PATH Documentation Guidelines, Who’s Teaching Who?

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Introduction to Physicians At Teaching Hospitals (PATH)

- A teaching hospital is a place for medical student graduates to obtain hands on training and practice at becoming physicians

- They learn under the supervision of experienced physicians

- There are regulations and documentation guidelines that must be followed to receive appropriate payment
Resident

- Resident – An individual who participates in an approved graduate medical education (GME) program or a physician who is not in an approved GME program but who is authorized to practice only in a hospital setting
  - Interns
  - Fellows
Teaching setting

- Teaching setting – Any provider, hospital-based or nonprovider setting (care provided to a patient without a physician being on-site) in which Medicare payment for services of residents is made by the fiscal intermediary (FI) under the direct graduate medical education payment methodology or freestanding SNF or HHA in which such payments are made on a reasonable cost basis.
Key or critical

- Critical or Key portion – The teaching physician determines which parts of the service are considered critical or key, and where their presence would be required
  - Surgical preparation
  - Actual procedure
  - Postoperative care
Documentation challenges

- Difficulty in determining who wrote what in the note
  - It may be difficult to identify which portion of the note was written by the physician and which was written by the resident
  - Electronic medical records have helped to bring clarity so it is important that providers are properly trained on how to take over authorship of their notes
- Beware of copy and paste
- Macros, smart phrases, templates
Documentation challenges

- Incomplete attestations
  - Agree with above
  - Rounded, reviewed, agree
  - Discussed with resident. Agree
  - Seen and agree
  - Attestations must be complete and followed by a legible signature (written or electronic)
  - What would the provider need to state for a complete attestation?
Documentation challenges

- Many times the teaching physician will attest to and sign the resident’s note on a different date than the actual date of service.
- In this case, it is required that the teaching physician includes the date of service in which they “saw and examined” the patient.
- Without this extra piece of information, the date of service used must be the date that the physician signed the note.
- The consequence of this is lost revenue.
Documentation challenges

- Identifying presence of teaching physician
  - Each note must clearly indicate the involvement of the teaching physician
  - This can only be conveyed by teaching physician
  - Vague statements will not provide the supporting documentation to bill for the service
Documentation challenges

- How can we determine “key and critical” portions of the service?
  - Which parts of a procedure would require an experienced physician to be present?
  - How long do they need to be there?
  - Would it be different for a first year resident as opposed to a fourth year resident?
Evaluation and Management services

- Resident scope of practice
  - Able to see any level of complexity of patient
  - May write the entire note
  - Must work in conjunction with the teaching physician

- Teaching physician responsibilities
  - Participate in the care of patient
  - Document their own level of participation in the care of the patient
  - Work in conjunction with the resident
  - Must use modifier GC to convey services performed in conjunction with resident
Evaluation and Management services

- Primary care exception rule
  - May bill for lower levels of service without the presence of the teaching physician
    - 99201 – 99203
    - 99211– 99213
    - G0402 – Welcome to Medicare
    - G0438 & G0439 – Annual Wellness Visits
Primary Care Exception Rule

- Teaching physician must be on-site at all times while resident is seeing patients
- Residents must have completed at least 6 months of residency
- Teaching physician may not have any other responsibilities
- All services must be discussed by both parties after services are provided
- Teaching physician must document their participation and involvement in the care of the patient
- Must use modifier GE to convey services performed without the direct presence of the teaching physician
Critical care

- Residents may participate in providing critical care services to patients.

- Their time spent with the patient, without the teaching physician present, may not be counted toward the total time billed for the teaching physician.

- Note must be clear as to who did what.
Surgical procedures

- Teaching physician is responsible for pre, intra and postoperative care of the patient
- Presence is required for key and critical portions of the procedure (left to teaching physician’s discretion)
- Must be immediately available if not physically present
- May NOT be performing another procedure
Overlapping procedures

- May not happen at the same time (same person cannot be present for key and critical if the procedures are happening at the same time)
- Upon completion of the key and critical portions of the first surgery, the second may begin
- Teaching physician must personally document their involvement in the key and critical portions of the procedure
- If teaching physician cannot be available during key and critical portions of the procedure they must make arrangements for coverage
Minor procedures

- Teaching physician must be available for the entire procedure when it requires minimal decision making and time to perform
Endoscopy procedures

- Teaching physician must be present for entire viewing of procedure (begins with insertion and ends with removal)
- Must be in same room as patient (may not be in another room)
Medical student documentation

- Teaching physician rules do not apply to students
- Students may perform and document review of systems and past, family and social history and the teaching physician may refer to this documentation
- The teaching physician may not refer to the student’s documentation of the history of present illness, exam or medical decision making
- Very important to make sure notes have not been copied and pasted from medical student’s documentation
Assistant at surgery

- What is the difference between an Advanced Practicing Provider (APP) assisting with a surgery and a resident?
- What if APP’s are not used and a physician assists instead?
- What do the following modifiers indicate?
  - 80
  - 82
  - AS
Advanced Practicing Providers

- Nurse practitioners, physician assistants, certified nurse midwives, etc. are not allowed to be teaching providers for residents
- The resident must always have a teaching physician overseeing their work
- Residents are unable to oversee APP's
- Physicians ultimately are responsible for all oversight as necessary
Example

- Patient is seen for an E/M service 99204-25
- A knee x-ray is ordered, performed, and reviewed under direct visualization and interpretation (including report)
- Patient also has an injection into their knee 20610

- How many attestations are needed to cover these 3 services

- Will the statement “I saw and examined the patient and agree with the resident’s assessment and plan satisfy the requirements for the x-ray and injection?”
Questions?