

Business Dynamics University

Statement 1:

It is possible to charge for both a closed and open reduction for fracture care for the same patient during the same hospitalization.

True False

Statement 2:

Code 63030 for lumbar laminotomy/hemilaminectomy may be charged out bilaterally, with a 50 modifier, but code 63047 for lumbar laminectomy may not be charged bilaterally.

True False

Statement 3:

Codes exist for laminotomy procedures other than decompression of nerve root. There are codes for excision of herniated disc other than 63030 that do not involve full laminectomies.

True False

Statement 4:

Interbody fusions may not be billed in conjunction with a bilateral lateral fusion.

True False

Statement 5:

It is not acceptable to bill for the posterior decompression if an interbody fusion is performed at the same level.

True False

Statement 6:

The general surgeon is responsible to supply his own codes when he participates in the ALIF procedure.

True False

Statement 7:

It is not appropriate to code and bill for the same site autograft 20936 or the morsalized allograft 20930.

True False

Statement 8:

It is not appropriate to bill for both the removal of instrumentation and the exploration of fusion.

True False

Statement 9:

Then it is not possible to bill for the exploration of fusion with refusion.

True False

Statement 10:

It is possible to bill for the removal of instrumentation, exploration of fusion, augmentation of pseudoarthrosis and reinstrumentation with new construct performed during the same case.

True False

Statement 11:

Code 22851 for prosthetic device may be billed for each implant place.

True False

Statement 12:

When anterior/posterior procedures are performed, it is necessary to document all information on a single operative note.

True False

Statement 13:

There are codes available for imaging services performed with a vertebroplasty.

True False