

Charge Capture for Resident/Fellow Work and Teaching Physician Guidelines

Teaching Physician's Responsibilities

- Ultimately everything
- Inpatient or Outpatient
 - medical diagnosis
 - treatment plan
 - quality of service provided to patient
 - validate all charges before billing transpires under his/her name and number
 - Review Resident/Fellow note, attest or edit and then sign, date, time



Centers for Medicare and Medicaid Services (CMS)

- Specific on Teaching Physician (TP) Guidelines
- Must be personally present during key portions for which payment is being sought
 - **OR**
- Must personally perform key portion for which payment is being sought
- This applies to any service, procedure, or surgery

Example

- Lady admitted to labor & delivery
 - ready to deliver
- Resident available
 - Teaching physician on his way
- Resident delivers baby before Teaching Physician arrives

- Teaching Physician cannot bill for delivery

Teaching Physician was not available for key portion for which payment was being sought

- delivering the baby

Exceptions

- Primary care setting
 - TP still obligated to validate charges billed under his/her name
- NPs and PAs cannot function as TP
- NPs and PAs cannot bill for any service, procedure, or surgery performed by Resident or Fellow
- TP guidelines do not apply to NPs or PAs

Residents or Fellows

- Are not granted independent practice privileges
- Cannot submit charges
- Residents and Fellows may select the charge under the TP name after attestation of the charge by the TP
- Write notes and orders to be implemented on patients whose care they are participating
 - As long as policies are followed
 - But, should only be submitted for payment after the TP signs or counter signs
 - Applies inpatient or outpatient

Attestations by TP

- TP must personally document or attest review of Resident or Fellow's note
- Must be sufficient to demonstrate that (s)he is actively involved in management of patient

TP Attestation Examples

Unacceptable Risks of being denied

- “Agree with above.”, followed by legible countersignature or identity
- “Rounded, Reviewed, Agree.”, followed by legible countersignature or identity
- “Discussed with resident. Agree.”, followed by legible countersignature or identity
- “Seen and agree.”, followed by legible countersignature or identity
- “Patient seen and evaluated.”, followed by legible countersignature or identity

Acceptable Ensures regulatory compliance

- “I saw and evaluated the patient. I reviewed the resident’s note and agree, except that the picture is more consistent with pericarditis than myocardial ischemia. Will begin NSAIDs.”
- “I saw and evaluated the patient. Discussed with resident and agree with resident’s findings and plan as documented in the resident’s note.”
- “I was present with the resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident’s note.”