



**TO: General Hospitals, Federally Qualified Health Centers, Medical Clinics, Physicians and Residents**

**RE: Revised: Documentation and Billing Guidelines for Services Performed by Residents**

The Department is extending the settings when residents may provide services under **PB 2016-40 - Documentation and Billing Guidelines for Services Performed by Residents**, to physician offices and medical clinics. All other requirements of PB 2016-40 remain in effect.

Resident services are eligible for reimbursement in the following settings if applicable requirements are met:

- Inpatient or outpatient hospital
- Federally Qualified Health Centers (FQHC)
- Medical Clinics
- Physician office

Unless otherwise noted in the Department's regulations, subsequent Provider Bulletins or below, HUSKY Health follows Medicare's requirements regarding documentation guidelines for teaching physicians, interns, residents, and students as outlined in the Medicare Learning Network (MLN) Fact Sheet "Guidelines for Teaching Physicians, Interns and Residents". This MLN fact sheet is posted at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

Subject to all other applicable requirements for reimbursement under the HUSKY Health Program, the following types of services rendered by a resident are eligible for payment:

- Services furnished by a resident, who is enrolled in an approved Graduate Medical Education (GME) program, when a teaching physician is physically present during the critical or key portions of the service; and/or

- Services furnished by a resident under a primary care exception within an approved GME program that follows the Department's criteria described below.

#### **E/M Documentation Guidelines (Excluding the Primary Care Exception)**

Supervising/teaching physicians must personally document at least the following when billing for E/M services:

- The supervising/teaching physician's participation in the management of the patient; and
- If the resident performs the elements required for an E/M service in the presence of, or jointly with, the supervising/teaching physician and the resident documents the service, the teaching physician's documentation must support that he/she was directly involved in the management of the patient and that he/she physically saw and evaluated the patient. The supervising/teaching physician's note should reference or supplement the resident's note; or
- If the resident performs some or all of the required elements of an E/M service in the absence of the supervising/teaching physician, the supervising/teaching physician must independently perform the key and critical portions of the service with or without the resident present. The supervising/teaching physician should document that he/she personally saw the patient and document their role in the key and critical portions of the service. The physician's note should reference or supplement the resident's note and should document any changes in the patient's condition.

The teaching physician has the discretion to decide how much supervision the resident requires. This may vary depending on the resident's experience, training and competence. No matter what extent of supervision is provided, the supervising physician must be clearly identified in writing in the medical record and must sign the record.

**Please note:** The supervising/teaching physician must state that the service was performed in part by a resident and the claim must include the GC modifier:

“This service has been performed in part by a resident under the direction of a teaching physician.”

### **E/M Documentation Provided by Students**

Any participation of a student in billable service must be performed in the physical presence of the teaching physician or a resident in a service that meets teaching physician billing requirements. Exceptions to this requirement are review of systems (ROS) and/or past family, and/or social history (PFSH), which are taken as part of an E/M service and are not separately billable. The Department does not separately reimburse for services rendered by students.

### **Anesthesia Documentation Guidelines**

For anesthesia procedures rendered by a resident, the supervising physician must document he/she was physically present during key and critical portions of the anesthesia. The supervising physician must be immediately available to provide services during the entire duration of the procedure.

### **Surgical Procedures**

The Department will reimburse for surgical, high-risk, or other complex procedures performed by a resident only if the teaching physician is present during all the key and critical portions of the procedure/surgery. The teaching physician's presence is not required

during the opening and closing of the surgical field unless it is considered to be key or critical portions of the procedure. The teaching physician must be immediately available to furnish services during the entire procedure, i.e., he/she cannot be performing another procedure. For procedures that take five minutes or less to complete, the teaching physician must be present for the entire procedure in order to bill for the procedure.

**Please note:** When the teaching physician is present for an entire single surgery, his/her presence may be demonstrated by notes in the medical record made by the physician, resident, or operating room nurse.

### **Diagnostic Radiology and Other Diagnostic Tests**

The Department will pay for the interpretation of diagnostic radiology and other diagnostic tests if the interpretation is performed or reviewed by a resident with a teaching physician. If a resident prepares and signs the interpretation, the teaching physician must indicate that he/she has personally reviewed the image and either agrees with the resident's interpretation or revises the findings. It is not sufficient for the teaching physician to only attest to the resident's interpretation.

### **PRIMARY CARE EXCEPTION**

As is the case under Medicare, HUSKY Health will permit reimbursement when the resident performs any of the following E/M services through a GME Program.

The E/M services eligible under the Primary Care Exception include the following billing codes:

- 99201 - New patient office or other outpatient visit, typically 10 minutes
- 99202 - New patient office or other outpatient visit, typically 20 minutes
- 99203 - New patient office or other outpatient visit, typically 30 minutes

- 99211 - Established patient office or other outpatient visit, typically 5 minutes
- 99212 - Established patient office or other outpatient visit, typically 10 minutes
- 99213 - Established patient office or other outpatient visit, typically 15 minutes
- 99381 – Initial preventive medicine, new patient, infant age younger than 1 year
- 99382 – Initial preventive medicine new patient, early childhood age 1-4
- 99383 – Initial preventive medicine new patient, late childhood age 5-11
- 99384 – Initial preventive medicine new patient, adolescent age 12-17
- 99385 – Initial preventive medicine new patient, age 18-39
- 99386 – Initial preventive medicine new patient, age 40-64
- 99387 – Initial preventive medicine new patient, 65 years and older
- 99391 – Periodic preventive medicine, established patient, age younger than 1 year
- 99392 – Periodic preventive medicine, established patient, early childhood age 1- 4
- 99393 – Periodic preventive medicine, established patient, late childhood 5-11
- 99394 – Periodic preventive medicine, established patient, adolescent age 12-17
- 99395 – Periodic preventive medicine, established patient, age 18-39 years
- 99396 – Periodic preventive medicine, established patient, age 40-64 years
- 99397 – Periodic preventive medicine, established patient, 65 years and older

Encounters for services rendered in the medical FQHC settings should be coded using the T1015 code and any other appropriate code(s) for the services rendered during that encounter.

Except as otherwise noted in this or subsequent bulletins or as otherwise required by regulations, HUSKY Health follows Medicare’s requirements for the Exception for E/M Services Furnished in Certain Primary Care Centers, as outlined in the Medicare Learning Network (MLN) Fact Sheet “Guidelines for Teaching Physicians, Interns, and Residents” (see pages 6-9). This MLN fact sheet is posted at:

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

This MLN Fact Sheet outlines specific conditions that must be met in order for the primary care exception to apply. The conditions in the MLN Fact sheet include, but are not limited to the following:

- The services must be furnished in a primary care center that is located in the outpatient department of a hospital or FQHC.
- Residents must have already satisfactorily completed at least 6 months of an approved residency program. The primary care exception does not apply to residents who have completed fewer than 6 months.
- The teaching physician must not supervise more than four residents at a given time and must be able to provide direct care on an immediately available basis.
- The teaching physician must not have other responsibilities, at the times that services are furnished by residents.
- The primary care center must be the patient’s primary location for health care services.
- Primary care centers must maintain records that demonstrate that they qualify for the primary care exception and must make such records available at the Department’s request.

- The teaching physician must review the care furnished by the resident during or immediately after the visit and must for each patient document the following:
  - A review of the patient's medical history and diagnosis; the resident's findings on physical examination, and the treatment plan; and
  - Document the extent of the physician's participation in the review and direction of the services furnished.

**Please note:** Claims must include the GE modifier for services furnished under the Primary Care Exception:

“This service has been performed by a resident without the presence of a teaching physician under the primary care exception.”

Please refer to the MLN Fact Sheet for additional information regarding primary care centers and eligibility under the primary care exception. Providers must maintain appropriate records by documenting as he or she would document in a non-teaching setting. Such records must be available upon the Department's request and demonstrate that he or she qualifies for the primary care exception.

### **Post Payment Review for Documentation Guidelines in the Teaching Setting**

On post payment review of services performed in the teaching setting, the combined entries in the medical record by the supervising/teaching physician and the resident's documentation together must support the medical necessity of the service. Documentation by the resident of the supervising/teaching physician's presence and participation is not sufficient.

Providers that cannot meet the above documentation requirements should not submit claims. Under post payment reviews, the Department may take adjustments for services that are billed and not documented in accordance with applicable guidelines. This

policy applies to services that are reimbursed under the HUSKY Health program.

**Guidelines for Electronic Health Record (EHR):** To be eligible for reimbursement, a claim that relates to services documented in an EHR must be supported by a macro or predetermined text entered by the treating physician via secure or password protected means. A macro is not sufficient with no other documentation in the record by both the teaching physician and the resident. Documentation in the EHR system needs to include the macro, as well as, an audit trail that details the entries made including the date and time entries were made.

Documentation in the EHR system must: accurately describe the services to support and to verify medical necessity and support the level of service billed; and be dated and include a legible signature or identity. For further information regarding electronic signatures and the requirements for maintaining medical records electronically please go to [www.ctdssmap.com](http://www.ctdssmap.com), and then select “Information,” then “Publications,” then go to “Bulletin Search,” and then select PB05-25 “Electronic Signatures” and PB05-50 “Revision to the Addendum on Electronic Signatures.”