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info@grmed.com

877.779.3300 x139

Coding Reminder: Med Students Participating In Your Office Practice

Do you occasionally have medical students or nurse practitioner students participating in your practice? It's a great opportunity and experience for them to see the operational side of a medical practice. But be sure that your practice is aware of the guidelines for their participation with respect to the services they can provide and document for services billed under your provider's name.

In teaching situations involving residents, guidelines allow for the resident to perform certain components of the service independently, and the combined documentation of the resident and the physician (usually a note by the resident and an attestation by the teaching physician) support the billed level of service.

The participation and documentation guidelines for residents are not the same for medical students.

Per Medicare "A student is never considered to be an intern or a resident. Medicare does not pay for any service furnished by a student."

With respect to participation, "Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements for teaching physician billing".

The only documentation by the student that can contribute to the billing physician's note is the system review or past family social history, which must be verified by the billing provider. For billing purposes, the billing provider must document the HPI, the exam, and the medical decision making.

If the student does the HPI and an examination, the teaching physician "must verify and re-document the history of present illness as well as perform and re-document the physical exam and medical decision making activities of the service".

Any physical exam done by the student will need to be done again by the teaching physician.

The guidelines seem restrictive and they are intended to be, because, as stated Medicare does not pay for services accomplished by students.

In order to accommodate the rules and still provide a meaningful educational experience for the student, many practices allow the student to document an entire chart note.

This is an educational exercise for the student, and provides the teaching physician an opportunity to critique the note and provide training.

However, the "official" chart note is written by the teaching physician and the student's note is for exercise only and does not become part of the official patient chart.

For more information on Teaching Guidelines as they apply to both students and residents, refer to Medicare's 100-04 Claims Processing Manual, Chapter 12, Section 100 "Teaching Physician Services".

Updates:

Medicare's Conversion Factor

As reported in the last edition, Congress voted in February to postpone the 21% conversion factor reduction until March 30th.

On March 17th, the House of Representatives approved a bill which would delay the reduction until May 1st. This bill is now in the Senate.

The Senate, in the meantime, passed a bill that would delay the reduction until October 1st. This bill is now in the House of Representatives.

Likely the reduction will ultimately be delayed by one of these two bills. But in the meantime, since we're over half-way into the month of March, don't be surprised if Medicare announces another claims payment delay like it did for the first of this month.

Workers' Compensation Corner:

Update on Fee Schedule Changes

California Division of Workers' Compensation is moving ahead with its plan to update its fee schedule. The intent is to adopt the RBRVS platform, which would assign value to CPT codes based on the relative value unit (RVU) for the code.

The plan initially proposes three conversion factors: one for surgery, one for radiology, and one for all other services. The plan would transition into place over a three year period of time, at the end of which time the three conversion factors would then merge into a single conversion factor. "Because we are mindful of the economic realities facing all Californians, we will ease this change into place over four years" stated Carrie Nevens, DWC acting administrative director.

Other proposed changes include updating DWC treating physician forms and regulations which would allow physicians to submit DWC reports directly to the claims administrator and would clarify treatment authorization requests.

DWC is seeking physician comment on these proposals. Additional information is available from the DWC website at <http://www.dir.ca.gov/dwc/dwcrep.htm>.

Comments will be accepted through April 5 through the following forum website <http://www.dir.ca.gov/dwc/DWCWCABForum/PhysicianFeeSchedule.htm>

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For coding questions, contact Gladys Ross, CPC, CCS-P, ACS-EM at gross@grmed.com

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