

Teaching Physician Guidelines for Medicare, Medicaid and TRICARE

Review for Provider
Reappointment



July 2019

Objectives

1

Review requirements for teaching physician rules for Medicare, Medicaid, and TRICARE

2

Review guidelines for the Medicare Primary Care Exception

3

Review restrictions on using documentation done by Medical Students

Why Compliance?

Two main problems cause the majority of refunds and penalties for Academic Medical Centers:



The Teaching Physician (TP) billed and though he/she may have been present and participated in the care, he/she did not document appropriate presence.



The documentation in the note did not support the level of service or procedure billed.

Why the stringent Medicare requirements? Medicare does not want to pay twice!

- Medicare pays for Resident Physician services through Part A to the hospital. Medicare makes the payments based on the proportionate share of Medicare patients seen at the teaching hospital.
- TPs are paid by Part B Medicare on a fee-for-service basis.
- Medicare Part B will pay for TP services with the Resident Physician when the TP participates and documents his/her involvement in the service. If the TP does not participate in a given patient service when a Resident is involved, and meet specific documentation requirements, the TP may not bill for the service.

Medicare Teaching Physician Guidelines

Teaching Physician Guidelines have specific documentation requirements

For purposes of Medicare payment, Evaluation and Management (E/M) services billed by TPs require that TPs personally document at least the following:

- They performed the service or were physically present during the key or critical portions of the service when performed by the Resident; and
- They participated in management of the patient.

Documentation by the Resident of the presence and participation of the TP is not sufficient to establish the presence and participation of the TP.

- A GC modifier is appended to the CPT code for the procedure or service to inform Medicare that a resident was involved in the procedure or service and that all supervision requirements were met.

Teaching Physician Guidelines examples

Scenario

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.

Rule

The TP must document that he/she was present during the performance of the critical or key portion(s) of the service and that he/she was directly involved in the management of the patient.

Examples: Acceptable attestations:

Initial or Follow-up Visit: “I was present with the 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.”

Teaching Physician Guidelines examples

Scenario

The Resident performs some or all of the required elements of the service in the absence of the TP and documents his/her service. The TP independently performs the critical or key portion(s) of the service with or without the Resident present and, as appropriate, discusses the case with the Resident.

Rule

In this instance, the TP must document that he/she personally saw the patient, personally performed critical or key portions of the service, and participated in the management of the patient.

Examples: Acceptable Attestations:

- 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 the Resident and agree with the 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 finding and plan as written.”

Teaching Physician Guidelines unacceptable attestations

Examples: Unacceptable Attestations:

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

Such documentation is not acceptable, because the attestation 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.

The TP must be present for the period of time required by the code description for time-based procedures

Do not bill for time spent by the Resident in the absence of the TP.

Time-based codes include:

- Individual medical psychotherapy [90832–90840]
- Critical Care Services [99291–99292]
- Hospital Discharge services [99238–99239]
- Prolonged Services [99354–99357]
- Care Plan Oversight Services [99374–99380]
- E/M codes in which counseling and/or coordination of care dominates (more than 50%) of the encounter, and time is considered the key or controlling factor to qualify for a particular level of E/M service

The TP must be present for the period of time required for time-based E/M codes

- Levels of service can be based on the total amount of time spent with the patient, of which 50% or more must have been spent in counseling and/or coordination of care for the patient.
- Do not add time spent by the Resident in counseling in the absence of the TP to determine time-based billing for E/M codes.
- Example:
 - Smoking cessation counseling, chronic care management, and transitional care management, are examples of services where Resident involvement can not be provided in absence of the TP and be counted towards an E/M level.

Only the personal time of the TP counts toward critical care time

- A combination of the TP's documentation and the Resident's documentation may support the critical care service.
- The medical record documentation of the TP must provide the following information:
 - Time the TP spent providing critical care,
 - The patient was critically ill during the time the TP saw the patient,
 - What made the patient critically ill; and
 - Nature of the treatment and management provided by the TP. The medical review criteria are the same for the TP as well as for all physicians.

Example: Acceptable attestation:

“Patient is in critical condition with _____. I spent ___ minutes providing critical care services of _____. I reviewed the Resident's documentation and I agree with the Resident's assessment and plan of care.”

TP must be present during critical portions & immediately available throughout surgical procedures & endoscopies

- **Surgery**

- The TP is responsible for the preoperative, operative, and postoperative care of the patient.
- The TP's presence is not required during the opening and closing of the surgical field unless these activities are considered to be critical or key portions of the procedure.

- **Single surgery**

- TP decides what portions are critical and key.
- If the TP is present the entire time, the Resident's note can attest to that presence.
- If present for critical/key portions only, TP must document extent of involvement.

Overlapping Surgeries: critical and key portions may not overlap

- **Concurrent Surgery**
 - Not permitted at UNC MC (see [ADMIN 0278](#) UNC MC policy)
- **Two overlapping surgeries**
 - The primary attending surgeon must be present for the critical or key portions of both operations. The critical/key portions may not take place at the same time.
 - When all the key portions of the first procedure have been completed, the TP may begin to become involved in a second procedure.
 - When the TP is not present during non-critical or key portions of the procedure and is participating in another surgical procedure, he/she must arrange for another qualified back up surgeon to immediately assist the Resident should the need arise.
 - TP must document presence of critical/key portion.

Example: "I was present during all critical and key portions of the procedure(s) and immediately available to furnish services for the entire duration. See Resident note for details."

TP presence during procedure determines ability to bill

- **Minor procedures of <5 minutes**
 - TP must be present the entire time in order to bill
- **Endoscopies (other than surgical operations)**
 - TP must be present for entire viewing, including insertion and removal
- **All time-based services**
 - Must be present the entire amount of time billed

TP presence during procedure determines ability to bill other specific procedures

- **Radiology/Diagnostic tests**

- Image/specimen and Resident interpretation must be reviewed by the TP to be billable
- TP may sign acknowledging agreement or edit: "I independently reviewed the image(s) and agree with the interpretation and plan as documented in the Resident's note."
- A co-signature only is insufficient.

- **Specific complex or high-risk procedures**

- Require continual personal supervision by the TP
- Vascular interventional radiology
- Cardiac catheterization, stress tests, trans-esophageal echocardiography

TP presence for Psychiatry services determines ability to bill

- For certain psychiatric services, the requirement for TP presence 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 the physical presence requirement.
- The TP supervising the Resident must be a physician.
- The Medicare Teaching Physician policy does not apply to Psychologists who supervise Psychiatry Residents in approved GME programs.

TP documentation for Anesthesia services determines ability to bill

- **The Teaching Anesthesiologist must document in the medical record that he/she was present during all critical (or key) portions of the procedure.**
- **The Teaching Anesthesiologist's physical presence during only the preoperative or postoperative visit with the patient is not sufficient.**
- **When the Teaching Anesthesiologist is involved in two concurrent anesthesia cases with Residents, he/she may bill the usual base units and anesthesia time for the amount of time he/she is present with the Resident.**
 - The Teaching Anesthesiologist must be present and document that he/she was present for the key/critical portions of the anesthesia service or procedure.
 - Must be immediately available to furnish anesthesia services during the entire procedure or have another Teaching Anesthesiologist within same group that can be immediately available to the Resident.

CMS has specific limitations on medical student services

- CMS defines “student” as an individual who participates in an accredited educational program (e.g., a medical school) that is not an approved Graduate Medical Education (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.
- Per [CMS Policy](#):
 - Any contribution and participation of a medical student to the performance of a billable service (outside the collection of the system review and history) must be performed in the physical presence of a TP or a Resident.
 - The TP or Resident must **verify in the medical record** all student documentation or findings.
 - The TP must personally perform (or re-perform) the physical exam and medical decision making, **but may verify any student documentation, rather than re-documenting** this work.

Note: If a medical student is serving as a scribe, then all requirements for a scribe must be met. See UNC Health Care Policy SYS 14.

See UNC Health Care System SYS 22 for additional information regarding Medical Student documentation.

Medicare Primary Care Exception

Primary Care TP has an exception rule

- **The TP may see and evaluate a patient in a primary care exception clinic and bill a higher level of service, but the TP must perform and document their face-to-face service with the patient.**
- **Approved primary care centers at UNC FP:**
 - Family Medicine
 - General/Internal Medicine
 - General Pediatrics
 - Women’s Primary Health
 - Med Geriatrics

The Medicare Primary Care Exception Rule has specific requirements

- **General requirements:**

- Residents providing services must have completed at least six months of a GME approved residency program.
- TPs must not supervise more than four Residents at any given time.
- TP must direct care from such proximity as to constitute immediate availability.

- **TPs submitting claims under this rule must:**

- Not have other responsibilities (including the concurrent supervision of other personnel such as NP/PA, PharmD, or nursing staff) at the time the service was provided by the Resident;
- Have the primary medical responsibility for patients cared for by the Residents;
- Ensure that the care provided was reasonable and necessary;
- Review the care provided by the Resident during or immediately after each visit. This must include a review of the patient's medical history, the Resident's findings on physical examination, the patient's diagnosis, and treatment plan; and
- Document the extent of his/her own participation in the review and direction of the services furnished to each patient.

Primary Care Exception Allows the TP to Bill Lower Level Services without a Patient Face-to-Face Encounter

- CMS does not require direct patient contact for primary care, lower-level visits provided by Residents with more than six months training in approved primary care programs
- When the requirement of the primary care exception rule have been met, a GE modifier is appended to the CPT code for the service.
- E/M Services that may be billed under the Primary Care Exception:

New Patient Visits	Established Patient Visits
99201	99211
99202	99212
99203	99213
G0438 (Annual Wellness Visit, first visit)	G0439 (Annual Wellness Visit, subsequent visit)
G0402 (Initial Preventive Physical Exam)	

NC Medicaid Teaching Physician Guidelines

For NC Medicaid, the degree of supervision for Residents is the TP's responsibility

- The degree of supervision should be based on the skill and level of training and experience of the Resident as well as the patient's condition.
- **E/M Services**
 - The TP must be “immediately available” to the Resident and patient by telephone or pager or other telecommunication device
- **Procedures**
 - TP must use “direct supervision” (available in the office or procedural suite)

Documentation for NC Medicaid patients must designate the TP and include the TP's signature

Written documentation in the medical record for Medicaid patients must clearly designate the supervising physician and be signed by that physician.

Example of an Acceptable Attestation for NC Medicaid:

“I discussed the patient with the Resident and agree with the assessment and plan as documented.”

TRICARE Teaching Physician Guidelines

TRICARE TP must exercise full, personal control over the case

- **The TP must demonstrate and render sufficient personal and identifiable medical services to the patient to exercise full, personal control over the management of the case.**
- **The TRICARE Manual states the TP must:**
 - Review the patient’s history and the record of examinations and tests in the institution, and make frequent reviews of the patient’s progress;
 - **Personally examine the patient;**
 - Confirm or revise the diagnosis and determine the course of treatment to be followed;
 - *Either* perform the physician’s services required by the patient *or* supervise the treatment so as to assure that appropriate services are provided by physicians in training and that the care meets proper quality level; and
 - Be present and ready to perform any service performed by an attending physician in a nonteaching setting when a major surgical procedure or a complex or dangerous medical procedure is performed; and
 - Be personally responsible for the patient’s care, at least throughout the period of hospitalization.

TRICARE TP responsibilities are demonstrated by documentation

- **The responsibilities of a supervisory attending physician are demonstrated by such actions as:**
 - Reviewing the patient’s history and physical examination;
 - Personally examining the patient within a reasonable period after admission;
 - Confirming or revising the diagnosis;
 - Assuring that any supervision needed by the physicians in training was furnished; and
 - Making frequent reviews of the patient’s progress.

Simply reviewing a patient’s progress note and not being available when a Resident Physician in training renders care is not billable to TRICARE. The TP must document his/her presence as also required by Medicare.

Example Acceptable Attestation for TRICARE:

“I have seen and evaluated the patient and reviewed the patient’s history, examination and progress. I agree with the assessment, diagnosis and plan of the Resident as documented.

For the purposes of meeting TRICARE guidelines, UNC HC will use the same attestations for both Medicare and TRICARE regarding TP supervision.

Summary

Comparing government payers- supervision requirements

Medicare	TRICARE	NC Medicaid
Supervision Requirements		
<p>TP must be physically present, meaning:</p> <ul style="list-style-type: none"> ▪ TP 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 ▪ TP performs a face-to-face service. 	<p>TP must be on the provider’s premises and available to provide immediate and personal assistance and direction if needed.</p> <ul style="list-style-type: none"> ▪ “Personal” assistance means in person and not by telephone or other means. 	<p>The degree of supervision remains the TP’s responsibility and is based on the skill level, experience and level of training of the Resident, and the complexity and severity of the patient's condition.</p> <p>E/M Services</p> <ul style="list-style-type: none"> ▪ TP must be “immediately available” to supervise services provided by Residents and billed to Medicaid. ▪ The service must be furnished under the TP’s overall direction and control but the TP’s presence is not required. ▪ TP must be available via phone or page. <p>Procedures</p> <ul style="list-style-type: none"> ▪ Direction supervision is required, meaning the TP is present onsite and immediately available to furnish assistance and direction throughout the procedure. ▪ TP does not need to be present in the room where the service is performed.

Comparing government payers: Teaching Physicians

Medicare	TRICARE	NC Medicaid
Teaching Physicians Requirements		
<p>TP means a physician (other than another Resident) who involves Residents in the care of his or her patients.</p>	<p>In order to be considered an attending physician, a TP must render sufficient personal and identifiable medical services to the beneficiary to exercise full, personal control over the management of the case through actions such as:</p> <ul style="list-style-type: none"> ▪ Reviewing the patient’s history, physical examination, and tests; ▪ Personally examining the patient within a reasonable period after admission; ▪ Confirming or revising the diagnosis to determine the course of treatment to be followed; ▪ Assuring that any supervision needed by the Resident was furnished; ▪ Making frequent review of the patient’s progress; ▪ Either performing the physician’s services required by the patient or supervising the treatment so as to assure that appropriate services are provided by Residents and that the care meets a proper quality level; ▪ Being present and ready to perform any service performed by an attending physician in a nonteaching setting when a major surgical procedure or a complex or dangerous medical procedure is performed; <i>and</i> ▪ Being personally responsible for the patient’s care, at least through the period of hospitalization. <p>The TP’s services to the patient must be of the same character, in terms of the responsibilities to the patient that are assumed and fulfilled, as the services rendered to other paying patients.</p>	<p>When providing care and billing the Medicaid program for services to patients, TPs assume full responsibility for the health and safety of the patient.</p>

Comparing government payers: documentation requirements

Medicare	TRICARE	NC Medicaid
Documentation Requirements		
<p>The TP must personally document at least the following:</p> <ul style="list-style-type: none"> TP performed the service or was physically present during the key or critical portions of the service when performed by the Resident; <i>and</i> TP participated in the management of the patient. 	<ul style="list-style-type: none"> The patient's medical record must contain notes and orders which are either written, countersigned, or initialed by the TP. The notes and orders must confirm that the TP met TRICARE Teaching Physician guidelines. 	<p>Written documentation in the medical record must clearly designate the TP and must be signed by that physician.</p>

For purpose of meeting TRICARE guidelines, UNC HC will use the same attestations for both Medicare and TRICARE regarding TP supervision

REFERENCES

- Medicare Claims Processing Manual, Chap. 12
- NC Medicaid Bulletin (June 2000)
- TRICARE Reimbursement Manual, Chap. 1, Sec. 4

Contact Us—We are here to help!

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