

Practice Questions for all Specialties

There is no individual SCP Evaluation and Management credential. However, all of the specialty credentials will include some amount of E/M, so we have posted a few questions here that reflect what might appear on the exams.

The SCP coder should be familiar with basic evaluation and management coding principles including:

- Various code sets based on the place of service
 - Key elements (history, examination, and medical decision making) required for each E/M code
 - The difference between new patients, established patients, consultations, hospital in-patient status, hospital out-patient status, etc.
 - Requirements for coding by time
 - Fundamental use of the 1995 and 1997 E/M Documentation Guidelines
 - Application of Medicare payment policies
1. A consultation provided to a patient in the Skilled Nursing Facility setting would be reported from which series of codes:
 - a. 99307 – 99310
 - b. 99251 – 99255
 - c. 99241 – 99245
 - d. 99324 – 99328
 2. A 99211 requires a set of vitals.
 - a. True
 - b. False
 3. Consultations on Medicare patients cannot be requested or rendered by a Physician Assistant.
 - a. True
 - b. False

4. A patient is seen and admitted to OBS at 7:00 a.m. Following afternoon office hours, the physician stops by the hospital, sees the patient, and decides the patient can go home. He documents a comprehensive history, comprehensive examination, moderate MDM and the discharge report. This should be coded as:
- a. 99217
 - b. 99219
 - c. 99217 and 99219
 - d. 99235

End of Practice Questions

Answers to Practice Questions

1. B. 99251 – 99255
2. B. False
3. B. False
4. D. 99235