

1. Modifiers -25, 27, and -50 are all considered _____.
 - a. Anesthesia physical status modifiers
 - b. Approved for ambulatory surgery center use**
 - c. Approved for inpatient hospital use
 - d. HCPCS modifiers
2. Dr. Wilson provided an evaluation and management service on a new patient, Wendy Criswell, in his office. Wendy hit her head on a shelf in her kitchen, She was also complaining of a rash on her left forearm that had not resolved with over-the-counter medication. Dr. Wilson examined Wendy's forehead wound and the rash on her arm. . He prescribed medication for the rash. The wound of her forehead required two stitches, which Dr. Wilson placed after cleaning the wound. The coder assigned CPT codes 99202-25 and 12011. Modifier -25 was added to code 99202 because this case:
 - a. Consists of surgery that was performed bilaterally
 - b. Includes an E/M service on the same day as a procedure**
 - c. Is an example of unusual procedural service
 - d. Reflects professional services provided
3. A patient underwent a laparoscopic cholecystectomy 20 days ago, which was performed by Dr. Rosa. The postoperative period for the laparoscopic cholecystectomy is 90 days. Today the patient presents with severe abdominal pain. Abdominal ultrasound reveals that the patient has an ectopic pregnancy, which requires surgery. Dr. Rosa performed laparoscopic removal of the ectopic pregnancy. The coder assigned code 59150-79 for treatment of ectopic pregnancy. Modifier -79 was added to code 59150 because the laparoscopic removal of the ectopic pregnancy is a(n):
 - a. Related procedure during the postoperative period.
 - b. Repeat procedure performed by Dr. Rosa
 - c. Staged procedure performed by Dr. Rosa
 - d. Unrelated procedure performed during the postoperative period**
4. A patient with end-stage renal disease undergoes surgery on his left ankle to repair a fracture. The coder assigns anesthesia code 01462-P4-AA-LT for the anesthesiologist. Physical status modifier -P4 was added to code 01462 because the patient is a:
 - a. Normal healthy patient (P1)
 - b. Patient with a mild systemic disease (P2)
 - c. Patient with a severe systemic disease that is a constant threat to life (P4)**
 - d. Patient with severe systemic disease (P3)
5. While on vacation, Jill Smith sustained a tibial shaft fracture of her right leg and underwent closed treatment by Dr. Jones. Upon return to her hometown, Jill received follow-up care from a local orthopedist, Dr. Collins. Code 27750-55-LT is reported for services provided by Dr. Collins, and modifier -55 was added to the code because
 - a. Dr. Collins provided postoperative care services only to the patient**
 - b. Repeat services had to be provided by a different physician
 - c. Requirements specified in the medical policy and procedure were not met

- d. Services were provided by a substitute physician under a reciprocal agreement

Appendix B

6. What is used in Appendix B to identify deleted wording in a specific code descriptor?
 - a. Star
 - b. Strikethrough**
 - c. Bullet
 - d. Triangle
7. In Appendix B, which describes the purpose of the bullet symbol?
 - a. New code**
 - b. Code added
 - c. Revised code
 - d. Deleted code
8. Which of the below is not part of Appendix B?
 - a. Revised codes
 - b. Deleted language
 - c. Heading revisions**
 - d. New codes
9. In Appendix B, how is a new narrative for an existing code identified?
 - a. By the use of the bullet symbol
 - b. By the use of the triangle symbol
 - c. By the use of strikethrough
 - d. By the use of underlining**
10. What CPT symbol is used to identify a revised code?
 - a. Bullet
 - b. Star
 - c. Triangle**
 - d. Flash

Appendix C

11. Review the examples for codes 99211 to 99214 and then answer the following scenario: A 3-year-old presents to the pediatrician's office with a superficial bite of the cheek from the family's 4-month-old husky puppy. The puppy is current on all shots including rabies. The bite did not penetrate the skin. What code, based on your review of the clinical examples in CPT Appendix C, would you assign to this case?
 - a. 99211 (5 min)
 - b. 99212 (a little more than 5 min)**
 - c. 99213
 - d. 99214
12. Codes 99222 and 99223 are both reported for _____.
 - a. Office consultations
 - b. Subsequent hospital care, new patient
 - c. Emergency department services

- d. Initial hospital care**
13. The clinical examples for codes 99281 to 99285 cover _____.
- a. Established patient seen in consultation
 - b. New or established patients seen in consultation
 - c. New or established patients seen in the emergency department**
 - d. New patients only, seen in the emergency department
14. The clinical examples for code 99291 apply to _____.
- a. Elderly patients only, in critical medical situations
 - b. Only very young patients in critical medical situations
 - c. Services determined by the amount of time spent, such as one hour of critical care service rendered to a patient (30-74 min)**
 - d. System arrest (respiratory or cardiac), as documented in the patient's record
15. Review the examples for codes 99242 to 99245 and then select the code for the following scenario: A 30-year-old female new patient was referred by an ED physician to an endocrinologist. The ED physician diagnosed possible Graves' disease and possible thyroid crisis due to high levels of thyroid hormones. During the history taken by the endocrinologist, the patient reports recent onset of rapid weight loss, loss of hair, and severe fatigue. The endocrinologist performed a comprehensive examination and ordered a battery of laboratory tests to determine the cause of the patient's symptoms. Review the clinical examples in CPT Appendix C and locate a similar case. Identify the code that would be assigned.
- a. 99242
 - b. 99243
 - c. 99244
 - d. 99245**

Appendix D

16. Which CPT symbol identifies an add-on code?
- a. Bullet
 - b. Pair of triangles facing each other
 - c. Plus sign**
 - d. Triangle
17. Which code is *not* an add-on code?
- a. 15002**
 - b. 15003
 - c. 15101
 - d. 15121
18. Which code is an add-on code?
- a. 47531
 - b. 47550**
 - c. 47552
 - d. 47555
19. Which code is an add-on Category 3 code?
- a. 0076T**

- b. 1000F
 - c. 2000F
 - d. 4011F
20. Which code is an add-on code from the medicine section of CPT?
- a. 01953
 - b. 64623
 - c. 93621**
 - d. 99355

Appendix E

21. Which code is exempt from modifier -51 and is located in the Integumentary subsection of CPT Surgery?
- a. 17004 (integumentary pg 103) not 51 exempt
 - b. 20975 (without pg 127 muscle, invasive operative) -51 exempt
 - c. 61107 (without pg 414 surgical invasive; nervous system) -51 exempt
 - d. 99355 (star, plus pg 33 E/M) not 51 exempt

This question is none of the above because integumentary code is not -51 exempt. Also, the two codes that are -51 exempt do not involve the surgery subsection of integumentary.

22. Which CPT medicine code is exempt from modifier -51?
- a. 17004 (integumentary pg 103)
 - b. 20974 -51 exempt (pg 127 muscular, surgical)
 - c. 61107 -51 exempt (pg 414 surgical invasive; nervous system)
 - d. 99152 -51 exempt (pg 752 medicine, other)**

23. An emergency department patient presented who was having severe difficulty breathing. Based on the patient's history of asthma, immediate medical attention was given. The patient's O2 saturation was at 70%, and the patient was tachycardic. The decision was made to intubate the patient. In addition to the intubation, the patient also received repair of a scalp laceration that he had received in a minor car accident in the parking lot of the hospital. The CPT code for the laceration is 12002. The CPT code for the intubation is 31500. The coder should:

(12002 simple repair skin 2.6 cm- 7.5 cm) (31500 larynx intubation; emergency procedure)

- a. Add modifier -51 to the code 31500 because two procedures were performed on this patient during the same operative session.**
- b. Not add modifier -51 to code 31500 because it is exempt from that modifier (no)
- c. Not report code 12002
- d. Report code 12002 on the claim with the date of service and report code 31500 on a different claim with the next date of service (no)

24. Which code is exempt from modifier -51?

- a. 93454
- b. 93531
- c. 93610 -51**

- d. 93619
25. A patient presents to the physician's office for the removal of multiple lesions. The lesions are actinic keratoses and skin tags. The keratoses are removed in the office using a laser, and the skin tags are removed using scissors. There are 17 keratoses removed and 3 skin tags removed on this visit. The coder assigned 11200 and 17004-51 for the removal procedures. Using Appendix E and the main section of the CPT Coding manual, review the codes assigned. Based on information from these two parts of the manual, which statement below is true?
(11200 is removal of skin tags up to and including 15) (11201 is each additional 10 lesions) (17004 destruction of 15 or more lesions [keratoses])
- a. 17004 is exempt from modifier -51 (false)
 - b. 11200 needs a -25 modifier (possible due to separately identifiable service)**
 - c. 11201 should be used instead of code 17004 (not needed for 11201)
 - d. 11200 is exempt from modifier -51 (false)

Appendix F

26. Modifier -63 applies to CPT codes that are commonly reported for _____.
(procedures performed on infants less than 4 kg)
- a. Adults
 - b. Adults with systemic disease
 - c. Infants**
 - d. People over the age of 70
27. Which code is exempt from modifier -63?
- a. 46700 (no)
 - b. 46706 (no)
 - c. 46730 (yes)**
 - d. 46751 (no)
28. Which code is located in the digestive subsection of cpt surgery and is exempt from modifier -63?
- a. 44055 (-63 exempt; digestive/surgery pg 325)**
 - b. 36420 (-63 exempt; cardio/surgery pg 267)
 - c. 63702 (-63 exempt; nervous/surgery spine repair pg 435)
 - d. 54200 (no)
29. Which code is located in the eye and ocular adnexa subsection of CPT surgery and is exempt from modifier -63?
- a. 36460 (-63 exempt; cardio pg 267)
 - b. 46716 (-63 exempt; digestive pg 342)
 - c. 53025 (-63 exempt; urinary pg 379)
 - d. 65820 (-63 exempt; ocular pg 451)**
30. Dr. Bellows performs a Kasai procedure on a 2-month-old patient. The code assigned for this procedure is 47701, and it contains a + symbol in front of it. This means that the code is ____.
- a. A code with revised text
 - b. An add-on code**

- c. Exempt from modifier -51
- d. Exempt from modifier -63

Appendix J

31. The medial brachial cutaneous sensory nerve is a nerve of the ____.
- a. Cranium
 - b. Head and trunk
 - c. Lower extremity
 - d. Upper extremity
32. Which is a sensory nerve of the lower extremities?
- a. Median nerve
 - b. Saphenous nerve
 - c. Suprascapular nerve
 - d. Radial nerve
33. Code 95909 is reported for a sensory nerve conduction study totaling ____.
- a. 1-2 studies
 - b. 3-4 studies
 - c. 5-6 studies (pg 710)
 - d. 7-8 studies
34. The lateral femoral cutaneous sensory nerve is located in the ____.
- a. Head
 - b. Ilioinguinal
 - c. Lower extremity
 - d. Upper extremity
35. Mary Marshall presents to the physician with a complaint of pain and numbness in her left leg. She does not report any symptoms in her right leg. The physician orders nerve conduction studies. Based on information in CPT Appendix J, what is the maximum number of sensory nerve conduction studies (NCS) this patient should undergo for the physician to arrive at a diagnosis?
- a. 6
 - b. 7 - motor nerves lower extremity
 - c. 8
 - d. 9

Appendix K

36. What symbol is CPT using to identify pending FDA approval of vaccine products?
- a. Bullet
 - b. Star
 - c. Flash
 - d. Plus sign
37. What federal government agency approves vaccines.
- a. AMA
 - b. CMS
 - c. FDA

- d. OIG
38. A 35-year-old woman receives a vaccine at her physician's office. The coder recognizes that per information in the CPT coding book, this vaccine is pending FDA approval. What resource can the coder use to check the status of this vaccine with the FDA?
- a. Internet site of AMA
 - b. Physician who ordered vaccine
 - c. Nurse who administered vaccine
 - d. Insurance carrier for patient
39. Appendix K provides information on what type of medical product?
- a. Globulins
 - b. Vaccines
 - c. Nerve studies
 - d. Intravenous drugs
40. If the CPT code for a vaccine product is not listed in Appendix K, that would mean:
- a. That the vaccine product will not be paid for by Medicare
 - b. That the vaccine product will not be paid for by a managed care insurance carrier
 - c. That the vaccine product is FDA approved
 - d. That the vaccine product is only administered via an intramuscular (IM) route.

Appendix L

41. Which is the second-order branch of the celiac trunk?
- a. Branchial
 - b. Costocervical trunk
 - c. Splenic trunk
 - d. Superior mesenteric
42. Which is a third-order branch of the common iliac artery?
- a. Peroneal of the superficial femoral
 - b. Right internal carotid
 - c. Sigmoid inferior mesenteric
 - d. Transverse lateral circumflex femoral
43. Which is the most commonly reported artery for arteriographic procedures of the innominate third-order branch of the right subclavian and axillary?
- a. Axillary 16 (second order)
 - b. Brachial 8 (third order)
 - c. Subscapular 2 (third order)
 - d. Subclavian 8 (second order)
44. Which artery is located beyond the third order for the celiac trunk?
- a. Gastric
 - b. Dorsal pancreatic
 - c. Supraduodenal
 - d. Transverse cerebral
45. What are the second-order branches of the common iliac artery?

- a. Common femoral, external iliac, and internal iliac
- b. Common hepatic and splenic
- c. Iliolumbar, internal iliac, and cremasteric
- d. Profunda femoris, transverse lateral circumflex, and popliteal

Appendix M

46. What is the purpose of Appendix M (renumbered -citations crosswalk)
- a. To provide a summary of code additions and deletions
 - b. To provide a crosswalk of deleted codes from the previous year
 - c. To provide a listing of add-on codes
 - d. To provide a listing of newly created level 1 modifiers
47. Review the below, in which situation would Appendix M be useful?
- a. To make revisions to the CPT index
 - b. To make assignment of CPT modifiers
 - c. To update a physician office encounter form
 - d. To make a list to view updates on vaccines at FDA website
48. What is identified in column 1 of Appendix M?
- a. Current codes
 - b. Deleted codes
 - c. Former codes
 - d. Revised codes
49. What is identified in column 2 of Appendix M?
- a. Deleted/former codes
 - b. Code descriptors for deleted codes
 - c. Deleted codes from last year
 - d. Code descriptors for current CPT codes
50. What is identified in column 3 of Appendix M?
- a. Current CPT codes
 - b. Year a code was deleted
 - c. Deleted codes from last year
 - d. Code descriptors for current CPT codes

Appendix N

51. CPT codes that do not appear in numeric sequence in the listing of CPT codes are identified with a(n) _____ symbol.
- a. Asterisk
 - b. Caret
 - c. Number
 - d. Plus

Appendix O

52. Multianalyte assays with algorithmic analyses (MAAAs) are _____ that utilize multiple results derived from assays of various types.
- a. Assessments
 - b. Modifiers
 - c. Procedures

- d. Supplies
53. MAAAs are typically unique to a single _____.
- a. Clinical laboratory or manufacturer
 - b. Health care organization
 - c. Physician or other provider
 - d. Third-party payer
54. The results of individual component procedure(s) that are inputs to the MAAAs may be provided on the associated _____; however, these assays are not reported separately using additional codes.
- a. Health care claim
 - b. Explanation of benefits
 - c. Laboratory report
 - d. Remittance advice

Appendix P

55. CPT codes that may be used for synchronous telemedicine services include codes for electronic communication using interactive telecommunications equipment. In the CPT manual, these codes are preceded by the star symbol. Which modifier is reported with Appendix P codes?
- a. -25
 - b. -50
 - c. -95
 - d. -99