Guide to Fees General Preamble

Amendment: General Preamble Clause C.18 Guidelines for Payment for Services by Residents and/or Interns as indicated below. New wording is represented in boldface, deleted wording is struck through.

C. 18. Guidelines for Payment for Services by **Trainees,** Residents and~~/or Interns~~ **Fellows**

When patient care is rendered in a clinical teaching unit or other setting for clinical teaching by a health care team, the **supervising** medical practitioner ~~responsible~~ shall be ~~personally~~ identified to the patient at the earliest possible moment. No fees may be charged in the name of the ~~responsible~~ **supervising** staff physician for services rendered by ~~an intern or~~ **a trainee,** resident **or fellow** prior to the identification taking place. Moreover, the ~~responsible~~ **supervising** staff physician must be ~~in the clinical teaching unit and/or immediately available to intervene (immediately available means on-site)~~ **available in person, by telephone or videoconferencing in a timely manner appropriate to the acuity of the service being supervised.**

For a medical practitioner who supervises two or more procedures or other services concurrently through the use of **trainees,** residents, **fellows** ~~interns~~ or other members of the team, **the** total billings must not exceed the amount that a medical practitioner could bill in the same time period in the absence of the other team members. For example:

a) If an anesthesiologist is supervising two rooms simultaneously, the anesthetic intensity/complexity units should only be billed for one of the two cases.

b) If a surgeon is operating in one room while his/her resident is operating in a second room, charges should only be made for the case the surgeon performs.

c) In psychotherapy where direct supervision by the staff physician may distort the psychotherapeutic milieu, the staff physician may claim for psychotherapy when a record of the psychotherapeutic interview is carefully reviewed with the resident and the procedure thus supervised. However, the time charged by the staff physician should not exceed the lesser of the time spent by the resident in the psychotherapeutic interview or the staff physician in the supervision of that interview.

d) For hospital visits and consultations rendered by the resident in the name of the staff physician, the staff physician should only charge for services on the days when actual supervision of that patient's care takes place through a physical visit to the patient by the staff physician and/or a chart review is conducted with detailed discussion with the other members of the health team **within the next weekday workday**.

e) The supervising physician may not bill for out-of-office hours premiums or continuing care surcharges unless he/she complies with the explanatory notes for out-of-office hours premiums in the Payment Schedule/Guide to Fees and personally attends the patient.

f) In order to bill for a supervised service the physician must review in person, by telephone or videoconferencing the service being billed with the trainee, resident or fellow and have signed off within the next weekday workday on the ER record, hospital chart, office chart or some other auditable document.