

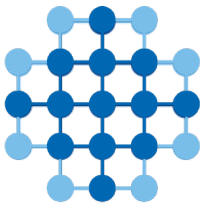
Guidelines for Teaching Physicians, Interns & Residents

UBMD Compliance Department

Audit & Education

Key Points & Updates

2025

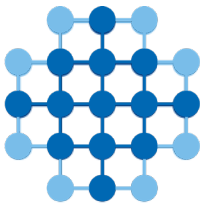


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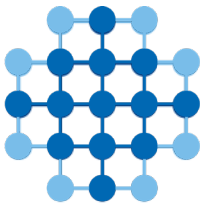
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What are PATH Requirements

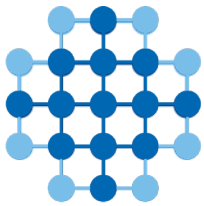
- Medicare pays for services in a teaching setting using the Medicare Physician Fee Schedule (PFS) under certain criteria.
- Physicians, not residents, personally provide the service.
- RESIDENTS may provide the service when the teaching physicians are physically present during critical service parts.
- This includes telehealth services through 2-way, interactive audio-video telehealth in residency training sites only outside the metropolitan statistical area (MSA).
- Primary Care Exception is allowed under the PATH guidelines when residents may provide E/M services in the absence of a teaching physician, when certain guidelines are met and fully documented in the patient's medical records. **Please see slide 11 for further details.**
- Utilization of specific modifiers when billing to identify that the service is being performed in a teaching scenario
 - GC- This service has been performed in part by a resident under the direction of a teaching physician.
 - GE- Primary Care Exception.



Importance of Attestations

- To ensure the quality, integrity, and compliance standards for our payer and regulatory requirements, it is essential to review the following bullets:
 - Review of the Residents' notes.
 - Confirm or edit the Resident's findings.
 - Document by attestation the performance and key participation of the key components in which the Teaching Physician participated in the patient's care on the specific service date.
 - Date and signature of note –electronic time stamp.
- **By providing the above protocols, we are able to bill and receive reimbursement for the work and services performed. Without these documentation principles, we cannot bill for the services rendered.**

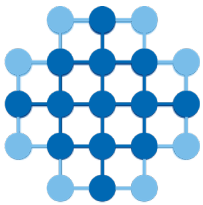
Utilizing attestations for the Teaching Physician to document further links the ongoing relationship between the Teaching Physician and Resident as they jointly participate in the patient's care. This will allow us to continue to enhance our quality of care and documentation integrity.



UBMD Attestations - Inpatient

The following is a recommended attestation for your utilization in an Inpatient Setting.

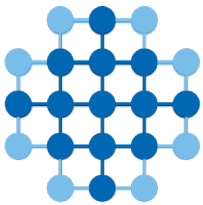
- “I saw and evaluated the patient. I have reviewed the patient history, exam, and care plan with the Resident/Fellow and agree with the findings and recommendations as detailed above on (date of service)”.
- The PATH macro must be updated for each patient encounter with a unique qualifying factor(s) specific to the patient's service date.
- An electronic signature by the teaching physician does not qualify as an attestation.



UBMD Attestations- Outpatient/Office

The following is a recommended attestation for your office use. This macro can be found in our **Allscripts EHR system**.

- “I have seen and evaluated the patient. I have reviewed the patient history, exam, and care plan with the Resident/Fellow and agree with the findings and recommendations as detailed above on (date of service)”.
- The PATH macro must be updated for each patient encounter with a unique qualifying factor(s) specific to the patient's service date.
- An electronic signature by the teaching physician does not qualify as an attestation.



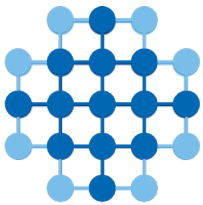
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Unacceptable Attestations

The following are examples of attestations that would not be acceptable forms of documentation.

- “Agree with the above.”
- “Rounded, reviewed, agree.”
- “Discussed with resident. Agree.”
- “Patient seen and evaluated.”



ATTESTATIONS

Recommendations from National Government Services (NGS), our Medicare MAC, cited below regarding attestations:

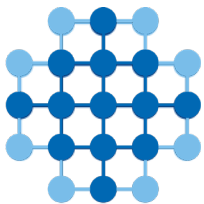
Question: In the attestation from the TP, must the TP document separately and give comments on the resident's note? Would it be sufficient if the TP **simply states that he/she saw and evaluated the patient and agreed with the resident's documentation, findings, and POC?**

Answer: While the entry described above meets the minimal expectation for a TP, NGS encourages documentation of clinical details that can further substantiate the TP's presence and full participation in the E/M service.

For example: "Patient seen and examined with Dr. Smith. Agree with his finding of aortic murmur and plan for echocardiogram later today."

TIP:

These details enhance the accuracy of the medical record and will substantiate the service during a possible subsequent Medical Review audit.

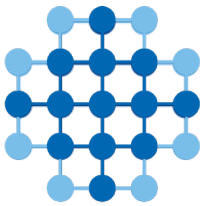


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Medical Record Documentation

- For each encounter, use the CPT code definitions to select the E/M level service code, and the documentation guidelines that best describe the work and services performed.
- Teaching physicians billing E/M services may sign and date notes in the medical record made by other members of the medical team that demonstrate their presence and participation in the service.
- The medical record must demonstrate:
 - The teaching physician performed the service or was physically present during critical or key resident-provided service and procedure portions
 - The teaching physician's participation in patient management
- The combined medical record entries of the teaching physician and the resident make up the documented service and must cover medical necessity.
- Residents cannot justify medical necessity by documenting the teaching physician's presence during the service.
- **What is Critical or Key Portion?**
 - That part (or parts) of a service that the teaching physician determines is (are) a critical or key portion(s). For purposes of this section, these terms are interchangeable



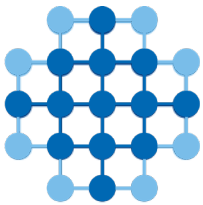
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Key Points to Documentation

Notes recorded in the patient's medical records by a resident and/or teaching physician, or others, should follow the guidelines below regarding the service furnished:

- Documentation must identify, at a minimum, the service furnished, the participation of the teaching physician in providing the service, and whether the teaching physician was physically present.
- In the context of an electronic medical record, the term 'macro' means a command in a computer or dictation application that automatically generates predetermined text that is not edited by the user.
- When using an electronic medical record, it is acceptable for the teaching physician to use a macro as the required personal documentation if the teaching physician adds it personally in a secured (password-protected) system. In addition to the teaching physician's macro, either the resident or the teaching physician must provide customized information that is sufficient to support a medical necessity determination. The note in the electronic medical record must sufficiently describe the specific services furnished to the specific patient on the specific date. **Documentation is insufficient if the resident and the teaching physician use macros only.**

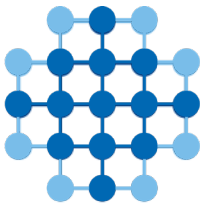


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PRIMARY CARE EXCEPTION

- Services performed by attending physicians at teaching hospitals, in collaboration with house staff in an approved GME program, generally require evidence of direct care by the attending physician in order to meet Medicare billing guidelines. CMS allows for a variance in these requirements, which are defined as the Primary Care Exception. E/M codes 99202, 99203, and 99211, 99212, 99213, and HCPC codes G0402, G0438, and G0439.
- In certain primary care centers, residents may provide E/M services in the absence of a teaching physician when the following guidelines are met and fully documented in the associated medical records: Further information located on the NGS site: [NGS Primary Care Exception](#)
- This slide/link will explain the further rules and circumstances in which services may be billed. Click on the “blue” link for further details.

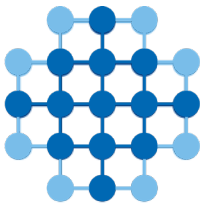


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Teaching Physicians: Billing Requirements

- Teaching physicians must identify residents assisting in patient care and services on claims. Claims must follow E/M documentation guidelines.
- **Claims must include the GC modifier on each service unless you provide the service under the primary care exception. You or another billing provider certify that you meet these conditions.**
- Teaching physicians must attest to their MAC that they meet the E/M Services Primary Care Exception section conditions.
- **Claims must include the GE modifier on each service provided under the primary care exception.**
- **When total time decides the office or outpatient E/M visit level, include only teaching physician-presence time.**
- CMS will continue to allow teaching physicians to use audio-video telehealth to be present in all teaching settings when the resident provides Medicare telehealth services in all residency training locations, through the end of CY 2025.

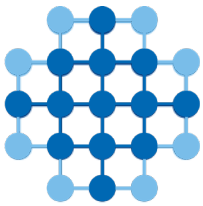


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Time-Based Codes

- For procedure codes based on time, the teaching physician must be present during that period indicated in the claim.
- For example, CMS may pay for a code specifically describing a 20-30 minute service only if the teaching physician is physically present for that 20-30 minutes.
 - If the Teaching Physician is available, do not add time do not add additional time by the resident.
- Time-based codes:
 - Individual medical psychotherapy (CPT codes 90832–90838).
 - Critical care services (CPT codes 99291–99292).
 - Hospital discharge day management (CPT codes 99238–99239).
- Office or outpatient E/M visit codes when you use the total time to select the visit level.
- **Note:** When selecting the visit level, only count the time the teaching physician spent performing qualifying activities listed by CPT (with or without direct patient contact on the encounter date), including the time the teaching physician is present when the resident performs those activities.

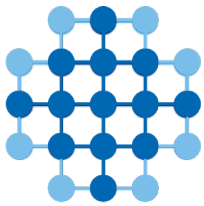


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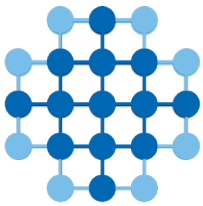
Teaching Settings: Interpreting Diagnostic Radiology & Other Diagnostic Tests

- CMS may also pay the PFS rate, only in residency training sites located outside an MSA, to a resident interpreting diagnostic radiology and other diagnostic tests when the teaching physician is present through audio-video telehealth. Medical records must show that the physician took part in interpreting diagnostic radiology tests.



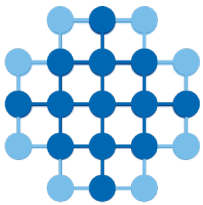
Teaching Setting: Anesthesia Setting

- CMS will use the PFS to pay teaching anesthesiologists when they involve 1 in the following situations:
 - Training a resident in a single anesthesia case.
 - Two concurrent anesthesia cases involving residents.
 - A single anesthesia case involving a resident concurrent to another case that meets payment conditions at the medically directed rate.
- Payment conditions are as follows:
 - The teaching anesthesiologist or an anesthesiologist in the same group is present during all the critical anesthesia services or procedures.
 - The teaching anesthesiologist (or another anesthesiologist with an agreement) can provide anesthesia services immediately during the entire procedure.
- Documentation:
 - The teaching anesthesiologist is present during all critical anesthesia procedure parts.
 - The immediate availability of another teaching anesthesiologist, as needed.



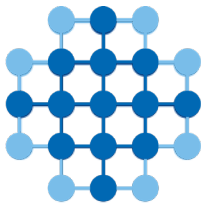
Teaching Settings: Psychiatric Service

- CMS will pay the PFS rate for psychiatric services, including documentation, under an approved GME program. During the service, the teaching physician can be present through a 1-way mirror, video equipment, or like devices.
- In residency training sites outside an MSA, teaching physicians may be present through audio-video telehealth during the service when they involve residents. Medical records must show the teaching physician took part in the psychiatric services.



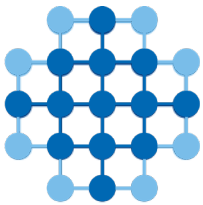
FAQ'S

- List of FAQ's
 - What's Changed
 - Attestation Examples
 - Telehealth
 - Definitions
 - Time
 - GC Modifier
 - Level of Care
 - Resources



What's Changed?

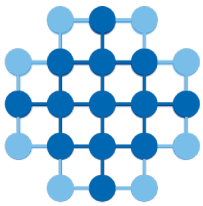
Teaching physicians can now use 2-way, interactive, audio-video telehealth when residents provide telehealth services, through the end of CY 2025.



Attestations: Examples Inpatient

Sample Physician Attestation Statements E/M Inpatient Admitting Note (patient seen by resident and physician):

- “I was present with resident during history and exam. I discussed the case with the resident and agree with the findings and helped develop the plan of care as documented in the resident’s note.”
- “I saw and evaluated the patient. I agree with the findings and plan of care as documented in the resident’s note.” Subsequent Note
- “I saw and evaluated the patient. I agree with the findings and plan of care as documented in the resident’s note.”
- “I saw and examined the patient. I agree with the resident’s note except that [TP enters appropriate information to clarify.]”
- “I saw and evaluated the patient. I reviewed the resident’s note and agree, except that the patient now has a low-grade fever. Will order CBC.” [TP adds to note if there is a change or new development.



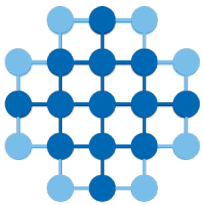
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Attestations: Examples Out-Patient (Office)

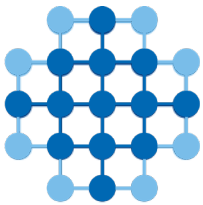
Sample Physician Attestation Statements, E/M Outpatient Note (patient seen by resident and physician):

- “I have seen and examined the patient. I agree with the resident’s note as documented.”
- “I have seen and examined the patient. I agree with the resident’s note except *[TP adds appropriate information.]*”
- “I was present with the resident during the visit. I discussed the case with the resident and agree with the note as documented by the resident.”



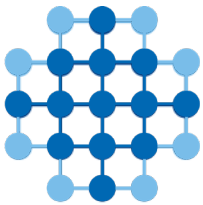
FAQ: Telehealth

- **Question:** Please explain guidelines for telehealth services furnished in a teaching setting.
- **Answer:** The following guidelines apply in the teaching setting:
 - Teaching physicians may provide virtual supervision for residents' services performed virtually (e.g., a three-way telehealth service) through 12/31/2025.
 - In the primary care exception setting, supervising teaching physicians may bill for lower and mid-level services provided by residents.



FAQ: Time w/Residents

- **Question:** When level-setting a service based on time, is time spent alone by a resident added to the time spent by the teaching physician and counted in total time spent?
- **Answer:** When level-setting a services based on time, only time spent by an enrolled Medicare provider who is permitted to perform and bill for an E/M service is counted toward total time spent. This limits counted time to time spent by a physician or NPP (PA or NPP). Clinical staff time cannot be counted and, in this context, the resident's time would be considered clinical staff time, which is not counted.

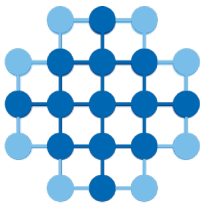


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FAQ: GC Modifier

- **Question:** In a teaching facility, if a provider uses the GC modifier, should the resident enter documentation in the medical records as well? Or is the GC modifier enough to show that the resident was involved in the care? What is expected in the documentation?
- **Answer:** The resident should document his/her portion of the service and the attending physician should either write a separate note or fulfill the documentation requirement by entering an attestation to the resident's note. In both scenarios, documentation must support the level of care billed.



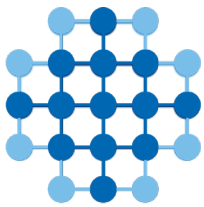
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FAQ: Level of Care

- **Question:** Please define the levels of care for E/M services that residents can perform in a hospital outpatient setting under the PCE rules.
- **Answer:** CMS PCE guidelines for the hospital outpatient setting permit a resident who has completed at least six months of training to perform a low-mid level E/M service under the direct supervision of a TP. The TP must be physically available within the suite, without other simultaneous responsibility and be responsible for supervising no more than four residents per session. The resident's services may be represented by CPT codes 99201–99203 and 99211–99213. PCE guidelines also permit the resident to perform the IPPE and AWWs.

CMS limited the PCE levels of care in recognition of the resident's status as a physician-in-training and the medical necessity of the teaching physician's role in evaluating and managing clinical problems that demand a more detailed or comprehensive level of care. In the event that a resident identifies the need for a detailed or comprehensive service, he/she must request the teaching physician's personal supervision and documented presence in order to support the higher-level service as billable to Medicare.

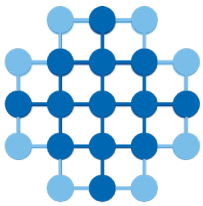


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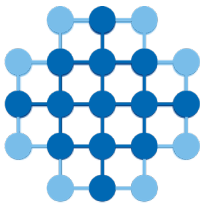
DEFINITIONS

- **Teaching Physician:** A physician (other than another resident) who involves residents in the care of his or her patients
- **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 is authorized to practice only in a hospital setting. 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 by itself alter the status of "resident." Additionally, this status remains unaffected regardless of whether a hospital includes the physician in its full-time equivalency count of residents.
- **Student:** An individual who participates in an accredited educational program (e.g., a medical school) that is not an approved GME program. 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.
- **Physically Present:** 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/or performs a face-to-face service



Definitions

- **Direct Medical and Surgical Services:** Services to individual beneficiaries that are either personally furnished by a physician or furnished by a resident under the supervision of a physician in a teaching hospital, making the reasonable cost election for physician services furnished in teaching hospitals. All payments for such services are made by the hospital's A/B MAC (A).
- **Teaching Hospital:** A hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry.
- **Teaching Setting:** Any provider, hospital-based provider, or non-provider setting in which Medicare payment for the services of residents is made by the A/B MAC (A) under the direct graduate medical education payment methodology or freestanding SNF or HHA in which such payments are made on a reasonable cost basis.

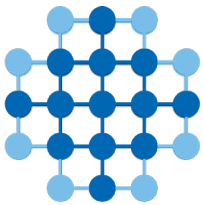


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RESOURCES

- Medicare Guidelines for Teaching Physicians, Interns, & Residents [CMS PATH Guidelines](#)
- NGS Site Teaching Guidelines
<https://www.ngsmedicare.com/web/ngs/evaluation-and-management?selectedArticleId=1595756&lob=96664&state=97133&rgion=93623>
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf#page=16>
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf#page=137>



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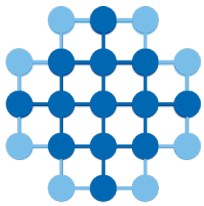


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