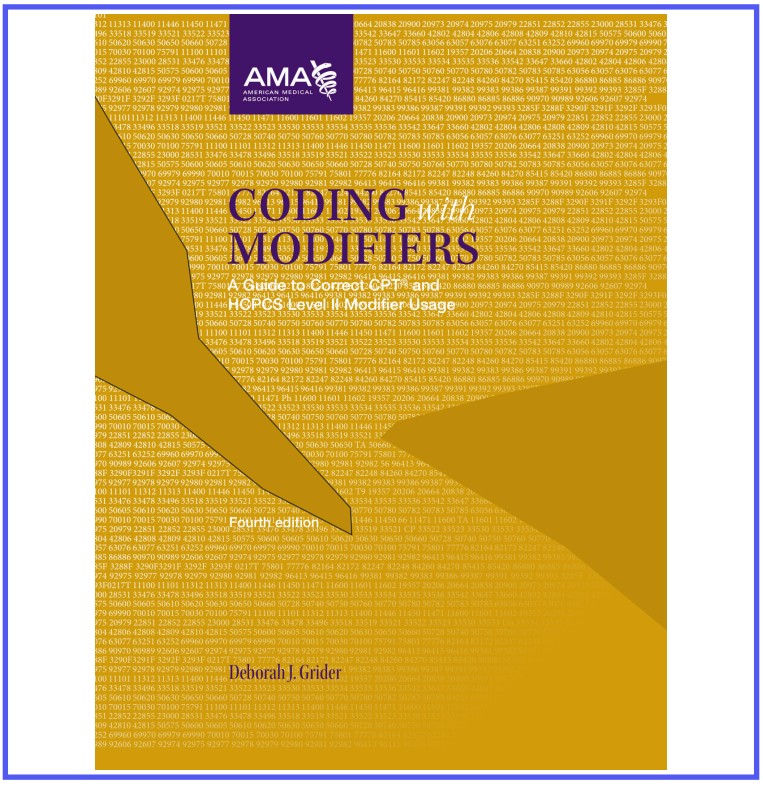


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Preface

A Current Procedural Terminology (CPT®) code set modifier is a two-digit code reported in addition to the CPT service or procedure code that indicates that the service or procedure was modified in some way. A modifier provides the means by which a rendering physician may indicate that a service or procedure has been performed, or has been altered by some specific circumstances, but not changed in its definition or code. Understanding how and when to use CPT modifiers is vital for proper reporting of medical services and procedures. The lack of modifiers or the improper use of modifiers can result in claims delays or denials.

Modifiers are essential tools in the coding process. The American Medical Association (AMA) developed modifiers to be used with its CPT code set to explain various aspects of coding. Modifiers are used to enhance a code narrative to describe the circumstances of each procedure or service and how it individually applies to the patient. They are essential ingredients to effectively communicate between providers and payers. Modifiers are also used as a method to accomplish the following:

- Record a service or procedure that has been modified but not changed in its identification or definition
- Explain special circumstances or conditions of patient care
- Indicate repeat or multiple procedures
- Show cause for higher or lower costs while protecting charge history data
- Report assistant surgeon services
- Report a professional component of a procedure or service

The ability of all users to recognize and accept CPT modifiers is important for the implementation of the CPT coding system. While acceptance of CPT modifiers is important, the subsequent step involving interpretation of modifiers in a manner that is consistent with established CPT guidelines is also critical. Modifiers can help the provider code for services more accurately and get paid for the work performed.

Coding with Modifiers: A Guide to Correct CPT® and HCPCS Level II Modifiers Usage, Fourth Edition, introduces the principles of correct CPT and HCPCS modifier usage and prepares the reader to accomplish the following objectives:

- Understand the purpose of modifiers
- Understand the relationship to the reimbursement process
- Understand logic trees related to modifier usage
- Understand how Medicare carriers and intermediaries vary on the use and acceptance of modifiers

Coding with Modifiers is divided into 10 chapters organized by modifier. Each chapter provides step-by-step guidance as to proper and improper use of CPT and HCPCS modifiers through the use of clinical examples. Coding tips, checkpoint exercises, and end-of-chapter exercises are also included to help the reader gain a full understanding of a modifier's correct usage. Mid-term and final examinations, as well as PowerPoint slides and an answer key to the text's exercises, appear on

the CD that accompanies this text for educators or readers who want to apply and build knowledge related to the material.

The text is designed to be used by community colleges, career colleges, and vocational school programs for training medical assistants, medical insurance specialists, and other health care providers. It can also be used as an independent study training tool for new medical office personnel, physicians, independent billing personnel, and any others in the health care field who want to learn additional skills.

About the Author

Deborah J. Grider is a Certified Professional Coder (CPC), a Certified Professional Coder—Hospital (CPC-H), a Certified Professional Coder—Payer (CPC-P), a Certified Professional Medical Auditor (CPMA), an E/M Specialist (CEMS), a Certified OB/GYN Coding Specialist (COBGC), a Certified Dermatology Coding Specialist (CPCD) with the American Academy of Professional Coders (AAPC), and a Certified Coding Specialist—Physicians (CCS-P) with the American Health Information Management Association (AHIMA). Her background includes many years of practical experience in reimbursement issues, procedural and diagnostic coding, and medical practice management.

Ms Grider teaches and consults with private practices, physician networks, and hospital-based educational programs. Under a federal retraining grant, she helped develop and implement a Medical Assisting Program for Methodist Hospital of Indiana. She conducts many seminars throughout the year on coding and reimbursement issues and teaches several insurance courses and coding courses for various organizations.

Ms Grider is a well-known national speaker on coding and revenue cycle issues for physicians and hospitals. She was a national advisory board member for the AAPC and past president of the National Advisory Board. Prior to becoming a consultant, Grider worked as a billing manager for 6 years, and a practice manager in a specialty practice for 12 years.

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