Resident Supervision Post-PHE

The AAFP is committed to providing members with resources to help them navigate changes to resident supervision after the COVID-19 Public Health Emergency ends on ***May 11, 2023.***

A. After the PHE, only teaching physicians in residency training sites located outside of a metropolitan statistical area may meet the presence for the key portion requirement through audio/video real-time communications technology. Page 4, First Bullet

B. After the PHE, only teaching physicians in residency training sites located outside of a metropolitan statistical area may direct, manage, and review care furnished by residents through audio/video real-time communications technology. Page 4, Second Bullet

C. After the PHE, teaching physicians can bill for levels 4-5 of an office/outpatient evaluation and management (E/M) visit furnished by residents in these primary care centers only when the teaching physician is physically present for the key portion of the service. Page 4, Second Bullet

D. When the COVID-19 PHE ends, a hospital may not count a resident for purposes of Medicare DGME payments or IME payments if the resident is performing activities within the scope of his/her approved program in his/her own home, or a patient's home. Page 5, Second Bullet

E. For ongoing "virtual" visits by residents: Residents can do virtual visits. Primary care residents in training sites located outside a metropolitan statistical area (MSA) could provide a virtual E/M visit if the teaching physician is either in-person with the resident or supervising the provision of the service via real-time audio/video technology. If the resident is not in a training site located outside an MSA, the supervising physician would have to be in-person with the resident or available on-site (i.e., in the clinic) for services covered by the primary care exception. Residents can no longer do virtual visits from home or other locations and have that time counted for purposes of Medicare DGME payments or IME payments.

Unless the training site is located outside an MSA, all level 4-5 visits will need to be handled either 1) in-person or 2) the preceptor will need to participate directly in the virtual visit from the same location as the resident, as they must repeat the "key portions" of the visit. For training sites outside an MSA, the teaching physician may meet the presence for the key portion requirement through audio/video real-time communications technology.

Additional resource:

- During the COVID-19 PHE, Medicare expanded the residents' services list under the primary care exception. Residents at primary care centers may provide patients an expanded set of services, including E/M office or outpatient visit levels 4–5, phone E/M, care management, and some communication technology-based services. These expanded CPT code service sets include 99204–99205, 99214–99215, 99495–99496, 99421–99423, 99452, 99441–99443 and HCPCS codes G2010 and G2012. Teaching physicians may send these resident services claims in the absence of a teaching physician using the GE modifier. Page 9, Fourth Bullet

- After the PHE ends, you can't include levels 4–5 office or outpatient E/M visits in the primary care exception. Page 9, Fifth Bullet

Sources: *The Centers for Medicare & Medicaid Services (CMS)*
The Medicare Learning Network (MLN)