

# CODING / COMPLIANCE EXAM FOR ANESTHESIOLOGISTS

Post Test -- Print, Complete and:

**New Faculty, please return to:**

School of Medicine Compliance  
61 MacNider, CB# 9505  
Chapel Hill, NC 27599  
Fax# 919-843-3633

**Re-credentialing faculty, please return to:**

Dept. of Anesthesia Credentialing Coordinator  
Along with your Reappointment Application Packet:

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Grader Enter Number Correct: \_\_\_\_\_ of 12

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. True/False North Carolina Medicaid has adopted the Medicare billing guidelines for General Anesthesia; but for evaluation and management services, Medicaid requires only availability by telephone and co-signature and assumption of responsibility for the care delivered.
3. Medicare coverage of medical direction of nurse anesthetists requires documentation of the following:
  - a. Presence during the key portions as determined by the anesthesiologist
  - b. Pre-anesthesia exam and evaluation, presence during some portion of the anesthesia monitoring, presence during induction and emergence and indicated post-anesthesia care
  - c. Pre-anesthesia exam and evaluation and presence during induction and emergence
  - d. Availability in the perioperative area for the entirety of the procedure
  - e. a. and d.
4. When working with residents, Medicare requires the following minimum involvement in general anesthesia cases:
  - a. Personal examination of the patient and presence during induction and emergence, documentation of teaching physician involvement may be recorded by the resident
  - b. The same requirements and documentation as with CRNAs
  - c. Supervision of the resident for the key portions as determined by the teaching physician based on the necessity of the particular case and personal documentation of involvement in the record.
  - d. Personal examination of the patient, presence during induction and emergence and personal attestation of required involvement in the record.

5. A basic value for anesthetic management is assigned to the surgical procedure being performed in most cases and includes all but the following:
  - a. Pre and post anesthesia care
  - b. Use of transesophageal echocardiography (TEE)
  - c. Interpretation of non-invasive monitoring
  - d. Placement of arterial, central venous and pulmonary artery catheters
  - e. Administration of fluids and/or blood products incident to anesthesia care
  - f. b. and d.
  - g. d. and e.
6. True/False It is acceptable to record the anesthesia start and stop times for Medicare on the General Anesthesia form to the nearest 5 minutes.
7. True/False Anesthesia start time begins with the initiation of medical care and the monitoring of physiologic status.
8. True/False A physical status modifier that describes the patient's condition is always required for reporting of services.
9. Anesthesia services are reimbursed at a higher rate when qualifying circumstances are documented in the medical record. There are qualifying circumstances codes for all but the following:
  - a. Emergency conditions
  - b. Patient age less than one year or over 70 years
  - c. Utilization of total body hypothermia
  - d. Utilization of controlled hypotension
  - e. Multiple surgical procedures
  - f. a. and e
  - g. All of the above have qualifying circumstances codes that result in increased reimbursement when documented in the record
10. True/False Services involving a resident or medical direction/supervision of a CRNA are not billed to Medicare or Medicaid until the teaching physician personally provides a statement of involvement.
11. True/False In order to bill a consultation, the provider who asked for opinion and advice must be recorded in the note along with the reason for the request.
12. True/False Consultation services (inpatient or outpatient) require documentation of a history, physical exam and medical decision making at the level of service that is billed.