

Earn More Money for Time Based E/M Visits Without Getting Audited

**Post-Test for
American Academy of Professional Coders
Continuing Education Units
from Healthcare Training Leader Webinar**

(Post-Test Expires on 5/31/2022)

Speaker:

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Instructions:

Enclosed is your post-test for the E/M Documentation Guidelines: Bust Overpayments With Clean Claims webinar. This program meets AAPC guidelines for 1.0 CEU. On Demand product requires successful completion of a Post-Test for continuing education units. Please provide your contact information, answer the questions, and then submit your post-test to Healthcare Training Leader® by:

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Contact Information:

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Questions:

1. Utilizing the 2021 E/M Office Guidelines, a 25-minute established patient visit billed based on the time criteria would be billed with which code?
 - a. 99213
 - b. 99214
 - c. 99215
 - d. 99211

2. A provider spends 100 minutes with a new patient in his clinic. The provider is billing by time. Utilizing the 2021 E/M Office Guidelines, which code(s) are appropriate to bill?
 - a. 99205, 99417
 - b. 99205, 99417x2
 - c. 99205, 99358
 - d. 99205, 99358, 99359

3. All of the below are defined as time-based activities for billing by time, except?
 - a. Preparing to see the patient by reviewing external records received an hour before the patient visit
 - b. Counseling and educating the patient and his/her spouse during the visit
 - c. Reviewing separately obtained history by the MA just before walking into the patient's room
 - d. Independently interpreting results from an EKG personally performed and billed separately by the provider

4. True or False: Prolonged service visit code 99417 may be billed for a new patient level 5 visit greater than 75 minutes based on time or MDM.
 - a. True
 - b. False

5. Which healthcare provider can count their time with the patient on the encounter date when billing an E/M service by time:
 - a. RN
 - b. Nutritionist
 - c. Lab tech
 - d. Physician assistant

6. When billing by time, which of the below is proper documentation of time for an established office visit 99214?
 - a. 35 minutes spent with the patient performing an exam, reviewing external medical records and ordering tests
 - b. 30-39 minutes spent with the patient performing an exam, reviewing external medical records and ordering tests
 - c. Time spent with the patient performing an exam, reviewing external medical records and ordering tests.
 - d. More than 25 minutes spent with the patient performing an exam, reviewing external medical records and ordering tests
7. When billing by time, which of the below activities can be included?
 - a. Review of tests in preparation of seeing the patient
 - b. Ordering medications
 - c. Counseling and education provided to the patient
 - d. All of the above
8. True or False: When billing by time, the MDM must also support the E/M code billed.
 - a. True
 - b. False
9. Do not count time spent on the following:
 - a. The performance of other services that will be billed separately
 - b. Travel time on behalf of the provider to get to the patient
 - c. Teaching that is general and not limited to management of a specific patient
 - d. All of the above
10. When billing a prolonged service code for a Medicare FFS new patient encounter, the E/M service must be billed based on _____ and reach _____ minutes.
 - a. Time; 75
 - b. Time; 69
 - c. Time; 89
 - d. Time or MDM; 89

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