The purpose of this bulletin is to provide clarification regarding services rendered by Resident Physicians.

Health Care District pays for services furnished by a resident physician when a participating physician is physically present during the critical or key portions of the services. In order to assure correct reimbursement, the provider must adhere to the following guidelines:

Billing Requirements for Teaching Physicians

- You must be identified as the teaching physician who involves residents in the care of your patients on claims
- Claims must comply with documentation guidelines
- Claims must include the GC modifier indicating “This service has been performed in part by a resident under the direction of a teaching physician,” for each service
- When the GC modifier is included on a claim, you or another appropriate billing provider certify that you complied with these requirements

General Documentation Guidelines

- Both physician and resident may document physician services in the patient’s medical record
- The documentation must be dated and contain a legible signature or identity
- When billing for Evaluation and Management Services, you must personally document the following:
  - That you performed the service or were physically present during the critical or key portions of the service furnished by the resident; and
  - Your participation in the management of the patient

On medical review, the combined entries in the medical record by you and the resident constitute the documentation for the service and together must support the medical necessity of the service.

If you have questions regarding this bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.