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ANSWERS TO QUIZ 100110

1.

Answer: Correct response is d. The encounter is focused on a medical problem and not risk factor reduction counseling. Greater than 50% of the face-to-face encounter is spent on counseling the patient supporting 99213 which has a typical time associated with it of 15 minutes.

2.

Answer: Correct response is a. The guidelines for critical care explain that critical care provided to a pediatric patient in the Emergency Room and does not provide critical care in the inpatient setting is to be coded using the hourly critical care codes. The pediatric and neonatal critical care codes are reported per diem (per day). The number of hours for inpatient critical care has no impact on the code assignment. What does impact code assignment is the age of the patient (pediatric is 29 days through 24 months) and whether the care is initial or subsequent. Dr. B's services are initial inpatient critical care.

3.

Answer: Correct response is a. Although Dr. B has not seen the patient before, Dr. A has seen Dr. A and there is no indication that it was beyond 3 years. Also, both physicians are of the same specialty and group.

4.

Answer: Correct answer is d. E/M Guidelines indicate you need to determine the level of history you need to match the 3 elements that make-up the history component. Detailed history requires an extended History of Present Illness (HPI) which is not documented. A Problem-focused history has no requirement of a review of systems so the documentation supports a greater level of history obtained. A Comprehensive history requires not only an extended HPI but also a complete review of systems (ROS) which is not documented. The documentation supports Expanded Problem-focused.

5.

Answer: Correct answer is d. In order to know what guidelines apply to determining a level of how to select and E/M service you need to know how they are categorized by type and location.