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### Compliance Hotline

Type: info.evms.edu and click on the Compliance icon, then choose HS Compliance. Health Services Compliance concerns may also be sent to the Health Services Compliance Office via phone, mail or e-mail.

### Contact Us

EVMS Health Services Compliance Office  
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Norfolk, VA 23508  
Phone 451-6200  
www.evmshealthservices.org

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## Teaching Physician Guidelines

Services furnished in teaching settings are paid when the services are:

- personally furnished by a physician who is not a resident; or
- furnished by a resident where a teaching physician was physically present during the critical or key portions of the service.

As teaching physician your documentation must:

- establish your presence (use "I" statements);
- be signed and dated.

The teaching physician documentation must always:

- be a complete record of the service provided;
- or
- link to the resident's note using CMS approved wording;
- be specific – identify the resident.

When these guidelines are followed a code may be assigned to the service which combines the documentation of both the resident and teaching physician.

EVMS Health Services Guidelines may be found in the EVMS HS Compliance Manual at:

<http://info.evms.edu/healthservices/postdocs/complianceprogr-1/default.htm>

CMS Teaching Physician Guidelines may be found at:

<http://www.cms.hhs.gov/transmittals/downloads/R811CP.pdf>

A summary of the teaching physician guidelines may be found on the CMS website at:

<http://www.cms.hhs.gov/MLNProducts/downloads/gdelinesteachgresfctshst.pdf>

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## ABN Revised

On March 3, 2008 CMS announced implementation of the revised ABN. There will be a six month transition period during which either the current forms or the revised ABN may be used. Providers must begin using the revised form no later than September 1, 2008. The circumstances and procedure for using an ABN remain the same.

*An ABN is a written notice provided to the Medicare patient before services are rendered when the physician believes that Medicare will probably/certainly not pay for some or all of the services because of medical necessity. The ABN allows the beneficiary to make an informed decision about whether or not to receive services that he or she may be financially responsible for paying. It serves as proof that the patient knew that Medicare might not pay. If a physician does not deliver a proper ABN to the patient then the patient cannot be billed for the service.*

Key features of the new form are that it:

- has a new official title, the "Advance Beneficiary Notice of Noncoverage (ABN)";
- replaces both the existing ABN-G and ABN-L;
- may also be used for voluntary notifications, in place of the Notice of Exclusion from Medicare Benefits (NEMB);
- has a mandatory field for cost estimates of the items/services at issue; and
- includes a new beneficiary option, under which an individual may choose to receive an item/service, and pay for it out-of-pocket, rather than have a claim submitted to Medicare.

The revised form and instructions may be found at: [www.cms.hhs.gov/bni](http://www.cms.hhs.gov/bni) Detailed manual instructions for the revised form will be posted to the site in the near future.

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## Compliance Discussion Groups for April 2008

**Topic:** Privacy Notice

**Dates:** Tuesday, April 22 & Thursday, April 24, 2008

**Location:** Hofheimer Hall, Room 758

**Time:** Noon to 1:00 p.m.

RSVP by email or phone to Leanne Smith (451-6207).

*Bring your lunch. Snack & drinks will be provided.*