

UW Medicine

UW Medicine Guidance Document

Billing for Procedures when Medical Students Participate

A. Background

In 2002, CMS revised the Claims Processing Manual to clarify documentation requirements for Evaluation and Management (E/M) services billed by teaching physicians. They added language defining a student, and also included “Medicare does not pay for any service furnished by a student” and “any contribution of a medical student to the performance of a service or billable procedure (other than the taking of a history in the case of an E/M service) must be performed in the physical presence of a physician or jointly with a resident in a service meeting the requirements set forth below for teaching physician.”

The revised language left ambiguous whether billing for procedures performed with the assistance of a medical student is appropriate.

The American College of Emergency Physicians (ACEP) sought clarification from CMS regarding this change, particularly regarding procedures. On December 20, 2002 CMS responded in an e-mail to ACEP that the primary purpose in revising Section 15016 was to address concerns about documentation requirements for E/M services. Per the email, “Under Medicare, services by students are not billable. But teaching physicians can involve students in services they personally perform. To the extent that a medical student is involved in procedures under the personal supervision of the teaching physician who is performing the service, there is no prohibition against the teaching physician billing for these services.” The response adds that if a student is supervised by a resident, “the teaching physician can bill for the service only when he/she is there through the critical or key portion of the procedure providing direction. If the teaching physician is not present when the resident is supervising the student then the teaching physician cannot bill for the service.”

B. Advisory

Medical students may not independently perform or furnish billable procedures, but they can participate in procedures which are performed, documented and billed by a physician¹ as long as the physician personally supervises the student. Personal supervision occurs only when the physician who is performing the supervision is in attendance in the room during the performance of the service or procedure. Procedures performed and documented by a physician can qualify as billable services even when a personally supervised medical student participates. The definition of a physician (attending or resident) “performing” a procedure in this context means that medical decisions are made by the physician (e.g., location, technique to be used, suturing method, etc.). “Participation” is defined in this context to mean that the medical student may only act per the physician’s instructions and medical decision making during the personal supervision by the physician. The medical student in this context serves as an “extension of the physician’s hands².”

UW is an academic medical institution and it is essential that medical students participate in clinical activities, including procedures, using hands-on techniques. The Teaching Physician is responsible for the quality of care and clinical outcomes and must use his/her judgment in determining how much a student may be involved under their personal supervision based on the student’s experience and

¹ Teaching Physician if performed and documented by a resident under the teaching physician rules.

² In addition to medical students under the supervision of physicians, this advisory is also applicable for nurse practitioner or Physician Assistant (PA) students under the supervision of credentialed Advanced Registered Nurse Practitioners (ARNP) and Physician Assistants-Certified (PA-C).

skill level. Residents at levels of experience as defined by their training program's supervision policy may personally supervise a medical student during non-key/critical portions of a case at the discretion of the teaching physician.

For billing purposes, the physician must be the individual to document the procedure, including the medical student participation. In order to prevent confusion in the medical record, it is recommended that the medical student practice documentation of procedures outside of the medical record environment for the physician to review. The same recommendation is made for nurse practitioner and PA students.

Patients should always be informed when a team approach is going to be used and when a medical student will participate in a limited role.

C. FAQ

Q1 If CMS says they will not pay for any service furnished by a student, how can medical students ever learn how to perform procedures?

A1 A medical student cannot independently perform or furnish a procedure that is submitted for payment, but they can *participate* in a billable procedure under the physician's name if:

1. The student is personally supervised by the physician performing the procedure (physician must be in the same room),
2. All parameters of the procedure are determined by the physician with the medical student only acting as directed by the physician,
3. In the physician's judgment, the medical student has the level of skill and competency to participate in a procedure or portion of a procedure, and
4. The physician documents the procedure.

In this context, the physician is performing the procedure because he/she is present and making all of the medical decisions and the medical student is participating in the carrying out of the procedure under the direction of the physician. When documenting the procedure, the physician should include documentation of the medical student's participation in the procedure. If the physician supervising the medical student is a resident the attending physician must meet all teaching physician requirements in order to bill the service.

Q2 A paracentesis is performed on a patient with ascites. A medical student participates in the procedures including the insertion of the needle-guided catheter under the direct supervision of their attending physician. Can the physician bill for the procedure even though the student inserted the catheter?

A2 Yes, as long as the medical student was personally supervised by the physician and the physician determined the medical decision making parameters of what the medical student should do and how. The physician must document the procedure and state that the medical student participated in the procedure.

Q3 A patient is getting a punch biopsy of the skin and a student does the suturing but an attending does the cutting. The biopsy and suturing are both bundled into one code. Is it billable even though a student did the suturing portion of the service?

A3 Yes, but see A1 and A2.

Q4 Can the medical student document a procedure and a physician add an attestation and sign?

A4 No, not for a billable procedure. A medical student can document a procedure in the medical record, but this documentation could not be used to support a billable procedure even if the medical student's role was defined and the documentation signed by the performing physician. The performing physician must document the procedure and satisfy the requirements in A1. *It is recommended that the medical student create procedure notes for review by staff outside the medical record domain in order to not cause confusion.*

Q5 Can a resident personally supervise a medical student participating in a procedure?

A5 Yes, if the resident has met the requirements for level of experience per the training program's supervision policy. Note that each program has a separate policy. However, the teaching physician must still meet the requirement of the teaching physician rules in order to be able to bill the procedure. The physician who provided the personal supervision should document the medical student's participation. This could be the resident, but could also be the teaching physician if s/he was present for the entire service.

D. References

E-mail from Diane Milstead, Health Insurance Specialist, CMS, to ACEP dated December 20, 2002 regarding clarification of Transmittal 1780 and the role of medical students.

Medicare Claims Processing Manual [Section 15016], Chapter 12, Sections 100 and 101.1.1B

American College of Emergency Physicians (ACEP) Teaching Physician Guidelines FAQ, 6/25/2015, FAQ 1, 6, 10.

<https://www.acep.org/Clinical--Practice-Management/Teaching-Physician-Guidelines-FAQ/>

UW Medicine: Roles, Responsibilities and Patient Care Activities of Residents (by program)
[Search on "Policy"]

WAC 18.71.030 Exemptions (Physicians) and WAC 18.79.240

Questions?

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