

CODING / COMPLIANCE EXAM
Community Based Post Test -- Print, Complete And:
Return to Your
Department Credentialing Coordinator
Along with your HIPAA and Provider Orientation Post Test

Name: _____

Signature: _____

Number Correct: _____ of 17 Date: _____

TEACHING PHYSICIAN GUIDELINES FOR MEDICARE – WORKING WITH RESIDENTS

1. True/False. Medicare pays residents and hospital-employed fellows through Medicare Part A and therefore does not pay for services provided by residents if there is no demonstrated participation by a teaching physician.
2. For time based codes, such as critical care, prolonged services, individual medical psychotherapy, or E/M services for which time is considered the controlling factor in selection of the code, the teaching physician must:
 - a. be physically present for the entire period of time for which the claim is made and must personally document his/her presence for the entire time being billed.
 - b. be present for the key portions of the service and the resident may document his/her presence.
 - c. be present for the key portions of the service and must personally document his/her presence.
3. True/False. An established patient visit requires only two of the following to be documented: history, physical exam, medical decision making.
4. Which of the following apply to Medicare's Primary Care Exception?
 - . If the resident has had 6 months of residency training, s/he may see the patient alone and bill a low level (levels 1-3) new or established patient visit in the teaching physician's name.
 - . The teaching physician must be present during the key portions of the exam.
 - . At the time of the visit or immediately after, the resident and teaching physician are required to discuss the patient's visit.
 - . The teaching physician may supervise up to 5 residents at one time.
 - . b and d
 - . a and c
 - . a and d

5. Medicare's documentation requirements can be met by:
 - a. co-signatures and statements such as "agree with above," or "seen and agree."
 - b. full note by teaching physician or documentation in addition to the resident/fellow's note by the teaching physician that demonstrates his/her participation in the required key elements of the history, exam and medical decision making.
 - c. A computer-generated note for a follow-up visit stating, "See resident's note for details. I saw and evaluated the patient and agree with the resident's finding and plans as written."
 - d. b or c
6. True/False. The 11/02 CMS revisions to its teaching physician attestation requirements were meant to ease the burden of the TP. As such, resident statements indicating the TP presence during key portions of the exam is sufficient when coupled with a countersignature.
7. True/False. If, after an initial outpatient consultation, the patient returns to the clinic for follow up another consult code may be used.
8. For major surgery cases and most procedures requiring over 5 minutes to perform, the teaching physician can:
 - a. be present with the resident during the entire procedure and have h/her presence documented by the resident's note.
 - b. be present with the resident during the key portions of the surgery and be immediately available during the entire procedure. The documentation may be by the teaching physician, the resident, or a nurse.
 - c. be present with the resident during the key portions of the surgery, which are determined by the teaching physician, immediately available during the entire procedure, and personally document h/her presence and the key portions h/she was present for.
 - d. a & b
 - e. a & c
9. For endoscopies other than surgical operations, the teaching physician must:
 - a. be present during the entire viewing (including insertion and removal). The resident may document the teaching physician's presence.
 - b. be immediately available, but may view the procedure through a monitor while in another room. The teaching physician must do documentation personally.
 - c. may be present at the key portions of the procedure and must personally document h/her presence.
 - d. a or c
10. True/False. The following is considered an acceptable teaching physician attestation for a new patient.

"I performed a history and physical examination of the patient and discussed his management with the resident. I reviewed the resident's note and agree with the documented findings and plan of care."

CODING CATEGORIES AND LEVEL OF SERVICE

11. Elements that distinguish a consultation from other types of E/M services include:
 - a. A physician or other appropriate source requests the consultant's opinion, advice or evaluation of a particular problem and the request is documented in the patient's medical record.
 - b. The requester does not assume that the consultant will undertake management of the patient's condition, although the consultant may initiate diagnostic or therapeutic services at the initial visit and may decide to manage the patient for that condition.
 - c. The consultant's opinion or advice must be communicated to the requesting physician.
 - d. All of the above.

12. Time may be used to determine the level of E/M service if:
 - a. more than 50% of the encounter is spent providing counseling and the note so states.
 - b. the total amount of time spent is documented in the medical record.
 - c. the requirements for the history, examination, and medical decision-making are also met for the level of service.
 - d. a and b
 - e. b and c

13. True/False. If a patient was seen by Dr. Jones of Cardiology two years ago and returns to see a different cardiologist, the patient is considered "new."

14. Providing good care, while billing accurately and confidently requires:
 - a. doing whatever the patient asks you to do.
 - b. documenting what you do
 - c. billing what you document.
 - d. doing only what is medically necessary
 - e. a, b and c
 - f. b, c and d

15. Which of the following situations may require refunding and possibly payment of a fine to

the federal government?

- a. The teaching physician sees a Medicare patient, discusses the patient with the resident and co-signs the resident note.
 - b. The physician performed what was medically necessary and billed the patient. The documentation did not include all the details of the exam to support the billed level of service.
 - c. A physician or other provider saw a patient last seen by the practice four years ago and bills a new patient visit.
 - d. a and b
 - e. All of the above
16. Guidelines for billing an E/M visit and a procedure on the same date of service include:
- a. -25 modifier must be attached to the E&M code.
 - b. both services are billable only if the diagnosis for the E/M is different from the diagnosis for the procedure.
 - c. the procedure and the E/M visit may both be billed with the same diagnosis code and during the same encounter, if the patient's condition requires a significant, separately identifiable E/M service beyond the usual care associated with the procedure.
 - d. a and c
 - e. a and b
17. True/False A new patient visit and a consultation must be documented at the level of service coded in all three areas: history, physical exam, medical decision making unless it is billed based upon time spent counseling.