

Teaching Physician Documentation Requirements

This tip sheet provides guidance for the physician services provided in a teaching setting to support payment for services that are performed jointly between a resident, fellow and/or medical student.

General Guidelines

Medicare pays for services in a teaching setting using the Medicare Physician Fee Schedule (PFS) when services/documentation meet specific criteria:

- Physicians, not residents, personally provide the service.
- Residents provide the service when teaching physicians (TP) perform a face-to-face service or are physically present during critical or key service parts.
- Resident provided the service utilizing the Medicare Primary Care Exception rules within an approved GME program (approved clinics are for the Family Medicine at Primary Care Center, Stoney Creek, North Garden, Crozet and Pantops).
- Documentation of the teaching physician's physical presence is a requirement when using resident documentation.

Teaching Requirements for Each Service Type

Evaluation & Management	Surgery	Other Services
<ul style="list-style-type: none"> The presence of the TP during an E/M service must be demonstrated by the documentation made by physician, residents, or nurses with the appropriate attestation. <p>Inpatient Visits</p> <ul style="list-style-type: none"> The TP can be present with the resident or see the patient on their own the same day. <p>Outpatient Visits</p> <ul style="list-style-type: none"> The TP can be present with the resident during the entire visit. The TP can be present during the key/critical portions of the visit. <p>Time <i>(Applies to all E/M & Psychiatric Services)</i></p> <ul style="list-style-type: none"> Only time spent by the TP performing qualifying activities can be used to bill by time. Time spent by the resident does not count towards the total time. 	<ul style="list-style-type: none"> Physician must be present for key/critical portions of the surgery and be immediately available to furnish services during the entire procedure. Single Surgery - His/Her presence may be documented in the medical record made by the TP, resident, or OR nurse. <i>(There is no required information that the TP must enter into the medical record when present for the entire procedure)</i> The provider must identify the key/critical portions of the procedure. <p>Minor Procedures</p> <ul style="list-style-type: none"> Any procedure taking 5 minutes or less to complete, the TP must be present for the entire procedure. <p>Endoscopy Procedures</p> <ul style="list-style-type: none"> The TP must be present during the entire viewing in order to bill. <i>(Excluded endoscopic surgery-follow surgery policy above)</i> 	<p>Anesthesia</p> <ul style="list-style-type: none"> Anesthesiologist must be present during all critical/key portions of the anesthesia service or procedure involved. Documentation must indicate the TP presence during all critical/key portions of the anesthesia service(s) and the immediate availability of another teaching anesthesiologist (TA) as necessary. <p>Radiology & Other Diagnostic Tests</p> <ul style="list-style-type: none"> Documentation must indicate he/she has personally reviewed the image and residents' interpretation and agrees with it or edits the findings. <p>Psychiatry</p> <ul style="list-style-type: none"> General TP guidelines apply for psychiatric services. Some psychiatric services allow the presence of the TP with concurrent observation of the service with a one-way mirror or video equipment. Audio equipment does not satisfy the physical presence requirement.

UVA Acceptable Attestations

Evaluation & Management

-Outpatient/Inpatient

.att - I have personally interviewed and examined the patient. I have reviewed the providers history, physical exam, assessment, and management plans. I concur with or have edited all elements of the provider note.

.attdat - I have personally interviewed and examined the patient on ***. I have reviewed the providers history, physical exam, assessment, and management plans. I concur with or have edited all elements of the resident note.

.attreview – I have reviewed or discussed the resident's history, physical exam, assessment, and management plans. I concur with the assessment and plan as documented.

.attgensupr – I provided general supervision.

-Telehealth

.atttele - I was physically/virtually present with the resident and concur with or have edited all elements of the providers note.

-Time

.atttime - My total time on this date for this encounter was *** minutes which included the following activities.

- Selections will pop up for you to choose which are most appropriate.
- This time is independent, non-overlapping and does not include time for any service(s) which are separately reported.

•Procedures

.attentire - I was present for the entire procedure. I have edited the procedure note as appropriate.

.attkey - I was present for the key/critical portions of the procedure which were *** and was immediately available for the remainder of the procedure. I have edited the procedure note as appropriate.

.attprocdisc – I discussed this procedure with the resident/fellow and agree with the note as written.

.attendosc - I was present for the entire endoscopy viewing.

•Radiology/Diagnostic Testing

.attdxtest - I have personally reviewed the test data/image/tracing/specimen and I agree with the documented findings and interpretation. I have edited the report as appropriate.

*If you have additional questions about the information listed in this tip sheet, please email:
Professional Coding email box -ASKUPGACC@uvahealth.org*

References:

[Chapter 12 Medicare Claims Processing Manual Section §100 -§100.2](#)