

Teaching Physician Rules

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Teaching Physician Rules

- History of Teaching Physician Regulations
- Lobbying for Change
- Newest Guidance – Transmittal 1780
 - Overview and Analysis of Changes
- What is the Impact?
- Summary and Conclusions
- Questions and Answers

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History of the Teaching Physician Rules

- Federal government payment rules
 - First billing guidelines established in 1967
- Revisited and the birth of Intermediary Letter 372 (IL 372)
 - Continued confusion
 - Lack of standard application of rules by local Medicare Carriers
- "New" Teaching Physician Rules - July 1, 1996
- Education Process

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Teaching Physician Rules Lobbying for Change

- Association of American Medical Colleges (AAMC)
- Continuous lobbying efforts
- Group on Faculty Practice Steering Committee
 - CMS
 - Identify areas of "documentation burden"

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Teaching Physician Rules Newest Guidance – Transmittal 1780

Section 15016, Supervising Physicians in Teaching Settings

The new/revised material focuses on three general areas

- Definitions
- Payment for Teaching Physicians
- General Documentation Instructions and Common Scenarios

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Teaching Physician Rules - Definitions

Resident:

Is defined as individual who participates in an approved graduate medical education (GME) program or a physician not in an approved GME program but who is authorized to practice only in a hospital setting. The term includes interns and fellows in GME programs recognized as approved for purposes of direct GME payments made by the fiscal intermediary.

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Teaching Physician Rules - Definitions

Student:

Is defined 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.

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Teaching Physician Rules - Definitions

Critical or Key Portion:

Is defined as the portion (or portions) of a service that the TP determines is critical or is a key portion of the service. These terms are interchangeable.

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Teaching Physician Rules - Definitions

Documentation:

Is defined as the hand written, computer generated, dictated, or typed notes in the patient's medical record by teaching physicians or residents. This documentation must be dated and contain a legible signature or identity. The documentation must identify the service that was furnished by the teaching physician and establish his/her physical presence.

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Teaching Physician Rules - Definitions

Physically Present:

Is defined as meaning when the teaching physician is located in the same room (or partitioned/curtained/subdivided areas) as the patient. Providing a face to face service is also defined as physical presence.

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Payment for Teaching Physicians

Payment will be made if:

- 1.) Services are personally furnished by a physician who is not a resident
- 2.) The TP was physically present during the critical or key portions of the service that a resident performs subject to the exceptions described and clarified by Transmittal 1780
- 3.) The TP provides care under the conditions required for "Primary Care Exception",

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Teaching Physician Rules for Evaluation and Management Services

The teaching physician must *personally* document *at least* the following:

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

Reviewers will combine the documentation of both the resident and the physician.

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Teaching Physician Rules for Evaluation and Management Services

- Documentation *by the resident* of the presence and participation of the teaching physician *is not* sufficient to establish the presence and participation of the teaching physician.
- The combined entries into the medical record by the TP and the resident must support the medical necessity of the service.
- Three common scenarios for teaching physicians are described.

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Teaching Physician Rules for Evaluation and Management Services

- **Scenario I** – TP personally performs all the required elements of an E/M service without a resident.
- **Scenario II** – The resident performs the elements required for an E/M service in the presence of, or jointly with, the TP and the resident documents the service.
- **Scenario III** - The resident completes and documents the elements of the service, in the absence of the TP. Then, the TP performs the critical or key portion(s) independent of the resident (the resident may or may not be present).

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Teaching Physician Rules for Evaluation and Management Services

Scenario I - In the absence of a note by a resident, the TP must document as he or she would document an E/M service in a non-teaching setting.

Scenario I - Minimally acceptable documentation

- Admitting Note: "I performed a history and physical examination of the patient and discussed his management with the resident. I reviewed the resident's note and agree with the documented plan of care."
- Follow-up Visit: "Hospital Day #3. I saw and evaluated the patient. I agree with the findings and plan of care documented in the resident's note."
- Follow-up Visit: "Hospital Day #5. I saw and examined the patient. I agree with the resident's note except the heart murmur is louder, so I will obtain an echo to evaluate."

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Teaching Physician Rules for Evaluation and Management Services

Scenario II – The TP must document that he/she was present during the critical portions of the service and was directly involved in the management of the patient. The TP note should reference the resident's note. Combined entries must support medical necessity and the level of service billed.

Scenario II - Minimally acceptable documentation

- Initial or Follow-up Visit: "I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note."
- Follow-up Visit: "I saw the patient with the resident and agree with the resident's findings and plan."

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Teaching Physician Rules for Evaluation and Management Services

Scenario III- In this situation, the TP must document that he/she personally performed the critical/key portions of the service and was active in the management of the patient. The TP should reference the resident's note. Combined entries must support medical necessity and the level of service billed.

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Teaching Physician Rules for Evaluation and Management Services

Scenario III – Minimally accepted documentation

- Initial Visit: "I saw and evaluated the patient. I reviewed the resident's note and agree, except that picture is more consistent with pericarditis than myocardial ischemia. Will begin NSAIDs."
- Initial or Follow-up Visit: I saw and evaluated the patient. Discussed with resident and agree with resident's findings and plan as documented in the resident's note.
- Follow-up Visit: "See resident's note for details. I saw and evaluated the patient and agree with the resident's findings and plans as written."
- Follow-up Visit: "I saw and evaluated the patient. Agree with resident's note but lower extremities are weaker, now 3/5; MRI of L/S Spine today."

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Teaching Physician Rules for Evaluation and Management Services

The following are examples of unacceptable TP linking statements:

- Agree with above
- Rounded, reviewed and agree
- Discussed with resident. Agree.
- Seen and agree.
- Patient seen and evaluated
- Countersignature alone

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Teaching Physician Rules for Evaluation and Management Services

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

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E/M Service Documentation Provided by Students

- Student documentation to which the physician may refer is limited to review of systems and past, family and social history.
- The TP may not refer to the student's documentation of physical exam findings or medical decision-making.
- If the 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.

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Evaluation and Management Services Primary Care Exception Rule

In locations where a primary care exception has been granted, the following E/M services furnished by residents in the absence of the TP, may be billed:

<u>New patient</u>	<u>Established Patient</u>
99201	99211
99202	99212
99203	99213

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Evaluation and Management Services Primary Care Exception Rule

Requirements include TP supervision of no more than four (4) residents

The teaching physician must:

- Be "immediately available"
- Have no other responsibilities at the time service is provided by residents
- Review the care provided by the resident during or immediately after each visit. (Includes history, exam findings, diagnosis and treatment plan).
- Document the extent of his/her own participation in the review and direction of the services furnished to each patient.

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Teaching Physician Rules for Procedures Surgery Including Endoscopy

TP must be present during all critical and key portions of the procedure and immediately available for the entire procedure.

TP is "responsible" for pre-operative, operative and post-operative care. TP determines which post-operative visits are key or critical and require his/her presence.

Presence is not required during opening and closing unless these are determined to be critical or key portions.

If TP is present for the entire surgery, his/her presence may be demonstrated by notes made by the physician, resident or operating room nurse.

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Teaching Physician Rules for Procedures Overlapping Surgeries

- TP must be present during the critical and key portions of both operations.
- The critical portions of overlapping procedures may not occur at the same time.
- TP must *personally* document his/her presence during the critical portions.
- If TP is not able to be immediately available he/she must arrange for another qualified surgeon to immediately assist if necessary.
- In the case of three or more concurrent surgeries, these cases are classified as "supervisory" and the services are not payable under the physician fee schedule.

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Teaching Physician Rules for Procedures Anesthesia

- Full fee schedule is reimbursed if the TP and resident are involved with a single procedure. TP must be present during all critical portions.
- TP presence during only pre-operative and/or post-operative visits is not sufficient for reimbursement.
- If the TP is involved in concurrent procedures with more than one resident (or non-physician anesthetist) services are reimbursed as medical direction.

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Teaching Physician Rules for Procedures Endoscopy

- The TP must be present during the entire viewing of an endoscopic procedure
- The entire viewing begins with the insertion of the endoscope and ends with the removal of the endoscope.
- Viewing of the entire procedure through a monitor in another room *does not* meet the teaching physician presence requirements.

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Teaching Physician Rules for Procedures Radiology

- The TP will be paid for the interpretation of diagnostic radiology and other diagnostic tests if the interpretation is completed or reviewed by the TP.
- Medicare will not pay if the TP only countersigns the resident's interpretation.
- If the resident prepares or signs the interpretation, the TP must indicate that he/she has personally reviewed the image and the interpretation and either agrees with or edits the findings.

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Teaching Physician Rules for Procedures Psychiatry

- The general TP rules apply to psychiatric services.
- Medical psychotherapy codes (CPT 90804 – 90829) are time based codes and TP must be physically present for the time specifically described by the code.
- A TP in psychiatry may meet the physical presence requirement by real time use of a one-way mirror or video. Audio-only fails to meet the physical presence requirement.
- TP rules do not apply to psychologists who supervise psychiatry residents in GME programs.

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Teaching Physician Rules Time Based Codes

For procedure codes based on time, the TP must be physically present for the time period described by the code. Do not add time spent by the resident in the absence of the TP. The following are examples:

- Individual medical psychotherapy (CPT 90804-90829)
- Critical care services (CPT 99291-99292)
- Hospital discharge day management (CPT 99238-99239)
- E/M where time is the key or controlling factor (counseling or coordination of care is more than 50% of the encounter)
- Prolonged services (CPT 99358-99359)
- Care Plan Oversight (HCPCS G0181-G0182)

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Teaching Physician Rules Assistant at Surgery

- Definition: An assistant at surgery is a physician who actively assists the physician in charge of a case in performing a surgical procedure.
- Note that a NP, PA or CNS who is authorized under State law can also serve as an assistant at surgery.
- The conditions for coverage of such services in teaching hospitals are more restrictive than in other settings because of the availability of residents qualified to perform these services.

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What is the Impact?

- Transmittal 1780 clarifies documentation requirements with specific definitions and scenarios.
- The revised language makes it clear for E/M services that the TP need not repeat the documentation already provided by the resident.
- Clarifies the policy for services performed and documented by medical students.

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What are the Advantages?

- For E/M services, it is no longer required that the TP document a patient- specific comment related to history, exam and medical decision-making as required by the code category.
- The requirements for TP presence during the critical and key portions of both E/M services and surgical procedures has really not changed.
- Physicians now have specific examples of minimally acceptable documentation for common E/M scenarios.

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Is Physician Re-Education Necessary?

- The examples provided regarding the three E/M scenarios are examples of "minimally acceptable documentation".
- The possibility of ambiguous entries still exists. It still must be clear that the physician personally evaluated the patient and through that evaluation confirms the findings of the resident.
- Previous teaching physician documentation requirements are more stringent than the minimally acceptable examples that are now sufficient to support physical presence.

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What is in the Future?

- Cohesive efforts through organizations committed to supporting the academic clinician
- Audit to gauge the effectiveness of compliance of the "new rules"
- Be careful what you wish for . . .
- Lobbying efforts continue

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Teaching Physician Rules Summary and Conclusions

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