



Specialty Supplemental Application – Anesthesia

IMPORTANT NOTICE

This is a SUPPLEMENT to an MIEC application. This document alone is insufficient to apply for and be approved for coverage with MIEC. Be sure to submit this along with your complete signed and dated MIEC application.

APPLICANT

Entity or Last name, first name

ANESTHESIA

ANSWERS A-G

- A. Do you provide pain management services? Yes No **If yes**, please also complete the **Pain Management** supplement separately.
- B. What percentage of your overall services/procedures are provided by physicians _____% or Advanced providers (CRNA's)? _____%
- C. What percentage of your services are provided to pediatric patients? _____%
- D. Describe your practice setting and percentage of practice in each
 Hospital/In-Patient _____%
 Surgery centers _____%
 Office suites _____%
- E. If you practice in an ambulatory setting (non-hospital), are you considered a mobile practice? Yes No
 If yes, do you carry and maintain resuscitative equipment? Yes No
- F. Describe the types of services you provide and percentage of practice related to each
 Local _____%
 Conscious _____%
 General _____%
 Other _____%
- G. Provide an estimate of the percentage of your practice in the following areas related to surgery level stratification below:

Surgery Stratification	% of practice	Examples of surgery types (not all inclusive)
Level 1		Eye surgery / GI endoscopy (without stents) / Dental procedures
Level 2		Hernia repair / ENT procedures without planned flap or neck dissection Diagnostic cardiac catheterization / Interventional radiology GI endoscopy with stent placement / Cystoscopy
Level 3		Intracranial and spine surgery / Gynecologic and urologic surgery / Intra-abdominal surgery without bowel resection / Intra-thoracic surgery without lung resection / Cardiac catheterization procedures including electrophysiology studies, ablations, AICD, pacemaker / Plastic Surgery
Level 4		Colorectal surgery with bowel resection / Kidney transplant / Major joint replacement (shoulder, knee, and hip) / Open radical prostatectomy, cystectomy / Major oncologic general surgery or gynecologic surgery / Major oncologic head and neck surgery
Level 5		Aortic surgery / Cardiac surgery / Intra-thoracic procedures with lung resection Major transplant surgery (heart, lung, liver)

SIGNATURE

Signature

Date