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ANESTHESIA NEWSLETTER

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Web site address: http//www.uth.tmc.edu/anes/ Anne Starr, Editor

Chairman's Corner

By Carin A. Hagberg, M.D.

1. The ITE is just around the corner. Hopefully you have been reading throughout your residency, and it will be reflected on this exam. The faculty will relieve all residents by approximately 6 p.m. the night before the exam and will cover until the residents return. I wish you all good luck!
2. We work together as a team in this department. We cover for each other when a resident/faculty is sick, a family member is sick or passes on, or individuals take maternity, paternity leave, etc. This is a good thing and how it should be!! In order to make accommodations for individuals at last minute notice, we need to remain flexible in our work schedule. Please keep in mind that although reading days may be assigned to you, these days will be the first days to be pulled if the work schedule falls short. All scheduled time off is subject to possible change for both the faculty and residents. Nonetheless, I will continue to try to protect these days as much as possible. If you are assigned to a reading day, please check in with 892 at 6:30 a.m. If you are not needed in the OR, please go to Jonetha or Cheryl to sign in and study in the departmental library.
3. Special workshops/in-services will soon be performed for transport/ICU ventilators, ultrasound and video fiberoptic scopes. Dr. Sciard will host his first CME accredited ultrasound workshop Sat., Mar. 28 from 8 am to 1 pm. These workshops will be conducted on a quarterly basis and will be limited to 20 registrants in order to keep groups small.
4. Residents who rotate on the airway rotation will now have a workshop on invasive airway management techniques using pig tracheas in our simulation center. Simulation sessions specific to airway management will also be conducted. The Neuro/Airway Journal Club will now be held bimonthly since other journal clubs are going to be conducted, including pediatric anesthesia and general anesthesia journal club. Our next general anesthesia journal club will be held in conjunction with the Department of Surgery. Stay tuned for details.
5. We are going to begin following an algorithm for all of our anesthesia transports (algorithm attached). Please keep track of these transports by logging in a new book located in the 892 office. Information such as date, patient name, unit name, surgical procedure, whether or not the transport protocol was adhered to and if not, why not, should be recorded, and lastly, please list any cause(s) for delays in the process.
6. Special thanks to Dr. Michael Ho for all his efforts into making Anesthesia Jeopardy both fun and informative. Congratulations to the CA3s for a good win! The next jeopardy session will be held in April.
7. I also would like to thank all of you for your improvement in conference attendance and participation in the FAER grant study!! Please keep it up.

> *"We work together as a team in this department."*

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Residency Director's Corner

By Mary Rabb, M.D.

1. Match Day is approaching. We have reviewed 841 applications and interviewed 174 applicants. We have ranked 142 applicants. Thank you to Jonetha, Cheryl and all of the residents and faculty for all of your hard work!!!!

2. Starting in April, we will have 2 residents rotating on the ICU consult service. The senior resident from MD Anderson ICU will be pulled to the ICU consult service.

   a. You will have a 2 week rotation in Burn ICU and then a 2 week rotation in Transplant ICU. During the first block one resident will be primarily assigned to the TSICU and taking every 5th night call (roughly 3 total 24 hour calls).
   b. The other resident will be assigned to the Burn Unit for 2 weeks. They will round there and cover any burn ICU issues Monday through Friday from 7 am to 5 pm. when they will check out to the TSICU on call person. They will cover the burn unit for 1 of the 2 weekends they are on the service. This would only require them to come in at 7 am, write the daily progress notes, round with the attending and then check out to the on call TSICU person. There will be no night phone calls or in house call for the burn block.

3. Congratulations to Laura Garret on the birth of her daughter, Elizabeth Elaine, weighing 7 lbs., 20 inches on February 2.

4. Todd Akins will be rejoining the program as a CA 2 resident starting March 1st. Sridhar Srikanth will also be joining the program as a CA 1 resident. Both will be in T mode for the first month. Please make them feel welcome when you see them in the OR.

"Match Day is approaching."

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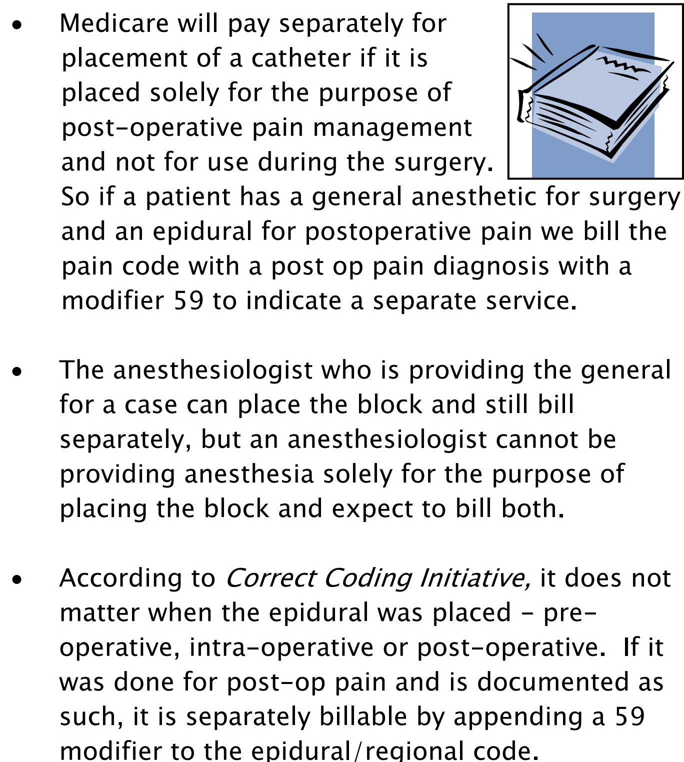
Coding/Billing Issues

By Shirley Hillman

Pain Management Billing Rules



- Medicare will pay separately for placement of a catheter if it is placed solely for the purpose of post-operative pain management and not for use during the surgery. So if a patient has a general anesthetic for surgery and an epidural for postoperative pain we bill the pain code with a post op pain diagnosis with a modifier 59 to indicate a separate service.

- The anesthesiologist who is providing the general for a case can place the block and still bill separately, but an anesthesiologist cannot be providing anesthesia solely for the purpose of placing the block and expect to bill both.

- According to *Correct Coding Initiative,* it does not matter when the epidural was placed - pre-operative, intra-operative or post-operative. If it was done for post-op pain and is documented as such, it is separately billable by appending a 59 modifier to the epidural/regional code.

- If the **epidural** or **continuous nerve catheter** is not billable separately (placed for, or use intra-operatively) then the follow-up or daily management can be billed starting with the day after surgery. A note of the hospital visit has to be in the patient's chart **with the diagnosis of pain**. Please note the location of pain being managed.

- Since pain management is primarily the responsibility of the surgeon, it should be protocol to obtain a written request from the surgeon. There should be proof in the patient's chart of medical necessity. If the written request cannot be obtained by the surgeon or surgery resident, please note who the surgeon was on the block record or procedure note.

"Please note the location of the pain being managed."

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Political Corner

By Evan Pivalizza, MBChB

Local Legislative News

In Texas, good news in that Rep John Zerwas, the anesthesiologist in the house has been appointed chair of the health and human services portion of the appropriations bill along with Dawnna Dukes (Austin), vice-chair, Ellen Cohen (Houston who was a Medicaid champion in the last session), Craig Eiland (Galveston) and Carl Isett (Lubbock). All health care financing will flow through this committee. The TSA and TMA are proactively monitoring bills as they are filed that affect physicians, medicine and patients in Texas, including expansion of non-physician scope of practice, health insurance reform (both good and potentially dangerous for us).

In particular, the Texas Association of Health Plans (TAHP) has distributed flyers and held a tutorial for legislative staff on 'balance billing'. As you remember, physicians are talking about network adequacy (or inadequacy in this case) rather than balance billing as there radiologists, pathologists, neonatologists) may be out-of-network. These include the health plan's practice of single-handedly determining what it is willing to pay physicians using inaccurate data leading physicians to 'opt-out' of inadequate payment plans.

These include the health plan's practice of single-handedly determining what it is willing to pay physicians using inaccurate data leading physicians to 'opt-out' of inadequate payment plans.

You may have seen some of TMA's response in Texas newspaper editorials asking for a health insurance code of conduct (akin to food product labeling) to hold health insurance companies transparency and accountability in the way health insurance companies conduct business.

As always, please follow legislative developments on TMA (www.texmed.org) and TSA (www.tsa.org) home pages and keep legislative visits to Austin in mind, especially the TSA sponsored anesthesia day on March 31st and the TMA lobby day immediately preceding the TMA annual meeting (April 30th).

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Chief Chat

We know the work hours have been long in January and the beginning of February, and we appreciate everyone's hard work & effort! We have been talking to many residents to gather your thoughts on how to improve work hours and education. Please feel free to talk to any of the chiefs regarding your ideas or concerns. We are your advocates.

ITE is just around the corner. We hope you have been taking advantage of Dr. Ho's review sessions. Good luck on the exam! After the exam is over, we will be having another faculty vs. resident sports competition.

Plans are underway for a fabulous Graduation Banquet. The banquet will be Sat. 6/20 from 6 pm to 10 pm. Please RSVP to lavinia.h.lin@uth.tmc.edu and the number of guests you would like to bring. Banquet planning committee meetings/dinners will be starting in March. The first dinner, tentatively, will be Monday March 9. Be on the lookout for emails.

Management of Epidural for Multiple Rib Fracture

It has been decided with Dr. Kozar (Director of the Trauma Service) that their request for epidural placement will be performed after their morning rounds, usually around 9:00 am from Monday to Friday.

The Trauma Team will hold the morning lovenox dose for the requested patient(s).

The regional anesthesia resident on call (24865) will be called for a consult (that has to be done **ASAP** following the request).

According to the finding, it will be decided whether or not to proceed for a thoracic epidural the following next day. The regional anesthesia resident will confirm the hold for lovenox, or if the patient cannot get the epidural placed will order to resume the lovenox injection. The trauma surgeon will also assess the puncture site for possible local contraindication before requesting epidural placement.

Faculty News

Invited Presentations:
Hagberg CA: Stanford 22nd Annual Anesthesia Update, “Review of the ASA Guidelines for Management of the Difficult Airway”, “Extubation of the Difficult Airway”, “Practice Guidelines for Perioperative Management of the Patient with Obstructive Sleep Apnea”, Big Sky Resort, Big Sky, MT, February 19-20

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I may not have everything I want, but I have everything I need.
Anonymous

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Snooze News

Hello from those of us in the Anesthesia Club! So far we have had an amazing year full of great speakers. Each lecture is designed to inspire interest in the field of anesthesia and provide education for those already interested in the field. We started this year with an introduction to anesthesia from the chief residents, which began to spark an interest in the field. Dr. Hagberg followed with a lecture describing how to manage an airway. Then in October, Dr. Rabb expanded on why she loves the field of anesthesia and all the reasons that we should, too. Dr. Layman described more about academic anesthesia, as well as obtaining a residency. Finally, Dr. Pivalizza updated us on current issues in anesthesia. We would like to thank all of our speakers. Without their dedication, anesthesia would not be one of the most popular specialties amongst our medical students. Please look for our match list in next month’s newsletter! Thanks!

Allison, Stacy, Darrell, and Adam

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Indication for Regional Anesthesia and Orthopedic Procedures

Dider Sciard, M.D.

It is our responsibility to provide the patient with the safest and best anesthesia technique according to his/her medical condition and to the type of surgery. Risks and benefits of a regional anesthesia technique associated or not to a sedation or general anesthesia have to be discussed for all patients going for an orthopedic procedure.

An anesthesia resident and attending are on call for regional everyday and should be easily approached to discuss any possible indication for regional anesthesia.

Orthopedic Indication for Regional Anesthesia (RA)

Type of Surgery	Type of Block	RA alone or RA and MAC/ GA	Short Acting LA (S) (Mepivacaine) Long Lasting LA (L) (Ropivacaine)	Tips
Shoulder, Upper Arm Surgery Joint replacement Arthroscopy : cuff repair, acromioplasty, arthrolysis Rotator cuff Deltoid surgery	Interscalene Block	RA + GA	L	GA most often needed because of position

Proximal humerus surgery				(sitting)
Elbow Surgery Neurolysis (ulnar) Joint replacement Distal humerus surgery Radial head surgery	ScB, IcB, AxB, MhB	RA RA or RA + GA RA or RA + GA	S L L	GA because of position (LD) and/or duration
Forearm and Hand Minor cutaneous or tendons' surgery(carpal tunnel, tendons) Bone surgery, major cutaneous or tendons' surgery (Dupuytren, carpal resection, osteotomy…)	ScB, IcB, AxB, MhB distal blocks (elbow, wrist) ScB, IcB, AxB, MhB	RA RA or RA + GA	S L	
Hip THA, femoral neck surgery	Femoral block (FB)	RA or RA + GA/ spinal/combined spinal epidural (S/SE)	L	S/SE for specific indication (resp.) and surgery less than 1h 30
Femur Fracture	FB	RA + GA/ spinal	L	
Knee TKA, ligamentoplasty Tibial ostéotomy, tibial plateau Arthroscopy menisectomy	FB FB Intra-articular Bupi or Ropi	RA + GA/ spinal RA + GA/ spinal GA + intra-articular LA	L L L	+/- sciatic block (high approach) Possible spinal/com-bined spinal epidural
Ankle and Foot Joint, fracture (bimalleolar, tibial pilon, calcaneum, talus Hallux valgus, mid-foot surgery (amputation) Toes, minor cutaneous or tendons' surgery	Popliteal block (PB) PB PB, ankle block	RA or RA + GA RA or RA + GA	L L S	Calf tourniquet if RA alone Possible spinal

Supraclavicular (ScB) Infraclavicular (IcB) Axillary (AxB) Mid-humeral (MhB)

Replacing Your Faculty Pager

This is a reminder to faculty about pager replacements should you need it. Whenever you have a defective pager or have a problem with your pager unit, you can contact Karen Lam to receive another unit (with same pager number assigned). Should she not be in, Sharyl Fain is the other contact. Both Karen and Sharyl are listed at USA Mobility as authorized contacts for our department.

Go Texan Day Anesthesia Participants 2/27/09

Debi Matthews

Sharyl Fain

Announcements

Lara Ferrario Received Certificate

Lara Ferrario, M.D. received her certificate for being employed by UT for 5 years.

Wu Han Chinese Delegation

The Wu Han Chinese Delegation recently visited our department on February 16. They are a group of businessmen representing the healthcare industry, from Wu Han, China.

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Amy Graham-Carlson did a fantastic job taking care of a patient for an awake craniotomy procedure. Great work, Amy!

Laura & Bryan Garrett announce the birth of Elizabeth Elaine Garrett born on February 2 at 10:59 p.m. weighing 7 lbs., 20 inches long.

Dudley & Greg Chitty announce the birth of Hunter Elizabeth, weighing 4 lbs., 12 oz. & Hannah Lee (5 lbs., 8 oz. born on February 16 at 15:09.

Faculty of the Month

Samia Khalil, M.D. is our Faculty of the Month. Dr. Khalil was doubly nominated because of her dedication to the faculty development program. She is always interested in teaching, provides compassionate patient care, giving in her time and finances to help residents.

Resident of the Month

Bao Vinh, M.D. is our Resident of the Month. He represented the UT Anesthesia Program very well and helped ease the anxiety of a patient in very extreme respiratory distress. Dr. Vinh prepared the patient for adenosine shots, taking charge of the situation. He was well prepared for any emergency and ready for intubation, if necessary.

Anesthesia Ice Cream Social February 23

At Srikanth Sridhar's Party Prior to Entering Residency

A Big Smile From Some of the Administrative Staff 2/12/09

On the occasion of Chris Green's (3rd from left) last day in our department.