

DATE: April 8, 2004
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FROM: Lisa M. Donahue CPC
 Director, Audit, Compliance & Education
RE: Documentation Scenarios for Teaching Physicians (TP)

I. When working with medical students:

- a. The TP may reference only the review of system (ROS) and past, family, social history (PFSH) of the medical student's note to support some of the history elements of an E&M service. TP must document the other requirements of an E&M service (i.e. CC, HPI, Exam and MDM).

Example: "I saw and evaluated the patient and agree with the medical student's history as written."

- b. When involved in a procedure with a medical student, TP must document the procedure as if he/she performed it independently. A medical student's documentation of a procedure is not a billable service.

II. Resident/Fellow and TP E&M services with resident/fellow documenting the majority of the service:

- a. A teaching physician's tie-in or tethering statement should always include (1) physical presence during the key or critical portions of the service and (2) participation of the TP in the management of the patient.

Example: "I saw and evaluated the patient and agree with the resident's finding and plans as written."

OR

"I saw and evaluated the patient. Agree with resident's note but lower extremities are weaker, now 3/5; MRI of L/S Spine today."

III. Resident/Fellow and TP working under the **physical exception** rules:

- a. TP's supervisory note should include his/her extent of participation in the review and direction of the E&M service furnished to each patient. The physical exception rule **only** applies to an **approved primary care exception** residency programs.

Example: Discussed with resident during the patient's visit and agree with the resident's findings and plan of care. Directed the resident to increase medication if migraines persist.

OR

Discussed with resident immediately after the patient's visit and agree with findings, but also directed him to request an Echo.

IV. When working with a hospital employed personnel:

- a. Documentation is the same as when working with a medical student. TP must document the CC, HPI, Exam and MDM and may only reference the ROS and PFSH elements of the hospital employed individual's note.

V. NP or PA with a salary supported by a Department of the School of Medicine:

- a. May bill a professional fee for service provided. The NP or PA must enter their own documentation in the medical record for these services.

VI. Shared E&M visits:

- a. If a physician and a non-physician practitioner see a patient the same day, only one encounter may be billed. The providers must belong to the same group (i.e. the non-physician must be an employee of the SOM and not employed by the hospital). Either the physician or the non-physician practitioner may bill for the E&M service.

- b. Both must document their portions of their face-to-face encounter with the patient. Both notes must support the work of each provider. The MD must document at least one element of the E/M component. The documentation can be combined to support the level of service billed. A tie-in or co-signature by the MD attached to a non-MD provider's note will not support a shared/split service.

Example of MD documentation: In addition to the NP visit, I also saw the patient. I examined the patient and discussed with parents and child the plan of care for the diagnosis of migraine. Documentation must have patient specific information to support discussion.

OR

I have examined the patient and discussed her history with mom. Patient has some OCD like tendencies, but no movement disorder. She also seems to have some sensory symptoms. I spent 20 minutes with patient and her mom discussing, counseling and coordinating the assessment and plan. Assessment and Plan must have summarization/details of discussion.

OR

Patient seen and examined with NP. Agree with findings of nl exam, assessment – possible reflux, query fa effect, EEG negative and plan as discussed and outlined in NP note. In addition to the visit today, I spent 45 minutes in a discussion of above with the patient. Details of the discussion must be documented in the above note.

VII. Procedures performed with Residents/Fellows

- a. Minor procedures the TP must be present for entire procedure. Resident or TP may document physical presence.
Resident Example: Dr. Smith was present for all skin tag removals.
TP Example: I was present for the entire procedure.
- b. TP must be present for entire viewing of scope procedures. Resident or TP may document physical presence.
- c. Single Surgery – If TP is present for entire case a resident/fellow may document the TP physical presence.
- d. Single surgery – If TP is present for key or critical portions and immediately available, residents/fellow may not document physical presence. TP must personally document physical presence during key/critical portions and immediate availability.
TP Example: I was present for all critical portions of the procedure including debridement, flap elevation and closure.

VIII. Scribe Services*:

- a. Medical students, residents, or fellows may not act as a “scribe” for another provider.
- b. Clinical and non-clinical personnel may act as a “scribe” (i.e., nurse, NP, etc.) If utilizing clinical personnel, they must not actively be engaged in the clinical work at the time they are scribing for the provider. The documentation must clearly identify the provider who performed the service to determine the appropriate payment for the service.
- c. When a nurse, NPP or other employee acts as a scribe for a physician, the medical record must clearly reflect who performed the service, who recorded the service and the qualifications (i.e., professional degree, medical title, etc.) of each individual. The documentation must be **signed by both** the “scribe” and the rendering provider.

**For more details see the Definition of Scribes and Documentation requirements coding directive.*