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Answer Key For Clinical Coding

For all coding exercises, review the documentation and underline key term(s). Identify the terms used to look up the code selection in the Alphabetic Index. Assign CPT codes to the following cases. If applicable, append CPT/HCPCS Level II modifiers. In some cases, the student will be prompted to answer questions about the case study.

Answer Key - Introduction to Clinical Coding

Answer Key Chapter 1 Introduction to Clinical Coding 1.1: Self-Assessment Exercise 1. The patient is seen as an outpatient for a bilateral mammogram. CPT Code: 77055-50 Note that the description for code 77055 is for a unilateral (one side) mammogram. 77056 is the correct code for a bilateral mammogram.

Answer Key Chapter 1 - American Health Information ...

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Unformatted text preview: Full Answer Key to Textbook 2016 (including Appendix B) Chapter 1 Answer Key Chapter 1: Introduction to Clinical Coding Chapter 1 Review 1.The American Medical Association (AMA) updates the CPT codes. 2. Centers for Medicare and Medicaid Services (CMS) 3.

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Coding Answers

Case # 15 clinical added to Answer key & Rationale ... There is no indication the provider who performed the delivery performed antepartum or postpartum care which results in coding the delivery only. CPT: 59514 Steps to look up: Cesarean Delivery/Delivery Only.

Case #15 Winner, Answer Key, & Rationale | Medical Billing ...

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SECTION II Answer Keys to Textbook Chapter Exercises and Reviews ... CHAPTER 6 ICD-9-CM Coding

ANSWERS TO ICD-9-CM CODING EXERCISES ... Therefore, either code is acceptable. In practice, review the medical record to determine the patient's age to assign the correct code.)

RECOMMENDED READING: McWay, D. C. (2003).

SECTION II Answer Keys to Textbook Chapter Exercises and ...

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Clinical Coding Workout, 2014 Edition (AC201515/AC201615) 2.23 Answer choices and key should read as follows: a. 99304 . b. 99305 . c. 99308 . d. 99309 . e. 99310 . a. 99304 . Incorrect answer. Code 99304 is for a new patient, which this is not. Code 99308 would be reported, as it reports

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Although insurance plans will still pay the claim if the LT was not listed, it is best practice for reporting/coding purposes to always report the appropriate modifier. When and if you take the CPC course through the AAPC, your answers will be wrong if you don't report modifiers. ... Case # 9 clinical added for Answer key & Rationale

Case #9 Winner, Answer Key, & Rational | Medical Billing ...

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