CODING / COMPLIANCE EXAM FOR PATHOLOGISTS

Post Test -- Print, Complete and

Please return to:
Your Departmental Credentialing Coordinator
along with your New/Reappointment Application Packet:

Name: ______________________________________________________________________________

Signature: ____________________________________________________________________________

Number Correct: ______________________ of 7   Date: _________________________________

1. True/False    Medicare pays residents and hospital-employed fellows through Part A and therefore
does not pay for professional services provided when there is no participation by a teaching physician.

2. True/False    The specimen and resident/hospital-employed fellow report must be reviewed
personally by the teaching physician in order to bill Medicare.

3. True/False    Teaching physician involvement may be documented by the resident/hospital-
employed fellow or be automatically generated with each note.

4. True/False    North Carolina Medicaid requires the same teaching physician participation and
documentation as Medicare.

5. True/False    In order to bill a clinical pathology consultation, medical interpretive judgment must
be documented in addition to test results.

6. True/False    If the interpreting physician does not have diagnostic information as to the reason for
the test and the referring physician is unavailable to provide such information, it is appropriate to
obtain the information directly from the patient or the patient’s medical record.

7. True/False    The referring diagnosis is coded if the analysis of a specimen is normal or non-
diagnostic and the referring physician’s diagnosis was stated as “rule out.”