# 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 Mulitple 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

## **Study Guide For Cbcs**

### **ExamREVIEW**

#### **Study Guide For Cbcs:**

Certified Billing and Coding Specialist (CBCS) Study Guide Assessment Technologies Institute, 2011 NHA CBCS Study Guide 2025-2026: All in One NHA CBCS Exam Prep for the Certified Billing and Coding Specialist Certification. with NHA CBCS Test Prep Review Plus 550 NHA CBCS Practice Test Questions Zypher Clampitt.2024-12-12 Certified Billing and Coding Specialist (CBCS) 2. 1 Study Guide Marilyn Fenichel, 2014-07-31 Certified Billing and Coding Specialist (CBCS) Study Guide Edition 3.0 Assessment Technologies Institute, 2021-07 Certified Billing and Coding Specialist (CBCS) Study Guide Ascend Learning, 2012-02-27 NHA CBCS Study Guide GO TO UGC NET Paper 1 Guide Disha Experts, 2020-01-24 CBCS Certified Billing and Coding Specialist Exam ,2024 Self Practice Review Questions Chak Tin Yu, Examreview, 2021-05-05 The CBCS exam is a professional certification aims to qualify one to become a Certified Billing and Coding Specialist The CBCS exam highlights one s competency in the field of coding and billing administration. We create these self practice test questions module referencing the concepts and principles currently valid in the exam Each question comes with an answer and a short explanation which aids you in seeking further study information For purpose of exam readiness drilling this product includes questions that have varying numbers of choices Some have 2 while some have 5 or 6 We want to make sure these questions are tough enough to really test your readiness and draw your focus to the weak areas Think of these as challenges presented to you so to assess your comprehension of the subject matters. The goal is to reinforce learning to validate successful transference of knowledge and CBCS Coding Specialist ExamFOCUS Essential Study References to identify areas of weakness that require remediation 2015 Edition ExamREVIEW, 2015-03-30 Medical coding refers to the process of transforming narrative descriptions of diseases injuries and healthcare procedures into numeric or alphanumeric designations in the form of code numbers A medical coding specialist needs to read and review medical documentation provided by health care providers so to obtain detailed patient information including disease injuries surgical operations and other procedures This detailed information has to be translated into numeric codes using universally recognized coding systems. The code numbers are assigned to accurately describe the diagnoses as well as the procedures performed to examine the diagnoses. The key is for the coding process to insure correct code selection for compliance with federal regulation and insurance requirements Because the medical codes will be used extensively for reimbursement of hospital and physician claims insurance and insurance fraud are the difficult topics that must be thoroughly understood This book focuses on the technical topics of the exam (Free Sample) MH-SET Paper 1 Guide for Assistant Professor with Past Questions Disha Experts, 2021-03-19 **Study Guide to** Accompany Introduction to Critical Care Nursing Dawn Ellen Zimmerman, Mary Lou Sole, Marilyn L. Lamborn, Jeanette Hartshorn, 2000-11 Concept maps for each chapter in the parent text help your students sharpen their critical thinking skills and numerous multiple choice review questions challenge their knowledge of each chapter s content Additional exercises

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