COMPLIANCE ALERT

To: UF COM – Jacksonville Department Chairs, Compliance Leaders, and UFJPI Management

From: Maryann C. Palmeter, CPC
Associate Director, Office of Physician Billing Compliance

Date: July 7, 2008

Re: CMS Expands Teaching Physician Requirements for Critical Care Services

On June 6, 2008 CMS issued Transmittal 1530 (the “Transmittal”) pertaining to critical care visits and neonatal intensive care codes 99291 and 99292. CMS stipulated that the guidance presented in Transmittal 1530 replaces any previous payment policy language issued on critical care services billed with procedure codes 99291 and 99292. Although the Office of Compliance provided relevant medical departments and business groups with a copy of the Transmittal a few weeks ago, this Compliance Alert is intended to target the changes to the teaching physician documentation requirements. The full 24-page Transmittal is available on the Internet at:


In addition, the full Transmittal has been posted to the Office of Physician Billing Compliance website under the Federal Guidelines section at:

http://www.hscj.ufl.edu/medicine/pbc/

Expanded Teaching Physician Requirements

1. General.

In order for the teaching physician to bill for critical care services, the teaching physician must meet the requirements for critical care (i.e., definition, medical necessity, full attention to patient, and time). Since critical care codes are determined on the basis of time, the teaching physician must be present for the entire period of time for which the claim is made. For example, payment will be made for 35 minutes of critical care services only if the teaching physician is present for the full 35 minutes.
2. **Teaching.**

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

3. **Expanded Documentation Requirements.**

A combination of the teaching physician’s documentation and the resident’s documentation may support critical care services. Provided that all requirements for critical care services are met, the teaching physician documentation may tie into the resident's documentation. The teaching physician may refer to the resident’s documentation for specific patient history, physical findings and medical assessment. However, the teaching physician medical record documentation must provide substantive information including:

   a. the time the teaching physician spent providing critical care;
   b. the fact that the patient was critically ill during the time the teaching physician saw the patient;
   c. what made the patient critically ill; and
   d. the nature of the treatment and management provided by the teaching physician.

The medical review criteria are the same for the teaching physician as for all physicians.

4. **Documentation Examples.**

   a. **Unacceptable Example of Teaching Physician Documentation.**

   “I came and saw (the patient) and agree with (the resident).”

   b. **Acceptable Example of Teaching Physician Documentation.**

   "Patient developed hypotension and hypoxia; I spent 45 minutes while the patient was in this condition, providing fluids, pressor drugs, and oxygen. I reviewed the resident's documentation and I agree with the resident's assessment and plan of care."

***

I ask your assistance in sharing this information with appropriate faculty and staff. Please feel free to contact me if you have any questions about these changes.

Cc: Robert Nuss, M.D.
    Robert Pelaia, J.D.