonged services code 99417. Another instructional note under add-on code 99417 states to use 99417 with 99205 and 99215. Each additional 15 minutes can be billed with 99417, which represents prolonged office and other outpatient E/M services.

8. Subjective: 6-year-old girl twisted her arm on the playground. She is seen in the ED complaining of pain in her wrist.
Objective: Vital Signs: stable. Wrist: Significant tenderness laterally. X-ray is normal
Assessment: Wrist sprain
Plan: Over the counter Anaprox. Give twice daily with hot packs. Recheck if no improvement.
What is the E/M code for this visit?

   a. 99221
   b. 99284
   c. 99281
   d. 99283

   Rationale: The provider performed a medically appropriate history and exam with a low MDM.
   Number and Complexity of Problems Addressed at the Encounter – Low (acute uncomplicated injury)
   Amount and /or Complexity of Data to be Reviewed and Analyzed – Minimal (one unique test [X-ray])
   Risk of Complications and/or Morbidity of Patient Management – Low (over-the-counter medication)
   Low MDM is 99283.

9. Mr. Yates loses his yacht in a poker game and experiences a sudden onset of chest pain which radiates down his left arm. The paramedics are called to the casino he owns in Atlantic City to stabilize him and transport him to the hospital. Dr. H. Art is in the ER to direct the activities of the paramedics. He spends 30 minutes in two-way communication directing the care of Mr. Yates. When EMS reached the hospital Emergency Department, Mr. Yates is in full arrest with torsades de pointes (ventricular tachycardia). Dr. H. Art spends another hour in critical care stabilizing the patient and performing CPR. The time the provider spent on CPR was 15 minutes (the CPR time was included in the one-hour critical care time). What are the appropriate procedure codes for this encounter?

    a. 92950, 99291, 99288
    b. 99291, 99292, 99288
    c. 99291, 99288
    d. 92950, 99291

    Rationale: Documentation describes physician direction of the paramedics (99288). In the CPT® Index look for Physician Services/Direction, Advanced Life Support. He spends another hour stabilizing the patient. Refer to the CPT® guidelines under Critical Care Services. The time for the CPR must be deducted from the 1 hour of critical care, making the critical care time 45 minutes, reported with critical care code 99291. CPR is not a service included in the critical care codes and may be reported separately with 92950. In the CPT® Index look for CPR (Cardiopulmonary Resuscitation).

10. ICU - CC: Multi-system organ failure
    INTERVAL HISTORY: Patient remains intubated and sedated. Overnight events reviewed. Tolerating tube feeds. Systolic pressures have been running in the low 90s on LEVOPHED. Cultures remain negative. Kidney function has worsened, but patient remains non-oliguric.

    PHYSICAL EXAM: BP 96/60, Pulse 112, Temp 100.8. Lungs have anterior rhonchi. Heart RRR with no MRGs. Abdomen is soft with positive bowel sounds. Extremities show moderate edema.
    LABS: BUN 89, creatinine 2.6, HGB 10.2, WBC 22,000. ABG: 7.34/100/42 on 50% FiO2. CXR shows RLL infiltrate.

    IMPRESSION
    Hypoxic respiratory failure
    Community acquired pneumonia
    Septic shock
    Non-oliguric acute renal failure

    PLAN: Continue NS at 75 cc/hr. Decrease ZOSYN to 2.25 grams IV Q 6H
    Follow cultures. Continue tube feeds. Titrate LEVOPHED to maintain SBP > 90
    Usual labs ordered for tomorrow.
    Critical care time: 35 minutes

    What CPT® code(s) is/are reported?

    a. 99232
    b. 99233
    c. 99291
    d. 99291, 99292

    Rationale: This patient meets the definition of a critically ill patient as defined by the E/M Guidelines for Critical Care services. A critical illness is one acutely impairing one or more vital organ system with a high probability of imminent or life threatening deterioration in the patient's condition. The physician documents 35 minutes of critical care time. Critical care for 35 minutes is reported with 99291.