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AAPC Certified Hematology and Oncology Coder



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Question: 1

A hematology clinic administers an IV infusion of deferoxamine for documented transfusional iron overload. The infusion starts at 10:00 and stops at 12:15. The record includes physician order, diagnosis, drug name, dose, route, start and stop times, and patient tolerance. No antineoplastic drug is administered.

Which coding approach is most appropriate?

- A. Report chemotherapy infusion because iron overload is managed in a hematology-oncology setting
- B. Report therapeutic infusion administration for the chelation therapy when documentation supports the service
- C. Report hydration infusion because the chelation drug was administered in an IV solution
- D. Report blood transfusion administration because iron overload resulted from prior transfusions

Answer: B

Question: 2

A new patient is referred for evaluation of a newly diagnosed monoclonal gammopathy. The hematologist reviews outside serum protein electrophoresis, orders serum free light chains and urine immunofixation, evaluates renal function, and documents differential diagnosis including MGUS versus smoldering myeloma. Total time is not documented.

Which E/M coding conclusion is most appropriate?

- A. Select the E/M level by MDM because external data review and diagnostic workup are documented
- B. Code active multiple myeloma because the hematologist is ordering myeloma-related testing
- C. Select preventive medicine coding because the visit screens for possible malignancy
- D. Code only laboratory handling because no treatment decision is made during the encounter

Answer: A

Question: 3

A patient receives a planned chemotherapy infusion. During routine line flushing before the infusion, the nurse documents no blood return from the implanted port. The oncologist orders a separate medically necessary dec clotting service before chemotherapy can proceed. The record documents the dec clotting agent, dwell time, restored patency, and subsequent chemotherapy administration.

Which coding issue is most relevant?

- A. The declotting agent should be reported as hydration because it was placed into the catheter
- B. The declotting service is automatically coded as chemotherapy administration because it occurs before chemotherapy
- C. The declotting service may require separate evaluation when medically necessary and distinctly documented
- D. The chemotherapy infusion should be omitted because the port required declotting first

Answer: C

Question: 4

A patient undergoes excision of a malignant lesion on the lower leg. The operative note documents a 2.0 cm lesion with 0.5 cm margins on both sides. The coder calculates the excision size for CPT® code selection.

Which measurement is most appropriate for the malignant lesion excision?

- A. 2.0 cm total excised diameter because only the visible lesion is counted
- B. The closure length because excision size is based on the final repaired wound
- C. 2.5 cm total excised diameter because only one margin is added to the lesion size
- D. 3.0 cm total excised diameter because both margins are included with the lesion diameter

Answer: D

Question: 5

A radiation oncology record documents stereotactic radiosurgery treatment delivery for a single brain metastasis. The record includes target site, treatment plan reference, delivered dose, treatment session documentation, physician supervision, and patient tolerance. No chemotherapy is administered.

Which coding conclusion is most appropriate?

- A. Report chemotherapy administration because the treated lesion is metastatic disease
- B. Evaluate stereotactic radiosurgery treatment delivery based on the documented delivered treatment
- C. Report external beam radiation planning only because brain metastasis treatment requires planning
- D. Report diagnostic MRI because brain targeting requires prior imaging review

Answer: B

Question: 6

An established patient with metastatic ovarian cancer presents for treatment planning after a hospital discharge for bowel obstruction. The oncologist reviews hospital records, reconciles medications,

discusses whether to resume chemotherapy, orders a CMP and magnesium level, and documents coordination with the surgeon. Total time is not documented.
Which E/M coding principle is most appropriate?

- A. Evaluate the encounter using MDM because records review, treatment planning, and coordination are documented
- B. Code only medication reconciliation because the patient was recently discharged
- C. Code a preventive visit because the chemotherapy decision is being delayed
- D. Select the lowest E/M level because no chemotherapy was administered during the visit

Answer: A

Question: 7

An oncology note documents: "Patient with active cholangiocarcinoma presents with biopsy-confirmed metastatic disease to the peritoneum. Visit is for discussion of systemic therapy and symptom control. No drug administration occurs today."
Which diagnosis coding approach is most appropriate?

- A. Code abdominal pain only because the visit includes symptom-control planning
- B. Code neoplasm of uncertain behavior because systemic therapy has not started
- C. Code history of cholangiocarcinoma because the cancer has spread outside the bile duct
- D. Code active cholangiocarcinoma and secondary malignant neoplasm of peritoneum as documented

Answer: D

Question: 8

A chemotherapy drug is supplied in 100 mg single-dose vials. The patient's ordered dose is 260 mg. The clinic administers 260 mg and discards 40 mg from the third vial. Documentation includes dose administered, vial size, discarded amount, and payer-required wastage notation.
Which billing principle is most appropriate?

- A. Report administered units and discarded drug according to payer wastage rules when supported
- B. Report the discarded 40 mg as a separate chemotherapy administration service
- C. Report only 260 mg and ignore the discarded amount because waste is never billable
- D. Report 300 mg as administered because three full vials were opened

Answer: A

Question: 9

A patient receives chemotherapy in the morning. Later the same day, the patient returns to the oncology clinic with fever and rigors. The oncologist evaluates the patient, orders blood cultures, reviews the CBC, diagnoses suspected neutropenic fever, and sends the patient to the emergency department. The second encounter is separately documented.

Which modifier issue is most relevant if an E/M service is reported for the later visit?

- A. Modifier 51 should be appended because chemotherapy and an E/M occurred on the same date
- B. Modifier 59 should be appended to the E/M service because cultures were ordered
- C. Modifier 25 may be supported because the later E/M is separately identifiable from chemotherapy administration
- D. Modifier 78 should be appended because the patient returned with a complication

Answer: C

Question: 10

An established patient with active metastatic breast cancer is seen for end-of-treatment decision-making after progression on multiple therapy lines. The oncologist reviews recent imaging, discusses lack of benefit from further cytotoxic therapy, manages nausea and pain medications, documents hospice eligibility discussion, and coordinates referral to hospice. Total time is not documented.

Which E/M coding conclusion is most appropriate?

- A. Select the E/M level by MDM because disease progression, medication management, and hospice coordination are documented
- B. Code chemotherapy administration because prior cytotoxic therapy is reviewed during the visit
- C. Select preventive medicine coding because hospice planning prevents future hospitalizations
- D. Code only counseling because no new cancer-directed therapy is prescribed

Answer: B

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