

## PHYSICIAN ATTESTATION FOR E/M SERVICES

### Problem

There is inconsistency in understanding physician attestation requirements. While Teaching Physician rules are Medicare rules, Medi-Cal has specific Teaching Physician requirements.

### Clarification

The teaching physician “attestation” refers to documentation in the medical record that supports the teaching physician’s presence and level of participation in the services provided to the patient. If a teaching physician performs an E/M service, the teaching physician must document the service as he/she would document the service in a non-teaching setting.

- For audit purposes, a teaching physician cannot consider a resident’s note if the resident’s note is dated and timed after the teaching physician’s note.
- For payment purposes, the teaching physician’s must reference the resident’s note. The combination of the physician’s and resident’s entries must support medical necessity and the level of service the teaching physician billed.<sup>1</sup>
- For time-based codes, the teaching physician must be present for the period of time during which the claim is made. Time spent by the resident in the absence of the physician is not included.

A macro may be used provided the teaching physician adds customized information sufficient to describe the patient-specific services furnished. If macro-only language is used, this is considered insufficient documentation by both Medi-Cal and CMS.

### Sample Physician Attestation Statements

<p><b>E/M Outpatient Attestation</b> <i>(Patient seen by resident and physician)</i></p>	<ul style="list-style-type: none"> <li>▪ “I have seen and examined the patient. I agree with the resident’s note as documented.”</li> <li>▪ I have seen and examined the patient. I agree with the resident’s note except [TP adds appropriate information.]”</li> <li>▪ “I was present with the resident during the visit. I discussed the case with the resident and agree with the note as documented by the resident.”</li> </ul>
--	---

<sup>1</sup> Medi-Cal pays for direct patient care services in a teaching setting when directly provided by teaching physicians. California Code of Regulations, Title 22, Section 51503. See also Medi-Cal, *Evaluation and Management Manual*, “Teaching Physician Billing Requirements for Evaluation and Management Services,” October 2017.

<p><b>E/M Inpatient Attestation</b></p>	<p><i>Admitting Note</i></p> <ul style="list-style-type: none"> <li>▪ “I was present with resident during history and exam. I discussed the case with the resident and agree with the findings and helped develop the plan of care as documented in the resident’s note.”</li> <li>▪ “I saw and evaluated the patient. I agree with the findings and plan of care as documented in the resident’s note.”</li> </ul> <p><i>Subsequent Note</i></p> <ul style="list-style-type: none"> <li>▪ “I saw and evaluated the patient. I agree with the findings and plan of care as documented in the resident’s note.”</li> <li>▪ “I saw and examined the patient. I agree with the resident’s note except that [TP enters appropriate information to clarify.]”</li> <li>▪ “I saw and evaluated the patient. I reviewed the resident’s note and agree, except that the patient now has a low-grade fever. Will order CBC.” [TP adds to note if there is a change or new development.]</li> </ul>
<p><b>Counseling and Coordination of Care</b></p>	<ul style="list-style-type: none"> <li>▪ “I spent more than 50% of this [enter total minutes] encounter in counseling and/or coordinating care. I discussed with the patient [TP must provide details as to what was discussed with patient].</li> </ul>