

**Billing Policies and Procedures –  
WVU Physicians of Charleston**

**Section: Compliance**

**Chapter: Billing**

**Policy: Teaching Physician Requirements – Evaluation and Management (E/M)  
Services – Primary Care Exception**

**I. PURPOSE**

This policy addresses teaching physician supervision and documentation requirements for certain evaluation and management (E/M) services provided by residents in qualified primary care centers as defined under the Medicare teaching physician regulations.

**II. POLICY**

In order to bill for lower level E/M services rendered by residents outside of the presence of the teaching physician pursuant to the primary care exception of 42 C.F.R. 415.174, all requirements set forth in the Medicare Claims Processing Manual, Pub. 100-4, Ch. 12, relating to such exception must be satisfied. In the event of a conflict between the provisions of this policy and Pub. 100-4, Ch. 12, the provisions of Pub. 100-4, Ch. 12 will control.

**III. SCOPE**

This policy applies to all faculty physicians billing pursuant to the primary care exception when applicable, and to billing staff. This policy applies to all federal, state and private payers, unless otherwise specified in writing by the payer.

This policy applies only to those primary care centers that meet the criteria set forth in Section IV A.1. below, and which have been identified, in writing, to the Medicare Carrier as meeting the primary care exception under 42 CFR 415.174.

**IV. PROCEDURES**

**A. Primary Care Exception Requirements**

**1. Location**

The services billed pursuant to the primary care exception must be furnished in a center located in an outpatient department of a hospital or another ambulatory care entity in which the time spent by residents in patient care activities is included in determining intermediary payments to a hospital under 42 CFR 413.86. A non-hospital entity must meet the requirements of a written agreement between the hospital and the entity set for in 42 CFR 413.86(f)(4)(ii).

The patients seen must be an identifiable group of individuals who consider the center to be the continuing source of their health care. Residents must generally follow the same group of patients throughout the course of their residency program, but there is no requirement that the teaching physicians remain the same over any period of time.

## 2. Level and Range of Services

- a. Levels of Service. This applies only to evaluation and management codes for new patients (CPT-4 99201, 99202 and 99203), established patient visits - (CPT-4 99211, 99212, and 99213), and/or the "Welcome to Medicare" physical examination. All other services, including procedures, require the teaching physician's physical presence with the patient.
- b. Range of Services. Residents may provide:
  - 1) Acute care for undifferentiated problems or chronic care for ongoing conditions.
  - 2) Coordination of care furnished by other physicians and providers.
  - 3) Comprehensive care not limited by organ system, diagnosis, or gender.

Residency programs that may qualify for the primary care exception include family practice, general internal medicine, geriatric medicine, pediatrics, and obstetrics/gynecology. Questions regarding whether any given program may qualify for billing services pursuant to the primary care exception should consult the compliance officer.

## 3. Resident Requirements

Any resident furnishing the service under the primary care exception without the presence of the teaching physician must have completed more than six (6) months of an approved residency program.

## 4. Teaching Physician Requirements

The teaching physician must not direct the care of more than four (4) residents at any given time and must direct the care on site. The teaching physician must:

- a. Have no other responsibilities (including the supervision of other personnel) at the time of the service for which payment is sought; However, if a patient comes to the center and requires a more

comprehensive service than was expected and scheduled, the teaching physician may see the patient, but must revert to the physical presence rule and bill using the "GC" modifier for Medicare patients.

- b. Assume management responsibility for those patients seen by the residents;
- c. Ensure that the services furnished are appropriate;
- d. Review with each resident, during or immediately after each visit, the patient's medical history, physical examination, diagnosis, and record of tests and therapies; and
- e. Document a personal note that indicates that:
  - 1) The teaching physician reviewed patient-specific information from the resident's history, exam and plan of care as well as any labs/tests/records, etc., and
  - 2) The review occurred with the resident while the patient was in the clinic or immediately after the resident saw the patient.

Sample templates for documentation by the teaching physician utilizing the primary care exception are included as Attachment "A":

**Note:** If one (1) of the four (4) residents has less than six (6) months of training, then the teaching physician must be physically present for the key portions of the encounter with the patient (Medicare services would be billed with a "GC" modifier.) In such a case, the teaching physician's activities with < 6 month residents should not interfere with his/her ability to supervise the other residents (no more than 3).

#### 5. Level 4 and 5 Evaluation and Management Codes.

If a more complex problem arises during a service originally scheduled to have been provided by a resident under the primary care exception, the Teaching Physician may personally provide the service and bill for the more complex level of service (i.e. 99204, 99205, 99214 or 99215) while supervising the other residents, and still have the other resident's services billed under the primary care exception. The key consideration for allowing this billable activity by the Teaching Physician is the unscheduled nature of the Level 4 or 5 E/M service. In such cases, the Teaching Physician must document his/her presence/participation according to relevant Medicare Carriers Manual instructions, including instructions set forth in Pub. 100-4, Ch. 12, and any applicable carrier policies and/or WVUPC compliance policies.

**B. Medicare Modifier (Medicare Only)**

1. "GE" Modifier. Use a "GE" modifier when a resident provides a Level 1, 2, or 3 New or Established Patient Office Visit (99201, 99202, 99203, 99211, 99212, and 99213) under the supervision of a teaching physician in a qualified primary care center.
2. "GC" Modifier. Use a "GC" modifier when a resident provides other services, which require the physical presence of the teaching physician, even if those services are provided in a primary care setting.

**V. ADMINISTRATION AND INTERPRETATIONS**

Questions regarding this policy may be addressed to the Compliance Officer, your Practice Administrator, Practice Chair or Billing Supervisor.

**VI. AMENDMENTS OR TERMINATION OF THIS POLICY**

This policy may be amended or terminated at any time.

**VII. REFERENCES**

42 U.S.C. §1395u(b)(7)(A); 42 CFR §415.173; 42 C.F.R. 415.174(a)(3); MCM Transmittal 1780 (Nov. 22, 2002); Medicare Carrier's Manual §15016; February 9, 1998 letter from Dr. McCann (HCFA) to the AAMC; October 15, 1998 letter from Dr. Berenson (HCFA) to the AAMC.

Medicare Carrier's Manual Pub. 100-4, Ch. 12.

**Appendix B**

***Primary Care Exception Sample Documentation Templates***

**Sample 1**

Case discussed with resident \_\_\_\_ at time of visit OR \_\_\_\_ immediately after the resident saw the patient. Patient presents with a problem of \_\_\_\_\_. \_\_\_\_ Agree with OR \_\_\_\_ Revise diagnosis of \_\_\_\_\_ and plan of care to \_\_\_\_\_.

**Sample 2**

Patient case reviewed and discussed with resident at:

\_\_\_\_ time of visit OR  
\_\_\_\_ immediately after the resident saw the patient.

Given a history of \_\_\_\_\_, exam and assessment show \_\_\_\_\_. I \_\_\_\_ agree with OR \_\_\_\_ revise plan of care as: \_\_\_\_\_.