

Medical Student Documentation

Teaching Physician Billing
Inpatient & Outpatient E/M Services



University of Colorado Medicine

Objectives

- ❖ Centers for Medicare & Medicaid Services (CMS) requirements necessary for medical student documentation
- ❖ Joint physical presence
- ❖ Scenarios

Who said?

**Count your
pennies and
the dollars
will take
care of
themselves**



Let Patient Care (pennies) Lead

- Describe what you hear
- Write what you do
- Synthesize what you know
- Document what you think

CMS Policy

What Changed?

- ❖ 2018 CMS update **eliminated** the need for **re-documentation** for any student documentation of components of E/M services, if verified by the teaching physician:
 - ✓ History
 - ✓ Physical Exam
 - ✓ Medical decision making
- ❖ Previously, the medical students could only contribute:
 - ✓ ROS
 - ✓ PFSH

Why does this matter?

- Faculty want to give you feedback about your clinical skills, including your clinical reasoning.
- Note writing (“Pajama time”) takes away from the hours in a day, so this is your gift to the faculty.
- It is an opportunity for you to authentically contribute to patient care because your note now “counts.”
- Preceptors will see your work more because they will use it.
- You will understand the flow of this process better than others.

CU Medicine Policy

The Scope

- ❖ CU SOM teaching physicians submitting billing to CU Medicine
- ❖ Practice settings
 - ✓ Inpatient
 - ✓ Outpatient
 - ✓ Emergency Room
 - ✓ Clinics
- ❖ All Medical Students

Teaching Physician & Resident Responsibilities

- ❖ Verify with the patient **ALL** of the student's documentation or findings including history, physical exam and/or medical decision making
- ❖ Personally perform (or re-perform) the physical exam and medical decision making activities
- ❖ Any contribution and participation of a medical student to the performance of a **billable** service must be performed in the joint physical presence of the patient and teaching physician or resident

Joint Physical Presence

The teaching physician or resident is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and at the time the medical student performs a face-to-face service or at the time the resident or teaching physician verifies all medical student documentation and performs the physical exam.

Using Student Documentation

- ❖ If workflow does not meet the definition of Joint Physical Presence, then you cannot use student documentation for billing purposes
- ❖ This includes providers working in the Emergency Room at CHCO

Joint Physical Presence is NOT...

- ❖ The medical student sees the patient and takes the patient's history and performs the exam. The student presents to the teaching physician. The teaching physician takes the medical student's notes and sees the patient for the history and exam without the medical student.
- ❖ The medical student sees the patient and takes the patient's history and performs the exam. The resident is in the hallway with the teaching physician.
- ❖ The medical student sees the patient with the resident and takes the patient's history and performs the exam. The resident does not add the proper attestation to the note.

CU Medicine Policy

What is allowed?

- ❖ Evaluation and Management Services (E/M) ONLY
 - ✓ Joint physical presence of a teaching physician or resident
- ❖ No procedures, surgeries, diagnostic or lab tests
- ❖ No time based services:
 - ✓ Critical care (ICU visits)
 - ✓ Anesthesia
 - ✓ E/M services based on time
- ❖ Students should not document notes on patients with whose care they are not intimately involved (patients they are following and assigned)
- ❖ Students should not be used as scribes

FYI Epic Attestations

- **TPMEDSTUDATT:** “I was present with (medical student name) who participated in the care of this patient. I verified all of the history, exam, findings and personally saw and evaluated the patient.”
- **RESMEDSTUDATT:** “I was present with (medical student name) who participated in the care of this patient. I verified all of the history, exam, findings and personally saw and evaluated the patient.”
- **Medical Students do not need to add an attestation**

Let's look at some Scenarios!



1. Medical Student + Teaching Physician

- ❖ The medical student sees the patient and takes the patient's history and performs the exam
- ❖ The medical student present to the teaching physician
- ❖ The medical student and teaching physician return to see the patient
- ❖ The teaching physician verifies the patient's history and personally re-performs the exam and documents the medical decision making

Would this be a billable service?

Teaching Physician Attestation

Teaching Physician:

.TPMEDSTUDATT: “I was present with (student’s name) who participated in the care of this patient. I verified all of the history, exam, findings and personally saw and evaluated the patient.”

2. Medical Student + Resident

- ❖ The medical student sees the patient with the resident and takes the patient's history and performs the exam
- ❖ The resident performs their own exam
- ❖ The resident present to the teaching physician
- ❖ The resident and teaching physician return to evaluate the patient together

Would this be a billable service?

Medical Student + Resident

Resident:

.RESMEDSTUDATT: “I was present with (student’s name) who participated in the care of this patient. I verified all of the history, exam, findings and personally saw and evaluated the patient.”

Teaching Physician:

.UPIEVAL: “I saw and evaluated the patient. I discussed the case with Dr. (resident’s name) and...”

3. Medical Student + Teaching Physician

- ❖ The medical student sees the patient by themselves and takes the patient's history and performs the exam
- ❖ The medical student presents to the teaching physician
- ❖ The teaching physician returns to see the patient without the medical student
- ❖ The teaching physician verifies the patient's history and personally re-performs the exam

Would this be a billable service?

The Attending Checklist

- ✓ Determine the workflow to achieve joint physical presence
- ✓ Instruct the medical student to use the billable note template
- ✓ Be in the room while the student evaluates the patient OR bring the student back into the room while you review/confirm the student findings
- ✓ Perform (or re-perform) PE and medical decision making
- ✓ Verify all medical student documentation
- ✓ Attest to your presence and verification of the student documentation

If a resident is working with a student, the teaching physician will attest to the resident version of the medical student documentation.

What can I do as student?

- Know the rules and help with the flow!
- One rule to know...you and the resident/attending need to be in the room together with the patient for your note to be usable for billing
- Write a good note and do it early in the day.
- Show up to go to the bedside with your attending or offer to do so if the opportunity was missed earlier in the day (rounds cut short, clinic got busy, etc.)

How do I advocate?

- You can say something like:
- *I know we missed the opportunity to examine this patient together. I am happy to join you when you are seeing them later if you would text me. OR*
- *With the new rules, I want to make sure you are able to use my note for billing purposes, so let me know if I can join you when you see the patient.*

Why does this matter?

- Faculty want to give you feedback about your clinical skills, including your clinical reasoning.
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