

# Student Documentation: The Good, Bad, and Ugly



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## Disclaimer

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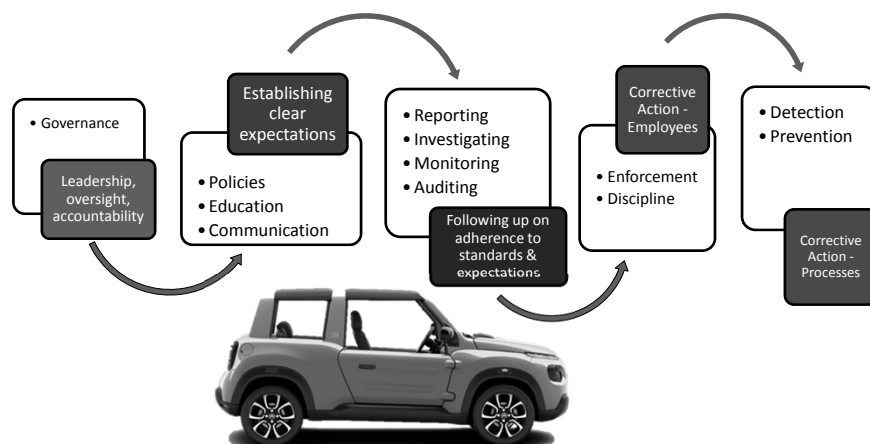
## Billing and Coding Personnel



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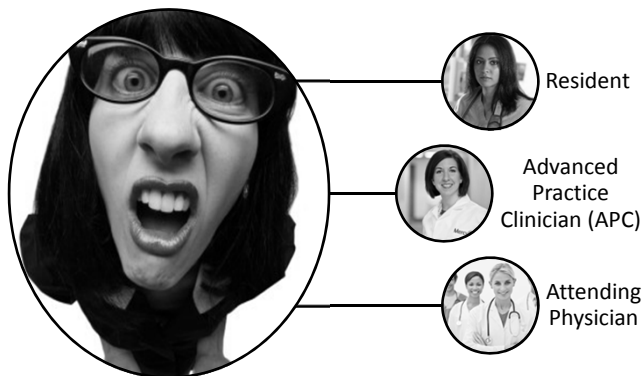
## 7 Elements of an Effective Compliance Program



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## How to Use a Student



## Types of Students Definitions

### Fellow, Resident, & Intern

- Individual who participates in approved graduate medical education (GME) program, or
- Physician not in approved GME program but authorized to practice only in hospital setting

### Medical Student

- Individual who participates in accredited educational program (e.g., medical school) that is not approved GME program
- Never considered intern or resident
- Medicare does not pay for any service furnished by students

### Other Students

- Nurse Practitioner
- Physician Assistant
- Psychology
- Social Worker
- Therapist

## Medical Student Participation CMS Guidelines

- Any contribution and participation of student must be performed in the physical presence of teaching physician/resident
  - Exception: Review of Systems and Past, Family, Social History

## Other Students

- APC (i.e., Nurse Practitioner, Physician Assistant), Psychology, Social Worker, Therapist
- CMS is silent on guidance for other students
- Provider participates in the services with the student
- Provider documents the services performed with the student

## Services with Medical Students CMS Documentation Guidelines



Students may document in medical record



Teaching physician/resident must verify student documentation including history, physical exam and/or medical decision making



Teaching physician/resident must personally perform (or re-perform) the physical exam and medical decision making



Teaching physician may verify student documentation rather than re-documenting

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## Considerations

- Professional Licensing
  - States do not license medical students
  - States may not license other types of students
- Training Programs
- Insurance Companies
  - Medicare, Medicaid, and Commercial
- Specialty Societies
- Other State and Federal Requirements
- Facility Policies and Procedures
  - Medical Staff By-Laws

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## State Requirements



## Let's Go Through an Example Psychology Students

- Utah State Licensing Requirements

- (d) produce certified transcripts of credit verifying satisfactory completion of a doctoral degree in psychology that includes specific core course work established by division rule under Section 58-1-203, from an institution of higher education whose doctoral program, at the time the applicant received the doctoral degree, met approval criteria established by division rule made in consultation with the board;
- (e) have completed a minimum of 4,000 hours of psychology training as defined by division rule under Section 58-1-203 in not less than two years and under the supervision of a psychologist supervisor approved by the division in collaboration with the board;
- (f) to be qualified to engage in mental health therapy, document successful completion of not less than 1,000 hours of supervised training in mental health therapy obtained after completion of a master's level of education in psychology, which training may be included as part of the 4,000 hours of training required in Subsection (1)(e), and for which documented evidence demonstrates not less than one hour of supervision for each 40 hours of supervised training was obtained under the direct supervision of a psychologist, as defined by rule;

## Let's Go Through an Example

- American Psychological Association Guidelines

(c) Intern supervision is regularly scheduled and sufficient relative to the intern's professional responsibility assuring at a minimum that a full-time intern will receive 4 hours of supervision per week, at least 2 hours of which will include individual supervision;

## Let's Go Through an Example

- Psychology Students (Medicare)

- The attending provider must be personally involved in the care of the patient for the reported service.
  - Any contribution and participation of a student to the performance of a billable service must be performed in the *physical presence* of a teaching physician.
- The attending provider must provide sufficient documentation supporting that the documentation is appropriate as written, and contains edited information as necessary.
- If the service is a time-based code, the reported time for billing purposes must represent the time the attending provider was personally present via Medicare approved mechanisms or in person.
  - Medicare approved mechanisms may include audio/visual equipment for certain psychiatry services. Please speak to your billing office or Billing Compliance Office for further instructions.
- A countersignature by the attending provider will not be sufficient for billing the service.

## Let's Go Through an Example

- **Psychology Students (Utah Medicaid)**
  - Prior to July 2017, the Utah Medicaid Provider Manual provided guidance regarding direct supervision under education protocols. Utah Medicaid defined supervision for education as:
    - “The physician must be present and immediately available to render assistance and direction through the time persons under supervision are performing services.
    - When licensure laws, policy, education protocols, coding definitions, or service being provided require ‘Direct Supervision’, the acceptable standard of supervision is availability in the facility, not necessarily within the same room, but within 10 minutes of reaching the person being supervised to provide assistance, consultation or direct care. Medical records must have sufficient documentation signed by the physician to reflect presence and participation of the physician in direct supervision.”

## Let's Go Through an Example

- **Psychology Students (Commercial)**
  - Commercial payers have agreed to reimburse services provided by residents, interns, fellows, and medical students (collectively “learner”). At minimum, for behavioral health coverage, the attending provider must be onsite during the time the service is taking place. The acceptable standard of supervision is availability in the facility, not necessarily within the same room, but within 10 minutes of reaching the person being supervised to provide assistance, consultation or direct care.



## Implementation Criteria

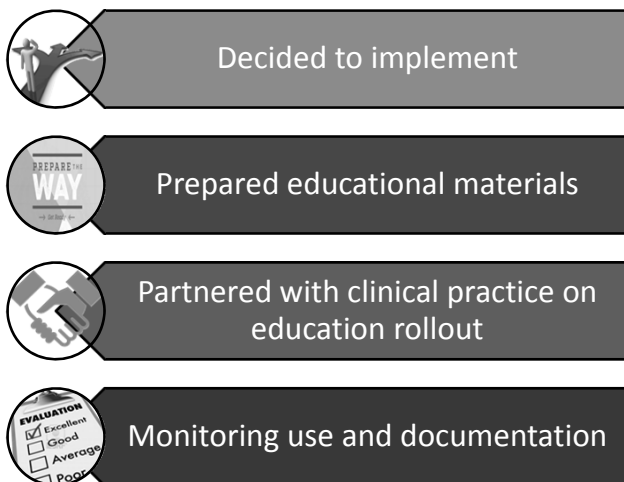


- Medical students only
- Teaching physician or resident may participate with medical student
- E/M services only
- Attestation expected
  - *“I saw the patient with (student’s name), medical student. I performed a physical exam and medical decision making. I reviewed the documentation of (date) and (agree or amended).”*

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## Implementation



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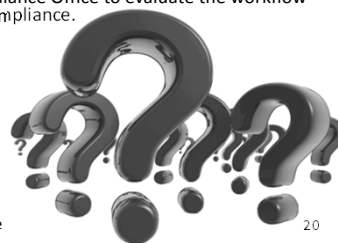
## Questions

- **Question:** How can a teaching physician “verify” medical student documentation?
- **Answer:** “X” Facility has approved the following “attestation” that may be added to the E/M documentation by the teaching physician verifying the medical student’s documentation:
  - *“I was present with a medical student who participated in the documentation of this note. I personally saw and evaluated the patient and performed my own history and examination. I discussed the case with the medical student. I have reviewed, verified, and revised the note as necessary and agree with the content and plan as written by the medical student.”*
- **Question:** Can a resident/fellow/APC “verify” the medical student documentation?
- **Answer: No.** The resident/fellow/APC may not verify the medical student documentation on behalf of the teaching physician, but they should edit the medical student’s documentation and provide additional documentation related to the service. Ultimately, the verification is the responsibility of the teaching physician.



## Questions

- **Question:** Can a teaching physician combine “verification” in one statement when the service involves both a medical student AND a resident/fellow/APC?
- **Answer:** Yes, you can combine attestations. “X” Facility has approved the following attestation that may be added to the E/M documentation by the teaching physician verifying both the resident’s and medical student’s documentation:
  - *“I or the resident/fellow/APC were present with a medical student who participated in the documentation of this note. I personally saw and evaluated the patient and performed my own history and examination. I discussed the case with the resident or medical student. I have reviewed, verified, and revised the note as necessary and agree with the content and plan as written by the resident and/or medical student.”*
- **Question:** The guidance states that the teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed. Is that a new requirement?
- **Answer:** This is not new. CMS has always required that the teaching physician perform the physical examination and medical decision-making activities of the service. If your medical student workflow does not currently abide by this personal performance requirement, you should contact the Billing Compliance Office to evaluate the workflow for compliance.

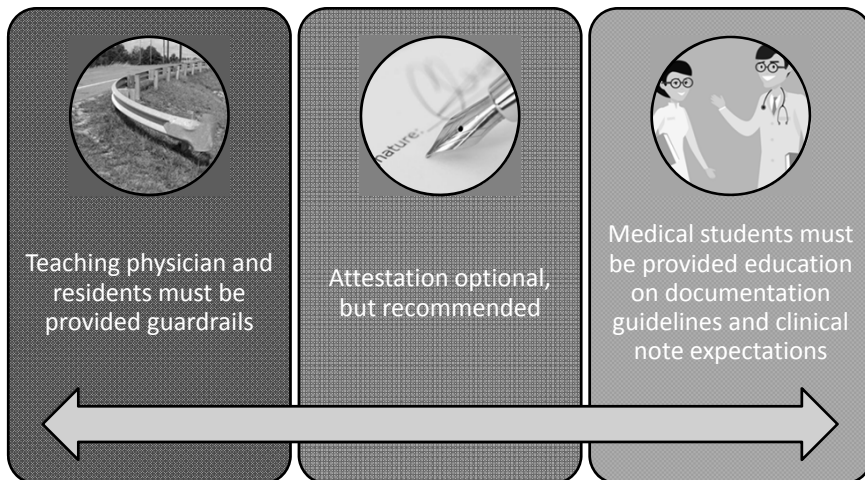


## Questions

- Question:** What about procedures? Does this guidance apply to procedures with medical student participation?
- Answer:** NO. This guidance is for E/M only, not procedures. Facility "X" is currently reviewing options to provide direction on how to compliantly involve medical students in procedures and how to document procedures for billable services. In addition, societies such as the AAMC is asking for further direction from CMS.
- Question:** If I am an APC / resident / fellow, what do I do with medical student documentation?
- Answer:** You should work with the medical student to educate them on your findings and medical decision making. Then edit the note to reflect your contribution to evaluation. If the note is from a "billable encounter" than you will need to forward the note to the appropriate Attending for their attestation. If the note is NOT from a billable encounter, than your signature on the updated note is enough to finalize the note. Please note, some services require that all notes authored or edited by an APC must be forwarded to an Attending for countersignature.



## Rollout Hints



## CMS “Patients Over Paperwork” 2019 Federal Register Changes

- Teaching Physician Rules
  - Residents may attest to presence of teaching physician on E&M visits
- E&M Services (Outpatient/Office)
  - Billing provider may reference prior
    - History and exam on established patients
    - History on new patients



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## Additional Guidance

- CY2019 Medicare Physician Fee Schedule (MPFS) final rule revised documentation requirements for teaching physicians
- Under new rule, presence of the teaching physician, for E/M services, may be documented within medical record by teaching physician, a resident, or nurse
  - Longstanding applicability to single procedures
- Previously, teaching physician was required to personally document presence
- Effective January 1, 2019, CMS is still developing guidance regarding acceptable documentation practices

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## CMS Burden Reduction Initiatives

### Pros



- Improves efficiency through reducing
  - Replicated documentation in medical record
  - Physician documentation burden
  - Forwarding of resident notes to teaching physician for attestation and cosign

### Cons



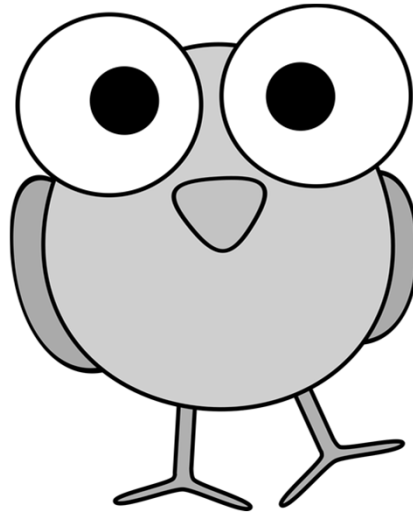
- Limited applicability
  - E&M only applicable to outpatient/office. Providers must remember when applicable
  - Teaching physician may see patient after resident, resident cannot attest

## Take Aways

- Risk assessments are individual
- Templates/Grids of student requirements
  - Attestation examples as provided
- Consider 7 elements in processes



Thank You!



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## Resources

- [CMS-Pub. 100-4; Chapter 12; Section 100.1.1.B](#)
- <https://www.youtube.com/watch?v=g1k0yjuiffw>
- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>
- <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20Services/Physician%20Services/Archive/2016/Physician7-16.pdf>
- [www.apa.org](http://www.apa.org)
- [https://le.utah.gov/xcode/Title58/Chapter61/C58-61\\_1800010118000101.pdf](https://le.utah.gov/xcode/Title58/Chapter61/C58-61_1800010118000101.pdf)
- <https://www.ohsu.edu/xd/health/services/doernbecher/research-education/education/med-education/upload/Medical-Student-Documentation.pdf>

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