

# Personally Providing Services Primary Care Exception Physicians AT Teaching Hospital



# Agenda

- ❑ Personally Provided Services
- ❑ Primary Care Exception (PCE)
- ❑ Physicians AT Teaching Hospital (PATH)

# Personally Provided Services

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The physician personally performs all the required elements of an E/M service without a resident.

The physician codes and submits the Superbill for the service.

# Services Provided by Residents Under Supervision

Facility billing requires at a minimum that the supervising attending:

- Countersign the resident's note
- Submit the Superbill

Professional billing for physician services provided by residents under supervision occurs under two different mechanisms:

- Primary Care Exception (PCE)
- Physician at a Teaching Hospital (PATH)

PCE and PATH apply to both Medicare and Medicaid

# Primary Care Exception

# Primary Care Exception

- CMS permits a "Primary Care Exception" for **hospital outpatient clinic services only**, that lessens restrictions on physical presence requirements for teaching physicians.
- When specific conditions are met, CMS will pay for the three lowest levels of outpatient Evaluation and Management (E/M) services without the presence of a Teaching Physician in the exam room while the service is provided by a resident under supervision.
- Levels 4 and 5 may not be billed under the PCE mechanism regardless of the amount time spent by either the resident or the supervising attending.

# Primary Care Exception

Teaching physicians providing E/M services with a GME program granted a primary care exception may bill Medicare for lower and mid-level E/M services provided by residents. For the E/M codes listed below, teaching physicians may submit claims for services furnished by residents without the physical presence in the exam room of a teaching physician:

Level of Service	New Patient	Established Patient
Level 1	99201	99211
Level 2	99202	99212
Level 3	99203	99213

Levels 4 and 5 may **not** be billed under the PCE  
Preventive Visits **may** be billed under the PCE for new and established patients



# Primary Care Exception

Under the PCE mechanism, residents providing the billable patient care service without the physical presence of a teaching physician must have:

- Completed at least 6 months of a GME approved residency program.
- Teaching physicians submitting claims under this exception may not supervise more than 4 residents at any given time and
- Must direct the care from such proximity as to constitute immediate availability.
- Centers must maintain information under the provisions at 42 CFR 413.79(a)(6).

# Primary Care Exception

Teaching physicians submitting claims under this exception must:

- Not have other responsibilities (including the supervision of other personnel) at the time the service was provided by the resident;
- Have the primary medical responsibility for patients cared for by the residents;
- Ensure that the care provided was reasonable and necessary;

# Primary Care Exception

Teaching physicians submitting claims under this exception must:

- Review the care provided by the resident during or immediately after each visit. This must include a review of the patient's medical history, the resident's findings on physical examination, the patient's diagnosis, and treatment plan (i.e., record of tests and therapies); and
- Document the extent of his/her own participation in the review and direction of the services furnished to each patient.
- The physician must use the proper physician attestation: "Patient case reviewed and discussed with the resident at the time of visit. Given the history of \_\_\_\_\_ exam and assessment show\_\_\_\_\_. I agree/disagree with the plan of care as we discussed."

Under the PCE, the supervising physician is not required to go into the exam room or to see the patient.

# Physician at Teaching Hospital

# Physician at a Teaching Hospital (PATH)

## *PATH Regulations*

- If the resident performs the elements required for an E/M service in the presence of, or jointly with, the teaching physician and the resident documents the service.

OR

- If the resident performs some or all of the required elements of the service in the absence of the teaching physician and documents his/her service. The teaching physician independently performs the critical or key portion(s) of the service with or without the resident present and, as appropriate, discusses the case with the resident.

**Under the above scenarios the attending physician can use the attending physician at teaching hospitals attestation and can bill all levels of services.**

# Primary Care Exception vs. Physicians at Teaching Hospitals

If you are operating under the primary exception you must comply with all primary care exception requirements.

In order for services to qualify for levels 4 or 5, which is outside the Primary Care Exception Program, the attending physician must:

- See and evaluate the patient,
- Provide documentation that reflects a level 4 or 5 service including medical necessity,
- Use the proper Physicians at Teaching Hospital attestation: “ I saw and evaluated the patient. Discussed with resident and agree/disagree with resident’s findings and plan as documented in the resident’s note.”

# Summary

Path at Teaching Hospital (PATH) Regulation	Primary Care Exception (PCE)
<p>The Attending physician <b><u>must see and evaluate</u></b> the patient.</p>	<p>Under this exception, residents providing the billable patient care service without the physical presence of a teaching physician must have completed at least 6 months of a GME approved residency program.</p>
<p>Document that he or she performed the critical or key portion(s) of the service and that he or she was directly involved in the management of the patient.</p> <p><b>The documentation must identify at a minimum:</b></p> <ul style="list-style-type: none"> <li>• The service furnished;</li> <li>• The participation of the teaching physician in providing the service; and</li> <li>• Whether the teaching physician was physically present.</li> </ul>	<p>Document the extent of his/her own participation in the review and direction of the services furnished to each patient.</p>
<p>Use the correct <b>PATH</b> attestation:</p> <p>“I performed a history and physical examination of the patient and discussed his management with the resident. I reviewed the resident’s note and agree with the documented findings and plan of care.”</p> <p style="text-align: center;">or</p> <p>“I saw the patient with the resident and agree with the resident’s findings and plan.”</p>	<p>Use the correct attestation:</p> <p>“Patient case reviewed and discussed with the resident at the time of visit. Given the history of _____ exam and assessment show _____. I agree/disagree with the plan of care as we discussed.</p>

# Levels of Service



# Documentation requirements for Evaluation and Management Services

## New Patient

History	Exam	Medical Decision Making	Code	Applicable Guidelines
<b>Problem Focused:</b> Chief Complaint History of present Illness (1-3)	Problem Focused <b>1 Body System</b>	<b>Straight Forward:</b> Diagnosis = Minimal Data = Minimal/0 Risk = Minimal	<b>99201</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Primary Care Exception</li> <li>✓ Physicians at Teaching Hospital</li> </ul>
<b>Expanded Problem Focused:</b> Chief Complaint History of present Illness (1-3) Review of Systems (1)	Expanded Problem Focused: <b>Affected areas and others</b>	<b>Straight Forward:</b> Diagnosis = Minimal Data = Minimal/0 Risk = Minimal	<b>99202</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Primary Care Exception</li> <li>✓ Physicians at Teaching Hospital</li> </ul>
<b>Comprehensive</b> Chief Complaint History of present Illness (4) Review of Systems (2-9) Past, Family, Social History (1)	Detailed <b>7 Systems</b>	<b>Low:</b> Diagnosis = Limited Data = Limited Risk = Low	<b>99203</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Primary Care Exception</li> <li>✓ Physicians at Teaching Hospital</li> </ul>
<b>Comprehensive</b> Chief Complaint History of present Illness (4+) Review of Systems (10+) Past, Family, Social History (3)	Comprehensive <b>8 or more systems</b>	<b>Moderate:</b> Diagnosis = Multiple Data = Moderate Risk = Moderate	<b>99204</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Physicians at Teaching Hospital</li> </ul>
<b>Comprehensive</b> Chief Complaint History of present Illness (4+) Review of Systems (10+) Past, Family, Social History (3)	Comprehensive <b>8 or more systems</b>	<b>High:</b> Diagnosis = Extended Data = Extended Risk = High	<b>99205</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Physicians at Teaching Hospital</li> </ul>

# Documentation requirements for Evaluation and Management Services

## Established Patient

History	Exam	Medical Decision Making	Code	Applicable Guidelines
<b>Problem Focused:</b> N/A	Problem Focused N/A	<b>Straight Forward:</b> N/A	<b>99211</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Primary Care Exception</li> <li>✓ Physicians at Teaching Hospital</li> </ul>
<b>Expanded Problem Focused:</b> Chief Complaint History of present Illness (1-3)	Problem Focused <b>1 Body System</b>	<b>Straight Forward:</b> Diagnosis = Minimal Data = Minimal/0 Risk = Minimal	<b>99212</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Primary Care Exception</li> <li>✓ Physicians at Teaching Hospital</li> </ul>
<b>Expanded Problem Focused:</b> Chief Complaint History of present Illness (1-3) Review of Systems (1)	Expanded Problem Focused: <b>Affected areas and others</b>	<b>Low:</b> Diagnosis = Limited Data = Limited Risk = Low	<b>99213</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Primary Care Exception</li> <li>✓ Physicians at Teaching Hospital</li> </ul>
<b>Detailed</b> Chief Complaint History of present Illness (4) Review of Systems (2-9) Past, Family, Social History (1)	Detailed <b>7 Systems</b>	<b>Moderate:</b> Diagnosis = Multiple Data = Moderate Risk = Moderate	<b>99214</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Physicians at Teaching Hospital</li> </ul>
<b>Comprehensive</b> Chief Complaint History of present Illness (4+) Review of Systems (10+) Past, Family, Social History (2)	Comprehensive <b>8 or more systems</b>	<b>High:</b> Diagnosis = Extended Data = Extended Risk = High	<b>99215</b>	<ul style="list-style-type: none"> <li>✓ Personally Provided</li> <li>✓ Physicians at Teaching Hospital</li> </ul>