

	<b>Ethics &amp; Compliance Department</b>	
	<b>Policy No.: 309</b>	<b>Created:</b> 01/1999
		<b>Reviewed:</b> 06/2025
		<b>Revised:</b> 10/2020

## **PHYSICIAN SERVICES AT TEACHING HOSPITALS**

### **SCOPE:**

All Envision Healthcare teammates working as Teaching Physicians. For purposes of this policy, all references to “teammate” or “teammates” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

### **PURPOSE:**

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates (“Envision” or “the Company”) has adopted this Physician Services at Teaching Hospitals policy to document the Medicare guidelines for Teaching Physician (“TP”), resident, and medical student services conducted in the hospital setting.

### **POLICY:**

For purposes of this policy, the following definitions apply:

- **Medical Student** - An individual who participates in an accredited educational program (e.g., a medical school) that is not an approved graduate medical education (“GME”) program.
- **Resident** - An individual, including interns and fellows, who participates in an approved GME program, or a physician who is not in an approved GME program, but who is authorized to practice in a hospital setting.
- **Teaching Hospital** - A hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry.
- **Teaching Physician** - A physician (other than a resident) who involves residents or medical students in the care of his or her patients.



## Ethics & Compliance Department

**Policy No.: 309**

<b>Created:</b>	01/1999
<b>Reviewed:</b>	06/2025
<b>Revised:</b>	10/2020

- **Critical or Key Portion** – The part (or parts) of service that the TP determines is (are) a critical care or key portion(s). For purposes of this section, these terms are interchangeable.
- **Documentation** – Notes recorded in the patient’s medical records by a resident and/or TP regarding the service furnished. Documentation may be dictated and typed, hand-written, or computer-generated. Documentation must be dated and include a legible signature or identity. Documentation must identify, at a minimum, the service furnished, the participation of the TP in providing the service, and whether the TP was physically present.
- **Physically Present** – The TP is located in the same room (or partitioned or curtained areas, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service.

## **PROCEDURE:**

### **RESIDENTS**

The level of evaluation and management service will be determined by the extent of the TP’s participation in the key elements of the history, physical examination, and medical decision making. The resident may document in the medical record, but the medical record must demonstrate that the TP was either physically present or the TP personally performed the key portions and the extent of the TP’s participations in the visit.

When all required elements of the service are performed by the resident in the presence of or jointly with the TP and documented by the resident, the resident’s note should reflect the level of the TP’s direct involvement in observation, performance, and personal input into the key portions.

### ***Documentation Requirements***

#### **The medical record documentation must include the following elements:**

- That the TP performed the service or was physically present during the key or critical portions of the service when performed by the resident; and

	<b>Ethics &amp; Compliance Department</b>	
	<b>Policy No.: 309</b>	<b>Created:</b> 01/1999
		<b>Reviewed:</b> 06/2025
		<b>Revised:</b> 10/2020

- The participation of the TP in the management of the patient.

The TP’s presence and participation in the service may be demonstrated by notes in the medical record made by either the TP or the resident. If the TP’s presence and participation in the service is supported by the resident’s documentation, then the TP must review and verify but is not required to re-document that information. On medical review, the combined entries in the medical record by the TP and the resident constitute the documentation for the service and together must support the medical necessity of the service.

**Electronic Medical Record Documentation:**

The resident or the TP must provide customized information that is sufficient to support a medical necessity determination. The note in the electronic medical record must sufficiently describe the specific services furnished to the specific patient on the specific date.

***The TP Guidelines for Surgical, High Risk and Complex Procedures***

For surgical, high risk and complex procedures, the TP must be physically present for all critical or key portions and immediately available to provide service throughout the entire procedure for which payment is sought. This would mean that the TP must not be involved in other procedures from which he or she will not return. The procedure includes all related preoperative, operative, and post-operative care of the patient. The TP, resident, or operating room nurse may document the physical presence of the TP for the procedure.

For overlapping surgeries, documentation must illustrate the TP’s presence during the critical or key portion of both.

***The TP Guidelines for Minor Surgical Procedures***

Minor surgical procedures such as simple suturing are common in the emergency department. The TP must be present for the entire procedure for which payment is sought.

***The TP Guidelines for Critical Care***

In order for the TP to bill for critical care services the TP must meet the requirements for critical care as defined by Medicare. The minimum personal attention requirement for the TP’s attention in order to bill for critical care is 30 minutes excluding any time spent

	<b>Ethics &amp; Compliance Department</b>	
	<b>Policy No.: 309</b>	<b>Created:</b> 01/1999
		<b>Reviewed:</b> 06/2025
		<b>Revised:</b> 10/2020

performing additionally billable procedures, e.g. intubation, CPR, laceration repair, etc.

For critical care, the TP must be present for the entire period of time for which the claim is submitted. For example, payment will be made for 35 minutes of critical care services only if the TP is present for the full 35 minutes.

Time spent teaching may not be counted towards critical care time. Time spent by the resident, in the absence of the TP, cannot be billed by the TP as critical care services. Only time spent by the resident and TP together with the patient, or the TP along with the patient, can be counted toward critical care time.

***The TP Guidelines for Diagnostic Radiology Interpretations***

Payment will be made for diagnostic radiology and other diagnostic tests if the interpretations are performed by or reviewed with a TP. If the resident prepares and signs the interpretations, the TP must indicate his/her personal review and interpretation through agreement or revision of the resident’s findings.

***The TP Guidelines for Anesthesia Service***

Payment will be made for anesthesia services if a teaching anesthesiologist is involved in a single procedure with one resident or up to two concurrent cases involving residents. Documentation in the medical record must demonstrate that the teaching anesthesiologist was present during all critical or key portions of the procedure and was immediately available during the entire procedure. The teaching anesthesiologist’s physical presence during only the preoperative or postoperative visits with the beneficiary is not sufficient to receive payment.

**MEDICAL STUDENTS**

As previously mentioned, CMS defines a medical student as an individual who participates in an accredited educational program (e.g., a medical school) that is not an approved GME program. **A medical student is never considered to be an intern or a resident. Medicare does not pay for any service furnished by a medical student.**

Most hospital organizations have policies and procedures outlining the activities of medical students and what documentation from medical students can be entered in the patient

	<b>Ethics &amp; Compliance Department</b>	
	<b>Policy No.: 309</b>	<b>Created:</b> 01/1999
		<b>Reviewed:</b> 06/2025
		<b>Revised:</b> 10/2020

record.

Any contribution and participation of a medical student to the performance of a billable service (other than the 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 TP or physical presence of a resident in a service in order to meet the requirements set forth in this policy for TP billing purposes.

Medical students may document services in the medical record. However, the TP must review and verify in the medical record all medical student documentation or findings, including history, physical exam and/or, medical decision making. The TP must personally perform (or re-perform) the key portions of the E/M service, but the TP may review and verify any medical student documentation in the medical record, rather than re-documenting this work. If the medical student documents E/M services, the TP **must review and verify** the key portions of the service.

In addition, certain state regulations and other payor guidelines also have supervisory stipulations concerning medical students. Any questions regarding local payor and state guidelines should be directed to the Ethics & Compliance Department.

**POLICY REVIEW**

The Ethics & Compliance Department will review and update this Policy, when necessary, in the normal course of its review of the Company’s Ethics & Compliance Program.