

University of Chicago CCRC Student Documentation Guidelines 2018

I. Background

CMS has revised their policies regarding utilizing student documentation for billing as follows:

100.1.1 - Evaluation and Management (E/M) Services

(Rev. 3971, Issued: 02- 02- 18, Effective: 01-01-18, Implementation: 03- 05-18)

B. E/M Service Documentation Provided By Students

Any contribution and participation of a 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 the requirements set forth in this section for teaching physician billing.

Students may document services in the medical record. However, the teaching physician *must verify in the medical record all 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.*

II. Current status at University of Chicago

- The administration has reviewed this policy in conjunction with other groups and it is ready to be implemented at UChicago Medicine.
- The Compliance office is waiting for us to be ready to release the epic attestations that will be available for adding student notes. Start date will be June 25th.
- Attestations (see handout):
 - Outpatient:
 - .ATTESTMEDSTAMB
 - .RESSTUDENTATTESTAMB
 - Inpatient
 - .ATTESTMEDSTINP
 - .RESSTUDENTATTESTINP
- The medical student education regarding documentation will not change and they will not be educated by the Compliance office.
- Billing/coding queries will not be sent to medical students.

III. Important Clarifications

- Per the Compliance office, for a resident to attest a student note the resident must directly supervise and be present with the student performing their history and physical (direct observation). They cannot re-perform separately.
- For an attending to attest a student note directly, they may directly observe or re-perform the history and physical.

IV. CCRC Guidelines

- a. The primary purpose of students completing patient documentation is for their education, not for completing necessary documentation services.
- b. Students will only be expected to document notes on patients with whose care they are intimately involved (patients they are following and assigned i.e. they should not be used as scribes).
- c. Students should not be expected to craft notes that satisfy specific billing requirements, but rather, notes that are of high quality for patient care purposes and communication.
- d. The attending physician will have the primary responsibility for the content, accuracy, and completeness of the documentation.
- e. Whether or not residents also complete patient documentation independent of student documentation, should be determined by the specific residency program in conjunction with the clerkship director in that specialty.
- f. In ambulatory settings, students should not be expected to complete documentation outside of the allotted clinic hours. This is to allow time for studying outside of clinical time.
- g. In ambulatory settings, students should not necessarily be expected to complete documentation on each patient they see. A goal of one to four notes per half day is reasonable dependent on the setting and their level of experience. Clerkship directors will provide more specific guidelines to their ambulatory faculty.
- h. When residents directly supervise and observe students performing evaluations that they will use for documentation, students should lead the history-taking and physical exam. It should not be a shadowing experience.

V. Next Steps and Faculty Development

- a. Clerkship and Sub-I directors to meet with residency programs to discuss plans for each clerkship or rotation
- b. Clerkship and Sub-I directors to discuss with their Northshore site directors
- c. Pritzker will discuss this at the clinical biennium with students
- d. Compliance will educate faculty
- e. Medical school will email out CCRC guidelines to faculty

- f. Clerkship and Sub-I directors will also educate teaching faculty and students
- g. Discuss resident education with residency programs
- h. We will work on a plan to look at student EPIC data for tracking purposes at a future CCRC meeting