

Teaching Physician Reimbursement Guidelines (Medicare)

The Medicare rules for teaching hospital reimbursement became even more stringent in July 1996, specifically concerning required documentation. The Departments of the Chattanooga Unit will be using the July 1996 Medicare guidelines for charging under Part B as the standard for charging all other providers (insurance companies). Though some insurance carriers presently do not have the strict requirements enacted by Medicare, there is every indication that most will link their requirements to Medicare's in the near future.

You may be thinking, "What does this have to do with me?" Please understand that many of the funds available for support of our graduate medical education programs come from charges collected by various department foundations, the local faculty practice group, and the hospital's Physician Support Services Organization office. These charges are billed not on the basis of the physician services that you, as residents, provide, but by the supervision you are given by the attending physicians (faculty). If guidelines are not followed, the collections of these funds and their subsequent availability to our residency programs might be jeopardized.

Although Medicare views the responsibility for documentation and adherence to the guidelines that of the attending physician (faculty member), residents are also responsible for ensuring appropriate documentation for quality patient care and supervision by designated faculty physicians. Erlanger will sponsor training for faculty and residents regarding the teaching reimbursement guidelines.

Listed below are key points of reference for our faculty and residents obtained from the HMI Corporation in Brentwood, Tennessee:

Definitions in a teaching setting

Direct Medical and Surgical Service -- services to individual beneficiaries that are either personally furnished by a physician or furnished by a resident under the supervision of a physician in a teaching hospital making the reasonable cost election for physician services furnished in teaching hospitals. All payments for such services are made by the fiscal intermediary for the hospital.

Key Portion (Surgery) -- means everything that happens between opening and closing the patient. The teaching surgeon must be scrubbed and actively involved in the surgery. Teaching surgeons must be present during key portions and immediately available for non-key portions of surgical procedures.

Resident -- interns, residents, and fellows who participate in an approved graduate medical education (GME) program or a physician who is not in an approved GME program but is authorized to practice only in a hospital setting. (A medical student is never considered to be a resident.)

Surgery Assistant -- An assistant at surgery is defined as a physician who actively assists the physician in charge of a case in performing surgical procedures.

Teaching hospital -- a hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry.

Teaching physician -- physician (other than another resident) who involves residents in the care of his or her patients.

Teaching setting-- any provider, hospital-based provider, or non-provider setting in which Medicare payment for the services of residents is made by the fiscal intermediary under the direct GME payment methodology or freestanding SNF or HHA in which payments are made on a reasonable cost basis.

Teaching physician rules and documentation guidelines

A teaching physician must demonstrate the following responsibilities to be eligible for reimbursement as an attending physician. Clear documentation either written or countersigned should be reflected in the patient's medical record.

- Review the patient's history and conduct a physical examination
- Personally examine the patient within a reasonable period of time after admission
- Confirm or revise the patient's diagnosis
- Determine the course of treatment to follow
- Assure that any supervision need by the interns and residents is furnished
- Make frequent reviews of the patient's progress

Teaching evaluation and management (E & M)

Clear documentation by the teaching physician is necessary to help determine the level of service being provided. Most importantly, documentation should include his/her presence and participation during the decision-making part of the visit. Documentation may be as written notes or via dictated notes. The teaching physician must evaluate the key elements that had been previously performed and verify each of them when completing an invasive exam (such as OB/GYN exam and rectal exams). These must be re-done by the teaching physician if these are the key portions of the examination.

Teaching Surgeon

HCFA (The Health Care Financing Administration of the federal government) has not yet stated a position on a policy for teaching surgeons' being scrubbed as being "immediately available" while a resident performs surgery. It is recommended that teaching surgeons assess the surgical variables and make a determination as to whether he should be scrubbed or not, and be available to supervise the resident in surgery.

Guidelines for payment of services to a teaching physician

Services furnished in a teaching setting are reimbursed under the physician fee schedule only if:

- Services are personally furnished by a physician who is not a resident
- Services are furnished jointly by a teaching physician and resident, or by a resident in the presence of a teaching physician with certain exceptions as provided below:

Payment for services of a resident, in both situations above, are payable either through the direct GME payment or reasonable cost payments made by the fiscal intermediary.

Special Situations -- if a resident participates in a service furnished in a teaching setting, pay for the services of a teaching physician under the physician fee schedule only if the teaching physician is present during the key portion of the service for which payment is sought:

Evaluation and Management (E/M) Services -- the teaching physician must be physically present during the key portion of the service that determines the level of service billed.

- Initial hospital care, emergency department visit, office visit - new patient, office consultations, hospital consultations -- documentation of direct participation in the three key components (history, examination, and medical decision-making) of the services.
- Subsequent hospital care, office visit - established patients -- documentation highlighting two of the three key components.

Exception: E/M Services furnished in certain primary care centers -- when a GME program is granted the primary care exception, it applies to the following lower and mid-level E/M services:

New Patient -- 99201, 99202, and 99203
Established Patient -- 99211, 99212, and 99213

Procedures -- billing for surgical, high-risk, or other complex procedures must be supported by the presence of the teaching physician during all critical and key portions of the procedure and be immediately available to furnish services during the entire procedure.

Surgery (including endoscopic operations) -- teaching surgeon is responsible for the pre-operative, operative, and post-operative care of the beneficiary. The teaching surgeon determines post-operative visits to be "key" that requires his/her presence.

- Single surgery -- teaching surgeon must be present for the entire period, documentation of his/her presence can be made by the physician, resident, or operating room nurse.
- Two overlapping surgeries -- teaching surgeon must be present during key portions, documentation of his/her presence must be made by the teaching surgeon.
- Minor procedure -- teaching surgeon must be present for entire procedure.

Anesthesia -- the teaching physician must be present during induction, emergence, and any other portion of the procedure payable on a time basis.

Time-Based codes -- procedures determined on the basis of time. A teaching physician must be present for the period of time for which the claim is being made. (Time in which a resident was without the presence of a teaching physician is not reimbursable.) The following codes are examples of time basis:

99291-2	Critical care services and E/M codes in which counseling and/or coordination of care dominates more than 50% of the encounter
99354-9	Prolonged services
99375	Care plan oversight

Other complex or high-risk procedures -- the teaching physician is required to be present with the resident. Examples of these procedures are interventional radiologic and cardiologic supervision and interpretation codes, cardiac catheterization, cardiovascular stress tests, and Tran esophageal echocardiography.

Miscellaneous -- maternity services (Medicare) require the presence of the teaching physician. In order to bill for global obstetrical care, the teaching physician must be present for the minimum number of visits specified in the description of the code.

Assistant at surgery services furnished in teaching hospitals -- Services of assistants at surgery furnished in a teaching hospital which has a training program related to the medical specialty required for the surgical procedure and has a qualified resident available to perform the service.

There are exceptional circumstances in which payment may be made for the services of assistants at surgery. Exceptional medical circumstances in a case of multiple traumatic injuries that require immediate treatment that may justify the services of a physician assistant at surgery even if a qualified resident is available.

There may be instances when physicians do not involve resident in patient care. If the primary surgeon has no involvement in the hospital's GME program, payment made be made for reasonable and necessary services on the same basis as would be the case in a non-teaching hospital.

Multiple physician specialties (Team) involved in surgery is paid on a "By Report" basis. In a situation where a patient's cardiac condition may require a cardiologist be present to monitor patient's condition during abdominal surgery, the cardiologist is functioning at a different level than an assistant and payment is made on a regular fee schedule basis.