

When an Advanced Practice Provider (APP) clinically precepts students, there are specific guidelines related to documentation and code selection. Please note: for information or questions related to CRNAs working with Students please contact the Anesthesia CDI Advisor directly.

CMS Teaching Physician (TP) rules and language do not apply to APP Preceptors working with Students, GME Residents/Fellows, Post graduate APP Fellows, or Non-GME Fellows.

Below are definitions of roles referenced in this guide:

APP Preceptor (*Practicing License*): An individual APP licensed and enrolled with plans, having completed their accredited educational program, employed by the Dartmouth Health System.

Medical or APP Student: An individual who participates in an accredited educational program (e.g., a medical school, physician assistant school, advanced nurse practitioner school) that is not an approved Graduate Medical Education (GME) program. A student is never considered to be an intern or a resident.

GME Resident/Fellow (*Training License*): An individual who participates in an approved GME program. This term includes interns, residents and fellows.

Post Graduate APP Fellow (*Practicing License*): An individual APP licensed and enrolled with plans, having completed their accredited educational program.

Non-GME Fellow (*Practicing License*): An individual physician licensed and enrolled with plans, having completed their accredited GME program.

Advanced Practice Provider Preceptor Documentation and Charging Reference

1. Clinical Dynamic: APP Preceptor working with Medical or APP Students

Below is a grid illustrating documentation and billing concepts for services performed by or in the presence of an APP Student or Medical Student.

	MD/DO Student or APP (APRN, CNM, CRNA, PA) Student Perform Services	
	E/M Services	Procedures
APP Preceptor	<ul style="list-style-type: none"> -Student may only document review of systems and past medical, family and social histories outside of the physical presence of the Faculty APP. -Students may perform and document the History of Present Illness (HPI), The Physical Examination (PE), and Assessment/Plan/Medical Decision Making (MDM) components of the visit are performed in the physical presence of the APP Preceptor. -APP Preceptor must perform or re-perform physical exam and MDM - APP Preceptor reviews, verifies, and agrees with student documentation using .ATTAMBSTUDENT or .ATTSTUDENT and charges 	<ul style="list-style-type: none"> - Procedures performed by the Student are not billable. - If the Precepting APP performs the procedure, they must document and enter charge -If Precepting APP and Student are both involved, the Precepting APP performs, documents, and enters charge for the procedure.

E/M Element Overview: What Documentation can the APP Preceptor Use?

E/M element	May the student perform and document the element?	Is APP Preceptor presence required for billing the service?	Is APP Preceptor required to personally perform the service?	If present for the service, may the APP Preceptor use the student's note?
History of present illness	Yes	Yes, verify with patient	No	Yes
Past family, social history	Yes	No	N/A	Yes
ROS	Yes	No	N/A	Yes
Physical Exam	Yes	Yes	Yes	Yes and must also personally perform
Medical decision making	Yes	Yes	Yes	Yes (must also personally perform)

2. Clinical Dynamic: APP Preceptor working with GME Residents or GME Fellows

Below is a grid illustrating billing concepts for services performed jointly or independently by a GME Resident/Fellow with a supervising APP Preceptor.

GME Resident/Fellow Perform Service			
Evaluation and Management (E/M) Services		Procedures	
Jointly w/ APP Preceptor	Independently	Jointly w/ APP Preceptor	Independently
-If APP Preceptor performs the service, they document and enter the charge - GME Resident/Fellow may document a separate note but does not enter charge.	- GME Resident/Fellow documents and enters charge with DH3X modifier - APP Preceptor may cosign to support clinical supervision but may not bill for the service	- APP Preceptor performs procedure (hands on) will document and enter the charge -GME Resident/Fellow may document a separate note but does not enter charge.	- GME Resident/Fellow documents and enters charge with DH3X modifier - APP Preceptor may cosign to support clinical supervision but may not bill for the service

APP Preceptor working with GME Resident/Fellow

- Both clinicians must independently document and authenticate their notes.
- Only one provider can bill for the service.
- The billing provider submits the charge based on their personal involvement and documentation of the service.
- The E/M level of service is based on the billing provider's time or medical decision making (MDM)
 - Documentation cannot be combined to support a higher level of service.
- The provider who performs (hands on) the majority of the procedure should document and charge

3. Clinical Dynamic: APP Preceptor Working with Non- GME Fellow or Post Graduate APP

Below is a grid illustrating billing concepts for services performed jointly or independently by a non-GME Resident/Fellow or post graduate APP Fellow with a supervising APP Preceptor.

E/M Services				
APP Preceptor	Non- GME Resident/Fellow (MD/DO)		Post Grad APP Fellow	
	Jointly	Independently	Jointly	Independently
	<ul style="list-style-type: none"> - Follow Shared Visit guidelines, the provider that performs majority of service documents & enters charge -Teaching Physician concepts do not apply. 	<ul style="list-style-type: none"> - Non-GME Resident/Fellow documents and enters charge -Teaching Physician concepts do not apply. 	<ul style="list-style-type: none"> -Provider that performs majority of service documents and enters charge -Teaching Physician and shared visit concepts do not apply. 	<ul style="list-style-type: none"> - Post Grad APP Fellow documents and enters charge - Teaching Physician and shared visit concepts do not apply.

Shared Visit: APP Preceptor working with Non- GME Fellow (MD/DO)

- Both clinicians must independently document and authenticate their contributions.
- The APP Preceptor and Non-GME Resident/Fellow determine who performed the substantive portion of the visit. The provider identified is the billing provider.
 - The billing provider includes “.Sharedvisit” in documentation and enters the E/M charge in eDH.
 - The Billing provider applies FS modifier to the LOS for ambulatory encounters. Coding will apply to inpatient E/M
- The E/M level of service may be selected based on time or medical decision making (MDM)
 - A total time statement is required for time-based E/M services.

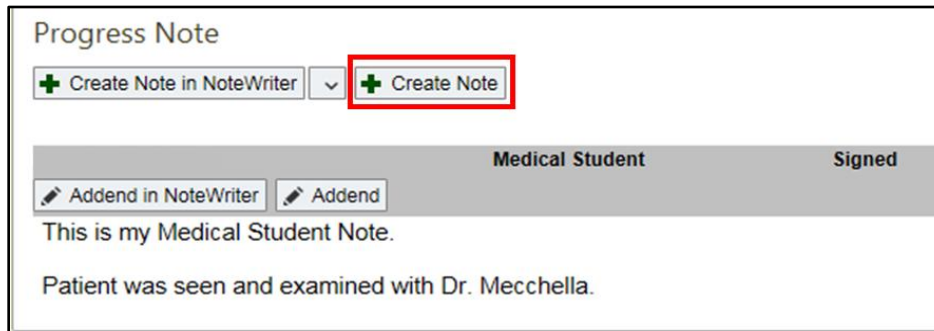
APP Preceptor working with Post Graduate APP Fellow

- Only one provider can bill an E/M for the service, the documentation cannot be combined to support a higher level of service.
- Both providers can document a note, but the provider who performs the majority of the service submits the E/M charge based on their personal time or MDM as documented in their own note.

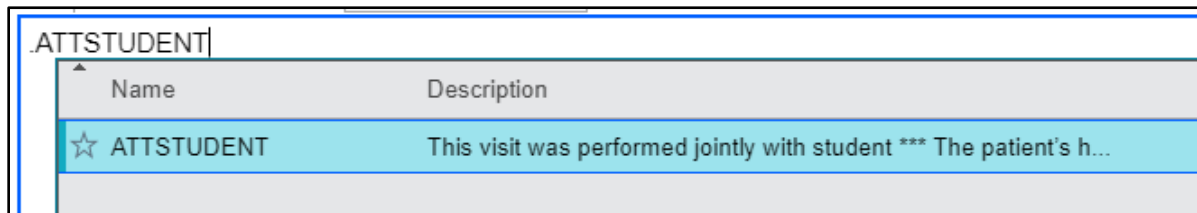
Ambulatory Attestation Process

After the Student writes the note and signs, the APP Preceptor reviews the Student note to edit/addend any factual errors and attest.

1. The author of the note will remain the Student and the APP Preceptor includes their documentation via the “Create Note” functionality in eDH.

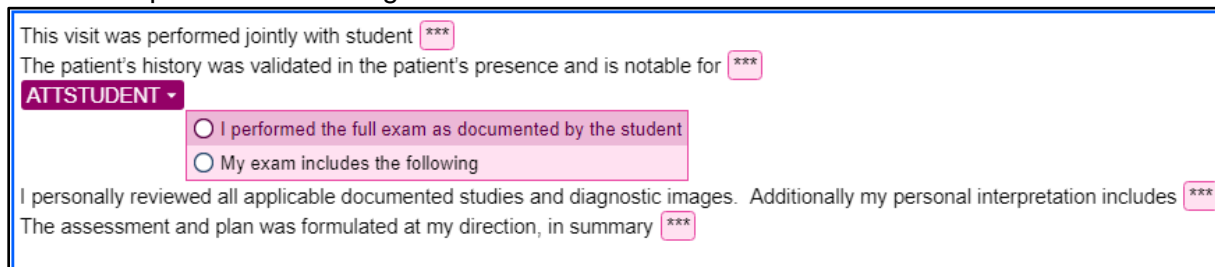


2. The APP Preceptor attests using a separate progress note using .ATTSTUDENT



Name	Description
☆ .ATTSTUDENT	This visit was performed jointly with student *** The patient's h...

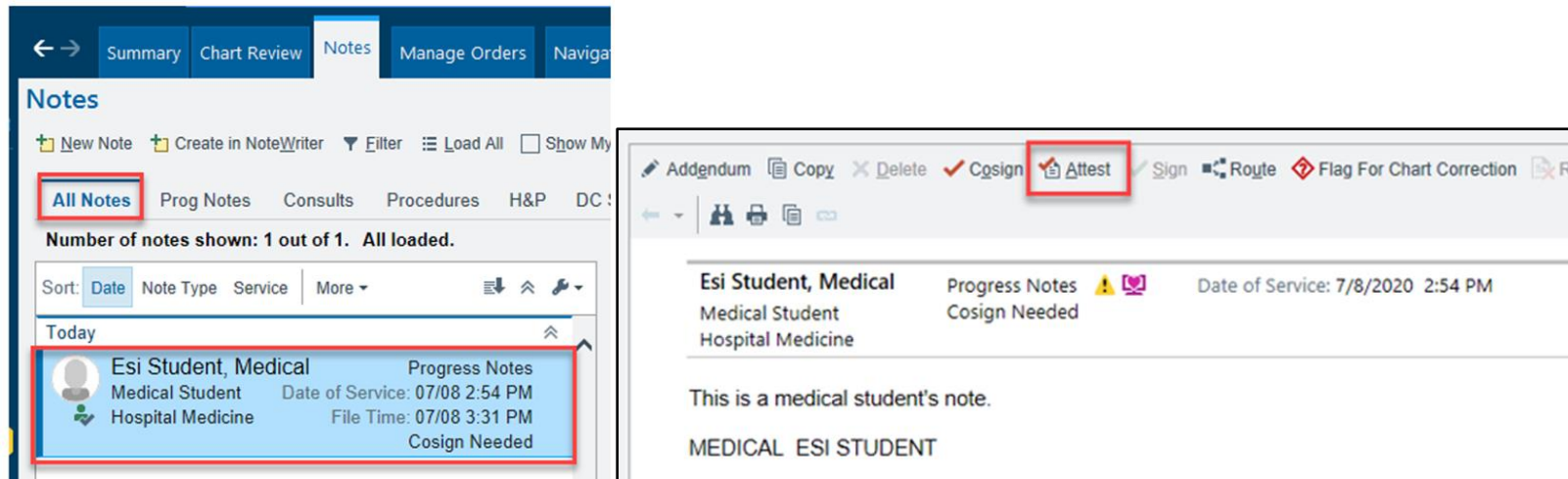
3. APP Preceptors fills in and signs attestation



Inpatient Attestation Process

After the Student writes the note and signs, the APP Preceptor reviews the Student note to edit/addend any factual errors and attest.

1. The APP Preceptor locates the Student's note in eDH. The author of the note will remain the Student and the APP Preceptor includes their documentation via the "Attest" functionality in eDH.



2. The Teaching Provider documents their attestation by using .ATTSTUDENT and filling in all necessary details and signs.

