UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE

College of Medicine Teaching Physician Guide

SERVICES INVOLVING RESIDENTS

All settings – Evaluation and Management Services

Where physician is not billing based on time

I saw and evaluated the patient and participated in the management. I agree with or have edited the resident's note." (sign & date)

MUST BE PROVIDED BY THE TEACHING PHYSICIAN, NOT THE RESIDENT

NO MACROS

MEDICAL STUDENT DOCUMENTATION IS LIMITED

Medicare limits the medical student's documentation for support of a bill to Review of Systems and Past Family and Social History
The TP must verify and re-document the History of the Present Illness, and perform and re-document the Physical exam and decision plan

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COMBINING E&M SERVICES WITH ARNP or PA

Inpatient/hospital based clinic/emergency department

Hospital Based clinics at Shands are: 1) Burn 2) Bone Marrow Transplant Unit and 3) Hem/Onc Infusion Center

Physician may combine E&M service with ARNP/PA
Both notes must be SAME date/ Co-signature is NOT sufficient
The Physician must provide a face-to-face portion of the E&M encounter with the patient and document:

" Date. I saw and evaluated the patient today. See today's PA/ARNP note."

THERE IS NO "INCIDENT TO" in inpatient/hospital based clinic/emergency services
PHYSICAN MUST SEE PATIENT ON DATE OF SERVICE AND WRITE/DICTATE A SHORT NOTE

COMBINING E&M SERVICES WITH ARNP OR PA

Non-hospital based - Outpatient Clinic

NEW PATIENT VISITS OR CONSULTATIONS:

ARNP/PA participating with Physician –
Medicare requires service be submitted under ARNP/PA number (85% rate)
If ARNP/PA participates in service in any way- Service considered combined

ESTABLISHED PATIENT VISIT:

If "incident to" rules are met: if established patient and not a new problem, then the physician need NOT see patient, but MUST sign chart and MUST be present in clinic at time of service.
Billed at 100% under physician's provider number.

"SCRIBE" – only writes what another does, term does not apply when person writing also performs professional services - Use of scribes is strongly discouraged, and only when term accurately applies

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REVISED TEACHING PHYSICIAN DOCUMENTATION REQUIREMENTS

SERVICES INVOLVING RESIDENTS

CMS published revised teaching physician (TP) guidelines effective November 22, 2002. These revised guidelines **reduce the amount of E&M documentation required by the TP** when a resident is involved in the service. However, the new guidelines **still require that the TP personally perform critical or key portions of the E&M service in order to bill Medicare**.

This is good news for teaching physicians, as they will not have to repeat the documentation of the history, examination and decision making elements that the resident previously documented.

Briefly, the following is the minimum documentation required of the TP when providing services to a patient when a resident is involved:

1. The TP must document that he/she **personally saw** the patient;
2. The TP must document that he/she **participated in the management** of the patient, and
3. The TP must document that he/she **reviewed the resident's note and discussed the case** with the resident.

Example #1:

"I saw and evaluated the patient. Discussed with resident and agree with the resident's findings and plan as documented in the resident's note."

Example #2:

"I saw and evaluated the patient. I reviewed the resident's note and agree except that ……………"

The following are examples of **unacceptable** documentation:

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

The Teaching Physician must personally provide the statement, not the Resident.

No Macros

ESA: Electronic Signature Authorization

The Teaching Physician may append the statement to the bottom of the Resident's dictation – but must be added within a reasonable time of the service

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