 UNIVERSITY OF MIAMI MILLER SCHOOL of MEDICINE	POLICY AND PROCEDURE		
	EFFECTIVE DATE: EX:11/96	REVIEW DATE: EX:11/15	REVISION DATE: EX:11/15
University of Miami Medical Group (UMMG)	SUBJECT: DOCUMENTATION OF PROFESSIONAL SERVICES POLICY		RESIDING MANUAL: SECTION: ADMINISTRATIVE <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/> POLICY NUMBER: 0020
APPROVAL: Gemma Romillo, AVP Clinical Billing Compliance and HIPAA Privacy Officer			PAGE NUMBER: 1 of 7

I. PURPOSE:

To ensure compliance with Federal and State billing and documentation guidelines of all UMMG billing providers.

II. SCOPE:

University of Miami Health System Department Chairs, VCAs, and Physicians/practitioners, at all service locations.

RESPONSIBILITY: Physicians/Practitioners are individually responsible for compliance with these parameters, will be held personally accountable for lack of compliance, and will be subject to corrective action for such failures. Chairs and VCAs are responsible for ensuring compliance for their departments. Chairs are ultimately responsible for ensuring compliance within their departments. Failure to adhere to the provisions of the policy could result in sanctions in accordance with the *Guidelines for Determining Corrective/Disciplinary Action for Violations of University of Miami Billing Compliance Plan AND/OR UMMG Enforcement Policy*.


III. POLICY:

The University intends that every effort is made to promote accurate billing and timely documentation of medical records to be in compliance with State and Federal Medicare and Medicaid regulations.

IV. DEFINITIONS:

Medical Necessity: Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Diagnosis and Documentation should support the level of service reported for that encounter. The service should be documented and authenticated with a signature during, or as soon as practicable after it is provided in order to maintain an accurate medical record.



V. PROCEDURE:

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- A.** Services provided must be accurately and timely (reasonable expectation would be no more than a couple of days from rendering of the service) documented in the patient’s medical record. Centers for Medicare & Medicare Services (CMS) Internet-Only Manual (IOM) [Publication 100-04, Chapter 12](#), Section 30.6.1.
- 1.** Services rendered must be documented in the medical record in a “timely manner” (within 24 – 48 hours) from the date of the service. Refer to the Florida Medicare Carrier, First Cost Service Options (FCSO), Inc. Medical Director for Policies, Dr. Eugene J. Winter’s Memo; April 19, 2006.
- B.** To bill for services in which a resident/fellow participates, the Teaching Physician must be physically present and personally document that he/she was present during the key or critical portions of the service when performed by the resident/fellow; and the participation of the Teaching Physician in the management of the patient
- 1.** The Teaching Physician must document his/her physical presence using the UM CARE system (where available), immediately after surgical procedure, in the operating room. If the Teaching Physician is called to attend an emergency before he/she has documented his/her physical presence in the UMCARE System, there will be four (4) additional hours from the end of the surgical procedure to access the system and document his/her presence.
- C.** The medical record must clearly reflect the medical necessity and appropriateness of the services provided.
- D.** The Teaching Physician’s signature, in the paper medical record, must be an original signature. A signature in the Electronic Health Record (EHR) is required to authenticate the service provided, prior to claim submission.
- 1.** Stamp signature, initials or co-signature to a resident/fellow’s note, without an attestation from the Teaching Physician, is not sufficient for billing purposes.
- 2.** Addendums to the medical record are only acceptable if added for legitimate medical reasons. Addendums must be signed, dated and timed. An addendum added in order to support a claim after it’s been submitted and paid is not allowed.
- 3.**

VI. SPECIFIC TEACHING PHYSICIAN RULES:

If the Teaching Physician has personally provided the service without a resident/fellow present, the Teaching Physician must personally document the entire service.

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If a resident participates in a service provided in a teaching setting, the teaching physician may not bill Medicare for such services unless the teaching physician is present during or personally performs the key or critical portion(s) of any services for which payment is sought.

Documentation by the resident/fellow of the presence and participation of the Teaching Physician is not sufficient to establish the physical presence and participation for the level of service billed.

The Teaching Physician’s documentation must be patient specific. See [Medicare Claims Processing Manual 100-4 Chapter 12 Section 100 – 100.2.](#)

VII. CRITICAL CARE SERVICES:

The Teaching Physician must document the time spent face-to-face, in the medical record, with the critically ill patient. Time involved performing a separately billable procedure may not be counted towards critical care time. Resident/fellow’s time may not be counted towards the Teaching Physician’s critical care billable service.

VIII. MAJOR SURGERIES (90 post-operative days) INCLUDING SURGICAL ENDOSCOPIES



The Teaching Physician must be present in the operating room with the resident during the entire surgical procedure, or during the key or critical portions of the procedure and immediately available during the non-key portions; or personally perform the surgical procedure AND document his/her physical presence in the UMCARE System in all facilities, where available. Or in the operative report, where the UMCARE system is not available.

A. Single Surgery;

When the Teaching Physician is present for the entire surgical procedure, the Teaching Physician must document his/her physical presence in the procedure.

B. Key Portions;

The Teaching Physician must define and personally document the key or critical portions of the surgical procedure. The key or critical portions may vary by procedure and by patient; therefore, the key or critical portions must be patient specific. Opening and closing of the surgical field are not considered key portions.

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C. Immediately Available;

In the event that the Teaching Physician cannot be immediately available during the non-key portions of the procedure, the Teaching Physician could arrange for another Teaching Physician, who is not involved in another surgical, to be immediately available. The medical record should reflect the name of the physician’s designee.

D. Overlapping;

Although two surgical procedures may be scheduled “concurrently”, the key or critical portions of the two concurrent procedures **MUST NOT** overlap. The Teaching Physician must complete the key or critical portions of the initial surgical procedure before getting involved in the second surgical procedure.

In the case of three or more concurrent surgical procedures, the Teaching Physician’s role, in each case, is classified as supervisory to the hospital and may not be billed.

E. Post-Operative Visits;

The Teaching Physician must document the post-operative visits to the patient, in the medical record. In the event that the Teaching Physician was not present for the key and critical portions of the surgical procedure but she/he performed the post-operative visit to the patient, the post-op visits may be billed with modifier 55.


F. Assistant at Surgery

A Teaching Physician should use qualified residents, if available, as assistants at surgery; however, there are exceptional circumstances that even if a qualified resident is available, the Teaching Physician may use another teaching physician as an assistant surgeon. These exceptional circumstances are:

- Emergency situations
- Life-threatening situations such as multiple traumatic injuries which require immediate treatment; or

The documentation in the medical record must clearly reflect these exceptional circumstances or other exceptional circumstances in which the physician or medical staff may find justification for the services of an assistant at surgery, even though a qualified resident is available.

If a resident is not available, the Teaching Surgeon must personally document that no qualified resident was available to perform the services with the following certification, **‘I certify that the services for which**

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payment is claimed were medically necessary and that no qualified resident was available to perform the services”.

Modifier 82 must be appended to the procedure code in order to bill Medicare for Surgical Assistant when a qualified resident is not available.

IX. MINOR PROCEDURES (0-10 post-operative days)

The Teaching Physician must be physically present for the key or critical portions of the procedure, if the procedure takes more than five minutes to complete. If the procedure (e.g., injections) takes less than five minutes, the Teaching Physician must be physically present for the entire procedure.

The Teaching Physician must personally document that he/she was physically present for the entire procedure or for the key or critical portions. The key or critical portions must be defined and personally documented in the medical record.

X. DIAGNOSTIC ENDOSCOPIES:

The Teaching Physician must personally perform the procedure or be physically present during the entire viewing, which includes insertion and removal of the device. The Teaching Physician must personally document in the medical record if he/she personally performs the procedure or was present throughout the entire viewing.

XI. ANESTHESIA SERVICES:



The Teaching Anesthesiologists must:

- Perform the pre-anesthesia examination and evaluation;
- Prescribe the anesthesia plan;
- Personally participate/perform the KEY PORTIONS (induction and emergence) of the services
- Remain immediately available for the non-key portions of the procedure for immediate diagnosis and treatment of emergencies;
- Monitor the course of anesthesia administration;
- Provide indicated post-anesthesia care

Document Anesthesia time (anesthesia time begins when the Anesthesiologist begins to prepare the patient for anesthesia services in the operation room or an equivalent area and ends when the Anesthesiologist is no longer furnishing anesthesia services, that is, when the patient is placed safely under post-operative care) (See Medicare Claims Processing Manual Chapter 12, Section 50 – G). The documentation in the medical record must indicate the Teaching Anesthesiologist’s physical presence and participation in the key or critical portions of the anesthesia service. (See Medicare Claims Processing Manual Chapter 12, Section 100.1.2 – 4)

XII. DIAGNOSTIC TESTS

If the Teaching Physician personally performs the interpretation of a diagnostic test, the Teaching Physician

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must document and sign the interpretation report.

If the resident prepares and signs the interpretation report, the Teaching Physician must add a statement to the resident's interpretation, e.g., **"I personally reviewed the film/recording/specimen and the resident's findings, and agree with the final report"**.

XIII. INTERVENTIONAL RADIOLOGY AND OTHER COMPLEX OR HIGH RISK PROCEDURES;

- Interventional Radiology
- Cardiologic Procedures
- Cardiac Catheterization
- Cardiovascular Stress Tests
- Transesophageal Echocardiography, etc.

The Teaching Physician must be physically present for the key or critical portions of these procedures. If the procedure takes less than five minutes, the Teaching Physician must be physically present for the entire procedure.

The Teaching Physician must personally document that he/she was physically present for the entire procedure or for the key or critical portions. The key or critical portions must be defined and personally documented in the medical record.

If the resident prepares and signs the interpretation report, the Teaching Physician must add a statement to the resident's interpretation, e.g., **"I personally reviewed the film/recording/specimen and the resident's findings, and agree with the final report"**.

XIV. MATERNITY SERVICES



The Teaching Physician must be physically present in the delivery room for both types of delivery, as they would for a surgical procedure in order to bill the delivery code. The Teaching Physician must personally document that he/she was physically present for the entire procedure or for the key or critical portions and be immediately available or designate another physician to be immediately available for the non-key or critical portion of the procedure. The key or critical portions must be defined and personally documented in the medical record.

In addition, the Teaching Physician must document his/her physical presence for the minimum indicated number of visits described in the global procedure codes. The global procedure codes include antepartum, delivery and postpartum care.

XV. PSYCHIATRY SERVICES;

When psychotherapy services are performed, the Teaching Physician must include the time spent with the patient as part of his/her documentation in the medical record. For certain psychiatric services, the requirement of the Teaching Physician's presence may be met by concurrent observation of the service by use of a one-way mirror or video equipment. Audio-only equipment is not sufficient to meet the physical presence of the Teaching Physician requirement.

XVI. MEDICAID SERVICES;

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A. TEACHING PHYSICIAN GUIDELINES

TEACHING PHYSICIANS WHO SEEK PAYMENT FOR OVERSIGHT OF PATIENT CARE BY A RESIDENT MUST PERSONALLY SUPERVISE ALL SERVICES PERFORMED BY THE RESIDENT.

Personal supervision pursuant to Rule 59G-.010(276), F.A.C., means that the services are furnished while the supervising practitioner is in the building and that the supervising practitioner signs and dates the medical records (chart) within 24 hours of the provision of the service.

Exceptions to this rule are deliveries, psychiatric services, and Child Health Check-Up screenings. When an ARNP or PA provide these services, they must be billed using their own (ARNP, PA, CNM) Medicaid ID number as the rendering provider number. Teaching Physician Rule does not apply to non-physician practitioners (NPPs).

XVII. REFERENCES / SUPPORTING DOCUMENTATION:

- A. Center for Medicare and Medicaid Services (CMS)
- B. Medicaid Practitioner Coverage and Limitations Handbook

XVIII. AUTHOR / CUSTODIAN / APPROVALS:

Author: Gemma Romillo, AVP Clinical Billing Compliance and HIPAA Privacy Officer
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Approvals: Gemma Romillo, AVP Clinical Billing Compliance and HIPAA Privacy Officer