

Texas Tech University Health Sciences Center El Paso Institutional Compliance Policy

Policy: BCP EP 4.1 Teaching Physician Requirements for Evaluation & Management Services, Including Time - Based Codes	Effective Date: October 21, 2010
	Last Revision Date: January 25, 2023
References: 42 CFR § 415.170-172: CMS.gov; IOM 100-04, Chapter 12, Section 100	

Policy Statement

The purpose of this policy is to provide guidance about teaching physician presence and documentation requirements for Evaluation and Management (E/M) services, including time-based E/M services, when residents are involved in the care of patients.

Scope

This policy applies to Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) School of Medicine Physicians who involve Residents in the care of their patients. In addition, it applies to all federal, state, and private payers unless a specific written waiver is obtained from the Institutional Compliance Officer (ICO).

This policy does not apply to the presence, and documentation requirements for E/M services furnished by residents under the supervision of a Teaching Physician in a Primary Care Exception (PCE) clinic setting, which is addressed in BCP EP 4.2 Teaching Physician Requirements for Evaluation and Management Services Provided under Medicare's Primary Care Exception (PCE) Rule.

Policy

To bill for services, the teaching physician shall personally participate in the critical or key portions of any E/M service or time-based E/M service and personally document their participation in managing the patient's care. For billing purposes, the resident shall not document the teaching physician's presence and participation in E/M services, including time-based E/M services.

Definitions

1. **Resident(s) & Fellow(s) (Trainees)** - An individual who participates in an approved or unapproved graduate medical education (GME) program. The term includes interns and fellows in GME programs recognized as approved for purposes of direct GME payments made by the FI. Receiving a staff or faculty appointment or participating in a fellowship does not alter the status of "resident."

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2. **Student** - An individual who participates in an accredited educational program (e.g., a medical school). A student is never considered to be an intern or a resident. Medicare does not pay for any service furnished by a student. See §100.1.1B ** for a discussion concerning E/M service documentation performed by students.
3. **Teaching Physician** - A physician (other than another resident) who involves residents in the care of their patients.
4. **Critical or Key Portion** - That part (or parts) of a service that the teaching physician determines is (are) a critical or key portion(s). Critical and key are interchangeable terms.
5. **Macro** - A computer or dictation application command automatically generates pre-determined text.
6. **Physical Presence** - The teaching physician is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and performs a face-to-face service.

Procedure

1. Evaluation and Management Services

A. General Documentation Requirements

Evaluation and Management (E/M) Services - For a given encounter, the appropriate level of E/M service should be determined according to the code definitions in the American Medical Association's Current Procedural Terminology (CPT) book and any applicable documentation guidelines.

For purposes of payment, E/M services billed by teaching physicians require that the medical records must demonstrate:

- That the teaching physician performed the service or was physically present during the key or critical portions of the service when performed by the resident; and
- The participation of the teaching physician in the management of the patient.

The notes may demonstrate the teaching physician's presence during E/M services in the medical records made by physicians, residents, or nurses.

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B. E/M Service Documentation Provided By Students

Any contribution and participation of students to the performance of a billable service (other than the review of systems and past family/social history, which are not separately billable but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements outlined in this section for teaching physician billing. Students may document services in the medical record. However, the teaching physician must verify all student documentation or findings in the medical record, including history, physical exam, and medical decision-making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making of the E/M service being billed but may verify any student documentation of them in the medical record rather than re-documenting this work.

C. Use of Macros in an Electronic Medical Record

- 1.) The teaching physician may personally add a macro in a secured (password-protected document of their participation. The macro must be used along with the resident's and teaching physician's patient-specific documentation that supports the medical necessity of the specific services provided and billed.
- 2.) The resident and teaching physician shall not both use macros to document patient-specific care.

2. Time-Based Codes

For procedure codes determined based on time, the teaching physician must be present for the period for which the claim is made. For example, a code that specifically describes a service of 20 to 30 minutes may be paid only if the teaching physician is physically present for 20 to 30 minutes. Do not add time spent by the resident in the absence of the teaching physician to time spent by the resident and teaching physician with the beneficiary or time spent by the teaching physician alone with the beneficiary. Examples of codes falling into this category include:

- Individual medical psychotherapy (HCPCS codes 90804 - 90829);
- Critical care services (CPT codes 99291-99292);
- Hospital discharge day management (CPT codes 99238-99239);
- Office/outpatient E/M visit codes for which total time is used for the visit level selection. For purposes of selection visit level, only count time spent by the teaching physician performing qualifying activities listed by CPT (with or without direct patient contact on the date of the encounter), including the time the teaching physician is present when the resident is performing such activities;
- Prolonged services (CPT codes 99358-99359); and
- Care plan oversight (HCPCS codes G0181- G0182).

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3. Medicare Teaching Physician Modifier – “GC”

The “GC” modifier shall be added to E/M, and time-based codes billed to Medicare where a resident provided services (excluding E/M services in a PCE setting) with a teaching physician. For purposes of this policy, “involved” means providing hands-on care to patients and watching care or services provided by a teaching physician.

Administration and Interpretation, Revisions, or Termination

Refer to Billing Compliance Policy El Paso 1.0 Policy Development and Implementation. Failure to comply with this policy shall result in appropriate disciplinary action. Questions regarding this policy may be addressed to the TTUHSC El Paso Institutional Compliance Officer or Compliance Unit Manager.

This policy may be amended or terminated at any time, subject to approval by the Billing Compliance Committee.

Frequency of Review

This policy shall be reviewed no later than March 1 in each odd-numbered year.

Review Date: January 2018, March 2018, October 1, 2021, January 25, 2023

Revision Date: February 2018, March 2019, October 1, 2021, January 25, 2023