



Update on Student Documentation

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Disclosure and Caveats

- Dr. Mejicano has no financial relationships with any relevant commercial interests
- The content of this talk is meant to spur discussion; it should not be regarded as legal or regulatory advice for anyone, including physicians & healthcare systems
- None of the content presented should be construed as representing the opinion of the AMA, its staff or its officers

Background - 1

- Medicare pays for services furnished in teaching settings through the Medicare Physician Fee Schedule (PFS) if the services meet one of these criteria:
 - They are personally furnished by a physician who is not a resident;
 - They are furnished by a resident when a teaching physician is physically present during the critical or key portions of the service; or
 - They are furnished by a resident under a primary care exception within an approved Graduate Medical Education (GME) Program.

Background - 2

- For years, student contributions to the medical record have been minimal:
 - Essentially, documentation has been limited to the past/family/social history and the ROS.
 - These elements are not separately billable, but are taken as part of an E/M service.
- In 2018, Medicare changed the rules:
 - Policy change identified by the Documentation Requirement Simplification workgroup.
 - Change is part of a broader goal to reduce administrative burden on practitioners.



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ATTACHMENT A

E/M Service Documentation Provided By Students (Manual Update)

MLN Matters Number: MM10412

Related Change Request (CR) Number: 10412

Related CR Release Date: February 2, 2018

Effective Date: January 1, 2018

Related CR Transmittal Number: R3971CP

Implementation Date: March 5, 2018

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for teaching physicians billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10412 revises the Medicare Claims Processing Manual to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Make sure your billing staffs are aware of the changes.

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) is revising the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. 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.

What changed?

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3971	Date: February 2, 2018
	Change Request 10412

Transmittal 3971, dated February 2, 2018, is being rescinded and replaced by Transmittal 4068, dated, May 31, 2018, to correct typos to section number 100.1.1 on the Transmittal page and business requirement 10412.1, and part of the manual update under section 100.1.1. All other information remains the same.

SUBJECT: E/M Service Documentation Provided by Students (Manual Update)

Accessed 6/7/18: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R3971CP.pdf>

What changed?



E/M Service Documentation Provided By Students (Manual Update)

MLN Matters Number: MM10412 **Revised**

Related Change Request (CR) Number: 10412

Related CR Release Date: May 31, 2018

Effective Date: January 1, 2018

Related CR Transmittal Number: R4068CP

Implementation Date: March 5, 2018

Note: This article was revised on June 1, 2018, to reflect an updated Change Request (CR) that corrected typos in the CR and part of the manual update under Section 100.1.1. The transmittal number, CR released date and link to the transmittal also changed. All other information is unchanged.

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Documentation Provided by Students - 1

- The Centers for Medicare & Medicaid Services (CMS) revised the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work.

Documentation Provided by Students - 2

- Students may document services in the medical record.
- 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.

GUIDELINES FOR TEACHING PHYSICIANS, INTERNS, AND RESIDENTS



Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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What
did not
change?

E/M Documentation Provided by Students

- Any contribution and participation of a student to the performance of a billable service (other than 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 the physical presence of a resident in a service that meets the requirements for teaching physician billing.

Definition of a Student

- An individual who participates in an accredited educational program (for example, medical school) that is not an approved GME Program and who is not considered an intern or resident. Medicare does not pay for any services furnished by these individuals.

Definition of Teaching Physician

- A physician, other than an intern or resident, who involves residents in the care of his or her patients. Generally, for the service to be payable under the Medicare Physician Fee Schedule, he or she must be present during all critical or key portions of the procedure and immediately available to furnish services during the entire service.

Definition of Physically Present

- When the teaching physician is located in the same room as the patient (or a room that is subdivided with partitioned or curtained areas to accommodate multiple patients) and/or performs a face-to-face service.

OHSU Perspective – 1

- **Note:** more progressive than most!
- Applies to all practitioners who can bill
- Applies to many types of students in various health professions programs (e.g., MD, DO, NP, DNP, PA)
- Applies only to E/M coding, not to any type of procedure

OHSU Perspective - 2

- Verification:

- ☐ The action of reviewing the student's findings by the teaching physician

- Attestation:

- ☐ The documentation generated by the teaching physician in the medical record to confirm that review of the student's documentation occurred

OHSU Perspective - 3

- Without a resident:

- *“A student assisted me with documenting this service. I saw the patient and reviewed and verified all information documented by the student and made modifications to such information, when appropriate.”*

OHSU Perspective - 4

- With a resident:

- *“A student assisted with documenting this service. I saw the patient and reviewed and verified all information documented by the student and resident, and made modifications to such information, when appropriate.”*

CMS Change in the Use of Medical Student Documentation

On Wednesday, June 6, the AAMC will be hosting a call from 5-6 pm EDT to provide a forum for members to discuss what they are doing in response to the CMS change in rules regarding the use of medical student documentation when a claim is submitted to Medicare. Given the limited information that CMS has provided, there are no definitive answers to the many questions generated by this change. However, there is value in for members to share information with each other about how they are approaching this revision.

[Register Here](#)

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CMS Clarifies Rule, Again Requires Preceptors to Redo Student Work

BY DAVE KEAHEY, MSPH, PA-C // MAY 9, 2018



Image: Shutterstock

New information from CMS is unwelcome news for preceptors – but we’re working on it.

The PA education community received some disappointing news this week from the Centers for Medicare and Medicaid Services (CMS) in response to questions requesting clarification of the [February 2 change in the CMS manual](#) about expanded use of student health record documentation. PAEA’s Government Relations Team believed that the changes allowed preceptors to verify and include PA student (and NP and medical student) documentation in the medical record, rather than having to “redocument” it. An email received yesterday from CMS Hospital and Ambulatory Policy Group Director Carol Blackford states clearly that the February 2 change applies *only to medical students and to physician preceptors*.

<http://paeaonline.org/cms-clarifies-rule-requires-preceptors-redo-student-work/>



CMS E-mail to AAMC, AAPA and CAFM

“The change introduced on February 5, 2018 in Transmittal 3971 does not apply to nurse practitioner students, physician assistant students, nurse practitioners or physician assistants. It is important to note that the associated preamble language from the teaching physician final rule (60 FR 63146; December 8, 1995) specifically uses the terms “medical student” and “medical school student”. Our purpose in providing the guidance in February 2018 was to ease a specific burden that we understood was being experienced by teaching physicians in their documentation of information that had already been documented by a medical student.

We believe that extending these changes to apply to NPs and PAs students and providers would require rulemaking. As always, we welcome your input on ways that we can reduce burden on Medicare practitioners.”

From e-mail sent by Ivy Baer to George Mejicano on 6/7/18



OHSU Perspective – 5

“You may have heard our friends on the call yesterday from WA state indicate they have a different email from a MAC (presumably Noridian) that says APP are included... As a result of the controversy and lack of clarity in official guidance, our FAQ contemplated the confusion in a footnote, but we hold our position that OHSU will interpret to include APP.”

From e-mail sent by Shannon Kennedy to George Mejicano on 6/7/18



Accelerating Change
in Medical Education
Community **BETA**

<https://ace.communities.ama-assn.org/>



Join this community to discuss developments and innovations in medical education, including the work emerging from the AMA's Accelerating Change in Medical Education Consortium as part of our work to create the medical schools of the future.

Active & Upcoming Discussions

DISCUSSION NAME

SCHEDULE

MEET THE EXPERTS

Enhancing medical student
experiences in light of the new CMS
policy changes for EHR documentation

June 11
Starts in 5 days



& Hal Jensen and
George Mejicano

Upcoming AMA Virtual Discussion: “*Enhancing Medical Student Experiences in Light of the New CMS Guidelines for EHR Documentation*”

- Asynchronous, online discussion will take place from 6/11-6/22 in the Accelerating Change in Medical Education Community
 - <https://ace.communities.ama-assn.org/>
- Significant confusion exists about how to implement without taking medical/legal risk
- Online discussion to address the impact of the new rule and consider best practices for implementation

AAMC “To Do List” for Implementation

- Determine who needs to be involved
- Are medical student notes considered part of the medical-legal record?
- Do students have access to the EMR?
- Which students (M4s, M3s, All)?
- Have students been taught?
- Have teaching physicians been updated?
- Consider resident role and workflow
- Consider timeline and monitoring plans



Thank You!

**Any
Questions?**

