CHART TALK ~ ANESTHESIA CODING CONVERSATIONS

DOCUMENTATION & COMPLIANCE TIP SHEET

Medical Direction Documentation: The Seven Requirements

Medical direction is not established by presence alone. The record must support the required physician participation.

WHY THIS MATTERS

Under Medicare's medical-direction framework, an anesthesiologist directing qualified individuals in concurrent anesthesia cases must satisfy specific participation requirements. A physician name, attestation, or signature on the anesthesia record does not by itself prove that medical direction occurred. The documentation should support the required activities for the individual case and the reported concurrency.

THE CODING TIP

Seven requirements. One supported care model. When medical direction is reported, review the record for evidence that each applicable requirement was performed and documented. Do not treat the seven steps as optional simply because the overall anesthesia care appears appropriate.

THE SEVEN MEDICAL-DIRECTION REQUIREMENTS

1	PRE-ANESTHETIC EXAMINATION & EVALUATION	The physician performs a pre-anesthetic examination and evaluation.
2	PRESCRIBE THE ANESTHESIA PLAN	The physician prescribes the anesthesia plan.
3	PERSONALLY PARTICIPATE IN THE MOST DEMANDING PROCEDURES	The physician personally participates in the most demanding procedures in the anesthesia plan, including induction and emergence when applicable.
4	ENSURE QUALIFIED INDIVIDUALS PERFORM PROCEDURES	The physician ensures that procedures in the anesthesia plan that the physician does not personally perform are performed by a qualified individual.
5	MONITOR THE COURSE OF ANESTHESIA	The physician monitors the course of anesthesia administration at frequent intervals.
6	REMAIN PHYSICALLY PRESENT & AVAILABLE	The physician remains physically present and available for immediate diagnosis and treatment of emergencies.
7	PROVIDE INDICATED POST-ANESTHESIA CARE	The physician provides the indicated post-anesthesia care.

DOCUMENTATION: WHAT SHOULD THE CODER BE ABLE TO FIND?

- Evidence of the physician's pre-anesthesia evaluation and participation in the anesthesia plan.
- Documentation supporting physician participation in induction and emergence when applicable to the case.
- Evidence that the anesthesia professional performing delegated portions of the plan was qualified.
- Physician involvement/monitoring during the course of anesthesia at the intervals required by the applicable rule.
- Support that the physician remained available as required while directing concurrent cases.
- Post-anesthesia physician participation when indicated.
- Case times sufficient to evaluate concurrency and the physician's participation across overlapping cases.

DO NOT CONFUSE PRESENCE WITH MEDICAL DIRECTION

A physician may be physically present in the facility, sign the anesthesia record, or participate in portions of a case without satisfying all requirements for Medicare medical direction. The coder must determine whether the complete care model is supported—not whether the physician appears somewhere in the chart.

CONCURRENCY MATTERS

Medical direction and concurrency must be evaluated together. Under the Medicare framework, QK generally describes medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals, while QY describes medical direction of one CRNA. When the physician is involved in more than four concurrent anesthesia procedures, or when other circumstances prevent the medical-direction requirements from being met, the appropriate payment/care-model analysis may change.

COMMON DOCUMENTATION PROBLEMS

- The pre-anesthesia evaluation is present but physician participation in other required steps is not supported.
- An attestation states “medically directed” without documentation supporting the underlying requirements.
- Induction or emergence participation is assumed from a template rather than supported for the individual case.
- Frequent monitoring is not evident in the record.
- Case timelines create concurrency that conflicts with the reported modifier.
- The physician is performing another service that raises a question about continued availability for the medically directed cases.
- Post-anesthesia participation is absent when indicated.
- Physician and CRNA claim modifiers describe different care models.

A SIGNATURE IS NOT A SUBSTITUTE FOR THE SERVICE

Authentication answers: “Who signed or verified this documentation?” **Medical-direction documentation answers:** “What did the physician actually do?”

Both may matter, but they are not interchangeable. A signed record should still contain evidence supporting the physician's required participation.

CODER'S TIP

Audit the seven steps as seven separate questions. If your review process collapses them into a single “medical direction documented: yes/no” checkbox, it can hide the exact requirement that is missing.

QUICK EXAMPLE

Scenario: An anesthesiologist and CRNA are both listed on the case, and the physician signs the anesthesia record. The claim is expected to report a medically directed service.

Coding point: Do not assign QY/QX or QK/QX from the signatures alone. Review the record for the applicable medical-direction requirements and concurrency. The modifier pair should describe the care that the documentation actually supports.

WHEN TO STOP AND REVIEW

- One or more required medical-direction activities cannot be located in the record.
- The physician's documentation is entirely templated and conflicts with case events.
- Overlapping anesthesia times suggest a different concurrency level than the modifier reported.
- The physician's involvement in another procedure may affect immediate availability.
- Relief, handoff, or provider changes make the care model unclear.
- The payer follows rules different from Medicare's medical-direction framework.
- A local policy appears to omit a Medicare medical-direction requirement without authoritative payer support.

AUTHORITATIVE RESOURCES

- CMS Medicare Claims Processing Manual, Chapter 12, Section 50 - current rules for payment of anesthesiology services and medical direction.
- CMS Anesthesiologists Information Center and current Medicare anesthesia guidance.
- Current ASA Relative Value Guide (RVG) and applicable anesthesia care-team guidance.
- Current payer policy/contract - verify medical-direction, concurrency, modifier, and documentation requirements.

BOTTOM LINE

Medical direction is a set of required physician activities - not a checkbox, signature, or job title.