Codify
BY AAPC

Modifier Coding Alert

Quick Quiz: Test Yourself with 3 Family Practice Modifier Questions

Put your modifier knowledge to the test and see where your education needs refreshing.

Deciding when you need a modifier to communicate that a procedure is different from the descriptor of the code you are reporting can be daunting. Answer these questions to help improve your modifier comfort level.

Test your modifier skills and see where you may need to go back to your books.

Question 1: After a patient comes in for an excision of a benign lesion (11400-11471, Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; ...), he returns to the office within 10 days of the excision. He has a separate issue that does not relate to the excision, and the provider performs an E/M service. What modifier should you use for the second encounter?

Question 2: An established patient comes to your office for a B12 injection. Prior to the injection, your family physician (FP) sees the patient, who brings an allergic skin reaction to the provider's attention. Your physician examines the patient and prescribes an antihistamine. Based upon the documentation, you know you can report the injection code and a separately identifiable E/M service code. What modifier should you use?

Question 3: A patient goes to the emergency department (ED) in the morning for a dislocated shoulder. Later that day the same patient goes to a different ED in the same system for chest pain. What modifier would you use?

See below and on page 21 for the answers and to see if your modifier know-how gets an 'A.'

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