

Primer for Residents On Teaching Physician Billing & Documentation

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The PATH Rules

- PATH = Physicians At Teaching Hospitals
 - *Teaching Hospital = a hospital in which residents train in an approved GME Residency Program*
- The PATH rules are Medicare's billing and documentation rules for Teaching Physician services
 - *Teaching Physician = a physician (other than an intern or resident) who involves residents in the care of his or her patients.*
- The PATH rules delineate what is required to support billing by Teaching Physicians for services involving/performed by and documented by residents.
 - *Resident = resident, intern, or fellow in an accredited GME program*
 - Payment is for the Teaching Physician's services (not the resident's)

PATH Basics

- A Teaching Physician may rely on a resident's documentation if the Teaching Physician is either physically present during or personally performs the key or critical portion of the service.
- Applies to all services (E/M's, procedures, diagnostic test interpretations)
- If the service is performed by a resident *without* the Teaching Physician's direct participation, the service *cannot* be billed.

Other Definitions

Critical or Key Portion: *The part or parts of a service that the teaching physician determines are a critical or key portion.*

Physically Present: *When the teaching physician is located in the same room as the patient (or a room that is subdivided with partitioned or curtained areas to accommodate multiple patients) and/or performs a face-to-face service.*

Evaluation and Management Services

Documentation

Teaching Physicians must personally document the following:

- Performed the service themselves; or
- Were physically present during the critical/key portions of the service performed by the resident
- Participation in the management of the patient.



NOTE:
Documentation by the resident/fellow regarding the presence and participation of the TP is NOT sufficient.

Documentation Requirements – E/M Services

➤ Teaching Physician Attestation Example:

“I saw and evaluated this patient [with the resident] and agree with the resident’s findings and plan of care as documented by the resident or edited by me.”

- *Dr. Teaching Physician*

- Resident’s note should indicate original authorship
 - e.g., resident’s name, credentials added at end of note
- Residents can refer to an attending’s involvement, but this does not serve as a Teaching Physician attestation.

“I saw the patient with Dr. _____.”

“I discussed the patient with Dr. _____.”

Use of Medical Student Documentation: E/M Services

Medicare now allows a medical student to document E/M services in the medical record, and a Teaching Physician no longer has to re-document the services, ***as long as a Teaching Physician or Resident:***

- Is present with the medical student;
- Verifies the content of the student's note; and
- Personally performs or re-performs the exam and medical decision making.

E/M Documentation with a Medical Student

This attestation will be used to establish your presence with the medical student:

“I was present with the medical student who participated in the service and in the documentation of this note. I have verified the history and personally performed the physical exam and medical decision making, and have verified the content of the note, which accurately reflects my assessment of the patient and plan of care.”

– Dr. Resident

Time-Based Services

- For any service billed based on time, only the time spent by the Teaching Physician can be counted for billing purposes.

Billing Physician Time Statement Example:

“I personally spent 60 minutes face-to-face with the patient during today’s office visit. Over 50% of this time was spent counseling the patient and/or coordinating care regarding...”

– Dr. Teaching Physician

- The resident's time alone **cannot** be counted.
 - So residents should not document time statements

Minor Procedures



- For procedures taking 5 minutes or less to complete (e.g., joint injections), the Teaching Physician must be present for the **entire** procedure.
 - The resident **or** Teaching Physician may state this.

Example: “Dr. _____ was present for the entire procedure.” - Dr. Resident

- If the Teaching Physician is not present for the entire procedure, this should be stated (by either the resident or TP) so it is not billed.



Major Procedures

- For surgical, high-risk, or other complex procedures, the Teaching Physician must be present during the **key portions** and be **immediately available** during the entire procedure.
 - If the Teaching Physician was not present for the entire procedure, the Teaching Physician must **personally** document their presence and availability.
 - **Example:** *“I was present for the key portions of the procedure and immediately available for the entire procedure between opening and closing.” – Dr. TP*
- If the Teaching Physician is present for the entire procedure, the resident may document this.

Medical Students & Procedures

A medical student may participate in a minor or major procedure, however they **cannot** document it.

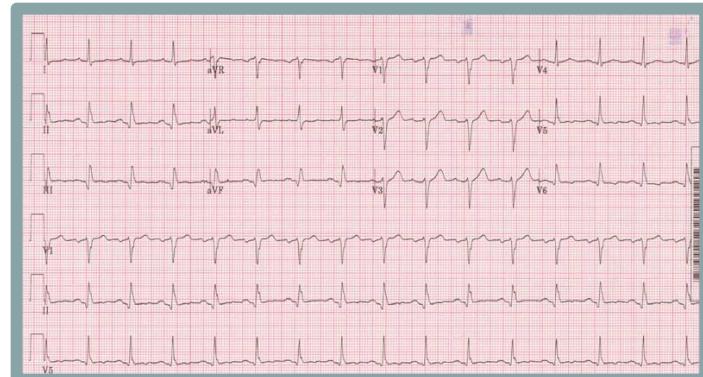
The **Teaching Physician or Resident** would document the procedure note and make a statement regarding the medical student's participation.

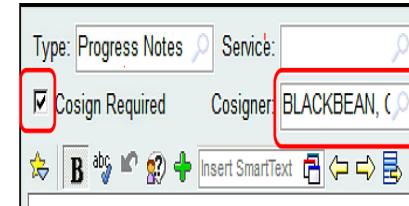
“Medical student John Doe participated in this procedure with me and Dr. Teaching Physician, who was present for the entire procedure.”

– Dr. Resident

Interpretation of Diagnostic Tests

If a resident/fellow provides an initial interpretation, the Teaching Physician must attest that he/she personally reviewed the image (or reading, tracing, specimen) and interpretation and agrees or edits the findings.





Wrap Up Notes

Do's:

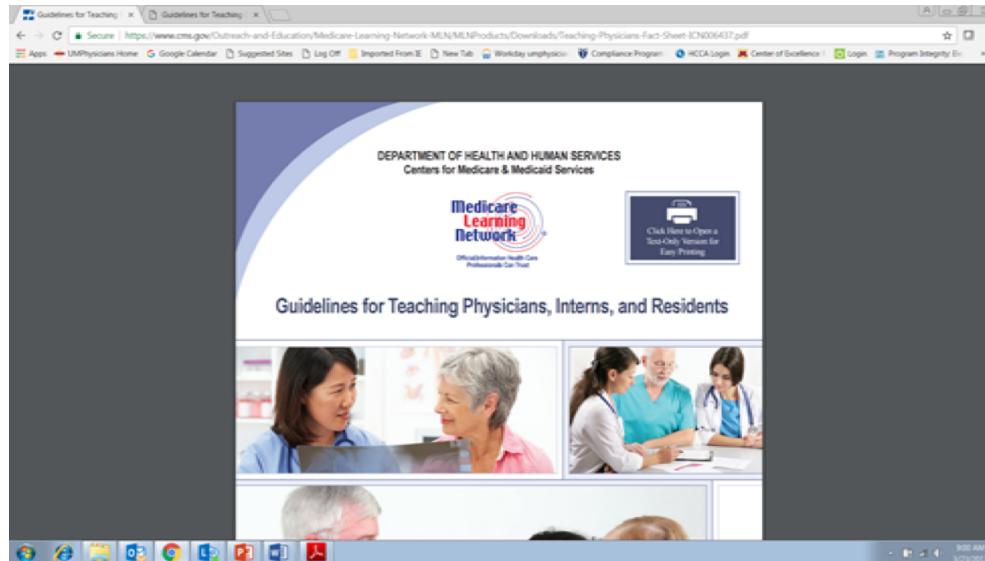
- Properly route notes for co-signatures, editing, and attestations by the attending.
- Include your name and credentials on all notes.
- For procedures, add a Teaching Physician presence statement only if the attending was present for the entire procedure.
- Know which attending is immediately available for major procedures.

Don'ts

- Don't state that a Teaching Physician was present for the key/critical portions of a service – only the Teaching Physician can attest to that.
- Don't write time statements – only the attending's time counts for billing.
- Where a Teaching must personally add an attestation (most cases), don't add a Teaching Physician attestation for an attending or copy forward an attestation or use templated notes with an attestation already populated.

Additional Reading – CMS Resources

- **Guidelines for Teaching Physicians, Interns, and Residents:**
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>
- **Teaching Physician Services:**
 - Chapter 12 of the “Medicare Claims Processing Manual” (Publication 100-04)
<http://www.cms.gov/Regulationsand-Guidance/Guidance/Manuals/ Downloads/clm104c12.pdf>
- **Documentation Guidelines for Evaluation and Management Services**
 - <http://www.cms.gov/Outreach-andEducation/Medicare-Learning-NetworkMLN/MLNEdWebGuide/EMDOC.html>



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Request Compliance Officer

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Contact Billing Manager for your group