Compliance News

TEACHING PHYSICIAN DOCUMENTATION GUIDELINES

New faculty and residents beginning clinical careers at UAB will spend many hours on learning, teaching, research, and quality patient care. To enhance this environment with practical knowledge of the business and regulatory aspects of medicine, UAB Synopsis will feature periodic articles by the University of Alabama Health Services Foundation’s (UAHSF) Department of Corporate Compliance. The articles will guide providers through such issues as documentation, coding and billing, payer rules (including Medicare, Medicaid, and commercial payers), quality and safety, federal laws related to health care, and appropriateness of diagnostic testing. These issues often are misunderstood and can have devastating financial and legal consequences if providers enter practice and are forced to learn by trial and error. The goal of Corporate Compliance is to protect, serve, and educate providers so that they can attend to quality patient care.

By Stephen W. Stair, MD, and Brian T. Bates, CPA, CHC

Teaching Physician Documentation Guidelines include, but are not limited to, evaluation and management services (EMS) and surgical procedures.

Evaluation and Management Services

The Centers for Medicare & Medicaid Services (CMS) pays for services involving residents under the following criteria:

- The attending physician sees the patient and performs the critical and key portion of the service with the attending physician determining the key portion(s);
- The attending physician demonstrates involvement in the management of the patient; and
- An appropriate Teaching Physician Statement is documented and linked to the resident’s note.

The combined notes of the resident and attending physician are used for billing under the attending physician’s name with full reimbursement for the service. This sounds simple; however, the majority of multimillion dollar settlements by academic medical centers to the government during the past 10 years have been related to inadequate teaching physician documentation.

Each statement clearly documents the attending physician’s personal presence and participation in the management of the patient’s care and links to the resident’s work. It is always a good idea to name the resident to whom the documentation is linked. This is especially helpful in the inpatient medical record when multiple providers are documenting the care of the patient.

It is permissible for the Teaching Physician Statement to be added electronically in a password-protected environment with the attending physician’s keystroke only. In addition, UAHSF policy allows use of a stamp or macro on a template as long as patient-specific information is included by the resident of the attending physician to support the medical necessity of the service.

Another challenge for academic institutions relates to medical student documentation. The need to expose medical

Health System NEWS

DISMUKES ENDOWED PROFESSORSHIP APPROVED

The William Dismukes, MD, Endowed Professorship in Infectious Diseases was approved June 20 by the University of Alabama System Board of Trustees.

Dr. Dismukes was professor of medicine and microbiology, serving as director of the Division of Infectious Diseases from 1990 to 2006, and was vice chair of the Department of Medicine, 1984 to 2006. He was director of the Internal Medicine Residency Training Program, UAB’s largest, from 1981 to 2002.

A graduate of the University of Alabama, he earned his MD degree from the Medical College of Alabama in 1964 and completed a residency at Peter Bent Brigham in Boston and a...
students to the care setting and teach medical record documentation runs counter to payer rules and regulations. CMS does not pay for medical student services — thus a Teaching Physician Statement cannot be used for a medical student’s note. The only documentation allowed from a medical student as part of a billable service is the Past/Family/Social History and the Review of Systems. The resident or attending physician must re-perform and fully document the History of Present Illness, Physical Exam, and Assessment and Plan.

Not Acceptable

Attending physician documentation does not satisfy CMS Teaching Physician Documentation Guidelines in cases including:

- No attending physician documentation or cosignature;
- Cosignature only;
- “Pt seen and examined” with cosignature;
- “Discussed with resident;”
- “Agree” with cosignature; and
- “Agree with above” with cosignature.

Acceptable

Examples of teaching physician statements that do satisfy CMS Teaching Physician Documentation Guidelines are:

- “I performed a history and physical examination of the patient and discussed his management with the resident. I reviewed the resident’s note and agree with the documented findings and plan of care;”
- “I saw and evaluated the patient. I agree with the findings and the plan of care as documented in the resident’s note;” and
- “I saw and evaluated the patient. I reviewed the resident’s note and agree, except that picture is more consistent with pericarditis than myocardial ischemia. Will begin NSAIDs.”

Surgical Procedures

In order to bill for surgical, high-risk, or other complex procedures, the teaching surgeon must be present during the critical and key portions of the procedure and be immediately available to furnish services during the entire procedure.

Single Surgery. If a teaching surgeon is present for the entire surgery, his or her presence may be demonstrated by notes in the medical records made by the physician, resident, or operating room nurse. For purposes of the Teaching Physician Documentation Guidelines, no additional information is required.

Two Overlapping Surgeries. In order to bill Medicare for two overlapping surgeries, the teaching surgeon must be present during the critical or key portions of both operations. Therefore, the critical or key portions may not take place at the same time. The teaching surgeon must personally document in the medical record his or her physical presence during the critical or key portion(s) of both procedures. When the attending surgeon is not present for noncritical or nonkey portions for one procedure while physically present in another procedure, it is the responsibility of the attending surgeon to arrange coverage from another qualified surgeon to assist the resident in the other case should the need arise.

Three Overlapping Surgeries. In the case of three concurrent surgical procedures, the role of the teaching surgeon in each of the cases is classified as “supervisory.” Therefore, the professional service of the attending surgeon in all three cases is not payable by Medicare under the physician fee schedule and cannot be billed.

Minor Procedures. For procedures that take only 5 minutes or less to complete, e.g., simple suture, and involve relatively little decision making once the need for the operation is determined, the teaching surgeon must be present for the entire procedure in order to bill for it.

To get more information on CMS Teaching Physician Guidelines visit the CMS Web site at http://www.cms.hhs.gov/transmittals/downloads/R811CP.pdf. For questions regarding this or any compliance topic, contact Compliance Officers Brian Bates or Stephen W. Stair, MD, at 205.731.9863 or e-mail btbates@uab.edu or stair1@uab.edu.
HPV VACCINE PRODUCES FEWER ABNORMAL PAP TEST RESULTS

Cervical cancer reduction may be 20 years away, but the human papilloma virus (HPV) vaccine is already reducing the number of abnormal Pap test results and the need for cervical biopsies and colposcopies, gynecologic oncology researcher Warner K. Huh, MD, says.

Dr. Huh is an investigator of the UAB site of the Gardasil clinical trial that led to Food and Drug Administration (FDA) approval of the agent in 2006. He also is involved in other HPV vaccine studies.

His evaluation of three separate studies involving more than 18,000 women on three continents presented to the Society of Gynecologic Oncologists earlier this year signaled that the vaccine will spare thousands of women a diagnosis of cell abnormality or malignant change that may lead to more tests and possibly surgery.

“These recent vaccine findings are exciting. We have quickly gone from having a continuing major public health problem to the high likelihood that we can prevent most of these diseases,” he says.

Over a 4-year period, women vaccinated with the quadrivalent vaccine experienced 43% fewer severely abnormal Pap smears and 42% fewer invasive cervical procedures needed to treat precancerous abnormalities, as compared with women receiving a placebo. “We didn’t expect such a significant reduction so quickly,” Dr. Huh says.

“We have gone from having a major public health problem to the likelihood we can prevent most of these diseases.”

Warner Huh, MD

The study looked only at women aged 16 to 26 years who had low likelihood of exposure to HPV before enrollment and thus were likely to benefit more from the vaccine. In addition, the actual number of women who developed severely abnormal cervical lesions was small. “Despite these limitations the findings are impressive and should help relieve the anxiety of women faced with an abnormal screening result,” he says. “It gives physicians information on further benefits of the vaccine and may be helpful when encouraging patients to complete the three-dose regimen.”

The FDA has granted a priority review for Merck’s application to expand marketing of Gardasil to women aged 27 to 45 years.

After reviewing almost 10,000 reports of adverse events after Gardasil injection, the FDA and Centers for Disease Control and Prevention issued a statement on July 22 saying, “Gardasil continues to be safe and effective, and its benefits continue to outweigh its risks.”

INFOBAHN

Up To Date Clinical Information

UAB Health System has partnered with UpToDate, a comprehensive evidence-based clinical information resource, to make this physician’s reference available in Horizon with no additional charge to individual physicians. UpToDate is designed to provide clinicians the concise, practical answers they need when they need them the most — at the point of care.

https://horizon.hs.uab.edu

Click on the UpToDate icon. If you do not have a Horizon log on, call the HSIS Help Desk at 205.934.8888.

To access a Synopsis article, visit our Web site at www.uabhealth.org/synopsis.
Palliative Care Center Receives Citation of Honor from AHA Circle of Life Award Program

The UAB Center for Palliative Care/Birmingham Veterans Affairs (VA) Center Palliative Care Program is the recipient of the American Hospital Association’s Circle of Life Citation of Honor. The award, supported in part by the California Healthcare Foundation, honors innovative programs in palliative and end-of-life care.

UAB and the Birmingham VA Medical Center collaborate under UAB's Center for Palliative Care, directed by Christine S. Ritchie, MD. Each entity maintains inpatient and outpatient services that were started individually. In 2004 the groups joined forces to provide care, research, and education, UAB Palliative and Comfort Care Unit Medical Director Rodney O. Tucker, MD, says.

"Collaboration diversifies potential funding, exposes learners to different health care systems, broadens the patient base, and adds to the diversity and richness of the learning experience," he says.

The VA Safe Harbor Palliative Care Program provides interdisciplinary care to hospitalized veterans, coordination of care to hospice patients, and home-based palliative care to patients with advanced illness who are not yet ready for hospice.

At UAB Hospital the center provides palliative care to trauma patients and their families.

The center also:

- Provides an outpatient palliative care clinic for patients with advanced illness and a supportive care clinic that focuses on people in active cancer treatment.
- Uses an evidence-based electronic comfort care order set developed by F. Amos Bailey, MD, medical director of the Birmingham VA Safe Harbor Palliative Care Program, and engages in health services, nutrition, and survivorship research;
- Supports the social and emotional needs of patients and families with art therapy and bereavement and supportive counseling, among other services; and
- Offers traditional training programs for physicians, as well as programs for subspecialties such as medical oncology, pain management, and geriatrics.

To aid in its patient care and research, the center is building a database to track outcomes for interventions in the outpatient clinic. Elizabeth A. Kvale, MD, director of UAB Outpatient Palliative Care Programs, oversees the database development.

Help Desk

Call the Health System Information Services Help Desk at 934.8888 to report unscheduled service interruptions.