**Evaluation and Management Questions**

1. James, a 35-year-old new patient, received 45 minutes of counseling and risk factor reduction intervention services from Dr. Kelly. Dr. Kelly talked to James about how to avoid sports injuries. Currently, James does not have any symptoms or injuries and wants to maintain this status how would you code?
2. Andrea, a 52-year-old patient, had a hysterectomy on Monday morning. That afternoon, after

returning to her hospital room, she suffered a cardiac arrest. A cardiologist responded to the call and delivered one hour and 35 minutes of critical care. During this time the cardiologist ordered a single view chest x-ray and provided ventilation management. How should you report the cardiologist’s services?

1. Brandon was seen in Dr. Shaw’s office after falling off his bunk bed. Brandon’s mother reported that Brandon and his sister were jumping on the beds when she heard a “thud.” Brandon complained of knee pain and had trouble walking. Dr. Shaw ordered a knee x-ray that was done at the imaging center across the street. The x-ray showed no fracture or dislocations. Dr. Shaw had seen Brandon for his school physical six months ago. Today, Dr. Shaw documented a detailed examination and decision-making of moderate complexity. He also instructed Brandon’s mother that if Brandon had any additional pain or trouble walking he should see an orthopedic specialist. How should Dr. Shaw report her services from today’s visit?
2. Adam, a 48-year-old patient, presented to Dr. Crampon’s office with complaints of fever, malaise, chills, chest pain, and a severe cough. Dr. Crampon took a history, did an exam, and ordered a chest x-ray. After reviewing the x-ray, Dr. Crampon admitted Adam to the hospital for treatment of pneumonia. After his regular office hours, Dr. Crampon visited Adam in the hospital where he dictated a comprehensive history, comprehensive examination, and decision-making of moderate complexity. How would you report Dr. Crampon’s services?

5. Larry is being managed for his warfarin therapy on an outpatient basis. Dr. Nancy continues to review Larry’s INR tests, gives patient instructions, dosage adjustment as needed, and ordered additional tests. How would you report the initial 90 days of therapy including 8 INR measurements?

6. Dr. Jane admitted a 67-year-old woman to the coronary care unit for an acute myocardial infarction. The admission included a comprehensive history, comprehensive examination, and high complexity decision-making. Dr. Jane visited the patient on days two and three and documented (each day) an expanded problem focused examination and decision-making of moderate complexity. On day four, Dr. Jane moved the patient to the medical floor and documented a problem focused examination and straightforward decision-making. Day five, Dr. Jane discharged the patient to home. The discharge took over an hour. How would you report the services from day one to day five?

7. Patient is here to follow up on her atrial fibrillation. Her primary care physician is not in the office. She will be seen by the partner physician that is also in the same practice. No new problems. Blood pressure is 110/64. Pulse is regular at 72. Temp is 98.6F Chest is clear. Cardiac normal sinus rhythm. Medical making decision is straightforward. Diagnosis: Atrial fibrillation, currently stable. What CPT® code is reported for this service?

8. Mr. Johnson, a 38-year-old established patient is being seen for management of his hypertension, diabetes, and weight control. On his last visit, he was told he had a diabetic foot ulcer and needed to be hospitalized for this condition. He decided to get a second opinion and went to see Dr. Myers. This was the first time Dr. Myers had seen Mr. Johnson. Dr. Myers documented a comprehensive history, comprehensive examination, and decision-making of high complexity. He concurred with hospitalization for the foot ulcer and sent a report back to Mr. Johnson’s primary care doctor. How would you report Dr. Myers visit?

9. Lucus, a three-year-old new patient is seen for a well-child examination. The doctor documents an age appropriate history, examination, anticipatory guidelines, risk factor reduction intervention, and indicates Lucus’ immunizations are up to date. How would you report this service?

10. 80-year-old patient is returning to the gynecologist’s office for pessory cleaning. Patient offers no complaints. The nurse removes and cleans the pessory, vagina is swabbed with betadine, and pessory replaced. For F/U in 4 months. What CPT® and ICD-9 should be used for this service?

11. Patient was in the ER complaining of constipation with nausea and vomiting when taking Zovirax for his herpes zoster and Percocet for pain. His primary care physician came to the ER and admitted him to the hospital for intravenous therapy and management of this problem. His physician documented a detailed history, comprehensive examination and a medical decision making of moderate complexity. Which E/M service is reported?

12. 20-day-old infant was seen in the ER by the neonatologist admitting the baby to NICU for cyanosis and rapid breathing. The neonatologist performed intubation, ventilation management and a complete echocardiogram in the NICU and provided a report for the echocardiography which did indicate congenital heart disease.

13. A 40 year-old patient is coming to see her primary care physician for hypertension. Her physician performs an expanded problem focused exam and low medical decision making. After the exam the patient discusses with her physician that the OBGYN office had just told her that her Pap smear came back with an abnormal reading and is worried since her aunt had passed away with cervical cancer. The physician spends an extra 45 minutes face-to-face time discussing with her the awareness, other screening procedures and treatment if it turns out to be cervical cancer. What code(s) should be used for this visit?

14. A patient was admitted yesterday to the hospital for possible gallstones. The following day the physician who admitted the patient performed a detailed history, a detailed exam and a medical decision making of low complexity. The physician tells her the test results have come back positive for gallstones and is recommending having a cholecystectomy. What code should be reported for this evaluation and management service?

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| 15. A patient came in to the ER with wheezing and a rapid heart rate. The ER physician documents a comprehensive history, comprehensive exam and medical decision of moderate complexity. The patient has been given three nebulizer treatments. The ER physician has decided to place him in observation care for the acute asthma exacerbation. The ER physician will continue examining the patient and will order additional treatments until the wheezing subsides. |

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