

**College of Medicine Office of Compliance, Gainesville, Florida
COMPLIANCE TIP –**

**CMS adds a few revisions to the Teaching Physician Documentation rules
January, 2006**

For the full CMS Transmittal see:

<http://www.cms.hhs.gov/transmittals/downloads/R811CP.pdf>

CMS Manual System, Department of Health & Human Services (DHHS)

Centers for Medicare and Medicaid Services (CMS)

Publication 100-04 Medicare Claims Processing

Transmittal 811, dated January 13, 2006, Implementation Date Feb 13, 2006

**Electronic Medical Record (EMR) ENVIRONMENT ONLY
TEACHING PHYSICIAN DOCUMENTATION – MACROS PERMITTED**

When using an electronic medical record, it is acceptable for the teaching physician to use a macro as the required personal documentation if the teaching physician adds it personally in a secured (password protected) system. In addition to the teaching physician's macro, either the resident or the teaching physician must provide customized information that is sufficient to support a medical necessity determination. The note in the electronic medical record must sufficiently describe the specific services furnished to the specific patient on the specific date. (The resident's note can provide this specificity). It is insufficient documentation if both the resident and the teaching physician use macros only.

Have a selection of macros that would include at least:

- *“I saw and evaluated the patient and have reviewed the resident's note above, and agree with the resident's finding and plans. See resident's note for details”*
- *“I saw and evaluated the patient. I reviewed the resident's note and agree, except...(and manually add comment) See resident's note for details.”*

The new rule does not apply to handwritten notes. A transcriptionist may not append the language for the Teaching Physician's signature only. Standard language incorporated into the Electronic Signature itself is not acceptable (where it would appear as part of every signature). A separate keystroke to add the Teaching Physician Documentation is necessary.

ANESTHESIOLOGY

The transmittal includes updated anesthesia language to allow teaching anesthesiologists to bill unreduced anesthesia base units and time units when supervising 2 residents concurrently. The regulations require that the teaching anesthesiologist be present for both the pre- and post-operative anesthesia evaluations and the teaching anesthesiologist may only bill for the time that the teaching anesthesiologist was physically present in the room with the resident during the performance of each anesthesia service. *[Just a reminder, in addition, the teaching anesthesiologist must be physically present at emergence and induction]* Prior to this change, a teaching anesthesiologist could only bill the service as personally performed (i.e., full base units and time units and use of AA modifier) when one case was being directed. If the requirements are not met, then billing for medical direction may be an option.

PRIMARY CARE EXCEPTION

Teaching physicians providing evaluation and management (E/M) services with a graduate medical education (GME) program granted a primary care exception may bill for lower and mid-level E/M services provided by residents for a specific list of E/M codes. **This transmittal adds code G0344** (Initial preventive physical examination; face-to-face visit services limited to new beneficiary during the first 6 months of Medicare enrollment) **to the primary care exception** list.