

## **NHA Billing and Coding Complete Study Guide** **(CBCS) 2021-2022.**

-24 Unrelated E/M Service by the same physician during a postoperative period (Correct Response) - 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

-26 Professional Component (Correct Response) - 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

-32 Mandated Services (Correct Response) - 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

-50 Bilateral Procedure (Correct Response) - used when the same procedure is performed on a mirror-image part of the body

-51 Multiple Procedure (Correct Response) - 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

-58 Staged or Related Procedure or Service by the same Physician during the Postoperative Period (Correct Response) - 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

-78 Return to Operating Room for a Related Procedure During the Postoperative Period (Correct Response) - 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)

-90 reference (outside) laboratory (Correct Response) - used to indicate that the procedure was done by outside lab and not by reporting facility

# Nha Billing And Coding Study Guide 201

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