**PROFESSIONAL NETWORK REIMBURSEMENT POLICY**

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| **POLICY TITLE** | **Services Performed in Part by a Resident Under the Direction of a Teaching Physician** |
| **POLICY NUMBER** | **NR- 10.011** |



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| **Original Issue Date (Created):** | **07/08/2003** |
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| **Effective Date:** | **09/30/2021** |

DESCRIPTION/BACKGROUND DEFINITIONS POLICY
EXCLUSIONS VARIATIONS - Yes REFERENCES

## I. DESCRIPTION/BACKGROUND TOP

In a teaching setting, physicians and residents work together to provide medical care to the patients that they evaluate. Practices may vary with respect to the degree of the physician's involvement in the care of the patients. In some circumstances, the physician may direct the activities of the resident. In other cases, the physician may only exercise general control of the residents' activities.

The following information reflects the situations in which reimbursement for physician or resident services is allowed:

- The services are personally furnished by a physician who is not a resident.
- A teaching physician was physically present during the critical or key portions of the service that a resident performs subject to the exceptions regarding evaluation and management services furnished in certain primary care centers.
- A teaching physician provides care under the conditions of the primary care exception, in which a resident performs reasonable and necessary low to mid-level evaluation and management services without the presence of a teaching physician.

### Primary Care Exception (Evaluation and Management)

There are circumstances set forth by Medicare in which payment may be made for resident services furnished without the presence of a physician. The guidelines are as follows:

- The service must be in an outpatient department of a hospital or other ambulatory care center. Services furnished in a physician's office away from the center or at a patient's home are not included.
- The resident must have completed more than six months of a Graduate Medical Education (GME) approved residency program if practicing without the supervision of a teaching physician.
- The teaching physician must be immediately available for patient consultation with the resident and may not supervise more than four residents at any time.
- The teaching physician must not have any other responsibilities while supervising residents.
- The teaching physician must be primarily medically responsible for the care of patients furnished by the resident.
- The teaching physician must ensure that the services performed by the resident are reasonable and necessary.
- The teaching physician must review all services and procedures provided by the resident, beginning with taking the patient history to the communicating the treatment plan.
- The teaching physician must document his/her involvement in each patient's care
- The patients under the care of the resident must consider the place of treatment to be their primary location to seek healthcare. In addition, the resident should provide healthcare to the same group of established patients during his/her residency program.
- Residents may provide, under this exception, the following services:
  - Acute care for undifferentiated problems or chronic care for ongoing conditions including chronic mental illness.
  - Coordination of care furnished by other physicians and providers.
  - Comprehensive care not limited by organ system or diagnosis.

## II. DEFINITIONS

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GME – A residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) of the American Medical Association (AM) or the equivalent entity for osteopathy, dentistry, or podiatry or a program that may count towards certification of the participant in a specialty or subspecialty listed in the Annual Report by the American Board of Medical Specialties (ABMS).

Modifier – A two-digit numeric, alphanumeric or alphabetic code appended to a CPT or HCPCS code, which indicates that a service or procedure has been altered by some specific circumstances but not changed in its definition or code. This information is important because it provides payors with additional information to process a claim. There are three levels of modifiers: Level I (CPT) modifiers are developed by the AMA; Level II (HCPCS) modifiers are developed by the Centers for Medicare and Medicaid Services (CMS); Level III modifiers are unique to each Medicare Part B carrier (local code) and begin with an alpha prefix or S, W, X, Y or Z.

Resident – An individual who participates in an approved graduate medical education (GME) program or a physician who is not in an approved GME program but who is authorized to practice only in a hospital setting. Receiving a staff or faculty appointment or participating in a fellowship does not by itself alter the status of "resident". Additionally, this status remains unaffected regardless of whether a hospital includes the physician in its full time equivalency count of residents.

Teaching Physician – A physician (other than another resident) who involves residents in the care of his/her patients.

## III. POLICY

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When both a physician and a resident are present during the evaluation and care of a patient, only the services of one professional may be submitted for reimbursement. The procedure performed will be reimbursed at the Plan's allowance for that procedure. There are guidelines set forth by Medicare to determine the circumstances in which payment will be considered for services provided in a teaching setting. Refer to the Center for Medicare and Medicaid Services' "Medicare Claims Processing Manual", Chapter 12 for the Medicare guidelines.

If the billed charge reflects the procedure or service performed by the resident, then a modifier must be appended to the end of the procedure code. Two modifiers are used to reflect a resident's services:

GC: This service has been performed in part by a resident under the direction of a teaching physician

GE: This service has been performed by a resident without the presence of a teaching physician under the primary care exemption.

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The physician should report the procedure code followed by either the modifier GC or GE, as appropriate. If the same procedure code is submitted for the same patient on the same date of service for both the physician and the resident, then the procedure code indicating the resident's service will be denied.

In addition to criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

## IV. EXCLUSIONS

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N/A

## V. VARIATIONS

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

BlueJourney PPO[1] BlueJourney HMO[1]

[1] Services reported with either the GC or GE modifiers will be denied. These services should be submitted directly to Medicare.

## VI. REFERENCES

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The Medicare Claims Processing Manual, Chapter 12 – Physician/Non-physician Practitioners can be accessed from the CMS website.