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JANUARY 2011 ANSWERS

1. A. True: The use of the multiple procedure modifier '-51' in the 70000 series of codes is applied only to the nuclear medicine codes 78306, 78320, 78802, 78803, 78806, and 78807. CPT Assistant June 2003.

2.B. False: The Centers for Medicare and Medicaid Services (CMS) and most other payers do not accept modifier 58 with any procedures having a global surgical period of zero days. CPT Assistant February 2008.

3.B, Modifier 22. The radiologist should report the appropriate number of chest X-ray views with modifier 22, Increased procedural services, appended to indicate the increased complexity in reporting B-readings (ie, completion of form with five different sections and grade). CPT Assistant December 2007.

4.A. Use listed code only. Because unlisted codes do not include descriptor language that specifies the components of a particular service, these codes are reported without modifiers. Modifiers are used to indicate that a service or procedure performed was altered by some specific circumstance but not changed in its definition or code. Because unlisted codes do not include descriptor language that specifies the components of a particular service, there is no need to "alter" the meaning of the code. CPT Assistant January 2007

5.C. Modifier 58 is defined as staged, planned or anticipated related procedure during the global period whereas, modifier 78 is an unplanned related procedure during the global period. CPTAssistant February 2008. Modifier 58 resets the global package (postop days) whereas modifier 78 does not because only the intraservice percentage is allowed by the Medicare program.