CHCPP NEWS

COMMISSION ON
HEALTH CARE POLICY AND PRACTICE

Teaching Physician Guidelines Implemented by HCFA

The Health Care Financing Administration (HCFA) recently released the final policy on the teaching physicians implementation guidelines. The guidelines designate what portion of teaching physicians' reimbursements fall under Medicare Part B claims and what portion is paid under graduate medical education (GME). The policy was implemented on December 8, 1995 but became effective on July 1, 1996. Here are the highlights pertaining to nuclear medicine.

Wording of the New Policy

Medicare will reimburse for physician services in teaching facilities only if: (a) services are personally performed by a physician who is not a resident or (b) both a teaching physician and resident were jointly involved in caring for the patient or a teaching physician supervised the resident. A resident's services will continue to be payable through either the direct GME payment or reasonable cost payments made by insurance carriers.

The key to adhering to these guidelines is documentation. According to HCFA officials, attending physicians must clearly and adequately document in the patient's medical record that they were actually present or participated during the service. The new rule does not require a minimum amount of documentation, but officials stressed that "more is better." Counter signatures are no longer adequate.

Some institutions have addressed this requirement by adding a generic statement to all their medical reports. Henry Royal, MD, of Mallinckrodt Institute of Radiology, St. Louis, MO, reported that his institution is using the following statement, "As with all studies performed at the Mallinckrodt Institute of Radiology, this examination has been interpreted and this report reviewed by the responsible staff physician."

HCFA stated that claims will not be denied if there is no documentation but warns that insufficient documentation is a red flag for the Inspector General's (IG) Office. The bottom line: HCFA will reimburse teaching physicians but wants proof for services provided.

Interpretation of Radiology and other Diagnostic Tests

The new policy's effect on nuclear medicine is not as great as in other medical specialties such as surgery. As it stands now, the rule will pay for the interpretation of diagnostic radiology and other diagnostic tests if the interpretation is performed or reviewed by a physician other than a resident. If the teaching physician's signature is the only signature on the interpretation, HCFA will assume that the physician personally performed the interpretation.

If a resident prepares and signs the interpretation, teaching physicians must indicate that they have personally reviewed the image and the resident's interpretation; they also must note whether they agree with the interpretation or have revised the findings. HCFA will not, however, reimburse for an interpretation if the chart simply shows a countersignature by the teaching physician.

Complex or High-Risk Procedures

The HCFA policy is stricter for radiology procedures that are deemed to be high-risk or complex by national Medicare policy, your state's local policy or the American Medical Association's (AMA) CPT description. Such procedures require personal supervision by a physician. This means that HCFA will only reimburse for physician services if the procedure is performed while a teaching physician is present. If the resident performs the procedure without supervision, Medicare will not cover reimbursements. Some complex or high-risk procedures include: interventional radiologic and cardiologic supervision and interpretation codes, cardiac catheterization, cardiovascular stress tests, and transesophageal echocardiography.

E/M Services

When documenting the level of care for evaluation and management (E/M) services provided to the patient, attending physicians must refer to the "Documentation Guidelines for Evaluation and Management Services" developed by the AMA and HCFA and published by the AMA. They must select the appropriate level of service that they provided based on their presence and participation during the history, the extent of the examination and management of the patient, and the complexity of the medical decision-making process. The services provided must be documented by an attending physician in the form of a personal entry on the patient's chart—although the entry may refer to notes entered by the resident.

HCFA continues to require teaching physicians to be physically present during the portion of the service that determines the level of service billed. Nuclear physicians are exempt from this requirement (except those providing services in certain primary care centers, indicated in subsection 2 of the rule). In cases where teaching physicians are required to be present, they must personally document their services in the patient's medical record. This documentation must be specifically detailed as stated in the final guideline based on the following major categories: (a) initial hospital care, emergency department visits, office visits for new patients, office consultations, hospital consultations; or (b) subsequent hospital care, office visits for established patients. If these evaluation and management services apply to your practice, you should review a copy of the final rule.

For a copy of the final guidelines, contact Wendy Smith, MPH, at (703) 708-9000 or wsmith@snm.org. For questions regarding the teaching physicians guidelines, please contact Margaret Garikes, JD, of the AMA at (202) 789-7409.

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