

From: Jones, Kenneth R., PhD
Sent: Tuesday, August 16, 2016 10:56 AM
To: Townsend, John C. (VHACO); Robbins, Jeffrey M. (VHACLE)
Cc: Hettler, Debbie L.; Riley, Charles M.; Johnson, Mary F; Klink, Kathleen A., M.D. FAAFP; Sanders, Karen M., MD (VHACO)
Subject: RE: Billing of Podiatry, Dental and Optometry services

This revised Directive 1401 seems to have caused billing folks to halt or question the billing of care provided by podiatry and optometry residents under supervision (more specifically, we bill under the supervisor – see below).

This new Directive 1401 has this specific purpose:

“2. SUMMARY OF MAJOR CHANGES: This Directive provides clarification with respect to the use of the GR Modifier when billing third party payers to ensure that the Department of Veterans Affairs (VA) is in compliance with the Joint Commission and Accreditation Council for Graduate Medical Education (ACGME).” It is a revision of the prior Directive 2011-006.

There should be no change in the policies or procedures governing the billing for services under the name of a supervising practitioner for podiatrists and optometrists. The key change was that this Directive specifically states a procedure for specifying the status of a physician resident. Under CMS rules, we are able to designate physician residents under a special GR code, used for physician resident trainees. That CMS rule is specific to physician residents, and our Directive language reflects that this special code pertains only to physician residents, not others. Previous policy did not clearly state that this GR code is specific for physician residents.

We never bill directly for the work of these trainees, physician or non-physician residents. The billing is always filed under the supervising practitioner. There has been no change in these policies or procedures. For example, here is that section of Directive 1401, section 5c: Clinical encounters to which the GR modifier is attached to the CPT code must be billed to third-party payers using the supervising practitioner's name and credentials.

Apparently, some billing folks are now, on this basis of the statement that the GR code needs to be used with physician residents, attempting to exclude billing of work by the supervisors of non-physician residents. That was neither the intent or spirit of the Directive. To be very clear, we should continue to bill for the work under the supervisor for non-physician residents such as optometry and podiatry residents. This policy was not designed to exclude billing for certain classes of residents.

Billing is contingent upon appropriate documentation, and in this case, appropriate documentation by the supervising practitioner.

VA Handbook 1400.01 still applies for podiatry and optometry residents, but the GR code should not be attached to their work.

Please feel free to forward.

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