



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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PHYSICIAN BULLETIN PRIMARY CARE EXCEPTION

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MEDICARE PRIMARY CARE EXCEPTION

Effective for dates of service November 1, 2005 and after, Missouri Medicaid will recognize the Medicare Primary Care Exception to the “physician presence requirement.” Under this exception, Missouri Medicaid may be billed for reasonable and necessary low to mid-level Evaluation and Management (E/M) services when provided by a resident without the presence of a teaching physician.

RESIDENT REQUIREMENTS

Residents providing the billable patient care service without the physical presence of a teaching physician must have completed at least six months of a Graduate Medical Education (GME) approved residency program. Centers must maintain the documentation under the provisions set forth in 42 CFR 413.75 (d).

Residents will generally provide care to the same group of established patients during their residency training. The types of services furnished by residents under this exception include acute care for ongoing conditions, coordination of care furnished by other physicians and providers, and comprehensive care not limited by organ system or diagnosis.

TEACHING PHYSICIAN REQUIREMENTS

Teaching physicians submitting claims under this exception may not supervise more than four residents at a time and must be immediately available if needed. The teaching physician must have no other responsibilities (including the supervision of other personnel) at the time the service was provided by the resident. The teaching physician must have the primary medical responsibility for patients cared for by the residents, ensure that the care provided was reasonable and necessary, review the care provided by the resident during or immediately after each visit, and document the extent of his/her own participation in the review and direction of the services furnished to each patient.

LOCATION OF SERVICES

The services must be furnished in an outpatient department of a hospital or another ambulatory care entity in which the time spent by the residents in patient care activities is included in determining direct GME payments to a teaching hospital by the hospital's fiscal intermediary. The location requirement is not met when the resident is assigned to a physician's office away from the center or makes home visits. In the case of a non-hospital entity, verify with the fiscal intermediary that the non-hospital entity meets the requirements of a written agreement between the hospital and the non-hospital entity set forth in 42 CFR 413.78 (d) (2).

BILLING GUIDELINES

The GE modifier must be used to denote services provided under the primary care exception. The primary care exception applies only to specific low and mid-level E/M codes for both new and established patients. The new patient Current Procedural Terminology Codes (CPT) codes to which the exception applies are 99201, 99202, and 99203. The established patient CPT codes are 99211, 99212, and 99213.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896