

Teaching Physician Documentation Requirements

When a teaching physician bills for E/M services, he or she must personally document at least the following:

- That he or she performed the service or was physically present during the critical or key portions of the service furnished by the resident; and
- His or her participation in the management of the patient.

There are four different scenarios in the ED that may involve residents and the EDMD should remember that all four have different performance and documentation requirements.

- E&M services
- Procedures
- Interpretations
- Critical Care

Scenario 1 - Resident performs E&M service in the presence of the teaching physician and the resident documents the service.

- The teaching physician must document that they were present during the performance of the critical or key portions of the service and that they were directly involved in the management of the patient. The teaching physician's note should reference the resident's note.
- *I was present with the resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.*

Scenario 2 - Resident performs E&M service in the absence of the teaching physician and documents the service.

- The teaching physician must independently perform the critical or key portions of the service and, as appropriate, discusses the case with the resident. The teaching physician must document that they personally saw the patient and performed critical or key portions of the service, and participated in the management of the patient. The teaching physician's note should reference the resident's note.
- *I saw and evaluated the patient. Discussed with resident and agree with resident's findings and plan as documented in the resident's note.*

For minor procedures which take only a few minutes to complete, such as a simple suture, and involve relatively little decision making once the need for the operation is determined, the teaching physician must be present for the entire procedure in order to bill for the procedure.

- *"Procedure performed by the resident under my direct supervision."*

For major procedures (lasting more than five minutes), the teaching physician must be physically present during the "key portion(s)" of the service and must be immediately available to furnish service during the entire procedure. The teaching physician must document the extent of his/her participation.

- *"I was present for the key portions of the procedure performed by the resident"*

For critical care, the attending physician documentation must provide substantive information including:

- the time the teaching physician spent providing critical care,
- that the patient was critically ill during the time the teaching physician saw the patient,
- what made the patient critically ill, and
- the nature of the treatment and management provided by the teaching physician.

CMS example of acceptable TP documentation for critical care involving Resident.

- Patient developed hypotension and hypoxia; I spent 45 minutes while the patient was in this condition, providing fluids, pressor drugs, and oxygen. I reviewed the resident's documentation and I agree with the resident's assessment and plan of care."