

# Teaching Physicians Documentation Guidelines



Medicare has made several very significant changes relaxing the rules governing Teaching Physicians (TPs). These favorable changes no longer require the attending physician to completely duplicate and redocument the evaluation performed by the resident. Instead the TP is only required to document his/her involvement in the key/critical aspects of the patient's care along with the management of the patient. Additional clarifications to the TP rules have also been made with regard to the definition of a resident and the level of attending involvement in procedures. The changes and clarifications to the Teaching Physician rules are contained in Transmittal 1780 implemented on November 22, 2002. The complete transmittal may be viewed on the LogixHealth website at [www.logixhealth.com](http://www.logixhealth.com).

### Who do these TP guidelines apply to?

The TP guidelines apply typically to residents during the care of Medicare patients. Transmittal 1780 defines a resident as "an individual who participates 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." The term includes interns and fellows in GME programs recognized as approved for purposes of direct GME payments made by the fiscal intermediary. Receiving a staff or faculty appointment or participating in a fellowship does not by itself alter the status of a 'resident'. Additionally, this status remains unaffected regardless of whether a hospital includes the physician in its full time equivalency count of residents. A medical student is never considered to be an intern or resident and no service furnished by a medical student qualifies as a billable service under Medicare. Generally speaking, interns, residents and fellows fall under the TP rules.

### What are the scenarios under which the TP may satisfy the requirements to bill for an E/M service?

The TP must document his/her oversight or personal performance of the key/critical aspects of the patient's evaluation. The TP, within the realm of reasonable medical/clinical practice is free to define the key/critical aspects of a patient's evaluation. This might include the heart and lung exam for a patient with dyspnea or the abdominal exam for a patient with abdominal pain.

- *Scenario 1: The TP sees and evaluates the patient without resident involvement.*
- *Scenario 2: The TP and the resident jointly see and evaluate the patient at the same time-the TP must then document his/her presence for the key/critical aspect of the evaluation.*
- *Scenario 3: The TP and resident see the patient at different times. The TP must document his/her performance of the key/critical aspects of the patient's care.*

### Which entries into the chart may be used to satisfy Medicare's documentation guidelines?

The TP must at a minimum enter a personal notation documenting his or her performance of and/or physical presence during the key or critical portions of the service. The TP must also document his or her participation in the management of the patient.

- *Scenario 1: The TP sees and evaluates the patient without resident involvement. The TP's documentation must solely satisfy the requirements for the service billed.*
- *Scenario 2: The TP and the resident see the patient jointly, either at the same time or in a staggered fashion.*

The teaching physician's note should reference the resident's note. For payment, the composite of the teaching physician's entry and the resident's entry together may be used to satisfy the documentation guidelines.

## Have examples of acceptable and unacceptable documentation been provided by Medicare?

Yes. Specific examples provided by Medicare of acceptable documentation include:

- *"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 findings and plan of care."*
- *"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."*
- *"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."*

Examples of unacceptable teaching physician documentation include:

1. "Agree with above" followed by legible countersignature or identity.
2. "Rounded, Reviewed, Agree" followed by legible countersignature or identity.
3. "Discussed with resident, Agree" followed by legible countersignature or identity.
4. "Seen and agree" followed by legible countersignature or identity.
5. "Patient seen and evaluated" followed by legible countersignature or identity.
6. A legible countersignature or identity alone.

## Have the key/critical aspects of the evaluation and management of the patient been further defined?

As defined by CMS, "critical or key portion means that part (or parts) of a service that the teaching physician determines represent key or critical portions."

## Under what circumstances may a Teaching Physician bill for procedures?

1. For minor surgical procedures (lasting less than five minutes), the teaching physician must be physically present during the entire service.
2. For major procedures (lasting more than five minutes), the teaching physician must be physically present during the "key portion(s)" of the service and must also be closely available for assistance and guidance during the entire procedure.

## Must the Teaching Physician be present in order to appropriately bill Medicare for timed services like critical care?

Resident time, in the absence of the teaching physician, spent participating in timed services cannot be used for billing purposes. Likewise, teaching time does not count towards timed services.

## What are the specific performance and documentation requirements for Medicare billing when a medical student has been involved in the care of a patient?

The medical student may gather the ROS and Past/Family/Social Hx. The TP must document his/her review and agreement with the student's findings. Students may also document services in the medical record; however, the teaching physician must then redocument the HPI, examination, and medical decision making performed by the student. Medical students may not perform procedures independently. Medical students may participate in procedures with a resident provided the major/minor rules are satisfied with regard to attending level supervision. Medical students may also directly assist the attending in the performance of procedures.



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