

Exception for E/M Services Furnished in Certain Primary Care Centers

Teaching physicians providing E/M services with a GME program granted a primary care exception may bill Medicare for lower and mid-level E/M services provided by residents. For the E/M codes listed below, teaching physicians may submit claims for services furnished by residents in the absence of a teaching physician:

New Patient
99201, 99202, 99203

Established Patient
99211, 99212, 99213

The teaching physician must:

- 1. Not have other responsibilities (including the supervision of other personnel) at the time the service was provided by the resident;*
- 2. Have the primary medical responsibility for patients cared for by the residents;*
- 3. Ensure that the care provided was reasonable and necessary;*
- 4. Review the care provided by the resident during or immediately after each visit. This must include a review of the patient's medical history, the resident's findings on physical examination, the patient's diagnosis, and treatment plan (i.e., record of tests and therapies) and*
- 5. Document the extent of his/her own participation in the review and direction of the services furnished to each patient.*

If a service other than those listed above needs to be furnished, then the general teaching physician policy set forth in section B applies. For this exception to apply, a center must attest in writing that all the following conditions are met for a particular residency program. Prior approval is not necessary, but centers exercising the primary care exception must maintain records demonstrating that they qualify for the exception.

The services must be furnished in a center located in the outpatient department of a hospital or another ambulatory care entity in which the time spent by residents in patient care activities is included in determining direct GME payments to a teaching hospital by the hospital's fiscal intermediary. This requirement is not met when the resident is assigned to a physician's office away from the center or makes home visits. In the case of a nonhospital entity, verify with the fiscal intermediary that the entity meets the requirements of a written agreement between the hospital and the entity set forth in 42 CFR 413.86(f)(4) (ii).

Under this exception, residents providing the billable patient care service without the physical presence of a teaching physician must have completed at least 6 months of a GME approved residency program. Centers must maintain information under the provisions at 42 CFR 413.86(i).

Teaching physicians submitting claims under this exception may not supervise more than four residents at any given time and must direct the care from such proximity as to constitute immediate availability.

Patients under this exception should consider the center to be their primary location for health care services. The residents must be expected to generally provide care to the same group of established patients during their residency training. The types of services furnished by residents under this exception include:

- Acute care for undifferentiated problems or chronic care for ongoing conditions including chronic mental illness;
- Coordination of care furnished by other physicians and providers; and
- Comprehensive care not limited by organ system or diagnosis.

Residency programs most likely qualifying for this exception include family practice, general internal medicine, geriatric medicine, pediatrics, and obstetrics/gynecology.

SoftMed Attestation Options

Attending Physicians electronically signing a Resident's dictated note in the Soft Med system will be automatically prompted to choose an attestation statement. A separate box with the attestation statements listed below will appear on the screen. The Attending Physician will be required to highlight the statement he/she deems appropriate before the system will allow the dictated note to be finalized. Statements that include ?? markers will allow the Attending Physician to type in additional text. If the ?? markers are not replaced, a second box will appear on the screen reminding the Attending Physician to do so.

Evaluation and Management Notes Dictated by a Resident:

- The first three options below comply with Teaching Physician Guidelines.
- *The fourth option "Co-signature ?? " is to be used by Teaching Physicians working in a primary care exception site. Additional text should be included to show the extent of his/her own participation in the review and direction of the services furnished.*
- "Co-signature ?? " or "Co-signature" may also be used in a non-billable situation.

SoftMed Attestation Options for Evaluation and Management Services:

1. I saw and evaluated the patient. I agree with the resident's findings and plan of care as documented above.
2. I saw and evaluated the patient. I agree with the resident's findings and plan of care as documented above. Details of my evaluation are as follows: ??
3. I saw and evaluated the patient. I have reviewed and edited the resident's note and confirm the findings and plan of care as documented above.
4. *Co-signature ??*
5. Co-signature

Example of required Teaching Physician's documentation of his/her participation in the review and direction of the services furnished to each patient:

"I discussed Ms. Smith with the resident. Agree with the resident's assessment of urinary tract infection. Will treat with Cipro 500mg X3 days. Patient will schedule an annual examination in the next 4 – 6 weeks.

Signed: _____

Services Which Follow Standard Teaching Physician Guidelines

When higher level E/M services (New Patient 99204, 99205 and Established Patient 99214, 99215) and/or procedures are furnished by residents in the primary care exception site, regular teaching physician guidelines apply.

***For higher level evaluation and management services, the Teaching Physician must personally see and evaluate the patient and document his/her presence and involvement in the management of the patient using an appropriate Teaching Physician Attestation.

Evaluation and Management Notes Dictated by a Resident:

- The three options below comply with standard Teaching Physician Guidelines.

SoftMed Attestation Options for Evaluation and Management Services:

1. *I saw and evaluated the patient. I agree with the resident's findings and plan of care as documented above.*
2. *I saw and evaluated the patient. I agree with the resident's findings and plan of care as documented above. Details of my evaluation are as follows: ??*
3. *I saw and evaluated the patient. I have reviewed and edited the resident's note and confirm the findings and plan of care as documented above.*
4. Co-signature ??
5. Co-signature

***For procedures performed by a resident, the Teaching Physician must be personally present and available during the critical and key portions of the procedure, dependent on the type of surgery/procedure performed. (See next page for detailed Teaching Physician Guidelines for Surgical Procedures). Surgical Procedures should be recorded in a separate identifiable note. (i.e. "Procedure Note" or "Operative Note")

Surgical/Procedure Notes Dictated by a Resident:

- The first four options below comply with Teaching Physician Guidelines, dependent on the type of surgery/procedure performed.
- "Co-signature ?? or "Co-signature" should only be used in a non-billable situation.

SoftMed Attestation Options for Surgical/Procedure Notes:

1. *I was present throughout the entire procedure.*
2. *I was present and I participated during the critical and key portions of this procedure, and was immediately available during the remainder of the procedure.*
3. *I was personally present during the critical and key portions of this procedure. Doctor ?? was immediately available for the remainder of the procedure.*
4. *During the above endoscopic procedure, I was present for the entire viewing portion of the procedure including insertion to removal of the scope.*
5. Co-signature ??
6. Co-signature

Teaching Physician Guidelines for Surgical Procedures

Minor Surgical Procedures:

- Procedures that take only a few minutes (5 minutes or less) to complete (e.g. simple suture)
- In order to bill, the teaching physician must be present for the entire procedure
- Teaching physician or resident may document the teaching physician's presence for the entire procedure

High Risk and Complex Surgical Procedures (Including Endoscopic Operations):

- In order to bill, the teaching physician must be present during all critical or key portions of the procedure and be immediately available to furnish services during the entire procedure or arrange for another qualified surgeon to be immediately available to assist with the procedure, if needed
- Teaching physician determines what are the critical or key portions of the procedure
- If the teaching physician is present for the entire procedure, either the teaching physician or the resident may document the teaching physician's presence for the entire procedure
- If the teaching physician is present only for the critical or key portions of the procedure, the TP must document his/her own presence and immediate availability or the immediate availability of another qualified surgeon

Endoscopy Procedures:

- In order to bill, the teaching physician must be present during the entire viewing
- The entire viewing starts at the time of insertion of the endoscope and ends at the time of removal of the endoscope
- Viewing the entire procedure through a monitor in another room does not qualify
- Teaching physician or resident may document the teaching physician's presence for the entire procedure

Two Overlapping Surgeries:

- In order to bill, the teaching physician must be present during the critical or key portions of both procedures
- Critical or key portions of each surgery may not take place at the same time
- When a teaching physician is not present during non-critical or non-key portions of a surgical procedure and is participating in another surgical procedure, he/she must arrange for another qualified surgeon to be immediately available to assist the uncovered resident should the need arise
- Teaching physician must document his/her presence during the critical or key portions of each surgery and specify the other qualified surgeon who was immediately available

Examples of Acceptable Presence Statements:

Resident:

- *Dr. Smith was present during the entire procedure.*
- *This entire procedure was performed under the personal supervision of Dr. Smith.*

Teaching Physician:

- *I was personally present throughout the entire procedure.*
- *I was personally present during the key portions of this procedure and immediately available throughout the entire procedure.*
- *I was personally present during the key portions of this procedure. Doctor "Qualified Surgeon" was immediately available for the remainder of the procedure.*