

CBCS Exam Study Guide

1. 2 types of CPT Codes	* Stand Alone Codes- contain the full description of the procedure for the code * Indented Codes- these are codes listed under associated stand-alone codes. To complete the the description for indented codes, one must refer to the portion of the stand alone code description before the semi-colon
2. 3 sections to Alphabetic Index	Section 1.) Index to diseases Section 2.) Table of drugs and chemical Section 3.) Index to External Cause of Injury (E Codes)
3. -24 Unrelated E/M Service by the same physician during a postoperative period	this is attached to the code of the E/M service provided to a pt during the postop period to indicate that the service is not part of the postoperative care which is usually part of the package of services of the surgery performed. Major surgical procedures will usually have a postop period of 90 days, minor, 10 days. Used only w/ E/M codes
4. -26 Professional Component	Most procedures have both professional (physician) and technical components. This modifier is attached to the procedure to indicate that the dr provided only the professional component
5. -32 Mandated Services	used to indicate that the service provided was required by 3rd party payer, gov, legislative or regulatory body. this does not include second opinion requested by a pt, family member, or another physician
6. -50 Bilateral Procedure	used when the same procedure is performed on a mirror-image part of the body
7. -51 Multiple Procedure	used when -more than 1 procedure is performed in the same surgical episode -one code does not describe all of the procedures performed -the secondary procedure is not minor or incidental to the major procedure Ex; same operation, different site, multiple operations, same operative session, * procedure performed multiple times
8. -58 Staged or Related Procedure or Service by the same Physician during the Postoperative Period	used to explain that the procedure or service done during a postop period was planned at the time of the original procedure. also used if a therapeutic procedure is performed b/c of the findings from a diagnostic procedure
9. -78 Return to Operating Room for a Related Procedure During the Postoperative Period	to report a circumstance in which the dr returns to the operating room to address a complication stemming from the initial procedure (third party payers usually pay the surgery portion of the complications surgical package b/c the pt remains in the postop period of the initial procedure. documentation must clearly indicate the reason for the return to the operating room)
10. 79 Unrelated Procedure or Service by the same physician during the postoperative period	used to indicate that the procedure or service provided during the postop period was not associated w/ the period. payment for the full fee of the subsequent procedure is requested and a new global period starts
11. -90 reference (outside) laboratory	used to indicate that the procedure was done by outside lab and not by reporting facility
12. -99 Multiple Modifiers	used to report a procedure or service that has more than one modifier but the payer does not allow the addition of multiple modifiers to the code. is attached to the procedure code and the multiple modifier are listed in block 19 of claim form
13. 99.00	without
14. Abduction	move/extend away from the midline
15. Abuse	incidences or practices, not usually considered fraudulent, that are inconsistent w/ the accepted medical business or fiscal practices in the industry.
16. Accept Assignment	means the provider agrees to accept what the ins co approves as payment in full for the claim

Test Cbcs Exam Study Guide

Patrice Morin-Spatz



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Workbook Answer Key Patrice T Morin-Spatz,2006-12 2007 Answer Key for the cpTeach workbook The Right Test Carl E. Speicher,1993 Dr Speicher s popular resource on the selection interpretation and use of laboratory tests is back in a revised and updated 3rd Edition Features quick dependable test taking guidelines for over 70 of the most common medical problems and a new emphasis on outcome and analysis Now examines over 90% of test dependent patient care situations

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