

Avoid E/M Modifier Missteps: Make More Money with Less Hassle

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

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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:

Name: _____

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Questions:

1. CMS and CPT rules for applying modifiers are always the same.
 - a. True
 - b. False

2. The patient underwent a breast biopsy on March 1 that proved to be invasive ductal carcinoma. She comes into the office on March 5 to discuss her surgical options. What modifier is appropriate?
 - a. 24
 - b. 25
 - c. 57
 - d. 79

3. The physician performs a clinic visit at which he injects the patient's knee with celestone and treats her diabetes and hypertension. What modifier is appropriate for the visit?
 - a. 24
 - b. 25
 - c. 57
 - d. 59

4. The surgeon is called to the Emergency Department for a consultation on a patient with acute abdominal pain. After performing an evaluation and management service, he admits her to observation and performs an appendectomy. What modifier is appended to the consultation service?
 - a. 24
 - b. 25
 - c. 57
 - d. 59

5. The Hospitalist admits a patient for presumed sepsis due to COVID-19. He consults Pulmonology and Infectious Disease. What modifier is appropriate for the consultant services?
 - a. 24
 - b. 25
 - c. AI
 - d. No modifier is necessary

6. In the scenario described in question 5, what modifier should the Hospitalist use if this is a Medicare patient?
 - a. 24
 - b. 25
 - c. AI
 - d. No modifier is necessary

7. The patient is seen in the physician office for a postoperative wound infection and is admitted for IV antibiotic treatment. What modifier is appropriate for this Medicare patient?
 - a. 24
 - b. 25
 - c. AI
 - d. No modifier is applicable. The service is not billable.

8. The appropriate modifier(s) for telehealth services is:
 - a. 95
 - b. GT
 - c. GO
 - d. All of the above.

9. Modifier Indicator "0" means:
 - a. A modifier is never applicable to this pair of codes.
 - b. A modifier is always applicable to this pair of codes.
 - c. Only CPT modifiers are applicable.
 - d. A modifier is not necessary for this pair of codes.

10. Which of the following is not a part of the Medical Global Surgical Package?
 - a. Preoperative visit after the decision to perform surgery
 - b. Intraoperative services
 - c. Complications
 - d. Initial evaluation to determine the need for surgery

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