CANPC PRACTICE SET 1

Medical Direction, Documentation & Compliance

Complete all five questions before reviewing the answer key. Select the best answer based on the documentation provided.

QUESTIONS

1. Medical-direction modifiers

An anesthesiologist medically directs three simultaneous cases performed by three CRNAs. The record supports all required medical-direction steps. Which modifier combination should generally be reported to Medicare?

A. Physician: AA | CRNA: QZ

B. Physician: QK | CRNA: QX

C. Physician: QY | CRNA: QX

D. Physician: AD | CRNA: QZ

2. Postoperative block

A patient receives general anesthesia for total knee arthroplasty. At the surgeon's request, the anesthesiologist performs a single-shot adductor canal block exclusively for postoperative analgesia. The block has a separate procedure note, documented medical necessity, and time distinct from the primary anesthetic. Which statement is most accurate?

A. The block is always included in the primary anesthetic.

B. The block may be separately reportable with 64447 when documentation and applicable edit requirements are satisfied.

C. Report 64450 because the saphenous nerve is involved.

D. Report 64447 only when it is the primary anesthetic.

3. Outpatient ICD-10-CM reasoning

An outpatient undergoes anesthesia for diagnostic laparoscopy because of right-lower-quadrant pain and suspected appendicitis. The surgeon's final documentation states: 'No appendicitis identified; etiology of pain undetermined.' What diagnosis should generally be reported?

A. K35.80, acute appendicitis

B. R10.31, right-lower-quadrant abdominal pain

C. Z03.89, observation for suspected condition ruled out

D. No diagnosis because the operative findings were negative

4. Anesthesia-time audit

The record contains the following timestamps. The preanesthesia assessment was completed previously, and the intraoperative record does not show what anesthesia-related service occurred from 09:02-09:20.

- Anesthesia start: 09:02
- Induction: 09:20
- Operating-room entry: 09:31
- Procedure start: 09:44

A. Accept 09:02 because it appears in the anesthesia-start field.

B. Automatically change the start time to 09:20.

C. Query for clarification of the personally performed anesthesia preparation and continuous presence beginning at 09:02.

D. Begin time at 09:44 because that is when surgery started.

5. Qualifying circumstance and payer distinction

A 74-year-old patient undergoes a nonemergency procedure. The payer follows CPT reporting conventions but has its own reimbursement policy for qualifying circumstances. Which answer is most accurate?

A. Append 99100 automatically and assume separate payment.

B. The patient's age supports reporting 99100, but reimbursement must be verified under the payer's policy.

C. Report modifier P3 instead of 99100 because the patient is older than 70.

D. Report 99140 because age makes the procedure an emergency.

ANSWER KEY & RATIONALES

1. B - Physician QK; CRNA QX

QK identifies physician medical direction of two, three, or four concurrent qualified anesthesia cases. QX identifies the CRNA service performed under medical direction. QY is generally used when the anesthesiologist directs one CRNA. AD reflects medical supervision rather than compliant medical direction.

2. B - 64447 may be separately reportable

An adductor canal approach targeting the femoral nerve distribution is generally represented by 64447. When the block is requested for postoperative analgesia, is not the primary anesthetic, and has separate supporting documentation, it may be separately reportable. Modifier 59 or a more specific X modifier may be necessary depending on the NCCI edit, circumstances, and payer instructions.

3. B - R10.31

In the outpatient setting, a diagnosis documented only as suspected, probable, or rule-out is not coded as established. Because appendicitis was not confirmed, report the documented symptom chiefly responsible for the service.

4. C - Query for clarification

A field labeled 'anesthesia start' does not by itself prove that billable anesthesia time began then. The record should establish when the practitioner began preparing the patient for anesthesia and remained in continuous attendance. The auditor should not independently replace the recorded time without clarification.

5. B - Reportability and payment are separate questions

Age greater than 70 supports qualifying-circumstance code 99100. However, separate payment is payer-specific. Physical-status classification is based on the patient's clinical condition and is not replaced by an age-related qualifying circumstance.

Authoritative References

- Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual, Chapter 12 - Physicians/Nonphysician Practitioners.
- Centers for Medicare & Medicaid Services and National Center for Health Statistics. FY 2026 ICD-10-CM Official Guidelines for Coding and Reporting.
- American Society of Anesthesiologists. Anesthesia Payment Basics: Codes and Modifiers.
- American Society of Anesthesiologists. Anesthesia Payment Basics: Qualifying Circumstances.
- AMA CPT Professional and ASA Relative Value Guide, current editions, for complete code language and instructions.