



Institutional Handbook of Operating Procedures
Policy 06.03.00

Section: Compliance	Responsible Vice President: Senior Vice President & General Counsel
Subject: Coding and Billing	Responsible Entity: Office of Institutional Compliance

I. Title

Clinical Billing, Documentation, and Coding

II. Audience

Physicians, Non-Physician Providers, Department Administrators, Billing Managers, Billing and Coding Staff

III. Policy

At the University of Texas Medical Branch (UTMB Health), physician services are provided to patients by faculty members of UTMB Faculty Group Practice, by physicians enrolled in accredited internship, residency, or fellowship programs within the UTMB system, and by approved, credentialed non-physician providers. It is an Institutional policy that only professional services provided by billable providers or resident physicians adequately supervised by faculty physicians and documented in the medical record are billable to third party payers and/or patients.

Claims and submissions for reimbursement of hospital, professional, or any clinical services must meet all applicable requirements as specified by the payer. UTMB is committed to full compliance with the laws and regulations that apply to our Institution, including all federal and state health care programs requirements (such as Medicare and Medicaid). UTMB shall prepare and submit accurate claims consistent with such requirements.

IV. Procedures

The guidelines for billing professional services provided in a teaching setting include, but are not limited to:

A. Inpatient

1. Evaluation and Management Services (E/M)

For all payers, UTMB requires that the teaching physician be present during the key or critical portions of the service when performed by the resident. For the purpose of payment, E/M services billed by teaching physicians require that the medical records must demonstrate: 1) that the teaching physician performed the service or was physically present during the key or critical portions of the service when performed by the resident; and 2) the participation of the teaching physician in the management of the patient. The patient's medical record must document the extent of the teaching physician's participation in the review and direction of the services furnished to each patient. The extent of the teaching physician's participation may be demonstrated by the notes/documentation in the medical records made by physicians, residents, or nurses. If these requirements are met, physicians can review the documentation, notate any changes, and countersign the documentation. With appropriate documentation and the

teaching physician's signature, the documentation of the teaching physician and/or the resident can be combined to support the level of service billed. Physicians can continue to include a teaching physician attestation if so desired but is not required to do so as long as their presence, performance and management of the patient is documented in the medical record. Additionally, the medical record documentation must support all services billed.

An example of resident or nurse documentation of faculty presence, performance and management of the patient may be:

Dr. _____ was physically present during the key portions of this service which included the physical exam and/or medical decision making as well as directed the patient's care and reviewed all documentation contain herein.

Documentation by Medical Students.

Medical student notes must be clearly identified as such to all users and/or reviewers of the medical record. Any contribution and participation of a medical student to the performance of a billable service (other than the review of systems and/or past family/social history, which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting requirements set forth for teaching physician billing. Medical students may document services in the medical record. However, the teaching physician must verify in the medical record all medical student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform or re-perform the physical exam and medical decision-making activities of the E/M service being billed but may verify any student documentation of them in the medical record, rather than re-documenting this work.

Providers should utilize one of the following attestations as applicable:

Attestation with Faculty and Medical Student: I have verified the medical student documentation and/or findings, including the history, physical exam and medical decision making. Additionally, I have personally performed or re-performed the physical exam and medical decision-making activities of this patient's evaluation and management service.

Attestation with Medical Student working with Resident Team and/or Faculty:

Resident Attestation: I have verified the medical student documentation and/or findings, including the history, physical exam, and medical decision making. Additionally, I have personally performed or re-performed the physical exam and medical decision-making activities of this patient's evaluation and management service.

Faculty Attestation: I personally examined the patient and agree with the resident's note as written, including any changes or additions that the resident may have made to the medical student's note. I actively participated in the decision-making process. Please see the resident's note for additional details.

Documentation and attestations must accurately reflect what occurred during each encounter.

Documentation by NP and PA Students

Physicians, physician assistants, and advanced practice registered nurses (APRNs – nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists) can review and verify (sign and date), rather than re-documenting, notes made in the medical record by other physicians, residents, medical, physician assistant, and APRN students, including notes documenting the practitioner’s presence and participation in the service, rather than fully re-documenting the information. The format for appropriate attestations when utilizing APRN student documentation should follow the format outlined in the “~~Medical Student~~ Documentation by Medical Students” section of this policy.

Documentation by Medical Assistants (MAs) and Ancillary Staff and patient supplied information:

Any part of the chief complaint (CC) or history [history of present illness/HPI, past family social history/PFSH, or review of systems (ROS)] that is recorded in the medical record by ancillary staff or the beneficiary does not need to be re-documented by the billing practitioner. Instead, when the information is already documented, the billing practitioner can review the information, update, or supplement it as necessary, and indicate in the medical record that he or she has done so.

When information regarding the chief complaint, history of the present illness, past family social history and/or review of system has been recorded by ancillary staff or the patient (for example “History of Present Illness questionnaires filled out in the waiting room), the billing practitioner must review, update as needed, and acknowledge he has done so when signing the note/encounter.

Providers should utilize one of the attestations indicated below, as applicable, when utilizing MAs, ancillary staff, or patient supplied documentation:

Faculty or Resident Attestation:

I have reviewed and confirmed the medical history as documented by the medical assistant.

I have reviewed and confirmed the medical history as documented by the medical assistant. However, it is also noted that... {Provider fills in further details as appropriate}.

I have reviewed the patient intake questionnaire concerning the patient’s history of present illness and additionally note as follows... {Provider fills in further details as appropriate}.

Documentation by Scribes.

To the extent Scribes are utilized at UTMB, any information cloned by a Scribe is considered to be cloned by the responsible provider.

2. Major Procedures (Including Endoscopic Operations)

For all payers, UTMB requires that the teaching physician must be present during all critical and key portions of surgical, complex, or high-risk procedures, and be immediately available to furnish services during the entire procedure. Immediate availability requires the immediate physical presence of the supervisory physician. An example of a lack of immediate availability would be situations where the supervisory physician is performing another procedure or service that he or she could not interrupt. The supervisory physician may not be so physically far away on-campus from the location where hospital services are being furnished that he or she could not intervene right away. If circumstances prevent a teaching physician from being immediately available, then he/she must arrange for another qualified surgeon to be immediately available to assist with the procedure, if needed. In such circumstance, the departing faculty, the assuming supervisory faculty, resident, or operating nurse should document that the departing faculty arranged for another qualified surgeon to be immediately available to assist with the procedure. When the teaching surgeon is present for the entire surgery, his or her presence may be demonstrated by notes in the medical record made by the physician, resident, or operating room nurse. There is no required information that the teaching surgeon must enter into the medical records. However, the documentation must be authenticated by the teaching physician with his/her signature. In addition, the medical record documentation must support all services billed.

3. Minor and Bedside Procedures

Minor procedures are defined as those procedures that take only a few minutes (5 minutes or less) to complete, e.g., simple suture, and involve relatively little decision making once the need for the operation is determined. For Medicare patients, the teaching physician must be present for the entire procedure in order to bill for the service(s). The teaching physician must document his/her presence throughout the procedure on the teaching physician attestation. For Medicaid and other third-party payers, the teaching physician must demonstrate within the documentation that medically appropriate supervision was provided. By co-signing the resident's note, faculty physicians are attesting that they have provided the requisite supervision for the service(s) provided. Additionally, the medical record documentation must support all services billed.

4. Endoscopy Procedures (Excludes endoscopic surgery that follows the major procedures policy above)

5. For Medicare patients, the teaching physician must be present during the entire viewing. The entire viewing starts at the time the insertion of the endoscope and ends at the time of removal of the endoscope. Viewing of the entire procedure through a monitor in another room does not meet the teaching physician presence requirements. For Medicaid and other third-party payers, the teaching physician must demonstrate within the documentation that medically appropriate supervision was provided. By co-signing the resident's note, faculty physicians are attesting that they have provided the requisite supervision for the service(s) provided. Additionally, the medical record documentation must support all services billed.

B. Outpatient

1. Evaluation and Management Services (E/M)

For Medicare patients, the teaching physician must be present, and document his/her presence and participation during the key or critical portions of the service when

performed by the resident. For the purpose of payment, E/M services billed by teaching physicians require that the medical records must demonstrate: 1) that the teaching physician performed the service or was physically present during the key or critical portions of the service when performed by the resident; and 2) the participation of the teaching physician in the management of the patient. The patient's medical record must document the extent of the teaching physician's participation in the review and direction of the services furnished to each patient. The extent of the teaching physician's participation may be demonstrated by the notes/documentation in the medical records made by physicians, residents, or nurses. If these requirements are met, physicians can review the documentation, notate any changes, and cosign the documentation. With appropriate documentation and the teaching physician's signature, the documentation of the teaching physician and/or the resident can be combined to support the level of service billed. Physicians can continue to include a teaching physician attestation if so desired but is not required to do so as long as their presence, performance, and management of the patient is documented in the medical record. For Medicaid and other third-party payers, the teaching physician must demonstrate within the documentation that medically direct supervision was provided (direct supervision means that the teaching physician must be in the building of the office or facility when and where the service is provided). By co-signing the resident's note, faculty physicians are attesting that they have provided the requisite supervision for the service(s) provided. Additionally, the medical record documentation must support all services billed.

An example of resident or nurse documentation of faculty presence, performance and management of the patient may be:

Dr. _____ was physically present during the key portions of this service which included the physical exam and/or medical decision making as well as directed the patient's care and reviewed all documentation contain herein.

Documentation by Medical Students

Refer to Inpatient requirements above

Documentation by NP and PA Students

Refer to Inpatient requirements above

Documentation by MAs and Ancillary Staff and patient supplied information

Refer to Inpatient requirements above

Documentation by Scribes

Refer to Inpatient requirements above

2. Major Procedures

For all payers, UTMB requires that the teaching physician must be present during the critical and key portions of surgical, complex, or high-risk procedures and be immediately available to furnish services during the entire procedure. Immediate availability requires the immediate physical presence of the supervisory physician. An example of a lack of immediate availability would be situations where the supervisory physician is performing another procedure or service that he or she could not interrupt. The supervisory physician may not be so physically far away on-campus from the location where hospital services are being furnished that he or she could not intervene

right away. If circumstances prevent a teaching physician from being immediately available, then he/she must arrange for another qualified surgeon to be immediately available to assist with the procedure, if needed. In such circumstance, the departing faculty, the assuming supervisory faculty, resident, or operating nurse should document that the departing faculty arranged for another qualified surgeon to be immediately available to assist with the procedure. When the teaching surgeon is present for the entire surgery, his or her presence may be demonstrated by notes in the medical record made by the physician, resident, or operating room nurse. There is no required information that the teaching surgeon must enter into the medical records. However, the documentation must be authenticated by the teaching physician with his/her signature. Additionally, the medical record documentation must support all services billed.

3. Minor Procedures

Minor procedures are defined as those procedures that take only a few minutes (5 minutes or less) to complete, e.g., simple suture, and involve relatively little decision making once the need for the operation is determined. For Medicare patients, the teaching physician must be present for the entire procedure. The teaching physician must document his/her presence throughout the procedure on the teaching physician attestation. For Medicaid and other third-party payers, the teaching physician must demonstrate within the documentation that medically appropriate supervision was provided. By co-signing the resident's note, faculty physicians are attesting that they have provided the requisite supervision for the service(s) provided. Additionally, the medical record documentation must support all services billed.

4. Endoscopy Procedures (Excludes endoscopic surgery that follows the major procedures policy above)

For Medicare patients, the teaching physician must be present during the entire viewing. The entire viewing starts at the time the insertion of the endoscope and ends at the time of removal of the endoscope. Viewing of the entire procedure through a monitor in another room does not meet the teaching physician presence requirements. For Medicaid and other third-party payers, the teaching physician must demonstrate within the documentation that medically appropriate supervision was provided. By co-signing the resident's note, faculty physicians are attesting that they have provided the requisite supervision for the service(s) provided. Additionally, the medical record documentation must support all services billed.

5. Therapeutic Procedures (i.e. apheresis procedures)

The generally applicable minimum required level of supervision for hospital outpatient therapeutic services changed on January 1, 2020, from direct supervision to general supervision.—General supervision is defined to mean that the procedure is furnished under the physician's overall direction and control, but that the physician's presence is not required during the performance of the procedure. All safeguards that have been in place to ensure the safety, health, and quality standards of the outpatient therapeutic services that patients receive will continue to be utilized. Although general supervision is the default level of physician supervision for outpatient therapeutic services UTMB departments can establish a higher level of supervision for a particular service if they believe such a supervision level is necessary. Departments that decide to require a higher level of supervision for outpatient therapeutic services must document requirements in departmental policy. Departments, providers, and physicians have flexibility to require a higher level of physician supervision for any service they furnish if they believe a higher

level of supervision is required to ensure the quality and safety of the procedure and to protect a beneficiary from complications that might occur.

V. References

[Medicare Claims Processing Manual, Chapter 12, Section 100 – Teaching Physician Services.](#)
[Texas Medicaid Provider Procedures Manual: Vol.2, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, August 2014, Section 9 – Physician](#)
[IHOP - 06.03.01 - Use of Cloned Documentation in the Electronic Medical Record](#)
Billing and Documentation Policy approved by MSRDP Board of Directors, 3/27/1997
[IHOP – 06.03.03 – Use of Scribes](#)

VI. Dates Approved or Amended

<i>Originated:</i> 04/01/1990	
<i>Reviewed with Substantive Changes</i>	<i>Reviewed without Substantive Changes</i>
02/08/2005	01/25/2006
03/20/2015	03/24/2017
	01/04/2018

VII. Contact Information

Office of Institutional Compliance
(409) 747-8700