Exercise 1

Look up the procedures in the CPT® codebook and list the CPT® code. No modifiers are necessary for this exercise.

1. **Pyloroplasty**
   
   Answer: 43800
   
   RATIONALE: In the index, look for pyloroplasty.

2. **Deep biopsy of soft tissue of the ankle**
   
   Answer: 27614
   
   RATIONALE: In the index, look for biopsy/ankle or for ankle/biopsy and you are directed to 27613–27614, 27620. 27620 is for an anthrotomy. 27613–27614 are both for biopsies, but one is superficial and the other is deep.

3. **Osteotomy, humerus, with internal fixation.**
   
   Answer: 24400
   
   RATIONALE: In the index, look for osteotomy/humerus and you are directed to 24400–24410. 24400 indicates “with or without internal fixation.”

4. **Renal biopsy, percutaneous, needle**
   
   Answer: 50200
   
   RATIONALE: Renal means kidney. In the index, look for kidney/biopsy and you are directed to 50200–50205. 50200 is for a needle or trocar biopsy. 50205 is for an open surgical procedure biopsy.

5. **Destruction of a malignant lesion on the face with a lesion diameter of 1.2 cm.**
   
   Answer: 17282
   
   RATIONALE: In the index, look for destruction/skin/malignant and you are directed to 17260–17286, 96567. Code range 17260–17286 is for the destruction of a malignant lesion by any method. The codes are further subdivided based on location. Code range 17280–17286 would be used for lesions on the face. Code selection is then based on the size. Code 17282 is for a lesion diameter of 1.1 to 2.0 cm.
6. Emergency endotracheal intubation

Answer: 31500

RATIONALE: In the index, look for intubation/endotracheal and you are directed to code 31500. Verification of 31500 confirms it is for an emergency procedure.

7. Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age.

Answer: 94012

RATIONALE: In the index, look for spirometry and you are directed to code range 94010–94070. Reading the descriptors will help you determine correct code selection.

8. An electrolyte panel performed on an 86-year-old for dizziness.

Answer: 80051

RATIONALE: In the index, look for Panel and you are directed to see Blood Tests; Organ and Disease-Oriented Panel. Looking at Blood Tests, there is a subterm for Panels, Electrolyte which directs you to 80051.

9. A frontal and lateral chest X-ray is performed in the office for a patient with chest pain.

Answer: 71020

RATIONALE: In the index, look for X-ray/chest and you are directed to code range 71010–71035. Viewing the descriptors, code 71020 is for 2 views, frontal and lateral chest X-ray.

10. The performance measure code for history obtained regarding new or changing moles.

Answer: 1050F

RATIONALE: In the index, look for performance measures, melanoma, history, moles and you are directed to 1050F.
Exercise 2
List the CPT® or HCPCS Level II modifier for the definition given.

1. Decision for surgery
   Answer: Modifier 57
2. Increased procedural service
   Answer: Modifier 22
3. Physical status modifier for a patient with a severe systemic disease
   Answer: Modifier P3
4. Right hand, thumb
   Answer: Modifier F5
5. Unrelated evaluation and management services by the same physician during a postoperative period
   Answer: Modifier 24
6. Staged or related procedure or service by the same physician during the postoperative period
   Answer: Modifier 58
7. Significant, separately identifiable service by the same physician on the same day of the procedure or other service
   Answer: Modifier 25
8. Left foot, great toe
   Answer: Modifier TA
9. Waiver of liability statement on file (goes with ABN)
   Answer: Modifier GA or GU
   - GA-Waiver of liability statement issued as required by payer policy, individual case
   - GU-Waiver of liability statement issued as required by payer policy, routine notice
10. Reduced Services
    Answer: Modifier 52