

## **Appendix**

### **Applicable Provisions of the Code of Medical Ethics and Professionalism for Orthopaedic Surgeons<sup>8</sup>**

#### **I. The Physician-Patient Relationship**

- I. A. The orthopaedic profession exists for the primary purpose of caring for the patient.
- I. B. The physician-patient relationship has a contractual basis and is based on confidentiality, trust, and honesty.

#### **III. Conflicts of Interest**

- III. A. The practice of medicine inherently presents potential conflicts of interest. When a conflict of interest arises, it must be resolved in the best interest of the patient.

## **Applicable References from the Centers for Medicare & Medicaid Services (CMS) Relating to Concurrent Surgery<sup>3</sup>**

### **CMS Manual System, Pub 100-04 Medicare Claims, Processing**

#### **General Documentation and Common Scenarios**

For the purposes of payment, E/M (evaluation and management) services billed by teaching physicians require that they 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 the resident; and
- The participation of the teaching physician in the management of the patient

#### **100.1.2 Surgical Procedures**

In order to bill for surgical, high-risk, or other complex procedures, the teaching physician must be present during all critical and key portions of the procedure and be immediately available to furnish services during the entire procedure.

#### **A. Surgery (Including Endoscopic Operations)**

The teaching surgeon is responsible for the preoperative, operative, and postoperative care of the beneficiary. 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. The teaching surgeon determines which postoperative visits are considered key or critical and require his or her presence. If the postoperative period extends beyond the patient's discharge and the teaching surgeon is not providing the patient's follow-up care, then instructions on billing for less than the global package in §40 apply. During non-critical or non-key portions of the surgery, if the teaching surgeon is not physically present, he/she must be immediately available to return to the procedure, i.e., he/she cannot be performing another procedure. If circumstances prevent a teaching physician from being immediately available, then he/she must arrange for another qualified surgeon to be immediately available to assist with the procedure, if needed.