

	Policy No.: 309	Signature: 	
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PHYSICIAN SERVICES AT TEACHING HOSPITALS

SCOPE:

All Envision Physician Services and its subsidiaries’ (the “Company”) colleagues working as Teaching Physicians. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

The purpose of this policy is to set forth the Teaching Physician (TP) and resident documentation guidelines to bill for services conducted in the Emergency Department.

POLICY:

For purposes of this policy, the following definitions apply:

- **Medical Student** - An individual who participates in an accredited educational program (e.g., a medical school) that is not an approved GME program.
- **Resident** - An individual, including interns and fellows, who participate in an approved graduate medical education (GME) program or a physician who is not in an approved GME program but who is authorized to practice only in a hospital setting.
- **Teaching Hospital** - A hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry.
- **Teaching Physician** - A physician (other than another resident) who involves residents in the care of his or her patients.
- **Critical or Key Portion** - That part (or parts) of a service that the teaching physician determines is (are) a critical or key portion(s). For purposes of this section, these terms are interchangeable.
- **Documentation** - Notes recorded in the patient’s medical records by a resident, and/or teaching physician regarding the service furnished. Documentation may be dictated and typed, hand-written or computer-generated, and typed or handwritten. Documentation must be dated and include a legible signature or identity. Documentation must identify,

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at a minimum, the service furnished, the participation of the teaching physician in providing the service, and whether the teaching physician was physically present.

- **Physically Present** - The teaching physician is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service.

PROCEDURE:

RESIDENTS

The level of evaluation and management service will be determined by the extent of the TP's participation and documentation of the key elements of the history, physical examination, and medical decision making. The resident may document in the medical record, but the TP must reference the key elements. When the TP repeats key elements of the service previously provided and documented by the resident, the TP's documentation may briefly summarize confirmation or revision of key elements of the service as listed below:

- Relevant history of present illness and prior diagnostic tests.
- Major findings of the physical examination.
- Assessment, clinical impression or diagnosis.
- Plan of Care.

When all required elements of the service are obtained by the resident in the presence of or jointly with the TP and documented by the resident, the resident's note should reflect the level of the TP's direct involvement in observation, performance and personal input into the key elements as listed above. The TP's documentation would then be limited to confirmation of each component of the resident's documentation and evidence of the personal involvement and presence during the service. The combination of the TP and resident entries would determine the overall level of service performed.

When selected elements of the service are obtained by the resident independently and the TP repeats one or more of the key elements for which the TP was not physically present, the TP's documentation must include a summary, revision or confirmation of the resident's findings for the

service for which the TP was not physically present and a discussion of the key elements provided personally by the TP. The combination of the TP and resident entries would determine the overall level of service.

Under no circumstances will only the TP's countersignature of resident's notes be considered evidence of TP involvement in patient care.

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Teaching Physician Documentation

Teaching Physician documentation must include the following elements:

- That the TP performed the service or was physically present during the key or critical portions of the service when performed by the resident; and
- The participation of the teaching physician in the management of the patient.

On medical review, the combined entries in 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. Documentation by the resident of your presence and participation is not sufficient to establish such presence and participation.

Following are examples of unacceptable documentation:

- “Agree with above.”, followed by legible countersignature or identity;
- “Rounded, Reviewed, Agree.”, followed by legible countersignature or identity;
- “Discussed with resident. Agree.”, followed by legible countersignature or identity;
- “Seen and agree.”, followed by legible countersignature or identity;
- “Patient seen and evaluated.”, followed by legible countersignature or identity; and
- A legible countersignature or identity alone.

Such documentation is not acceptable, because the documentation does not make it possible to determine whether the TP was present, evaluated the patient, and/or had any involvement with the plan of care.

Electronic Medical Record Documentation:

The resident or the TP must provide customized information that is sufficient to support a medical necessity determination. The note in the electronic medical record must sufficiently describe the specific services furnished to the specific patient on the specific date.

The TP Guidelines for Surgical, High Risk and Complex Procedures

For surgical, high risk and complex procedures, the TP must be physically present for all critical and key portions and immediately available to provide service throughout the entire procedure for which payment is sought. This would mean that the TP must not be involved in other procedures from which he or she will not return. The procedure includes all related preoperative, operative and post-operative care of the patient. The TP, resident or operating room nurse, may document the physical presence of the physician for the procedure.

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For overlapping surgeries, documentation must illustrate the TP's presence during the critical or key portion of both. The TP must enter the documentation of the TP's presence in the key portion of both.

The TP Guidelines for Minor Surgical Procedures

Minor surgical procedures such as simple suturing are common in the emergency department. The TP must be present for the entire procedure for which payment is sought.

The TP Guidelines for Critical Care

In order for the TP to bill for critical care services the TP must meet the requirements for critical care as defined by Medicare. The minimum personal attention requirement for the TP's attention in order to bill for Critical Care is 30 minutes excluding any time spent performing additionally billable procedures, e.g. intubation, CPR, laceration repair, etc.

For critical care, the TP must be present for the entire period of time for which the claim is submitted. For example, payment will be made for 35 minutes of critical care services only if the TP is present for the full 35 minutes.

Time spent teaching may not be counted towards critical care time. Time spent by the resident, in the absence of the TP, cannot be billed by the TP as critical care services. Only time spent by the resident and TP together with the patient or the TP alone with the patient can be counted toward critical care time.

The TP Guidelines for Diagnostic Radiology Interpretations

Payment will be made for diagnostic radiology and other diagnostic tests if the interpretations are performed by or reviewed with a physician. If the resident prepares and signs the interpretations, the TP must indicate his/her personal review and interpretation through agreement or revision of the resident's findings.

The TP Guidelines for Anesthesia Services

Payment will be made for anesthesia services if a teaching anesthesiologist is involved in a single procedure with one resident. The TP must document in the medical records that he/she was present during all critical (or key) portions of the procedure. The TP's physical presence during only the preoperative or postoperative visits with the beneficiary is not sufficient to receive payment.

The TP Guidelines for Maternity Services

In the case of maternity services, the TP must be present for the delivery in order to bill for the service.

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MEDICAL STUDENTS

As previously mentioned, CMS defines a medical student as an individual who participates in an accredited educational program (e.g., a medical school) that is not an approved GME program. **A student is never considered to be an intern or a resident. Medicare does not pay for any service furnished by a student.**

Most hospital organizations have policies and procedures outlining the activities of medical students and what documentation from students can be entered in the patient record.

Any contribution and participation of a student to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a TP or physical presence of a resident in a service meeting the requirements set forth in this policy for TP billing purposes.

Students may document services in the medical record. However, the documentation of an E/M service by a student that may be referred to by the TP is limited to documentation related to the review of systems and/or past family/social history. The TP may not refer to a student's documentation of physical exam findings or medical decision making in his or her personal note. If the medical student documents E/M services, the TP **must verify and re-document** the history of present illness as well as **perform and re-document** the physical exam and medical decision making activities of the service.

In addition, certain state regulations and other payor guidelines also have supervisory stipulations concerning medical students. Refer to local payor and state.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy and all HIPAA policies when necessary in the normal course of its review of the Corporate Ethics & Compliance Program.