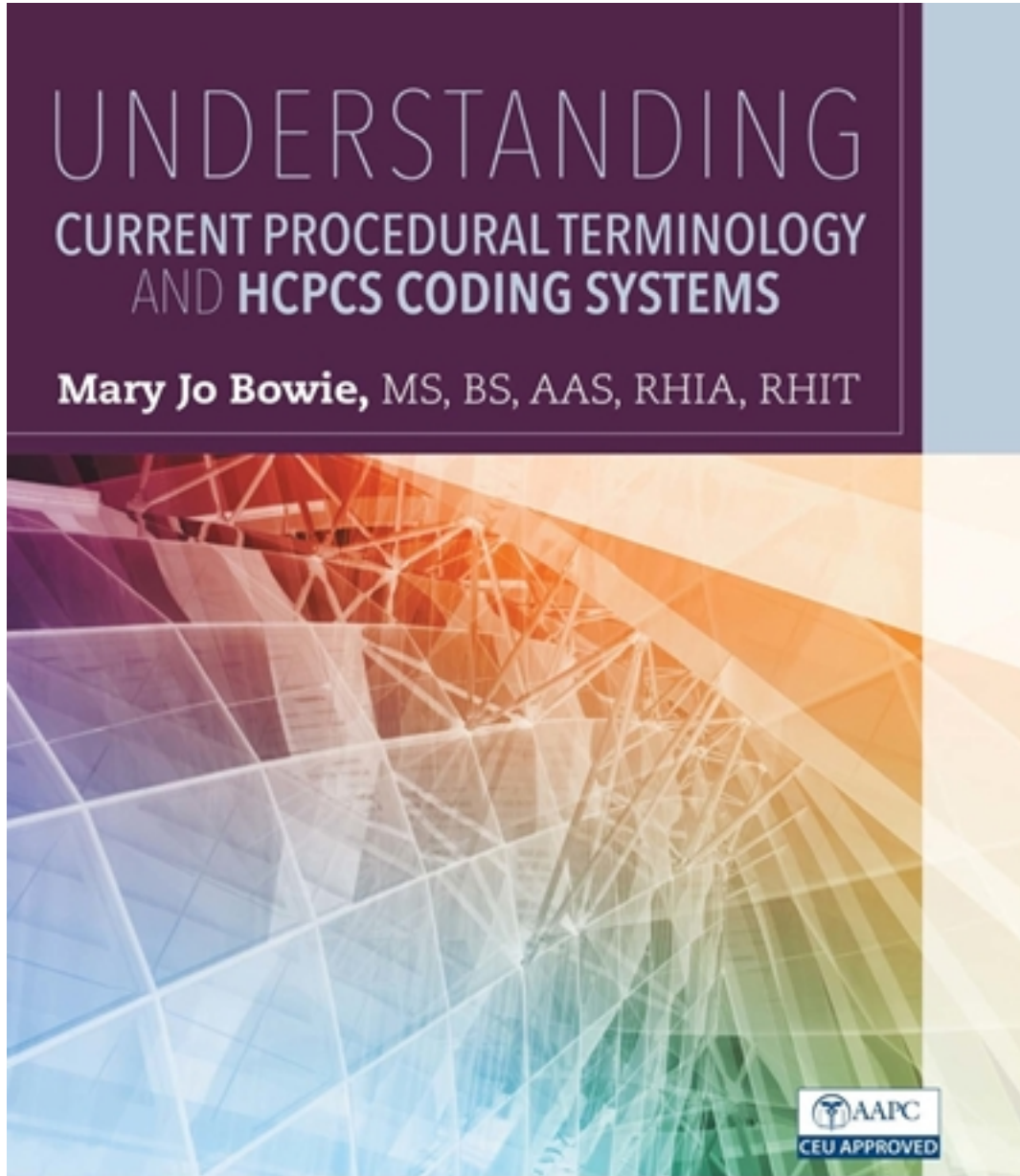


# Test Bank for Understanding Current Procedural Terminology and HCPCS Coding Systems 6th Edition by Bowie

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SIXTH EDITION

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# Test Bank

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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**Chapter 02 Modifiers**

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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**Chapter 02 Modifiers**

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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**Chapter 02 Modifiers**

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

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

## **Chapter 02 Modifiers**

*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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**Chapter 02 Modifiers**

- 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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**Chapter 02 Modifiers**

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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## **Chapter 02 Modifiers**

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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**Chapter 02 Modifiers**

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