

## PRIMARY CARE EXCEPTION (PCE) CLINIC ATTESTATION FORM - BCP EP 4.2(A) Department: Family Medicine School of Medicine – Paul L. Foster

	Process Reviewed	YES	NO	N/A
1.	Has the department appropriately followed the CMS guidelines as described in the Claims Processing Manual, Chapter 12, Section 100? If NO, please explain:			
	Process Reviewed	YES	NO	N//
	ALL PCE supervising physicians are aware of the requirements outlined in the CMS guidelines as described in the Claims Processing Manual, Chapter 12, Section 100? If NO, please explain:			
	Process Reviewed	YES	NO	N//
3.	All residents participating in the PCE clinic have at least six (6) months in a GME approved residency program. If NO, please explain:			
	Process Reviewed	TRUE	FALSE	N//
1.	The physician(s) providing oversight to the PCE clinics do not have any other responsibilities during the time they are supervising the PCE clinic; this includes seeing patients that are not PCE clinic patients? If FALSE, please explain:			
	Process Reviewed	TRUE	FALSE	N//
2.	Teaching physicians submitting claims under this exception have the primary medical responsibility for patients cared for by the residents. If FALSE, please explain:			
	Process Reviewed	TRUE	FALSE	N/2
3.	Teaching physicians submitting claims under this exception ensure that the care provided was reasonable and necessary; If FALSE, please explain:			



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4.	Teaching physicians submitting claims under this exception review the care provided by the residents during or immediately after each visit. This must include a review of the patient's medical history, the resident's findings on physical examination, the patient's diagnosis, and treatment plan (i.e., record of tests and therapies) If FALSE, please explain:			
	Process Reviewed	TRUE	FALSE	N/A
5.	Patients under this exception should consider the center to be their primary location for health care services. If FALSE, please explain:			
	Process Reviewed	TRUE	FALSE	N/A
6.	The residents must be expected to generally provide care to the same group of established patients during their residency training. If FALSE, please explain:			
	Process Reviewed	TRUE	FALSE	N/A
7.	<ul> <li>The types of services furnished by residents under this exception include:</li> <li>Acute care for undifferentiated problems or chronic care for ongoing conditions including chronic mental illness;</li> <li>Coordination of care furnished by other physicians and providers; and,</li> <li>Comprehensive care not limited by organ system or diagnosis.</li> <li>If FALSE, please explain:</li> </ul>			
	Process Reviewed	TRUE	FALSE	N//
8.	The physician(s) providing oversight to the PCE clinics review the care provided by the residents during or immediately after each visit. The review includes the patient's medical history, the resident's findings on physical examination, the patient's diagnosis, and treatment plan (i.e., record of tests and therapies)? If FALSE, please explain:			



10. The residents understand that they must call the PCE supervising physician and ask them to evaluate any patient that will receive services other than the below listed services? <u>New Patient</u> Established Patient <u>99201</u> <u>99201</u> <u>99202</u> <u>99212</u> <u>99203</u> <u>99213</u> <u>HCPCS Code</u> Main Performation Sace-of-face visit, services limited to new <u>God02</u> beneficiary during the first "Toomlo of medicare encomment <u>God03</u> annual wellness visit, includes a personalized prevention plan of service (pps). <u>God38</u> Annual wellness visit, includes a personalized prevention plan of service (pps). <u>If FALSE, please explain:</u> rethe best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and ritry represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio ovided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance port to the President of the TTUHSC EP. <u>gnature, Department Chair/Program</u> Printed Name <u>Date</u>		LSE, please exp	e time during the PCE session? lain:				
10. The residents understand that they must call the PCE supervising physician and ask them to evaluate any patient that will receive services other than the below listed services? <u>New Patient</u> Established Patient <u>99201</u> <u>99201</u> <u>99202</u> <u>99212</u> <u>99203</u> <u>99213</u> <u>HCPCS Code</u> Main Performation Sace-of-face visit, services limited to new <u>God02</u> beneficiary during the first "Toomlo of medicare encomment <u>God03</u> annual wellness visit, includes a personalized prevention plan of service (pps). <u>God38</u> Annual wellness visit, includes a personalized prevention plan of service (pps). <u>If FALSE, please explain:</u> rethe best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and ritry represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio ovided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance port to the President of the TTUHSC EP. <u>gnature, Department Chair/Program</u> Printed Name <u>Date</u>			Process Review	ed	TRUE	FAISE	N
evaluate any patient that will receive services other than the below listed services? <u>New Patient</u> <u>99201</u> <u>99202</u> <u>99212</u> <u>99203</u> <u>99213</u> <u>MCPCS Code</u> <u>Initial preventive physical examination, face-to-face visit, services limited to new to beneficiare during the first 12 months of medicare encolment, G40439         <u>Annual vellness visit; includes a personalized prevention plan of service (pps).</u>             If FALSE, please explain:              the best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and intry represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio ovided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance port to the President of the TTUHSC EP.             gnature, Department Chair/Program           Printed Name    </u>			FIOLESS NEVIEW	ed	TROL	TALSE	
99201       99211         99202       99212         99203       99213         Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare encolment         G0402       Initial vellness visit, includes a personalized prevention plan of service (pps), instantiated in the version of the service (pps), instantiated in the version plan of service (pps).         G0438       Annual wellness visit, includes a personalized prevention plan of service (pps).         G0439       Annual wellness visit, includes a personalized prevention plan of service (pps).         If FALSE, please explain:       If FALSE, please explain:         In the best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and rivy represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio ovided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance port to the President of the TTUHSC EP.         gnature, Department Chair/Program       Printed Name       Date			-		them to		
99202       99212         99203       99213         HCPCS Code       Descriptor         G0402       Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months or medicare encollment         G0438       Annual wellness visit, includes a personalized prevention plan of service (pps), isubsequent visit         G0439       Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit         If FALSE, please explain:       If FALSE, please explain:         The best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and r/y represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio povided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance poort to the President of the TTUHSC EP.         gnature, Department Chair/Program       Printed Name       Date	Ne	w Patient	Established Patien	t			
99203       99213         HCPCS Code       Cescriptor         G0402       Initial preventive physical examination; face-to-face viait, services limited to new beneficiary during the first 12 months of medicare enrollment         G0438       Annual wellness visit; Includes a personalized prevention plan of service (pps).         G0439       Annual wellness visit; Includes a personalized prevention plan of service (pps).         G0439       Annual wellness visit, includes a personalized prevention plan of service (pps).         G0439       Annual wellness visit, includes a personalized prevention plan of service (pps).         G0439       Annual wellness visit, includes a personalized prevention plan of service (pps).         The best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and rly represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio oxided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance bort to the President of the TTUHSC EP.         mature, Department Chair/Program       Printed Name       Date		99201	99211				
HCPCS Code       Descriptor         G0402       Initial preventive physical examination, face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment         G0438       Annual wellness visit, includes a personalized prevention plan of service (pps), initial visit         G0439       Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit         If FALSE, please explain:       If FALSE, please explain:         If represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio oxided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance boort to the President of the TTUHSC EP.         gnature, Department Chair/Program       Printed Name       Date		99202	99212				
G0402       Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment         G0433       Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit         G0439       Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit         G0439       Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit         If FALSE, please explain:       If FALSE, please explain:         the best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and rly represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio povided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance boot to the President of the TTUHSC EP.         gnature, Department Chair/Program       Printed Name       Date		99203	99213				
G0002       beneficiary during the first 12 months of medicare enrollment         G0433       Annual wellness visit, includes a personalized prevention plan of service (pps), initial visit         G0439       Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit         If FALSE, please explain:       If FALSE, please explain:         the best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and rly represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the information ovided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance boot to the President of the TTUHSC EP.         gnature, Department Chair/Program       Printed Name       Date	нсро	S Code	Descriptor				
G0433       Annual wellness visit, includes a personalized prevention plan of service (pps), initial visit         G0439       Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit         If FALSE, please explain:       If FALSE, please explain:         The best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and rly represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio poided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance poor to the President of the TTUHSC EP.         gnature, Department Chair/Program       Printed Name       Date	G						
G0439       Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit         If FALSE, please explain:       If FALSE, please explain:         the best of my/our knowledge, the information as reported, does not contain any material misstatements or omissions and rly represents, in all material respects, the operations of the primary care exception clinic(s). I/We understand the informatio povided from our clinic or division will be provider to CMS upon their request and will become part of the annual compliance poort to the President of the TTUHSC EP.         mature, Department Chair/Program       Printed Name       Date	G	Annual we	ellness visit; includes a personalized preventio				
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gnature, Department Chair/Program Printed Name Date rector	rly repres ovided fro	ents, in all mate om our clinic or	erial respects, the operations of division will be provider to CMS	the primary care exception clinic	c(s). I/We understand th	ne informa	tior
	ignature, Department Chair/Program			Printed Name			
	rector	gnature, Department Administrator					