

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 808	Date: July 13, 2018
	Change Request 10627

SUBJECT: Medical Review of Evaluation and Management (E/M) Documentation

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to establish a new section in Chapter 6 of Pub. 100-08 titled, "Medical Review of Evaluation and Management (E/M) Documentation."

EFFECTIVE DATE: August 14, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: August 14, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	6/Table of Contents
N	6/6.8/Medical Review of Evaluation and Management (E/M) Documentation
N	6/6.8/6.8.1/Medical Review of E/M Documentation Provided by Student

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: This CR establishes a new section in chapter 6 of Pub. 100-08, section 6.8, (Medical Review of Evaluation and Management (E/M) Documentation) with subsection 6.8.1 (Medical Review of E/M Documentation Provided by Student) that provides direction to medical review contractors on how to review claims where a medical student documented the evaluation and management service. This is a follow-up instruction to CR 10412 (published in February 2018) which allowed teaching physicians to verify student’s E/M visit notes rather than re-documenting them. The manual instructions related to CR 10412 are located in Chapter 12, Section 100.1.1 (B) of Pub. 100-04 (Medicare Claims Processing Manual).

B. Policy: There are no regulatory, legislative, or statutory requirements related to this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10627.1	Contractors shall, when conducting medical review of a claim where a medical student documented the E/M service, consider student documentation if it has been verified with a signature and date by the teaching physician.	X	X	X						CERT, RACs, SMRC, UPICs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
10627.2	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow Internet-Only Manual Pub. No.	X	X			

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Nancy Allert, 410-786-4317 or Nancy.Allert@cms.hhs.gov , Marissa Petto, 212-616-2354 or Marissa.Petto@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Program Integrity Manual

Chapter 6 - Medicare Contractor Medical Review Guidelines for Specific Services

Table of Contents
(Rev.808, Issued: 07-13-18)

Transmittals for Chapter 6

6.8 - Medical Review of Evaluation and Management (E/M) Documentation
6.8.1 – Medical Review of E/M Documentation Provided by Student

6.8 – Medical Review of Evaluation and Management (E/M) Documentation
(Rev.808; Issued: 07-13-18; Effective: 08-14-18; Implementation: 08-14-18)

This section applies to MACs, RACs, UPICs, SMRC and CERT.

6.8.1 – Medical Review of E/M Documentation Provided by Student
(Rev.808; Issued: 07-13-18; Effective: 08-14-18; Implementation: 08-14-18)

The Medicare Claims Processing Manual, Chapter 12, Section 100.1.1 (B) states the teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record rather than re-documenting this work. If the teaching physician chooses to rely on the medical student documentation and chooses not to re-document the E/M service, contractors shall consider this requirement met if the teaching physician signs and dates the medical student's entry in the medical record.