



DOCUMENT TITLE: Physicians at Teaching Hospitals (PATH) Supervision and Billing Policy	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.21	CATEGORY: Compliance & Ethics
System Approval Date: 07/22/2025❖	Origination Date: 03/2012
Site Implementation Date: 07/22/2025❖	Previously Reviewed/Approved: 02/2025
Prepared by: Office of Corporate Compliance	Notations:

GENERAL STATEMENT of PURPOSE

The purpose of this document is to ensure that Physicians in a Teaching environment working with Post-Graduate Trainees at Northwell Health are in compliance with Federal, State, Joint Commission and Northwell Health requirements.

POLICY

It is the policy of Northwell Health that Physicians in a Teaching environment working with Post-Graduate Trainees must comply with federal, state, Joint Commission and Northwell Health requirements.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility; and any other Affected Individual.

DEFINITIONS

Affected Individuals: “Affected Individuals” is defined as all persons who are affected by Northwell Health’s risk areas including, but not limited to, Northwell Health’s employees, the chief executive and other senior administrators, managers, medical staff members, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

Critical or Key Portion of Care (or of a Procedure): refers to that part of an operation or procedure that the Primary Surgeon determines is critical, and that determination must be consistent with applicable medical standards. The Primary Surgeon must be consistent in defining the Critical or Key Components utilizing applicable established service line guidelines (e.g., if the Primary Surgeon states that for joint replacement the critical portion is the insertion of the joint, then the Primary Surgeon must use this tenet consistently.)

Documentation: means notes recorded in a patient’s medical record by a Post-Graduate Trainee and/or a Teaching Physician and/or others, as outlined in specific situations regarding the service(s) furnished. Documentation may be hand-written; typed; dictated and transcribed; or computer-generated. Documentation must be dated and include a legible signature. See *Northwell Health Policy #800.20 – Physician Signature Requirements*.

Evaluation and Management (E/M) Services: E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision, and similar medical services, for example, the determination of the need and/or location for appropriate care. Federal law requires that all expenses paid by Medicare, including expenses for Evaluation and Management (E/M) services, are “medically reasonable and necessary.”

Immediately Available: means that the Qualified Surgeon is in or near the operating suite and can be present in the operating room quickly. It does not require the Qualified Surgeon to be in the operating suite for the entire surgery. The Medical Director of the facility will determine what locations are considered Immediately Available for operating suites where Overlapping Surgeries are performed.

Medical Student: Medical students have completed a college degree and are now enrolled in medical school. They work under the supervision of an attending physician.

Physically Present or Physical Presence (i.e., supervision): means that the Teaching Physician is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service. Documentation by a Post-Graduate Trainee of the physical presence of and the supervision by a Teaching Physician *is not* sufficient to establish that supervision occurred. Rather, that documentation must be made by the Teaching Physician him/herself.

Post-Graduate Trainees (e.g., interns, residents and fellows): means any individual who participates in an accredited or independent graduate medical education (GME) program. This will include a Physician who is not in an accredited GME program, but who is enrolled in an Independent Fellowship Program approved by Northwell Health’s Graduate Medical Education Committee and is fully licensed to practice medicine in New York State, the State of Connecticut and other appropriate jurisdictions. Receiving a staff or faculty appointment or participating in a fellowship does not by itself alter the status of a Post-Graduate Trainee. Additionally, a Post-Graduate Trainee’s status remains unaffected regardless of whether a hospital includes the Physician in its full-time equivalency count of the Post-Graduate Trainee. Post-Graduate Trainee does not include students.

Teaching Physician: means a fully licensed practitioner who is a member of the Medical Staff (Members of the Graduate Staff are not considered Teaching Physicians), and supervises Post-Graduate Trainees while they care for patients, including those of the Teaching Physician.

Teaching Hospital: means a hospital engaged in providing clinical experiences for accredited and non-accredited residency/fellowship programs in medicine, dentistry, or podiatry.

Teaching Setting: means any provider, hospital-based provider, or non-provider setting in which Medicare payment for the services of Post-Graduate Trainees is made under the Part A direct GME payment.

PROCEDURE

GENERAL TEACHING PHYSICIAN DOCUMENTATION AND BILLING REQUIREMENTS

1. For a given encounter, the selection of the appropriate level of E/M service should be determined according to the coding definitions in the American Medical Association's *Current Procedural Terminology* (CPT) and any applicable documentation guidelines.
2. To bill and to be paid for E/M services, Teaching Physicians must personally document at least the following:
 - That they performed the service or were Physically Present during the Key or Critical portions of the service when performed by a Post-Graduate Trainee; and
 - That they participated in the management of the patient.

Teaching Physicians must also link their documentation to that of the clearly identified Post-Graduate Trainee member by referencing the Post-Graduate Trainee member's note as seen below in the examples of acceptable Teaching Physician statements.

3. Documentation by the Post-Graduate Trainee of the presence and participation of the Teaching Physician is *not* sufficient to establish the presence and participation of the Teaching Physician. Rather, that documentation must be made by the Teaching Physician him/herself.
4. When coding for services billed by Teaching Physicians, reviewers will utilize the documentation of both the Post-Graduate Trainee and the Teaching Physician when the Teaching Physician links his/her documentation to that of the Post-Graduate Trainee.
5. The medical record entries by both the Teaching Physician and the Post-Graduate Trainee constitute the documentation of care and must together support the medical necessity of the service.

Students taking part in and contributing to a billable service must do it in the physician's or resident's physical presence, and meet teaching physician billing conditions. E/M services include separately billable services, except systems review and or past family and social history.

6. Students may document services in the patient medical records. Teaching physicians must verify all student medical record documentation or findings, including history, physical exam, and medical decision-making.
7. Teaching physicians must personally do (or re-do) all billed physical exam and medical E/M decision-making services. They can verify any student documentation in the medical record rather than re-documenting it.
8. Following are four common scenarios of Teaching Physicians providing E/M services:

Scenario 1:

- a. The Teaching Physician personally performs all the required elements of an E/M service without a Post-Graduate Trainee being present. In this scenario, the Post-Graduate Trainee may or may not have performed the E/M service separately. In the absence of a note by a Post-Graduate Trainee, the Teaching Physician must fully document the E/M service as he/she would in any non-teaching setting. When a Post-Graduate Trainee has previously performed documentation, the Teaching Physician's note may reference the Post-Graduate Trainee's note. The Teaching Physician must document that he/she performed the Critical or Key portion(s) of the service, and that he/she was directly involved in the management of the patient. For payment, the composite of the Teaching Physician's entry and the Post-Graduate Trainee's entry, together, must support the medical necessity of the billed service and the level of the service billed by the Teaching Physician.

Scenario 2:

- a. The Post-Graduate Trainee performs the elements required for an E/M service in the presence of, or jointly with, the Teaching Physician and the Post-Graduate Trainee documents the service. In this case, the Teaching Physician must document that he/she was present during the performance of the Critical or Key Portion(s) of the service and that he/she was directly involved in the management of the patient. The Teaching Physician's note should reference the Post-Graduate Trainee's note. For payment, the composite of the Teaching Physician's entry and the Post-Graduate Trainee's entry together must support the medical necessity and the level of the service billed by the Teaching Physician.

Scenario 3:

- a. The Post-Graduate Trainee performs some or all of the required elements of the service in the absence of the Teaching Physician and documents his/her service. The Teaching Physician independently performs the Critical or Key Portion(s) of the service with or without the Post-Graduate Trainee present and, as appropriate, discusses the case with the Post-Graduate Trainee. In this instance, the Teaching Physician must document that he/she personally saw the patient, personally performed Critical or Key Portions of the service, and participated in the management of the patient. The Teaching Physician's note should reference the Post-Graduate Trainee's note. For payment, the composite of the Teaching Physician's entry and the Post-

Graduate Trainee's entry together must support the medical necessity of the billed service and the level of the service billed by the Teaching Physician.

Scenario 4:

- a. When a Post-Graduate Trainee admits a patient to a hospital late at night and the Teaching Physician does not see the patient until later, including the next calendar day:
 - i. The Teaching Physician must document that he/she personally saw the patient and participated in the management of the patient. The Teaching Physician may reference the Post-Graduate Trainee's note in lieu of re-documenting the history of present illness, exam, medical decision-making, review of systems and/or past family/social history provided that the patient's condition has not changed, and the Teaching Physician agrees with the Post-Graduate Trainee's note.
 - ii. The Teaching Physician's note must reflect changes in the patient's condition and clinical course that require that the Post-Graduate Trainee's note be amended with further information to address the patient's condition and course at the time the patient is seen personally by the Teaching Physician.
 - iii. The Teaching Physician's bill must reflect the date of service he/she saw the patient and his/her personal work of obtaining a history, performing a physical, and participating in medical decision-making regardless of whether the combination of the Teaching Physician's and Post-Graduate Trainee's documentation satisfies criteria for a higher level of service. For payment, the composite of the Teaching Physician's entry and the Post-Graduate Trainee's entry together must support the medical necessity of the billed service and the level of the service billed by the Teaching Physician.

Examples of Minimally Acceptable Teaching Physician Statements:

Scenario 1:

- a. Admitting Note: "I performed a history and physical examination of the patient and discussed his management with the Post-Graduate Trainee. I reviewed the Post-Graduate Trainee's note and agree with the documented findings and plan of care."
- b. Follow-up Visit: "Hospital Day #3. I saw and evaluated the patient. I agree with the findings and the plan of care as documented in the Post-Graduate Trainee's note."
- c. Follow-up Visit: "Hospital Day #5. I saw and examined the patient. I agree with the Post-Graduate Trainee's note except the heart murmur is louder, so I will obtain an echo to evaluate."

(NOTE: In this scenario, if there are no Post-Graduate Trainee notes, the Teaching Physician must document as he/she would document an E/M service in a non-Teaching setting.)

Scenario 2:

- a. Initial or Follow-up Visit: “I was present with the Post-Graduate Trainee during the history and exam. I discussed the case with the Post-Graduate Trainee and agree with the findings and plan as documented in the Post-Graduate Trainee’s note.”
- b. Follow-up Visit: “I saw the patient with the Post-Graduate Trainee and agree with the Post-Graduate Trainee’s findings and plan.”

Scenarios 3 and 4:

- a. Initial Visit: “I saw and evaluated the patient. I reviewed the resident’s note and agree, except that picture is more consistent with pericarditis than myocardial ischemia. Will begin NSAIDs.”
- b. Initial or Follow-up Visit: “I saw and evaluated the patient. Discussed with Post-Graduate Trainee and agree with Post-Graduate Trainee member’s findings and plan as documented in the Post-Graduate Trainee’s note.”
- c. Follow-up Visit: “See Post-Graduate Trainee’s note for details. I saw and evaluated the patient and agree with the Post-Graduate Trainee’s finding and plans as written.”
- d. Follow-up Visit: “I saw and evaluated the patient. Agree with the Post-Graduate Trainee’s note but lower extremities are weaker, now 3/5; MRI of L/S Spine today.”

Examples of **Unacceptable** Teaching Physician Statements:

- a. “Agree with above.”, followed by legible countersignature or identity;
- b. “Rounded, Reviewed, Agree.”, followed by legible countersignature or identity;
- c. “Discussed with the Post-Graduate Trainee. Agree,” followed by legible countersignature or identity;
- d. “Seen and agree,” followed by legible countersignature or identity; and
- e. “Patient seen and evaluated,” followed by legible countersignature or identity; and a legible countersignature or identity alone.

Such documentation is not acceptable, because the documentation does not make it possible to determine whether the Teaching Physician was present, evaluated the patient, and/or had any involvement with the plan of care.

POST-GRADUATE TRAINEE'S RESPONSIBILITIES

1. Post-Graduate Trainees have the following documentation responsibilities:
 - a. Date all entries in the medical record;
 - b. Indicate his/her role in the heading of the note (e.g., cardiology fellow note, internal medicine visit);
 - c. Document services personally performed; and
 - d. Physician's Signature must be legible and include the date and time.
2. Except in programs where the Residency Review Committee or New York State Law requires the 24-hour presence of an attending Physician, Post-Graduate Trainees who have completed at least three years of training, or are in their final year of training, may provide supervision to trainees in the same specialty. The supervising Physician must be appropriately credentialed to perform the treatment/procedure to be supervised and must be on duty or available in the hospital for the duration of the assigned rotation. When the supervising Physician is a Post-Graduate Trainee, an attending Physician must be available within 30 minutes travel time of the hospital.

Each department must have a detailed policy regarding the circumstances under which Post-Graduate Trainees may function as supervising physician in the department.

OTHER HEALTH SYSTEM DEPARTMENTS' TEACHING PHYSICIAN GUIDANCE

Certain Northwell Health departments may have more specific guidance regarding the Teaching Physician documentation requirements for a particular specialty. To the extent those policies do not conflict with the guidance in this policy, it is appropriate to also adhere to the departmental guidance.

PERFORMING SURGICAL, HIGH-RISK OR OTHER COMPLEX PROCEDURES

Minor Surgical Procedures (lasting less than 5 minutes)

1. For procedures that last for five minutes or less to complete (e.g., simple suture) and involve relatively little decision making once the need for the operation is determined, the Teaching Surgeon must be present for the entire procedure in order to bill for the procedure.

Major Surgical Procedures (lasting more than 5 minutes)

1. For major procedures (lasting more than 5 minutes), the Teaching Physician must be Physically Present during all "Critical or Key Portion(s)" of the service and must be Immediately Available to furnish service during the entire procedure. The Teaching Physician's presence is not required during the opening and closing of the surgical field unless these activities are considered to be Critical or Key Portions of the procedure.

OVERLAPPING SURGERIES

1. The Teaching Surgeon must be present during the Critical or Key Portions of both operations. Therefore, the Critical or Key Portions may not take place at the same time. When all of the Critical or Key Portions of the initial procedure have been completed, the Teaching surgeon may begin to become involved in a second procedure.

2. The Teaching Surgeon must personally document in the medical record that he/she was Physically Present during the Critical or Key Portion(s) of both procedures.
3. When a Teaching Physician is not present during non-Critical or non-Key Portions of the procedure and is participating in another surgical procedure, he/she must arrange for another qualified surgeon to immediately assist the Post-Graduate Trainee in the other case should the need arise.
4. In the case of three concurrent surgical procedures, the role of the Teaching Surgeon (but not anesthesiologist) in each of the cases is classified as a supervisory service to the hospital rather than a Physician service to an individual patient and is not payable under the Physician fee schedule.

TIME-BASED EVALUATION AND MANAGEMENT (E/M) AND CRITICAL CARE SERVICES

1. For services determined on the basis of time, the Teaching Physician must be present for the period of time for which the claim is made. The Teaching Physician must personally document his/her time before billing for time-based codes. The Teaching Physician must also personally document his/her participation in the management of the patient's care. The Teaching Physician may refer to the Post-Graduate Trainee's note, but must also personally document, briefly, his/her participation in management of the patient's care.
2. The Teaching Physician must not add the time spent by the Post-Graduate Trainees in the absence of the Teaching Physician to time spent by the Post-Graduate Trainees and the Teaching Physician with the patient, or time spent by the Teaching Physician alone with the patient.
 - a. For example, a code that specifically describes a service of 20-30 minutes applies only if the Teaching Physician is present for 20-30 minutes.
 - b. For example, if the Post-Graduate Trainee had a face-to-face encounter with the patient for hospital discharge of 50 minutes and the Teaching Physician saw the patient for 20 minutes, the service would be coded as a 99238 based on the 20 minutes total time documented by the Teaching Physician without counting any of the Post-Graduate Trainee's time.
 - c. For example, a Teaching Physician must personally see the patient and spend more than 30 minutes of critical care time, to bill the critical care code 99291.
3. Examples of time-based codes falling into this category include:
 - a. Individual Medical Psychotherapy (90832-90840; 90875-90876);
 - b. Critical Care Services (99291-99292);
 - c. Hospital Discharge Day Management (99238-99239);
 - d. E/M services where counseling and coordination of care represents more than 50% of the time for the entire encounter;
 - e. Prolonged services (99354-99359); and
 - f. Care Plan Oversight (99374-99380).

TEACHING PHYSICIAN REQUIREMENTS FOR ENDOSCOPY

The Teaching Physician must be present in the room for the entire viewing from the time the scope is inserted to the time the scope is removed. Viewing of the entire procedure through a monitor in another room does not meet the Teaching Physician Presence requirement.

TEACHING PHYSICIAN REQUIREMENTS FOR ANESTHESIA SERVICES

1. The Teaching Anesthesiologist must be present during all Critical or Key Portions of the anesthesia service or procedure including, but not limited to, induction and emergence and documentation must indicate the Teaching Physician's presence during all Critical or Key Portions of the anesthesia procedure and the Immediate Availability of another Teaching Anesthesiologist.
2. The Teaching Anesthesiologist (or another anesthesiologist with whom the Teaching Anesthesiologist has entered into an arrangement) must be Immediately Available to furnish anesthesia services during the entire procedure.

INTERPRETATION OF DIAGNOSTIC RADIOLOGY AND OTHER DIAGNOSTIC TESTS

1. The Teaching Physician must personally interpret or review the interpretation of the test results.
2. Documentation must indicate that the Teaching Physician personally performed the interpretation or reviewed the resident's interpretation with the resident.

TEACHING PHYSICIAN REQUIREMENTS FOR PSYCHIATRY

1. For time-based counseling codes, the Physical Presence requirement can be met by remote, simultaneous observation and immediate consultation with the Post-Graduate Trainee (e.g., one-way mirror, video equipment or similar device). Audio only equipment does not satisfy the Physical Presence requirement. The Teaching Physician should only bill on the basis of the time the Teaching Physician spent directly observing the session.
2. Evaluation and Management services and procedures provided in Psychiatry need to comply with the same Physical Presence requirements of other Evaluation and Management services and procedures stated earlier in the policy.

MEDICARE TEACHING PHYSICIAN MODIFIERS – “GC” AND “GE”

1. The GC modifier must be used to bill Medicare for any service involving a Post-Graduate Trainee regarding the Teaching Physician's presence during the entire service or just the Critical or Key Portions of a service. This requirement applies even if those services are provided in a primary care setting.
2. The GE modifier must be used to bill Medicare when a Post-Graduate Trainee provides a Level 1, 2 or 3 New or Established Patient Office Visit (i.e., 99202, 99203, 99211, 99212, and 99213) under the supervision of a Teaching Physician in a qualified primary care center.

PRIMARY CARE EXCEPTION REQUIREMENTS

1. The primary care exception allows qualified Post-Graduate Trainees to see patients in a primary care practice under the supervision of the Teaching Physician, but without the requirement that the Teaching Physician see each patient.
2. In order to qualify for the primary care exception, the following requirements must be met:
 - a. The Post-Graduate Trainee must have completed more than six months of an approved residency program;
 - b. The services must be furnished in a center that is located in an outpatient or another ambulatory care entity of Northwell Health in which the time spent by Post-Graduate Trainees in patient care activities is included in determining direct GME payments to a Teaching Hospital by Northwell Health’s fiscal intermediary; and
 - c. The Teaching Physician must not direct the care of more than four Post-Graduate Trainees at any given time and be immediately available. Teaching Physicians may include Post-Graduate Trainees with less than 6 months in a GME approved residency program in the mix of four residents under the Teaching Physician’s supervision. However, the Teaching Physician must be physically present for the Critical or Key Portions of services furnished by the Post-Graduate Trainees with less than 6 months in a GME approved residency program. That is, the primary care exception does not apply in the case of a Post-Graduate Trainee with less than 6 months in a GME approved residency program.
 - d. In the limited context of the section of the policy only, Immediately Available is defined as:
 - i. Having no other responsibilities at the time;
 - ii. Assuming management responsibility for those beneficiaries seen by the Post-Graduate Trainees;
 - iii. Ensuring that the services furnished are appropriate, reviewing with each Post-Graduate Trainee;
 - iv. Reviewing with each Post-Graduate Trainee during or immediately after the visit, the beneficiary’s medical history, physical examination, diagnosis, and record of tests and therapies; and
 - v. Documenting the extent of the Teaching Physician’s participation in the review and direction of services furnished to each beneficiary.
 - e. Post-Graduate Trainees must only bill Medicare for lower and mid-level services. These services are:

New Patients	Established Patients
	99211 – Level 1
99202 – Level 2	99212 – Level 2
99203 – Level 3	99213 – Level 3

All other services, including procedures, require the Teaching Physician's presence with the patient.

- f. Post-Graduate Trainees may provide:
 - i. Acute care for undifferentiated problems or chronic care for ongoing conditions;
 - ii. Coordination of care furnished by other Physicians and providers;
 - iii. Comprehensive care not limited by organ system or diagnosis; and
 - iv. Annual wellness visits, (i.e., G0438 and G0439) are included under the primary care exception.
3. If a more complex service other than those listed above needs to be furnished, then the general Teaching Physician policy applies, meaning that the services are:
 - a. Personally furnished by a Physician who is not a Post-Graduate Trainee; or
 - b. Furnished by a Post-Graduate Trainee where a Teaching Physician was Physically Present during the Critical or Key Portions of the service.
4. Claims for services furnished by Teaching Physicians under the primary care center exception must include the GE modifier on the claim for each service furnished under the primary care center exception.

E/M Medical Student Documentation Requirements

Any contribution and participation of a student to the performance of a billable service (other than review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or the physical presence of a Post-Graduate Trainee in a service that meets the requirements in this section for teaching physician billing. Students may document services in the medical record; however, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed and may verify any student documentation of them in the medical record rather than re-documenting this work.

ADMINISTRATION AND INTERPRETATIONS

Questions regarding this policy may be addressed to the Office of Academic Affairs or the Office of Corporate Compliance.

REPORTING AND ENFORCEMENT

- All violations of this policy shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516-465-8097) for appropriate resolution of the matter. The HelpLine is available 24 hours a day, seven days a week at (800) 894-3226 or online at www.northwell.ethicspoint.com, is accessible to all Affected Individuals and allows for questions

regarding compliance issues to be asked and for compliance issues to be reported. Reports of potential fraud, waste and abuse and compliance issues also may be made directly to the Chief Corporate Compliance Officer or designee in person, in writing, via email, mobile device via a QR code, or by telephone. All reports received by the Office of Corporate Compliance are investigated and resolved to the fullest extent possible. The confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit, U.S. Department of Health and Human Services (HHS), Office for Civil Rights, HHS, Office of Inspector General, Office of Medicaid Inspector General or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under Northwell Health's policy for non-intimidation and non-retaliation. Violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and *Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees*.



REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES:

- CMS/DOHHS, Medicare Learning Network (MLN) Guidelines for Teaching Physicians, Interns and Residents. <https://146.123.140.205/MLNProducts/downloads/gdelinesteachgresfctshst.pdf>
- Medicare Carriers Manual, Transmittal 1780, 11/22/2002; Section 15016 Supervising Physicians in Teaching Settings. <http://www.cms.gov/Transmittals/Downloads/R1780B3.pdf>
- Medicare Claims Processing Manual, Chapter 12, Section 100. <http://www.cms.gov/manuals/downloads/clm104c12.pdf>
- Office of Academic Affairs, Graduate Medical Education Policies 2010-2011, Policies 12 & 17, pages 16 & 21.
- Office of Academic Affairs, Policy #5 – Resident/Fellow Supervision, page 1.
- Medicare Claims Processing Manual, Chapter 12, Section 100 (Pub. 100-4). <http://www.cms.gov/manuals/downloads/clm104c12.pdf>
- 42 CFR § 415.170
- Northwell Health Policy #800.20 – Billing Provider Signature Requirements.
- Northwell Health Policy #100.050 – Overlapping or Concurrent Surgical Procedures
- Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees
- Northwell Health Human Resources Policy and Procedure Manual, Part 5-3 – Workforce Conduct – Progressive Discipline
- CMS Manual System; Pub. 100-08 Medicare Program Integrity, Transmittal 327; Change Request 6698; Dated March 16, 2010. <http://www2.cms.gov/transmittals/downloads/R327PI.pdf>

- CMS Memorandum Summary; Subject; Hospitals – Publication of the Hospital Condition of Participation: Requirements for History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations Final Rule; Dated January 26, 2007. <https://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter07-13.pdf>
- CMS Outreach and Education MLN Teaching Physician Fact sheet <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>
- CMS Manual System, Medicare Claims Processing Transmittal 2303 (Pub. 100-04). <http://www.cms.gov/manuals/downloads/clm104c12.pdf>
- Office of Medicaid Management, DOH Medicaid Update, November 1999 Vol.14, No.11 https://www.health.ny.gov/health_care/medicaid/program/update/1999/1199med.htm#teaching
- OMIG Compliance Program Guidance, Title 18 NYCRR § 521 – Fraud, Waste, and Abuse Prevention (March 28, 2023)

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

N/A

<u>CURRENT REVIEW/APPROVALS:</u>	
Service Line/Department Review	07/03/2025
Northwell Health Policy Committee	07/22/2025❖
System PICG/Clinical Operations Committee	07/22/2025❖

Standardized Versioning History:

Approvals: * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ☒ = Provisional; ❖ = Expedited

2/14/12* 3/22/12 **

8/25/16* 9/15/16**

☒ 09/20/18

10/25/18* 11/26/18**

11/19/20* 12/10/20**

11/23/22* 12/15/22**

❖03/28/23

*02/27/24 03/21/24**

*01/21/25 02/24/25**