

Office of University Compliance



**SAINT LOUIS
UNIVERSITY**
— EST. 1818 —

Teaching Physician Services:
Billing, Coding, and Documentation

02/19/2018

Definitions

Resident

- An individual who participates in an approved GME program
- Includes interns and fellows who are in an approved GME program

Student

- An individual who participates in an accredited educational program (medical school) that is not an approved GME program
- Students are never considered to be an intern or a resident

Definitions

Teaching Physician (TP)

- A physician (other than another resident) who involves a resident in the care of his or her patients

Critical or Key Portion

- The part (or parts) of a service that the TP determines is (are) critical or key portions(s)

Physically Present

- The TP is located in the same room (or partitioned or curtained area) as the patient and/or performs a face-to-face service

Physician Billing in the Teaching Setting

- Effective January 1, 1997, services furnished by teaching physicians involving a resident in the care of the patients must be identified as such on the claim
- To be payable, claims for services furnished by teaching physician involving a resident must comply with the requirements in their respective section of the IOM
- When a physician places the GC modifier on the claim, they are certifying that the teaching physician has complied with the requirements in sections 100.1 – 100.1.6 of the IOM

NEW Physician Billing in the Teaching Setting with medical students

SUMMARY OF CHANGES:

Revision to Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Section 100.1.1

E/M Documentation Provided by Students, allows the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work.

EFFECTIVE DATE: January 1, 2018 *Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: March 5, 2018

Physician Billing in the Teaching Setting

- Services provided with residents or medical students are payable if:
 - Personally furnished by a Attending physician; or
 - Personally furnished by a Attending physician, documented by a medical student and verified by the attending physician.
 - Furnished by a resident where a teaching physician was physically present during the critical or key portions of the service; or
 - Certain E/M services furnished by a resident under the conditions in the Primary Care Exception

Physician Billing working with a medical student

- Services provided with medical student are payable if:
 - Personally performs or re-performs exam and/or medical decision making.
 - The physician verifies the medical student documentation.

Example of verification statement:

"I verify the medical students documentation/findings including history, physical exam and/or medical decision making. I have personally performed a physical exam and medical decision making for this service."

General Documentation Guidelines

- May be dictated and typed, hand-written, or computer-generated and typed
- Documentation must be dated and include a legible signature or identity
- Must identify, at a minimum, the service furnished, the participation of the TP in providing the service, and whether the TP was physically present

General Documentation Guidelines

- The TP may use a macro (smart phrase) as the required personal documentation
- Teaching Physicians are responsible for complete, accurate, dated and legible documentation of services rendered
- Medical student may document all portions of a E&M visit. The attending physician must verify and sign.
- On medical review, the combined entries into the medical record by the TP and the resident constitute the documentation for the service and together must support the medical necessity of the service.

Evaluation and Management Services

- The teaching physician (TP) must personally document at a minimum:
 - They performed or were physically present during the key or critical portions that the resident performed
 - Participation of the TP in the management of the patient
 - They verify the medical students documentation and they performed an exam and/or medical decision making on the patient.
- *SLUCare's* added standards:
 - New Patient:
 - Comment on 3/3 key components
 - Est. Patients:
 - Comment on 2/3 key components

Acceptable Examples

- I saw and examined the patient, discussed findings with the resident. Please see their note for additional details. In addition...
- I saw and evaluated the patient. I agree with the findings and plan of care as documented by the resident. My findings include...
- I verify the medical student's documentation/findings including history, physical exam and/or medical decision making. I have personally performed a physical exam and medical decision making for this service.
- I saw the patient with the resident and agree with their findings and plan. In addition...

Unacceptable Examples

- Agree with above
- Discussed with resident, agree with plan
- Patient seen and evaluated
- I have dictated the history and physical exam as performed by Dr.....



Pt seen and examined by resident, who discussed case with me.
History and exam by resident show cellulitis resolving.
I agree with diagnosis as documented in resident note.
I agree with documented plan of care in resident note.

Scenario 1

The teaching physician sees a patient without a resident present in the inpatient or outpatient setting. The resident may or may not have performed the E/M service independently

1. The TP documents their own complete note. There is no evidence in the medical record that a resident was involved or performed any part of the service (i.e. resident did not document a note)
 - a) The TP must document as he/she would document an E/M service in a non teaching setting
 - i. Attestation/linking statement not required
 - ii. Append GC modifier – if resident was still *involved*

Scenario 2

The resident sees a patient in the presence of (at the same time as) the teaching physician and they both provide documentation of the service

1. The TP must document an appropriate attestation/linking statement
 - i. Should include *SLUCare's* added standards
2. The TP's note should reference the resident's note
 - i. "...I agree with the resident's note..."
 - ii. "...Reviewed findings with resident. Please see their note for additional details..."
3. Append a GC modifier

Scenario 3

The resident sees a patient without a teaching physician present and documents a note. The teaching physician then sees the patient (with or without the resident) and discusses the case with the resident

1. The TP must document an appropriate attestation/linking statement
 - i. Should include *SLUCare's* added standards
2. The TP's note should reference the resident's note
 - i. "...I agree with the resident's note..."
 - ii. "...Reviewed findings with resident. Please see their note for additional details..."
3. Append a GC modifier

Scenario 4

The resident sees and admits a patient at 8pm on Monday. The physician does not see the patient until later, including the next calendar day.

1. If the patient's condition has not changed since initially seen by the resident and the TP agrees with the note
 - i. TP may reference the resident's note in lieu of re-documenting all elements of the E/M
 - ii. The TP must document an appropriate attestation/linking statement
 - i. Should include SLUCare's added standards
2. The claim should reflect the date of service the TP saw the patient and their work of obtaining history, performing physical and participating in the medical decision making
3. Append a GC modifier

Scenario 4

The resident sees and admits a patient at 8pm on Monday. The physician does not see the patient until later, including the next calendar day.

1. If the patient's condition has changed since initially seen by the resident
 - a) The TP must document an appropriate attestation/linking statement
 - b) TP note must reflect those changes in the patient's condition and the clinical course of treatment at the time the patient is seen personally by the TP
2. The claim should reflect the date of service the TP saw the patient and their work of obtaining history, performing physical and participating in the medical decision making
3. Append a GC modifier

Scenario 5

The medical student sees the patient and documents a note. The attending physician then examines the patient. The attending physician then reviews the medical students documentation and verifies with a verification statement and signature.

The medical student may act as a kind of scribe. The medical student will be logged in and document all aspects of the E&M visit. After examining the patient, the attending physician then reviews the medical students documentation and composes his/her own note (under his/her own log in) that states “*I verify the medical student’s documentation/findings including history, physical exam and/or medical decision making. I have personally performed a physical exam and medical decision making for this service.*”

E/M Documentation by Students

- Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician.
- Student may document services in the medical record.
- The TP must verify any documentation of the medical student as well as, the attending physician must exam the patient and perform the medical decision making.
- Includes any E/M service medical student's document for:
 - Office visits
 - Hospital visits
 - Discharge Day Management

Primary Care Exception

- Teaching physician's providing E/M services with a GME program granted a primary care exception may bill for lower and mid-level E/M services provided by residents.
 - New Patient codes: 99201-99203
 - Est. Patient codes: 99211-99213
 - Initial preventive physical examination: G0402
 - Annual wellness visit, first visit: G0438
 - Annual wellness visit, subsequent visit: G0439
- Type of services furnished by residents include
 - Acute care for undifferentiated problems or chronic care for ongoing conditions
 - Coordination of care furnished by other physicians and providers
 - Comprehensive care not limited by organ system of diagnosis
- If a service other than those listed above needs to be furnished (minor procedures, diagnostic tests, in office labs) then the general teaching physician policy applies

Primary Care Exception

- Resident's providing these services without the physical presence of a TP must have completed at least 6 months of a GME approved resident program
- Currently the following rule is only allowed in General Internal Medicine, Geriatrics, General Academic Pediatrics and OBGYN
- Claims are filed with a GE modifier

Primary Care Exception

- TP's submitting claims must
 - Not supervise more than four residents at any given time
 - TP must be immediately available to assist
 - Not have other responsibilities
 - Have the primary medical responsibility for patient cared for by the residents
 - Ensure care was reasonable and necessary
 - Review the care provided by the resident during or immediately after each visit
 - Must include a review of the patient's history, residents exam findings, diagnosis and treatment plan
 - Document the extent of his/her own participation in the review and direction of the services furnished

Psychiatry

- The requirement for the presence of the TP during the service may be met by concurrent observation of the service by use of a one-way mirror or video equipment
- Audio-only equipment does not satisfy this requirement
- TP policy does not apply to psychologists

Interpretation of Diagnostic Radiology and Other Diagnostic Tests

- If the resident prepares and signs the interpretation
 - TP must personally document they reviewed and personally interpreted the test
 - Agree or edit the findings
- If the TP signature is the only signature on the interpretation
 - Assumed that the TP was the one who personally performed the interpretation

Anesthesia

- TP must document and be present for
 - All critical and key portions of the procedure
 - Induction
 - Emergence
 - And they were immediately available during the entire procedure to furnish anesthesia services
- The teaching anesthesiologist should use the AA and the GC modifiers if the anesthesiologist is involved in the training of a resident in:
 - A single case
 - Two concurrent cases involving residents
 - A single case with a resident that is concurrent to another case paid under the medical direction rules

Surgical Procedures

- When the TP is present for ENTIRE Procedure:
 - Physician documents the operative note and identifies a resident as a participant
 - Recommended that they include an attestation that they were present for the entire procedure
 - Append a GC modifier
 - Resident documents the operative note
 - Resident may document “Dr. Smith was present for the entire case.”
 - TP must co-sign Operative Report
 - Append a GC modifier
- When TP is present for “key and critical portions” of the procedure:
 - TP must personally document “I was present for the key and critical portions.”
 - TP must be immediately available to return to OR if needed

Surgical Procedures

- Endoscopic Procedures:
 - TP must be present for entire viewing
 - Cannot be viewed through a monitor in another room
- High Risk and Procedures that last less than 5 minutes:
 - TP must be present for entire procedure
 - National policy, local policy or the CPT description indicate that the procedure requires personal (in person) supervision of its performance by a physician
 - Includes:
 - Interventional radiology
 - Cardiologic supervision and interpretation
 - Cardiac catheterization
 - Cardiovascular stress tests
 - Trans-esophageal echocardiography (TEE)

Surgical Procedures

- Two Overlapping Surgeries
 - TP must be present during the critical or key portions of both operations
 - All the key portions of the initial procedure must be completed before the teaching surgeon may begin to be involved in the second procedure
 - The teaching surgeon must personally document in the medical record they were present during the critical or key portions of both procedures
 - TP must arrange for another qualified surgeon to immediately assist the resident in the other case
 - Should also be documented in the record
 - Supervision of three concurrent surgical procedures is not payable under the fee schedule

Assistant Surgeons – Modifier 80, 81 or 82

- Assistant at surgery claims may be submitted for services furnished in teaching hospitals on the basis of certification §1842(b)(7)(D) by the assistant, or through the use of modifier -82 which indicates that a qualified resident surgeon was not available
- There may be exceptional medical circumstances (e.g., emergency, life-threatening situations such as multiple traumatic injuries) which require immediate treatment

Assistant Surgeons

- Modifier 80: Assistant surgeon who is an MD or DO who assisted in the majority of the case.
- Modifier 81: Assistant surgeon who is an MD or DO who assisted in less than the majority of the case.
- Modifier 82: Assistant surgeon who is MD or DO, in an academic institution where there is no qualified resident available.
- Modifier AS: Assistant at surgery who is PA, NP or CNS who is an assistant at surgery.

Assistant Surgeons

- Medicare reimburses the assistant surgeon, who is MD or DO, 16% of the normal allowable for primary procedures and appends the appropriate multiple procedure payment formula for subsequent procedures.
- Medicare reimburses PA, NP, or CNS, 13% of the allowable for primary procedures and applies the appropriate multiple procedure payment formula for subsequent procedures.

Assistant Surgeons

- There may be other situations in which the medical staff may find that exceptional medical circumstances justify the services of a physician assistant at surgery even though a qualified resident is available
- Payment may be made for the services of assistants at surgery in teaching hospitals if the primary surgeon has an across-the-board policy of never involving residents in the preoperative, operative, or postoperative care of his or her patients

Co-Surgeons

- Co-surgeons – two surgeons who are performing distinct separate parts of the same procedure. Most commonly, this is one surgeon performing the approach and one performing the definitive procedure.
- The key is that two surgeons are performing distinct separate parts of the same procedure and they are not assisting each other.

Co-Surgeons – 62 Modifier

Example: Vascular surgeon performs the approach for an anterior lumbar interbody fusion. Spine surgeon performs the fusion.

The spine surgeon bills: 22558-62

The vascular surgeon bills: 22558-62

Both surgeons dictate their own operative notes describing their distinct part of the procedure.

Both surgeons dictation include what the other surgeon performed.

i.e. “after Dr. vascular surgeon performed the approach”

“After I performed the approach, Dr. Spine performed the fusion.”

Time Based Services

- Teaching Physician (TP) must be present for the entire time for which the CPT code is selected
 - This can be reflected in their attestation statement
- Includes
 - Psychotherapy
 - Critical Care
 - Hospital discharge day management
 - E/Ms based off of counseling and coordination of care
 - Prolonged services

Maternity Services

- The TP must be present for the delivery
- If the TP's only involvement was at the time of delivery the TP should bill the delivery only code
- In order to bill for the global obstetrical care, the TP must be present for the minimum indicated number of visits when such a number is specified in the description of the code
 - CPT 59425: Antepartum care only; 4-6 visits

End Stage Renal Visits (Under Monthly Capitation)

- Patient visits furnished by resident may be counted toward the MCP visits if the TP physician is physically present during the visit
- The TP may utilize the resident's notes, however the TP must document his or her physical presence during the visit(s) furnished by the resident that they reviewed the resident's notes
- The TP could document these criteria as part of an extensive once a month MCP note

Remember

- The TP should have an attestation statement for each of the applicable services
 - If an E/M and diagnostic test or procedure is performed during the same visit, an attestation is required for each note/service.

Compliance Department

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