

Debunking regulatory myths

Challenging misrepresentations

AMA's regulatory myths series provides physicians and their care teams with resources to reduce guesswork and administrative burdens so the focus can be on streamlining clinical workflow processes, improving patient outcomes and increasing physician satisfaction.

Review the myths

The AMA provides regulatory clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

1

Online patient reviews

Are physicians prohibited from responding to online patient reviews?

2

Preventive/wellness and evaluation and management (E/M) services

Can physicians bill for both preventive and E/M services in the same visit?

3

EHR documentation

Are clinical support staff required to log out of EHR between documentation?

4 Verbal orders

Are there regulatory prohibitions on the use of verbal orders?

5 Ancillary staff and/or patient documentation

Who on the care team can document components of E/M services and what is the physician required to do?

6 Commercial health plans and E/M codes

Are commercial health plans required to adopt revisions to the E/M codes?

7 Computerized Provider Order Entry (CPOE)

Can a nurse, certified medical assistant (MA) or non-credentialed staff enter orders in the EHR as requested by the physician?

8 Extended prescription duration

How does an extended prescription duration help your patients and your practice?

9 Food and drink contamination in work spaces

Who determines where physicians and other health care workers can eat or drink while at work?

10 Medical student documentation

Are teaching physicians required to re-document medical student entries in the patient record?

11 Pain assessments



Are clinicians required to ask patients about pain during every consultation, regardless of the reason for the visit?

Interested in debunking a regulatory myth?

Contact us to share your regulatory myth.