

CURRENT PROCEDURAL TERMINOLOGY (CPT) MODIFIERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which modifier would you apply for a separate procedure taking place the same day as a major operation?**
 - A. Modifier 58
 - B. Modifier 59
 - C. Modifier 62
 - D. Modifier 57

- 2. Which foot and digit combination is associated with code T7?**
 - A. Right foot, first digit
 - B. Right foot, third digit
 - C. Left foot, second digit
 - D. Left foot, great toe

- 3. What is the primary concern for hospitals regarding procedures canceled after anesthesia?**
 - A. Patient recovery times
 - B. Resource management and associated costs
 - C. Quality of preoperative care
 - D. Promotion of patient safety

- 4. Modifier 79 is used for which type of procedure?**
 - A. Related procedure during postoperative
 - B. Unrelated procedure during postoperative
 - C. Repeat procedure by another physician
 - D. Surgical team procedure

- 5. What implication does the term 'post-anesthesia care' have on the billing process?**
 - A. It simplifies the claims process
 - B. It complicates reimbursement calculations
 - C. It ensures quicker payment from payers
 - D. It eliminates the need for documentation

- 6. What is the use of modifier -Q6 in coding?**
- A. Indicates self-pay services without insurance involvement.
 - B. Is applied for services rendered under supervision in certain cases.
 - C. Demonstrates an additional procedure for surgical enhancement.
 - D. Indicates a service that has been denied by insurance.
- 7. What usually influences the reimbursement related to a discontinued procedure after anesthesia?**
- A. Influence of patient satisfaction surveys
 - B. The number of resources used during the procedure
 - C. The physician's level of expertise
 - D. Hospital location and its rating
- 8. Which modifier is NOT applicable to procedures that are bilateral by definition?**
- A. Modifier 32
 - B. Modifier 50
 - C. Modifier 47
 - D. Modifier 51
- 9. What does modifier -U relate to in surgical procedures?**
- A. Indicates specific universal codes designed for surgical changes.
 - B. Denotes emergency procedures that require immediate attention.
 - C. Indicates the use of anesthesia in a surgical procedure.
 - D. Applies to outpatient services without surgical intervention.
- 10. What does the code FA indicate in regard to hand anatomy?**
- A. Right hand, thumb
 - B. Right hand, first digit
 - C. Left hand, thumb
 - D. Left hand, second digit

Answers

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1. B
2. B
3. B
4. B
5. B
6. B
7. B
8. B
9. A
10. C

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Explanations

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1. Which modifier would you apply for a separate procedure taking place the same day as a major operation?

- A. Modifier 58
- B. Modifier 59**
- C. Modifier 62
- D. Modifier 57

The appropriate modifier for a separate procedure occurring on the same day as a major operation is Modifier 59. This modifier is used to indicate that procedures that are performed on the same day are distinct and independent from each other, providing clarity that they shouldn't be bundled together for reimbursement purposes. In the context of a major operation, if a provider performs a separate procedure unrelated to the primary surgical service, Modifier 59 helps communicate to payers that this secondary procedure is valid and should be reimbursed as it is not an inherent part of the major surgery. Applying Modifier 59 ensures that the medical necessity of both procedures is recognized, especially when they definitely serve different purposes in patient care, allowing for proper coding and payment. In contrast, Modifier 58 would be used for staged or related procedures performed during the post-operative period of a major surgery, not for separate procedures. Modifier 62 is intended for co-surgeons who collaborate on a surgical procedure, while Modifier 57 indicates that a decision for surgery was made during the visit preceding the surgery, rather than addressing the scenario of separate procedures.

2. Which foot and digit combination is associated with code T7?

- A. Right foot, first digit
- B. Right foot, third digit**
- C. Left foot, second digit
- D. Left foot, great toe

The code T7 is specifically associated with the right foot, third digit. This means that when referencing code T7, it designates a particular procedure or treatment associated with the third digit of the right foot. This understanding is essential when coding for medical procedures, as each code corresponds to a specific anatomical location and digit. Proper coding ensures accurate billing and medical record-keeping, which is crucial for both healthcare providers and patients. The specificity of anatomical coding prevents ambiguity in medical documentation and guides appropriate treatment and follow-up. Incorrect options can be attributed to a misunderstanding of the anatomical location tied to T7. For instance, the other options refer to different combinations of foot positioning or digits that do not align with the designation established by the T7 code. Familiarity with the coding system and precise identification of each code's meaning solidifies practitioners' ability to apply codes accurately in a clinical setting.

3. What is the primary concern for hospitals regarding procedures canceled after anesthesia?

- A. Patient recovery times
- B. Resource management and associated costs**
- C. Quality of preoperative care
- D. Promotion of patient safety

The primary concern for hospitals regarding procedures canceled after anesthesia centers around resource management and associated costs. When a procedure is canceled after a patient has already been anesthetized, it involves significant resource utilization, including personnel, materials, and facilities. Hospitals allocate staff and equipment for the scheduled procedure, and when it is canceled, those resources may go to waste. The financial implications can be substantial, as hospitals may incur costs without the associated revenue from the procedure. Additionally, the efficient management of operating room time is critical; cancellations may lead to scheduling conflicts and reduced capacity for other patients requiring surgery. This financial aspect is why hospitals prioritize minimizing cancellations once anesthesia has been administered. Overall, the economic effects on hospital operations make this concern paramount for healthcare facilities.

4. Modifier 79 is used for which type of procedure?

- A. Related procedure during postoperative
- B. Unrelated procedure during postoperative**
- C. Repeat procedure by another physician
- D. Surgical team procedure

Modifier 79 is specifically used to indicate an unrelated procedure performed by the same physician during the postoperative period of a prior procedure. When a physician performs a separate, distinct procedure that is unrelated to the earlier surgery, modifier 79 is applied to inform insurance payers and medical billers that while the patient is still in the recovery period from the first surgery, the second procedure is not a complication or an extension of the first procedure. This distinction is essential for ensuring proper reimbursement and for clear communication in medical documentation. Using modifier 79 accurately allows healthcare providers to convey that the new procedure is appropriate and warranted, despite occurring within the postoperative timeframe of a different surgery. This ensures that both coders and payers understand the context of the claims being submitted.

5. What implication does the term 'post-anesthesia care' have on the billing process?

- A. It simplifies the claims process
- B. It complicates reimbursement calculations**
- C. It ensures quicker payment from payers
- D. It eliminates the need for documentation

The term 'post-anesthesia care' is closely associated with the monitoring and management of a patient after they have undergone anesthesia for a procedure. This phase of care is crucial for ensuring patient safety and recovery, but it also introduces complexity into the billing process. When billing for post-anesthesia care, various factors come into play, such as the length of time the patient spends in the recovery area and the specific services rendered during that time. Insurers may have different policies regarding reimbursement for post-anesthesia care, which can require detailed documentation of services provided and the patient's condition. This can lead to complications in reimbursement calculations, as providers must navigate these rules and ensure that they accurately report the services rendered to receive appropriate payment. In contrast, although one might expect the post-anesthesia phase to simplify claims due to its standardized nature, the reality is that the additional complexities can lead to longer reimbursement timelines and a greater need for thorough documentation, which counters the possibility of quicker payments. Thus, the implications of post-anesthesia care on the billing process are significant and can complicate the reimbursement calculations that healthcare providers must navigate.

6. What is the use of modifier -Q6 in coding?

- A. Indicates self-pay services without insurance involvement.
- B. Is applied for services rendered under supervision in certain cases.**
- C. Demonstrates an additional procedure for surgical enhancement.
- D. Indicates a service that has been denied by insurance.

Using modifier -Q6 pertains specifically to services that are provided by a locum tenens physician, which means a physician who temporarily substitutes for another physician. This modifier is utilized when a physician, who is typically not the patient's regular provider, conducts a service under specific conditions. In many healthcare settings, this is essential for ensuring that patients continue to receive care, especially when their primary physician is unavailable due to reasons such as vacation or medical leave. For medical coding purposes, applying the modifier -Q6 indicates that the service is rendered under the supervision of another physician, allowing the temporary or substitute physician to perform necessary medical procedures or evaluations while adhering to the healthcare facility's policies and regulatory requirements. The other choices do not accurately capture the essence of modifier -Q6. While they encompass various scenarios within healthcare coding, they do not pertain to the locum tenens context where this modifier is specifically applicable.

7. What usually influences the reimbursement related to a discontinued procedure after anesthesia?

- A. Influence of patient satisfaction surveys
- B. The number of resources used during the procedure**
- C. The physician's level of expertise
- D. Hospital location and its rating

The correct choice relates to the reimbursement for a discontinued procedure after anesthesia being significantly influenced by the number of resources used during the procedure. When a procedure is started but not completed, healthcare payers often evaluate the costs incurred up until the point of discontinuation. This includes expenses such as supplies, medication, and the time spent in the operating room, which all contribute to the overall complexity and resource utilization of the case. In cases where anesthesia is administered, even if the procedure cannot be completed, the resources used—such as anesthesia drugs and the time the anesthesiologist is involved—are considered when determining reimbursement. Insurers typically have policies that outline how much reimbursement will occur based on these incurred costs, emphasizing the importance of resource usage assessment in the billing process. The other options do not have a direct impact on reimbursement for discontinued procedures in the same way. Patient satisfaction surveys focus on the quality of care and patient experience rather than specific costs. A physician's expertise is important for the quality of care delivered but does not generally factor into reimbursement in the context of procedure discontinuation. Lastly, while the hospital's location and its rating might affect reimbursement rates broadly, these factors are less about the immediate costs incurred during a specific procedure.

8. Which modifier is NOT applicable to procedures that are bilateral by definition?

- A. Modifier 32
- B. Modifier 50**
- C. Modifier 47
- D. Modifier 51

The choice of modifier that is not applicable to procedures that are bilateral by definition is correct. Modifier 50 specifically indicates that a procedure was performed bilaterally on both sides of the body. This modifier is crucial for procedures that are inherently bilateral, ensuring proper coding and reimbursement for such instances. In contrast, modifiers like 32, 47, and 51 serve different purposes. Modifier 32 is used to indicate a mandated service, often required by a third party for specific circumstances, but it does not pertain specifically to bilateral procedures. Modifier 47 is used to denote a professional component for anesthesia services when administering anesthesia during a procedure, rather than solely indicating bilateral status. Modifier 51 indicates that multiple procedures were performed during the same session but does not relate to whether those procedures are bilateral by definition. Thus, modifier 50 is the only modifier that explicitly applies to procedures performed on both sides that are inherently bilateral, and therefore, is not applicable to procedures that don't fall under this category.

9. What does modifier -U relate to in surgical procedures?

- A. Indicates specific universal codes designed for surgical changes.**
- B. Denotes emergency procedures that require immediate attention.
- C. Indicates the use of anesthesia in a surgical procedure.
- D. Applies to outpatient services without surgical intervention.

The correct response highlights that modifier -U pertains to universal codes that indicate specific surgical changes. In the context of Current Procedural Terminology (CPT), modifiers are utilized to provide additional information about a procedure performed by a healthcare provider. Modifier -U is specifically developed to signify surgical changes that are universally applicable across different procedures, enhancing clarity in coding and billing practices. Understanding modifiers is crucial, as they can influence reimbursement and ensure that the services rendered are accurately represented. Modifier -U allows coders and billing professionals to communicate that certain standardized conditions or adjustments apply to the surgical procedure in question, streamlining the coding process for surgeries. In contrast, the other options do not accurately describe the purpose of modifier -U. For instance, emergency procedures requiring immediate attention typically would utilize modifiers specifically designated for emergency status, not modifier -U. Similarly, anesthesia usage in surgical procedures is indicated with a different modifier that specifically relates to anesthesia services, while outpatient services without surgical intervention would not apply to a surgical modifier like -U. Therefore, option A accurately reflects the function of modifier -U in the coding framework.

10. What does the code FA indicate in regard to hand anatomy?

- A. Right hand, thumb
- B. Right hand, first digit
- C. Left hand, thumb**
- D. Left hand, second digit

The code FA is used within the context of hand anatomy to specify the left hand's thumb. In the coding system that designates specific regions of the hand, the "F" indicates involvement in hand areas, while "A" specifically denotes the thumb on the left hand. This coding is crucial for ensuring accurate medical billing and documentation, particularly in procedures involving the hands, where precise anatomical details are important for the understanding of surgical sites or conditions. The other response options represent different hand parts but do not accurately align with the designation of code FA. For instance, the right hand and different digits are not represented in this code, which is specifically tied to the left thumb. In a medical context, usage of precise codes like FA helps clinicians and coders maintain clarity and accuracy in patient records and billing procedures.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://cptmodifiers.examzify.com>

We wish you the very best on your exam journey. You've got this!

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