CANPC PRACTICE SET 2

Ancillary Services, Regional Blocks & Documentation

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

QUESTIONS

1. Arterial-line documentation - Select all that apply

During a complex abdominal procedure, the anesthesiologist places a radial arterial catheter and intends to report 36620 separately from the anesthesia service. Which documentation elements support separate reporting?

A. Medical necessity for invasive arterial monitoring

B. Site and laterality of insertion

C. Identification of the practitioner who performed the procedure

D. A statement that 'standard monitoring was applied'

E. Placement technique and successful catheter insertion

2. Continuous adductor canal catheter

At the surgeon's request, the anesthesiologist places an ultrasound-guided catheter in the adductor canal for continuous postoperative analgesia following total knee arthroplasty. General anesthesia is used for the surgery. Which nerve-block code is most appropriate?

A. 64447

B. 64448

C. 64449

D. 64450

3. ICD-10-CM fracture encounter

A patient falls and sustains a displaced intertrochanteric fracture of the left femur. She is initially stabilized at a rural hospital and transferred two days later for open surgical fixation. The anesthesiologist provides anesthesia for the fixation. Which diagnosis code is most appropriate?

A. S72.142A

B. S72.142D

C. S72.142G

D. Z87.81

4. TEE probe placement

During cardiac surgery, the anesthesiologist inserts the transesophageal echocardiography probe. The cardiac surgeon acquires the images, performs the interpretation, and completes the final report.

The anesthesiologist documents probe placement but performs no image acquisition or interpretation. Which service may the anesthesiologist report when otherwise supported?

A. 93312-26

B. 93313

C. 93318

D. 93312 and 93313

5. Ultrasound-guided vascular access audit

The central-line note states only: 'Right IJ central line placed using ultrasound.' No documentation addresses vessel patency, real-time visualization, or permanent image retention. What is the best coding decision for 76937?

A. Report it because the words 'using ultrasound' appear in the note.

B. Report it with modifier 26 because the procedure occurred in the hospital.

C. Do not report it unless the missing required elements are supported or appropriately clarified.

D. Report it only when the central line was difficult to place.

ANSWER KEY & RATIONALES

1. A, B, C and E

Separate reporting of an arterial catheter should be supported by medical necessity and a procedure record identifying who placed it, the insertion site, the technique, and successful placement. 'Standard monitoring was applied' does not establish that a separately reportable invasive procedure occurred.

2. B - 64448

A continuous catheter targeting the femoral nerve distribution, including an adductor canal catheter, is generally reported with 64448. Code 64447 represents a single-injection technique. The block must also be distinct from the primary anesthetic and supported as postoperative pain management when separately reported.

3. A - S72.142A

Surgical fixation is active treatment of the fracture. The seventh character for an initial encounter applies during active treatment, even when the patient previously received stabilization elsewhere or treatment was delayed. 'Initial' does not necessarily mean the first provider or first calendar date.

4. B - 93313

Code 93313 represents placement of the TEE probe only. Because another physician acquired and interpreted the images and completed the report, the anesthesiologist should not report the comprehensive TEE service. Do not report both 93312 and 93313 for the same TEE examination.

5. C - Do not report without required support

Merely stating that ultrasound was used is insufficient. Separate reporting of 76937 requires documentation supporting ultrasound evaluation of the access site, real-time needle-entry visualization, and permanent image recording. A compliant clarification may be appropriate, but the coder should never assume or add missing clinical facts.

Authoritative References

- Centers for Medicare & Medicaid Services. Medicare NCCI Policy Manual.
- Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual, Chapter 12.
- 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. Statement on Transesophageal Echocardiography.
- AMA CPT Professional and ASA Relative Value Guide, current editions, for complete code language and instructions.