



THE UNIVERSITY OF  
TENNESSEE  
HEALTH SCIENCE CENTER.

# Attending Clinical Documentation & Coding Issues

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# Conflict of Interest Disclosure

- I have no conflict of interest to disclose

# OBJECTIVES

- Review attending attestation requirements for residents/fellows
- Review physician attestation of split/shared visits

# Attestation of Resident/Fellow Notes

- Basic requirements for billing E/M services
- GC modifier – ‘This service has been performed in part by a resident under the direction of a teaching physician’
- GE modifier – ‘This service has been performed in part by a resident without the presence of a teaching physician under the primary care exception’

# Medicare's Minimally Acceptable Documentation

- Medicare's minimally acceptable documentation must support the teaching physician's:
  - Presence
  - Participation
  - Plan of care

# Critical or Key Portions

- Medicare/CMS states that the critical or key portion is that part of the service that the teaching physician determines to be the critical or key portion.
- E/M services – the critical/key portion requires that the teaching physician examine/assess the patient and drive the plan of care (can be done with the resident – does not have to be independent of the resident)

# What the attending must write

- The teaching physician must personally document the following
- That they personally performed the service or was physically present during the key/critical portion of the examination when performed by the resident
- The participation of the teaching physician in the overall management of the patient and the plan of care

# Additional Documentation Guidance

- The teaching physician does not have to repeat any documentation they referenced from the resident's note
- Ok to say, "I reviewed and agree with the resident's note"
- There needs to be a 'linking statement'



# Teaching Physician and Resident see the patient at different times

- Initial visit
- I saw and evaluated the patient. I discussed with the resident/fellow and agree with the resident's/fellow's findings and plan as documented in the note.

# Teaching Physician and Resident see the patient at different times

- Initial visit with additional information
- “I saw and evaluated the patient. I reviewed the resident’s note and agree, except that it appears that the patient also has acute kidney injury due to lack of fluid intake. Will continue IV fluids.

# Teaching Physician and Resident see the patient at different times

- Follow up visit example
- “See resident’s note for details. I saw and evaluated the patient and agree with the resident’s findings and plan as written.

# Unacceptable Documentation

Agree with above

Rounded, reviewed, agree

Discussed with resident, agree

Seen and agree

Patient seen and evaluated

# Split Shared Visits

- A visit in a hospital setting that is performed in **part by both** a physician and a nonphysician practitioner who are in the same group such that these services could be billed by either the physician or NPP if furnished independently by only one of them.
- Payment is made to the practitioner who performs the substantive portion of the visit.

# Definition of Substantive Portion

- During a transition year from 1/1/22 through 12/31/22, the substantive portion can be:
  - one of the three key E/M visit components
  - **OR**
  - More than half of the total time spent by the physician and NPP performing the split (or shared) visit.

# MDM Medical Decision Making as Substantive portion

- If MDM is used as the substantive portion, each practitioner could perform certain aspects of MDM, but the billing practitioner must perform all portions or aspects of MDM that are required to select the visit level billed

# Substantive Portion Modifier -FS

- Modifier –FS (Split or Shared E/M visit) must be reported on claims for split (or shared) visits, to identify that the service was a split (or shared) visit.



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