

DOCUMENTATION GUIDELINES FOR TEACHING PHYSICIANS

Definitions:

Teaching Physician: a physician who is teaching residents involved in the care of Medicare beneficiaries. Not all services occurring under the teaching physician's supervision require Medicare billing, and providers should remember that there is an impact on beneficiaries whenever a Medicare service is billed (i.e. beneficiary is responsible for a 20% co-payment)

1. Admissions – new or established patients

Teaching Physician must document participation in all 3 key components of visit (history, exam, medical decision making)

2. Subsequent hospital visits

Teaching Physician must document participation in 2 of 3 key components of visit (history, exam, medical decision making)

3. Consultations – new or established patients

Teaching Physician must document participation in all 3 key components of visit (history, exam, medical decision making)

4. Critical Care and Patient Discharge (time based codes)

Teaching Physician must be present for the period of time for which the claim is made (i.e. 30 minutes or less, 30 minutes or more for discharge codes). Do not add time spent by the resident in the absence of the teaching physician to time spent by resident and teaching physician with the patient.

5. Documenting Evidence

Teaching physician must always:

Write a statement establishing his/her **presence**. Using personal pronouns and phrases (i.e. “my exam”, “reviewed with patient” or “patient seen and/or examined”) will convey presence.

Select and briefly summarize the most important **patient-specific** elements within **each** of the required key components (history, exam, medical decision making) that attending either personally obtained or verified (if obtained by resident) during the visit.

Refer to the resident's note for the detail of the service performed.

If the patient has seen the resident prior to the teaching physician, then the teaching physician must find out enough information from the patient to confirm the resident's work. For example, in an initial hospital visit, the teaching physician would not have to re-gather the entire family and social history of the patient. But, the teaching physician would have to ask the patient questions based on the resident's notes of the history, to confirm the resident's work. If the resident and the teaching physician discuss the history and decision making, then the teaching physician must include in his/her notes elements of this discussion.

6. Appropriate examples

“Attending note” for patient A. I examined Mr. A and took his history, the patient presented with _____. The symptoms were reviewed as documented by Dr. Resident and additionally I found _____. I personally examined this patient and noted _____. I reviewed lab and X-ray and other data and discussed the case with Dr. Resident. I agree with his/her note, above, and the plans outlined therein. I also plan _____.”

“I reviewed the history with the patient as documented by Dr. Resident and examined the patient and discussed the details of the plan with the Resident. In light of gradual worsening of URI over the past week and now with increased crackles on the right, hypoxia, cough and fever suspect early pneumonia. Start Levaquin 500 pd, monitor I & O's closely and repeat CXR. Will also check urine and blood cultures. Patient is DNR status per daughter.”

“Mrs. C is a 68-year-old female well known to me from clinic and from previous admissions. She is admitted now with declining HCT (32.7 to 22.9 in 6 days). Increased dyspnea and weakness along with her chronic problems of CHF, renal insufficiency, DM & CAD. I have taken her history and performed an exam with the following pertinent findings _____ and discussed the case at length with house staff. I agree with Dr. Resident's admit note and plans as outlined. Our biggest challenge will be to identify the cause of her anemia. Consult may be indicated. I would also favor an echo to help us assess her CHF/EF/valvular function.”

The above notes represent several of the better notes found in actual patient charts that fully meet GME documentation requirements.

Some examples of appropriate templates are as follows:

Resident's history as documented above reviewed, patient interviewed and examined. It is noted that (state the history of present illness and add anything else remarkable to the ROS and PFSH)_____. On exam I find_____.

My exam confirms (revises) all the resident's findings of note. These are _____.

I was present during the resident's exam of note. The findings are _____. Lab tests (specify key diagnostic and other tests performed) show_____ indicating_____. I confirm (revise) with the resident's plan of care as follows:_____.

Upon review, I agree (revise) with the resident's assessment and plan of care. Differential dx is _____. Plan is to_____. See resident's note for complete details of this service.

Comments on abnormal, unexpected findings and pertinent information must be recorded.

Best examples contain elements that show personal presence and involvement with the patient, demonstrate patient-specific medical management and clearly indicate that the teaching physician authenticates the resident's note.

7. Inappropriate examples

Attending physician states "Agree with above."

Attending physician states "Seen and agree."

Attending merely signs the Resident's documentation (countersignature only)

The House Staff states at the end of his/her note "Management of this patient was discussed in detail with Dr. Attending."

Any kind of macro automatically appended by a computer or entered by a staff member stating that the Teaching Physician was present and involved in the case.

Please note the personal involvement with the patient evidenced in the first set of examples, which is lacking in the second set. In the first set, the Attending discusses lab work, medication management, radiological studies, medical conditions and a first-hand knowledge of the patient's needs.

8. Modifiers

Medicare requires the –GC modifier to be entered on the billing form when services are billed for Teaching Physician services. Services billed using this modifier certify that the TP was present during the key portion of the service and was immediately available during the other parts of the service.

If services are provided solely by the physician then no modifier is to be added to the services.

Physicians need to notify the billing dept. of the fact that services were provided as Teaching Physician services by adding the –GC modifier to the CPT[®] code or level of services provided to the patient.