

**Policies and Procedures: WVU Physicians of Charleston**  
**Teaching Physician Documentation**

**Section: Compliance**  
**Chapter: Billing**  
**Policy: Teaching Physicians Documentation**

**I. Purpose**

The purpose of this policy is to set forth Medicare guidelines for Teaching Physicians.

**II. Scope**

This policy is applicable to services rendered in all patient care settings at WVU Physicians of Charleston where resident teaching is involved.

**III. Statement of Policy/Procedure**

- A. WVUPC Faculty and billing personnel shall follow the guidelines set forth by CMS for teaching physician documentation. See attached guidelines.
- B. The teaching documentation guidelines shall apply to any patient encounter where payment for services will be provided by any state or federal payor. Those payors are included in but not limited to the list below.
- Champus/Tricare  
Federal Bureau of Prisons  
Indian Health Services  
Medicaid Programs, including HMO Medicaid Plans  
Medicare  
Private Pay  
Railroad Medicare  
United Mine Workers  
Veteran's Administration  
West Virginia PEIA  
Workman's Compensation
- C. The teaching physician must document his/her participation in the patient's care no more than 24 hours from the time the service is provided.
- D. The teaching physician must document **at least** the following:

1. The teaching physician has performed the service or was physically present during the key or critical portions of the service when performed by the resident; and
  2. The participation of the teaching physician in the management of the patient.
- E. Other than the review of systems and/or past family/social history , teaching physicians are not permitted to use student documentation for billing purposes.
- F. The following WVUPC departments have done the necessary paperwork and meet the standards for the primary care exception: Family Medicine, Internal Medicine, and Obstetrics/Gynecology.
- G. Under the primary care exception the following rules apply:
1. The teaching physician can have no other responsibilities (including supervision of other personnel) at the time the service was provided by the resident.
  2. The teaching physician must have the primary medical responsibility for patients cared for by the residents.
  3. The teaching physician must ensure that the care provided was reasonable and necessary.
  4. The teaching physician 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.
  5. The teaching physician must document the extent of his/her own participation in the review and direction of the services furnished to each patient.
- H. For all encounters where the teaching physician and the resident both see the patient and participate in the patient's care, the modifier GC will be added to all CPT codes.
- I. For all encounters where the primary care exception apply and the teaching physician does not see the patient, a modifier GE will be added to the CPT code. The following is a list of CPT codes which qualify for the GE modifier:
- 99201
  - 99202
  - 99203
  - 99211
  - 99212
  - 99213

**IV. Implementation**

Each practice administrator shall assure that the provisions of this policy are communicated to and followed by the staff of their respective departments.

**V. Administration and Interpretations**

Questions regarding this policy must be addressed with your primary clinical departmental biller, practice administrator, the WVUPC Coding Committee, or the WVUPC Compliance Officer.

**VI. Amendment or Termination of this Policy**

This policy may be amended or terminated at any time.

**VII. References**

CMS-Pub. 14-3 (Medicare Carriers Manual, Part Three, Claims Process, Section 15016), "Supervising Physicians in Teaching Settings."