

New York State Medicaid Program Physician Manual – Policy Guidelines

Supervising/Teaching Physician Guidelines

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Diagnostic Radiology and Other Diagnostic Tests

Hematology/Oncology

Psychiatry

Maternity Services

Anesthesiology

Other Complex and Invasive Procedures

- A statement of the goals and objectives of treatment to address the patient's problems, disabilities and needs, including an estimate of the duration of the patient's need for treatment, a description of the proposed treatment and prognosis;
- Progress notes providing a chronological description of the patient's progress in relation to the goals and objectives of the established plan of treatment; and
- A summary of the patient's condition and disposition when treatment is completed or terminated.

Citing of the above requirements is not meant to limit the medical record to only this information. A psychiatrist is expected to document other supporting facts concerning the patient's past or present care or condition, including any reports submitted by a supervised psychiatric social worker.

Patient medical records must be retained for six years in accordance with established Medicaid regulations.

Supervising/Teaching Physicians

Supervising/teaching physicians who are not being directly reimbursed by a facility for patient care services may bill Medicaid while supervising a resident, provided that personal and identifiable services are provided by the teaching physician to the patient in connection with the supervisory services.

- The supervising/teaching physician must provide appropriate documentation in the patient medical record, including the extent of their participation in the history, examination, and complexity of the medical decision-making used to determine the level of service, as required by the Physicians' Current Procedural Terminology.
- If the documentation would be repeating information already obtained and documented by the resident, the teaching physician need only summarize comments that relate to the resident's entry.
- Under current documentation policy, teaching supervisors need not repeat documentation already provided by a resident:
- When services are provided to a Medicaid enrollee by a resident physician in a hospital outpatient department or freestanding clinic setting, notes entered in the medical record by the resident need not be repeated by the supervising/teaching physician. However, the supervising/teaching physician must personally document at least the following:

- That they performed the service or were physically present during the key or critical portions of the service when they were performed by the resident; and
- Their participation in the management of the patient.

Note: The documentation should also reference the resident's notes.

Regardless of whether physician costs are included in or excluded from a facility's rate structure, a facility may bill Medicaid for a clinic visit performed by a resident only when there is appropriate supervision and documentation in the record.

Adequate documentation, along with the supervising/teaching physician's countersignature, indicates involvement of the teaching/supervising physician and makes the provided service billable to Medicaid. These documentation requirements pertain to both salaried physicians and physicians who bill Medicaid fee-for-service.

Primary Care Exception

With respect to evaluation/management visits in primary care settings where encounters entail medical decision making of low or moderate complexity, teaching physicians may bill for services rendered to a patient, even though the services were furnished without their presence, provided the Medicare Primary Care Exception conditions are met.

These conditions include the requirement that teaching physicians:

1. Supervise no more than four residents at a time;
2. Be immediately available and have no other responsibilities at the time the patient is being seen by the resident;
3. Assume management responsibility for the patients and ensure that the services rendered are appropriate;
4. Review with the resident, during or immediately following each visit, the key elements of the services provided;
5. Document the extent of their participation in the review and direction of services.

Surgical, High Risk, or Other Complex Procedures

Teaching physicians are responsible for preoperative, operative, and post-operative care. They should be present during all critical and key portions of these types of procedures, and should be immediately available to return to the procedure throughout the entire process.

To bill for surgical, high-risk, or other complex procedures, the teaching physician must be present during all critical and key portions of the procedure and be immediately

available to furnish services during the entire procedure.

Clarification on Particular Situations

Endoscopic Surgery

Viewing an endoscopic procedure via a monitor in another room would not qualify for payment.

Diagnostic Radiology and Other Diagnostic Tests

If a resident prepares and signs the interpretation, teaching physicians must indicate that they personally reviewed the image and the resident's interpretation and either agree with it or edit the findings. Countersignatures would not qualify for payment.

Hematology/Oncology

Bone marrow aspirates and biopsies may be billed only when teaching physicians are present with the resident for the full duration of the procedure, and assure that adequate material has been obtained.

Psychiatry

Teaching physicians must concurrently observe the service by one-way mirror or video equipment, audio only equipment would not suffice.

Maternity Services

Teaching physicians must be present in the room for the delivery, and their presence must be appropriately documented in the record.

Anesthesiology

Teaching anesthesiologists may be paid when they are involved in a procedure with a resident, but must be present during induction and emergence. They may not bill for anesthesia time during concurrent supervision of more than one resident.

Other Complex and Invasive Procedures

Teaching physicians may bill only when they are present with the resident for the full duration of complex procedures such as interventional radiological and cardiology supervision and interpretation codes, cardiac catheterization, cardiovascular stress tests, and transesophageal echocardiography

Reimbursement for Drugs Administered in a Physician's Office

The Medicaid Program reimburses for drugs furnished by physicians to their patients on the basis of the acquisition cost to the practitioner of the drug dose administered to the patient. *For all drugs furnished in this fashion, it is expected that **the physician will maintain auditable records** of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice.*