1. Modifier –25 can be appended to either the procedure or the visit. □ True □ False

2. An example of a surgical procedure with a 90-day global period is:
   a) Excision of benign lesion, trunk, arms, legs
   b) Mitral Valve Replacement
   c) Bronchoscopy

3. A patient sees an Orthopaedist for a scheduled aspiration of the knee. During the visit, the patient states that he is having pain in his left arm after a fall from a ladder. Can the physician bill an E/M service for the visit?
   a) Yes, if the level of E/M service billed for the arm injury is supported by documentation
   b) Yes, if Modifier -25 is attached to the procedure
   c) Yes, if Modifier -24 is attached to the visit
   d) Yes, if Modifier -25 is attached to the visit.
   e) A & C
   f) A & D

4. List three payors that recognize modifier –24.
   a) _______________________
   b) _______________________
   c) _______________________

5. Medicaid does not reimburse for an E/M code and a procedure on the same day. Medicaid rules state that the procedure cannot be billed. □ True □ False

6. Medicaid does not recognize modifier –25. □ True □ False

7. The same diagnoses are required when reporting a procedure and E/M code on the same day. □ True □ False

8. Ninety (90) day global period is for ____________ surgical procedures.

9. If an established patient presents for a procedure that has already been scheduled or previously decided upon, an additional E/M code with a modifier –25 should not be billed. □ True □ False

10. An E/M service billed with modifier –24 requires that the diagnosis code be:
    a) the same as the surgical diagnosis
    b) different from the surgical diagnosis
    c) it doesn’t matter

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