

POLICY FOR FACULTY PHYSICIANS

BILLING AND DOCUMENTATION OF PROFESSIONAL SERVICES:

GENERAL RULES:

- I. Services provided must be accurately documented in the patient's medical record.
- II. Services rendered must be documented in the medical record within 24 hours from the services.
- III. To bill for services in which a resident participates, the Teaching Physician must be present and document that he/she was present during the key portions of the service rendered or present for the entire procedure using the UM CARE system (where available), in the operating room .

Coding of the procedure/diagnosis is to be performed using UM CARE system (where available), web billing or an encounter form.
- IV. The medical record must clearly reflect the medical necessity and appropriateness of the services provided.
- V. The Teaching Physician's signature in the medical records must be an original signature. Stamp signatures, initials, or co-signatures are not allowed.
- VI. Addendums to the documentation in the medical record are only acceptable if added for legitimate medical reasons. Addendums must be signed and dated by the Teaching Physician.
- VII. The Teaching Physician must certify that he/she performed and documented the services rendered on the billing encounter form/voucher before a bill can be generated.

SPECIFIC RULES:

Evaluation and Management Services:

If the Teaching Physician has personally provided the service without a resident present, the Teaching Physician must personally document the service.

- The Teaching Physician must be physically present during, or personally perform, the portions of the Evaluation and Management Service that determine the level of service billed.
- Initial Visits: (Initial Hospital Visits, New Patient-Office visits, Outpatient Hospital Visits, Consultations, and Emergency Room Visits). The Teaching Physician must personally document his/her participation in the three (3) key components of these services:
 - Patient's History (History of Present Illness)
 - Physical Examination (Clinical Findings)
 - Medical Decision Making (Plan of Care)

If a resident admits the patient to the hospital, the Teaching Physician must personally provide care to the patient and document the medical record within 24 hours from the time of the admission, in order to bill an initial hospital visit. If care is provided after 24 hours of admission, a subsequent hospital visit must be billed.

The Teaching Physician must document the time in the medical record when counseling and/or coordination of care dominates more than 50% of the encounter with the patient.

- Subsequent Visits: (Subsequent Hospital Visits, Established Patient- Office visits, and Outpatient Hospital Subsequent Visits). The Teaching Physician should personally document his/her participation in two (2) of the three (3) key components: (patient's history, examination, and medical decision making). The Teaching Physician's personal documentation must include a confirmation of each component of the resident's documentation and presence of the Teaching Physician during the service.

The Teaching Physician's documentation must be patient specific.

Consultation Services:

A consultation is a type of service provided by the Teaching Physician whose opinion or advice is requested by another physician.

The request for a consultation as well as the need (i.e. medical necessity) for a consultation must be documented in the medical record.

A consultation report must be sent to the requesting physician.

Critical Care Services:

The Teaching Physician must document the time spent with the critically ill patient in the medical record.

Major Surgeries including Surgical Endoscopies:

The Teaching Physician must be present in the operating room with the resident during the entire surgical procedure, or during the key portions of the procedure and immediately available during the non-key portions; or personally perform the surgical procedure.

Single Surgery:

When the Teaching Physician is present for the entire surgical procedure, the Teaching Physician must document his/her presence in the procedure.

Key Portions:

The Teaching Physician must define and personally document the key portions of the surgical procedure. The key portions may vary by procedure and by patient; therefore, the key portions must be patient specific. Opening and closing of the surgical field are not considered key portions.

Immediately available:

In the event that the Teaching Physician can not be immediately available during the non-key portions of the procedure, the Teaching Physician could arrange for another Teaching Physician, who is not involved in another surgical procedure, to be immediately available. The medical record should reflect the name of the physician's designee.

Overlapping Surgeries:

Although two surgical procedures may be scheduled "concurrently", the key portions of the two concurrent procedures **MUST NOT** overlap. The Teaching Physician must complete the key portions of the initial surgical procedure before getting involved in a second procedure.

In the case of three or more concurrent surgical procedures, the Teaching Physician's role is classified as supervisory and it may not be billed.

Post Operative Visits:

The Teaching Physician must document the postoperative visits to the patient in the medical record. In the event that the Teaching Physician was not present for the key portions of the surgical procedure but he/she performed the post-operative visits to the patient, the post-op visits may be billed using modifier 55.

Assistant at Surgery:

A Teaching Physician should use qualified residents, if available, as assistants at surgery; however, there are exceptional circumstances that even if a qualified resident is available, the Teaching Physician may use another teaching physician as an assistant surgeon. These exceptional circumstances are:

- Emergency situations
- Life-threatening situations such as multiple traumatic injuries which require immediate treatment.

The documentation in the medical record must clearly reflect these exceptional circumstances.

If a resident is not available, the Teaching Surgeon must personally document that no qualified resident was available to perform the services with the following certification, “I certify that the services for which payment is claimed were medically necessary and that no qualified resident was available to perform the services”.

Modifier 82 must be used to bill Medicare for Surgical Assistant when a qualified resident is not available

Minor Procedures:

The Teaching Physician must be present for the key portions of the procedure, if the procedure takes more than five minutes to complete. If the procedure takes less than five minutes, the Teaching Physician must be present for the entire procedure.

The Teaching Physician must personally document that he/she was present for the entire procedure or for the key portions. The key portions must be defined and personally documented in the medical record.

Diagnostic Endoscopies:

The Teaching Physician must personally perform the procedure or be present during the entire viewing, which includes insertion and removal of the device. The Teaching Physician must personally document in the medical record if he/she personally performs the procedure or was present throughout the entire viewing.

Anesthesia Services:

The Teaching Physician must:

- Perform the pre-anesthesia examination and evaluation
- Prescribe the anesthesia plan
- Personally participate/perform in the KEY PORTIONS (induction and emergence) of the services
- Remain immediately available for the non-key portions of the procedure for immediate diagnosis and treatment of emergencies
- Monitor the course of anesthesia administration
- Provide post-anesthesia care

Document Anesthesia time (anesthesia time begins when the patient is prepared for the induction of anesthesia and ends when the anesthesiologist is no longer in personal attendance).

The documentation in the medical record must indicate the Teaching Physician's presence and participation in the anesthesia service.

Diagnostic Tests:

If the Teaching Physician personally performs the interpretation of a diagnostic test, the Teaching Physician must dictate and sign the interpretation report.

If the resident prepares and signs the interpretation report, the Teaching Physician must add a statement to the resident's interpretation, such as "I personally reviewed the film/recording/specimine and the resident's findings, and agree with the final report".

Interventional Radiology and Other Complex or High Risk Procedures such as:

- Interventional! Radiology
- Cardiologic Procedures
- Cardiac Catherization
- Cardiovascular Stress Tests
- Transesophageal Echocardiography, etc.

The Teaching Physician must be present for the key portions of these procedures. If the procedure takes less than five minutes, the Teaching Physician must be present for the entire procedure.

The Teaching Physician must personally document that he/she was present for the entire procedure or for the key portions. The key portions must be defined and personally documented in the medical record.

Maternity Services:

The Teaching Physician must be present in the delivery room and his/her presence must be documented in the medical record.

In addition, the Teaching Physician must document the antepartum and postpartum care in the medical record.

Psychiatry Services:

When psychotherapy services are performed, the Teaching Physician must include the time spent with the patient as part of his/her documentation in the medical record.