CMS Student Documentation Updates

Spring 2019

MEDICINE *of* THE HIGHEST ORDER

UNIVERSITY *of* ROCHESTER MEDICAL CENTER

CMS Documentation Rule

In brief: New documentation rule from CMS allows a teaching physician to bill based on a medical student's note, after editing/addending as needed and co-signing the note.

Definitions:

Teaching physician (TP): Attending physician who is **billing** for the encounter and supervising any learners seeing the patient

Student: This only applies to **medical students**, not APP students, EMS students, etc.

Old Documentation Rule

Teaching physician could refer to student documentation for:

- Review of System (ROS)
- Past/Family/Social History

Teaching physician had to perform and *re-document* the HPI, exam, and medical decision making.

New Documentation Rule

Teaching physician may use **ANY** student documentation but:

- Must verify in the record "*all* student documentation or findings . . . of the E/M service being billed"
- Must "*personally perform* the exam and medical decision making activities of billed E/M service"
- **Teaching physician or Resident** must be *physically present* for "any contribution and participation of a student to the performance of a billable service" other than the history.

What services are eligible?

Only evaluation and management (E&M) services. The student documentation rule does not apply to other diagnostic or therapeutic services.

Which payers accept student documentation?

- Medicare Part B
- Medicaid
- Other payers have not established their own Teaching Faculty/Student Documentation rules, so URMC will permit application of the new rules to all payers.

Who can use student documentation?

Only the **teaching (billing) physician** may use student documentation.

- Residents and APPs may **not** use or incorporate (copy and paste) student documentation into their notes.
- The teaching physician rule may not be applied to resident notes that incorporate student documentation.
- Residents may write an addendum at the bottom of a medical student note, but the teaching physician must attest to the **medical student documentation**.

Supervision Standards for Documentation

OLD RULE:

Physical presence of attending/resident not required (only PFSH/ROS could be used).

Supervision Standards for Documentation

NEW RULE:

Teaching Physician *or* Resident must be physically present (in the room) for the student contribution to the billable activities other than the history.

Verification Standards for Documentation

Only the **teaching (billing) physician** can verify student documentation. This cannot be delegated to a resident.

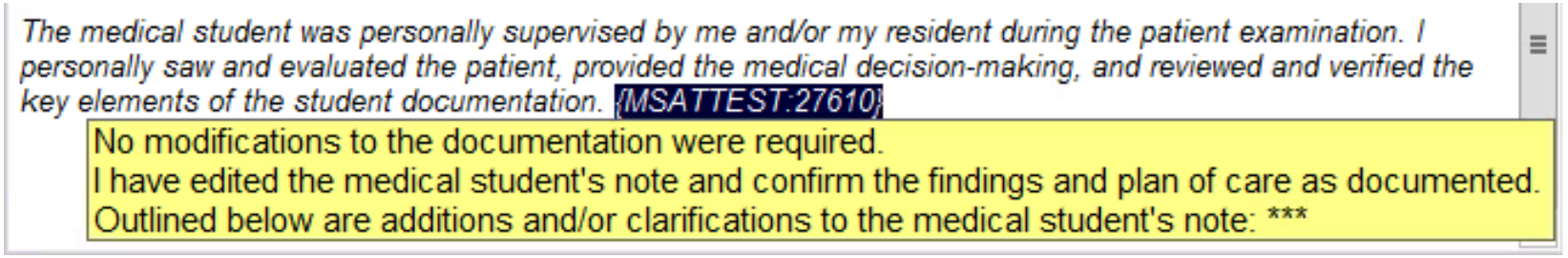
All student documentation or findings that reflect the **E/M service being billed** must be verified.

- Billing should be based on the level of exam that is medically necessary to address the patient's chief complaint and history.
- Verify all portions of the documentation (History, Exam, Decision Making) being relied upon for the billable service.

Workflow Examples

Ambulatory Workflow

- Student independently performs interview and basic exam
- Student presents findings to attending (ideally in front of the patient)
- Attending clarifies, confirms key history, (re)performs exam and reviews assessment and plan (with student present)
- Student writes note using a **regular progress note (NOT student note)**
- Attending **addends** student note, **and edits if needed,** using .msattest, and submits billing



Inpatient Workflow #1

Medical student obtains history and performs exam with patient independently.

During bedside rounds, medical student presents the history and exam he/she obtained in presence of teaching physician.

Teaching physician verifies the key elements of the exam and confirm medical decision making of the student/team.

Inpatient Workflow #2

Resident supervises medical student obtaining physical exam.

Medical student presents the patient's history and physical exam to the teaching physician (outside room or at bedside).

Teaching physician verifies history, physical exam, and reviews medical decision making with patient.

(+/- student)

Inpatient Workflow #3

Teaching physician supervises medical student performing physical exam, verifies key findings, and confirms medical decision making.

Is a confirming examination always necessary and, if so, who may perform it?

- **New patients:** both *exam* and *medical decision making* must be performed or (re)performed by the teaching physician.

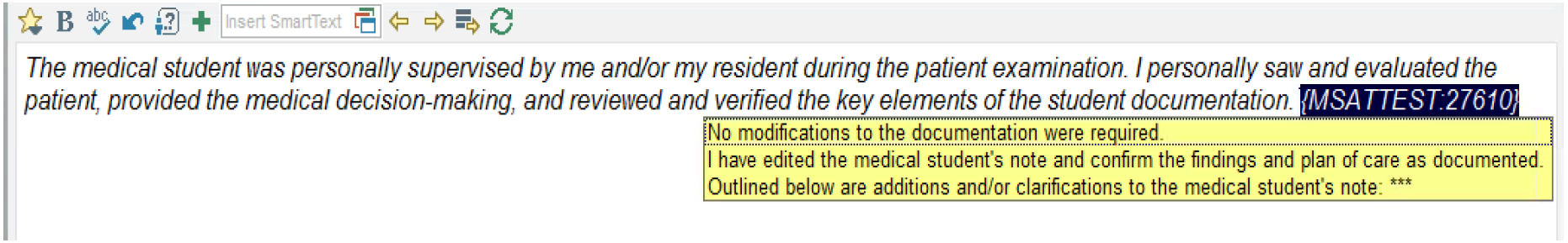
- **Established patients**: need not (re)perform exam when billing relies on documentation of the history & medical decision making.

- Any confirming exam relied upon for billing must be *personally performed by the teaching physician*. It cannot be delegated to a resident.

E Record Attestation

.MSATTEST or .MEDICALSTUDENTATTESTATION

It is recommended that teaching physician use the **Addendum** function in E-Record, NOT **Attest** or **Cosign**.



E Record Attestation

.MSATTEST or .MEDICALSTUDENTATTESTATION

The medical student was personally supervised by me and/or my resident during the physical examination. I personally saw and evaluated the patient, provided the medical decision-making, and reviewed and verified the key elements of the student documentation.

Smartlist: Teaching (billing) physician selects one of the following:

- *No modifications to the documentation were required.*
- *I have edited the medical student's note and confirm the findings and plan of care as documented.*
- *Outlined below are additions and/or clarifications to the medical student's note: ****

To which students will this apply?

- Rule can be applied to any level medical student.
- **For HMD, we are incorporating the rule for sub-intern documentation only starting immediately.**
- Medicine clerkship students should still be using the "Provider Student" note templates which cannot be used as billable.

Attending Responsibilities

Share documentation expectations with medical student.

- Use of student or billable E record note
- Type of note template
  - Student should use the 'Provider Student' note if you **do not** want to use their note for billing.
  - Student can use any other note type (H&P, progress note, etc), if you **do** want to use their note for billing.

Review student notes and **provide feedback.**

Use the **Addendum** function in E-Record and **.MSATTEST** smartphrase when addending a medical student's note that you plan to use as a billable note.

Attending Responsibilities, cont.

- Ensure that physical presence rule is met
  - Student supervised obtaining exam by teaching physician or resident
  - Student present for teaching physician's verification and (re)performance of H&P and medical decision making
- Only bill for elements of the history, exam and medical decision making that have been personally verified/ re-performed.
- Be prepared to explain your practices to the medical student.
  - Why you choose to perform/not perform a particular exam component
  - Your billing practice for a certain encounter

Student Responsibilities

- Confirm with faculty preceptor/attending whether billable note template or medical student note should be used.
- Assign attending to cosign each completed note.
- Ensure documentation accurately reflects the history and physical exam that the student performed.
- Ensure documentation reflects the student's understanding of the medical decision making formulated in collaboration with the faculty preceptor/attending.
- Do not copy and paste text from other providers' notes within the EMR.
- Incorporate feedback to improve the organization and content of notes.

4 Compliance Essentials For Use of Student Documentation:

1. **Physical Presence** – 2 options:
   - Teaching Physician or Resident was physically present (in the room) when the student examined the patient; or
   - Teaching Physician verified the student documentation with the patient in the physical presence of the student.
2. **Verification**: Teaching Physician personally verified the student documentation relied upon for the level of service billed.
3. **Examination**: Teaching Physician performed the exam (if part of the billable service) and supplied the medical decision making.
4. **The .MSATTEST attestation**

Questions?

Initial Rollout Plans

For Hospital Medicine/Inpatient Medicine rotations:

- Rolling out with sub-intern documentation only
- Next sub interns at Highland start in July.
- May expand to clerkship student documentation later in the year at the discretion of IM and MP program directors.

For Ambulatory rotations and Inpatient Electives on Consult Services:

- Any level of student documentation can be used if previously described rules are applied