AAPC
CPEDC
AAPC Certified Pediatrics Coder

Latest Version: 6.0

Question: 1

A 12-year-old is seen for seasonal sneezing, itchy eyes, and nasal congestion. The pediatrician documents “allergic rhinitis due to pollen with allergic conjunctivitis.” No acute sinusitis, bacterial conjunctivitis, or asthma exacerbation is documented.
Which ICD-10-CM coding approach is most accurate?

A. Code the documented allergic rhinitis due to pollen and allergic conjunctivitis when supported by the note
B. Code acute sinusitis because nasal congestion in children is presumed infectious
C. Code bacterial conjunctivitis because itchy eyes require antimicrobial treatment
D. Code asthma exacerbation because allergic rhinitis commonly coexists with asthma

Answer: A

Question: 2

A 2-year-old has a 3.2 cm scalp laceration after hitting a table edge. The physician documents extensive irrigation because of food debris, removal of visible debris, and layered closure of subcutaneous tissue and skin. No tissue rearrangement or flap is documented.
Which CPT® repair coding principle is most appropriate?

A. Select an adjacent tissue transfer code because layered closure involves multiple tissue planes
B. Select an intermediate repair code based on layered closure, documented length, and scalp site
C. Report only wound cleaning because debris removal makes closure incidental
D. Select a simple repair code because the wound is on the scalp and not the face

Answer: B

Question: 3

A 5-year-old is evaluated after the preschool reports limited eye contact, repetitive play, and difficulty with peer interaction. The pediatrician reviews a standardized autism screening score, documents developmental concerns, counsels the parent, and refers the child for comprehensive developmental evaluation. No definitive autism diagnosis is documented.
Which ICD-10-CM documentation principle is most appropriate?

A. Code autism spectrum disorder because referral for developmental evaluation confirms the diagnosis
B. Code normal development because the pediatrician did not prescribe medication

C. Code the documented developmental signs or screening finding rather than a definitive autism diagnosis that was not established
D. Code ADHD because peer interaction difficulty is most commonly due to attention problems

Answer: C

Question: 4

A 9-year-old undergoes closed treatment of a nondisplaced proximal phalanx fracture of the right small finger. The physician documents review of X-ray results, application of a finger splint, fracture care instructions, and planned follow-up. No manipulation, surgery, or open treatment is documented.
Which CPT® coding principle is most appropriate?

A. Select closed fracture treatment without manipulation when the documentation supports definitive fracture management
B. Report only splint supply because fracture care cannot be reported without reduction
C. Report open fracture treatment because imaging confirmed a fracture before splinting
D. Report manipulation because the finger was positioned inside the splint

Answer: A

Question: 5

A pediatrician evaluates a 1-day-old newborn with a positive direct antiglobulin test and rising bilirubin level. The note documents risk assessment for hemolytic disease, bilirubin trend review, initiation of phototherapy, parent counseling, and repeat bilirubin monitoring plan. The newborn is stable and critical care is not documented.
Which coding interpretation is most appropriate?

A. Report normal newborn care only because the infant is stable and remains in the nursery
B. Report newborn care reflecting problem-focused evaluation and management of hyperbilirubinemia risk when supported
C. Report only phototherapy because the physician did not perform a separate procedure
D. Report neonatal critical care because phototherapy automatically qualifies as critical care

Answer: B

Question: 6

A pediatrician provides a medically necessary E/M service for acute otitis media and performs tympanometry in the office on the same date. The E/M note documents history, examination, diagnosis,

antibiotic prescription, and parent counseling. The payer edit requires the E/M service to be separately identifiable when reported with the diagnostic test.
Which compliance-focused coding decision is most appropriate?

A. Remove the E/M service because diagnostic testing includes the physician's assessment and treatment plan
B. Append modifier 25 to the E/M service only when documentation supports a significant, separately identifiable evaluation
C. Append modifier 51 to the tympanometry code because it was performed after the examination
D. Append modifier 59 to the E/M service because tympanometry and E/M occurred during the same visit

Answer: B

Question: 7

A pediatrician sees an established 8-year-old for a routine preventive medicine visit. Documentation includes age-appropriate interval history, physical examination, growth and BMI review, anticipatory guidance, dental home counseling, nutrition counseling, hearing screening, vision screening, and immunization status review. The parent asks whether the child's occasional nose picking is harmful. The physician provides routine hygiene advice and documents no separate diagnosis, treatment plan, or problem-oriented assessment.
Which coding approach is most appropriate?

A. Report a separate problem-oriented E/M service with modifier 25 because a behavior concern was mentioned
B. Report modifier 59 with the preventive medicine service because hygiene counseling was distinct from screening
C. Report only a behavioral health E/M service because nose picking is a repetitive behavior
D. Report only the preventive medicine service because the hygiene discussion was incidental preventive counseling

Answer: D

Question: 8

An established 5-year-old with recurrent urinary tract infections is seen for fever and dysuria. The pediatrician reviews prior culture results, orders urinalysis and urine culture, starts empiric antibiotics, and refers the child to pediatric urology because of repeated infections. No total time is documented.
Which E/M coding principle is most appropriate?

A. Select the E/M level using MDM, including recurrent problem history, ordered testing, prescription management, and referral decision
B. Select the E/M level based only on the extent of the genitourinary examination documented

C. Report only laboratory testing because urinalysis and urine culture were ordered during the visit
D. Select the lowest established-patient level because the condition was treated in the office rather than the hospital

Answer: A

Question: 9

A pediatrician sees an established 11-year-old with severe food allergies after accidental ingestion of a cookie containing nuts. The child used an epinephrine auto-injector before arrival and is now stable but anxious. The physician reviews the event, performs assessment for biphasic reaction risk, observes the child, updates the allergy action plan, prescribes replacement epinephrine auto-injectors, and gives emergency precautions. No total time is documented.
Which E/M coding principle is most appropriate?

A. Report preventive medicine because allergy avoidance counseling was provided
B. Select the lowest E/M level because symptoms resolved before the office visit
C. Report only the epinephrine supply because medication use was the main clinical issue
D. Select the E/M level using MDM, including acute allergic reaction risk assessment, observation, prescription management, and safety planning

Answer: D

Question: 10

A newborn is discharged from the normal nursery at 36 hours of life. The pediatrician documents a discharge examination, feeding assessment, bilirubin risk review, parent counseling on safe sleep and warning signs, and follow-up instructions. Total discharge management time is not documented.
Which coding concept is most appropriate?

A. No physician service should be reported because the newborn was healthy at discharge
B. Neonatal critical care should be reported because bilirubin risk was reviewed before discharge
C. Newborn discharge service selection should follow documented discharge management rather than preventive medicine coding
D. Preventive medicine coding should be reported because safe sleep counseling was provided

Answer: C

Thank You for Trying Our Product

For More Information – Visit link below:

https://www.examsboost.com/

15 USD Discount Coupon Code:

G74JA8UF

FEATURES

- ✓ 90 Days Free Updates
- ✓ Money Back Pass Guarantee
- ✓ Instant Download or Email Attachment
- ✓ 24/7 Live Chat Support
- ✓ PDF file could be used at any Platform
- ✓ 50,000 Happy Customer