Understanding Current Procedural Terminology and HCPCS Coding Systems 6th edition Bowie Test Bank

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Name:_____ Class:_____ Date:_____

Chapter 02 Modifiers

1. A CPT modifier is a three-digit code appended to a code to indicate that a service or procedure has been altered.
   a. True
   b. False

   ANSWER: False
   QUESTION TYPE: True / False

2. Level II modifiers are three-digit alphanumeric codes.
   a. True
   b. False

   ANSWER: False
   QUESTION TYPE: True / False

3. Level I modifiers are three-digit numeric codes.
   a. True
   b. False

   ANSWER: False
   QUESTION TYPE: True / False

4. Modifiers are placed in item 24d of the CMS-1500 form.
   a. True
   b. False

   ANSWER: True
   QUESTION TYPE: True / False

5. Third-party payers use different instructions for reporting modifiers.
   a. True
   b. False

   ANSWER: True
   QUESTION TYPE: True / False

6. The CMS form contains three modifier fields.
   a. True
   b. False

   ANSWER: False
   QUESTION TYPE: True / False

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7. When reporting more than one modifier, the modifiers must be ranked according to whether the modifier will affect the fee for service.
   a. True
   b. False

   ANSWER: True
   QUESTION TYPE: True / False

8. A pricing modifier increases the fee for the service.
   a. True
   b. False

   ANSWER: False
   QUESTION TYPE: True / False

9. A pricing modifier should be entered in the first modifier field if an informational modifier is also reported.
   a. True
   b. False

   ANSWER: True
   QUESTION TYPE: True / False

10. When reporting more than one statistical modifier, with no other pricing modifiers, the modifiers can be reported in any order, with the exception of the QT, QW, and SF modifiers.
    a. True
    b. False

    ANSWER: True
    QUESTION TYPE: True / False

11. Modifier 99 indicates unusual anesthesia.
    a. True
    b. False

    ANSWER: False
    QUESTION TYPE: True / False

12. Modifier 26 indicates the professional component of a procedure.
    a. True
    b. False

    ANSWER: True
    QUESTION TYPE: True / False

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13. Modifier 50 is used for a bilateral procedure.
    a. True
    b. False

    ANSWER: True
    QUESTION TYPE: True / False

14. Modifier 52 indicates a reduced service.
    a. True
    b. False

    ANSWER: True
    QUESTION TYPE: True / False

15. Modifier 53 indicates a mandated service.
    a. True
    b. False

    ANSWER: False
    QUESTION TYPE: True / False

16. For separately reported services that are specifically identified as preventive, modifier 33 should not be used.
    a. True
    b. False

    ANSWER: True
    QUESTION TYPE: True / False

17. Procedure codes for procedures performed on neonates and infants less than 4 kg should be modified with modifier 63.
    a. True
    b. False

    ANSWER: True
    QUESTION TYPE: True / False

18. A statistical modifier, also known as a(n) _____ modifier, is used for informational purposes and does not affect the fee.

    ANSWER: informational
    QUESTION TYPE: Completion

19. The modifier that indicates that multiple modifiers are needed is modifier _____.

    ANSWER: 99
    QUESTION TYPE: Completion

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20. Modifier _____ is used when a repeat procedure is performed by another physician.

    ANSWER: 77
    QUESTION TYPE: Completion

21. Using the CPT manual, select the correct modifier for the following case: Dr. Smith completed a cholecystectomy on Mary Jones. Because of prolonged bleeding, the procedure took 65 minutes more than usual. The modifier that should be reported is modifier _____.

    ANSWER: 22
    QUESTION TYPE: Completion

22. Using the CPT manual, select the correct modifier for the following case: Dr. Won, a radiologist, interpreted a cervical X-ray of the spine. The modifier that should be reported is modifier _____.

    ANSWER: 26
    QUESTION TYPE: Completion

23. Using the CPT manual, select the correct modifier for the following case: Dr. Kruth performed a hysterectomy on Sally Jones and did not provide the preoperative or postoperative care. The modifier that should be reported is modifier _____.

    ANSWER: 54
    QUESTION TYPE: Completion

24. Using the CPT manual, select the correct modifier for the following case: Dr. Woks performed the postoperative care for a surgical patient. The modifier that should be reported is modifier _____.

    ANSWER: 55
    QUESTION TYPE: Completion

25. Modifier _____ reports a decision for surgery.

    ANSWER: 57
    QUESTION TYPE: Completion

26. Modifier _____ reports unusual anesthesia.

    ANSWER: 23
    QUESTION TYPE: Completion

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For each modifier listed, indicate how the modifier can be used by selecting a or b.

a. Modifier not approved for ASC hospital outpatient use

b. Modifier approved for ASC hospital outpatient use

QUESTION TYPE: Matching

27. 54

ANSWER: a

28. 25

ANSWER: b

29. 52

ANSWER: b

30. 81

ANSWER: a

31. 90

ANSWER: a

32. 74

ANSWER: b

33. 78

ANSWER: b

34. 22

ANSWER: a

35. 24

ANSWER: a

36. 27

ANSWER: b

37. 32

ANSWER: a

38. 50

ANSWER: b

For each anatomical site, select the appropriate Level II modifier.

a. Right hand, thumb

b. Lower left, eyelid

c. Left hand, fifth digit

d. Right hand, fourth digit

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e. Lower right, eyelid
f. Left hand, fourth digit
g. Right hand, fifth digit
h. Upper left, eyelid
i. Right hand, second digit
j. Upper right, eyelid
k. Left hand, second digit
l. Left hand, thumb
m. Left hand, third digit
n. Right hand, third digit

QUESTION TYPE: Matching

39. E1

ANSWER: h

40. E2

ANSWER: b

41. E3

ANSWER: j

42. E4

ANSWER: e

43. F1

ANSWER: k

44. F2

ANSWER: m

45. F3

ANSWER: f

46. F4

ANSWER: c

47. F5

ANSWER: a

48. F6

ANSWER: i

49. F7

ANSWER: n

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50. F8

ANSWER: d

51. F9

ANSWER: g

52. FA

ANSWER: I

Match the description of the anesthesia physical status modifier with the appropriate modifier.

a. A patient with mild systemic disease
b. A patient with severe systemic disease that is a constant threat to life
c. A declared brain-dead patient whose organs are being removed for donor purposes
d. A moribund patient who is not expected to survive without the operation
e. A normal healthy patient
f. A patient with severe systemic disease

QUESTION TYPE: Matching

53. P1

ANSWER: e

54. P2

ANSWER: a

55. P3

ANSWER: f

56. P4

ANSWER: b

57. P5

ANSWER: d

58. P6

ANSWER: c

59. Anesthesia by surgeon is reported using a modifier of _____.

ANSWER: 47
QUESTION TYPE: Completion

60. Surgical assistant services may be identified by adding modifier _____ to the usual procedure number.

ANSWER: 60
QUESTION TYPE: Completion

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61. Preoperative management only is identified by adding modifier _____ to the usual procedure number.

ANSWER: 56
QUESTION TYPE: Completion

62. A repeat clinical diagnostic laboratory test is identified by adding modifier _____ to the CPT code for the laboratory test.

ANSWER: 91
QUESTION TYPE: Completion

63. An unrelated evaluation and management service by the same physician, or other qualified health care professional, completed during a postoperative period, is identified by adding modifier _____ to the appropriate level of an E/M/ service code.

ANSWER: 24
QUESTION TYPE: Completion

64. List three reasons that modifiers are used.

ANSWER: Any three of the following can be listed:
When a service or procedure has both a technical and professional component
When a service or procedure has been performed by more than one physician
When a service or procedure has been performed in more than one location
When a service or procedure has taken a longer amount of time to complete than routinely would occur
When a service or procedure has been reduced or increased
When only part of a procedure was completed
When a bilateral procedure was performed
When a service or procedure has been completed multiple times
When an unusual event occurred during the procedure
When an accompanying or adjunctive procedure was performed
QUESTION TYPE: Essay

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65. When modifier 22, increased procedural services, is reported, an insurance company may require a special report to be completed. List four items that would be reported on the special report.

ANSWER: Any four of the following should be listed:
A complete description of the procedure performed
The reason that the service fell outside the parameters of the CPT code description
The time, effort, and equipment used during the procedure
The complexity of the case, describing the patient's condition and symptoms that occur during the procedure
The preoperative and postoperative diagnoses
Pertinent physical findings that affected the case and procedure
Any diagnostic and therapeutic services that were rendered in association with the procedure
Concurrent diagnosis, symptoms, and problems that were present
The anticipated follow-up care

QUESTION TYPE: Essay

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