

# UW Health Compliance – Professional Services Education Program

## UW Health Medical Student Documentation Guidelines Effective July 2018

### I. Background

CMS revised the Teaching Physician section of the Medicare Claims Processing Manual regarding utilizing student documentation for billing as follows:

#### 100.1.1 - Evaluation and Management (E/M) Services

##### 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. Definitions

**Resident** - An individual who participates in an approved graduate medical education (GME) program or a physician who is not in an approved GME program but who is authorized to practice only in a hospital setting. The term includes interns and fellows in GME programs recognized as approved for purposes of direct GME payments made by the FI. Receiving a staff or faculty appointment or participating in a fellowship does not by itself alter the status of "resident". Additionally, this status remains unaffected regardless of whether a hospital includes the physician in its full time equivalency count of residents.

**Student** - An individual who participates in an accredited educational program (e.g., a medical school) that is not an approved GME program. A student is never considered to be an intern or a resident. Medicare does not pay for any service furnished by a student. See §100.1.1B for a discussion concerning E/M service documentation performed by students.

**Teaching Physician** - A physician (other than another resident) who involves residents in the care of his or her patients.

**Physically Present** - The teaching physician is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service.

### III. Guidelines

The following are the requirements related to the use of medical student documentation for the billing of E/M codes:

- A. Medicare does not pay for services performed by medical students; however, medical students may participate in the documentation of Evaluation and Management (E/M) services teaching physicians use for billing.
- B. The medical student documentation used to support a billable service must represent the teaching physician's personal performance of all E/M elements.
- C. For use of medical student documentation, either a resident or a teaching physician must be physically present with the medical student for the HPI, physical exam and medical decision making.
- D. For use of medical student documentation, the teaching physician must verify the history and perform the physical exam and medical decision-making activities of the E/M service being billed.
- E. To use medical student documentation for billing, the "Cosign/Addend" Healthlink button should be used to allow for editing of the note. The teaching physician/resident must verify any student documentation in the medical record by adding an attestation such as:

**Example 1 – Teaching Physician present with medical student and performing all physical exam and decision making that is documented:**

**.TPmedstudattest**

*I was present with the medical student. I have edited this note as necessary to reflect the history, physical examination and medical decision making I have performed and deem medically necessary.*

**Example 2: Resident present with medical student, teaching physician verifies history, performs all physical exam and decision making that is documented (Both resident and TP must add separate attestations- resident as being present and TP for performance of the documented PE and medical decision making):**

**Resident attestation:**

**.resmedstud**

*I was present with the medical student. I have edited this note as necessary to reflect our findings.*

AND

Teaching physician attestation:

.TPresmedstudattest

*I have edited this note as necessary to reflect the history, physical examination and medical decision making I have performed and deem medically necessary.*

- F. The teaching physician is ultimately responsible for the accuracy and medical necessity of the documentation and level of service billed.
- G. Teaching physicians still may choose to use their own documentation for billing purposes. The TP can attest to a medical student note as “educational purposes only” by using the “Note Reviewed/Attest” button in Healthlink and by adding the following:  
**.medstud**

*This note is intended for educational purposes only. Please see my note from the same date for my history, physical exam, assessment and plan.*

- H. Teaching Physicians may choose to have their residents continue to write their own notes allowing the TP to perform the key portions and use their current resident attestation. A resident cannot copy and paste a student note as their own.

#### **IV. Limitations**

- A. These guidelines apply only to Evaluation and Management services.
- B. These guidelines do not apply to APPs and APP students.