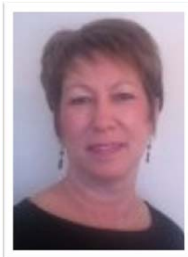


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Jan Hailey, CMC, CMIS,  
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On the topic:

### **Billing and Reimbursement Guidelines for Non- Physician Practitioners**



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# NON-PHYSICIAN PRACTITIONER BILLING

Presented by:  
Jan Hailey, CMC, CMIS,  
CMOM, CMCO

## AGENDA

- "Incident to" requirements
- Supervision requirements
- Difference in Medicare and private payer requirements
- Split / Shared billing
- Utilizing NPPs in different healthcare settings
- Collaborative agreement arrangements
- NPPs scope of practice
- FAQ

## WHO ARE NON-PHYSICIAN PRACTITIONERS (NPP)

- Nurse practitioners (NPs)
- Certified nurse midwives (CNMs)
- Certified registered nurse anesthetists (CRNAs)
- Clinical nurse specialists (CNSs)
- Physician assistant (PAs)
- Clinical social workers
- Clinical psychologists (PhDs)
- Nonclinical psychologists
- PT, OT, Speech pathologists

## NURSE PRACTITIONER AND PHYSICIAN ASSISTANT

In medical practices, NPs and PAs are most commonly employed. There are many similarities between the two:

An NP is a registered nurse who also has a master's degree and clinical experience.


A PA is a healthcare provider who practices medicine under the direct or indirect supervision of a licensed physician.

A typical PA program takes two years to complete

All states and the District of Columbia require a PA to pass the Physician National Certifying Examination

## FUN FACTS

about Nurse Practitioners  
in the United States



**21** states and the District of Columbia have full practice rights.

Alaska, Arizona, Colorado, Connecticut, Hawaii, Idaho, Iowa, Maine, Maryland, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, Rhode Island, Vermont, Washington, Wyoming


More than **222,000** NPs are licensed in the U.S.

**96.2%** of NPs have graduate degrees

Americans make more than **916 million** visits to NPs every year.

Ranks **#6** out of U.S. News & World Reports Top 100 Jobs


**1 out of every 15** NP patients receives charitable care

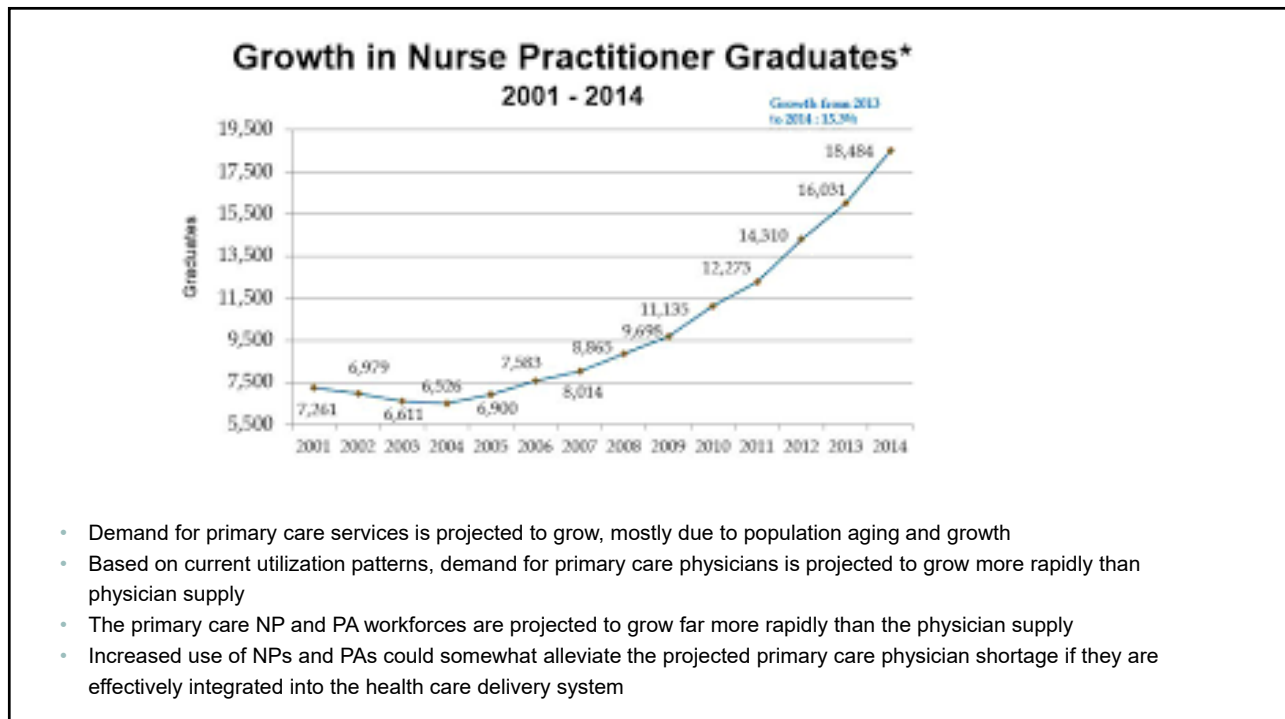


Takes NPs an average of of **six years** to get licensed as opposed to 10-11 years for physicians

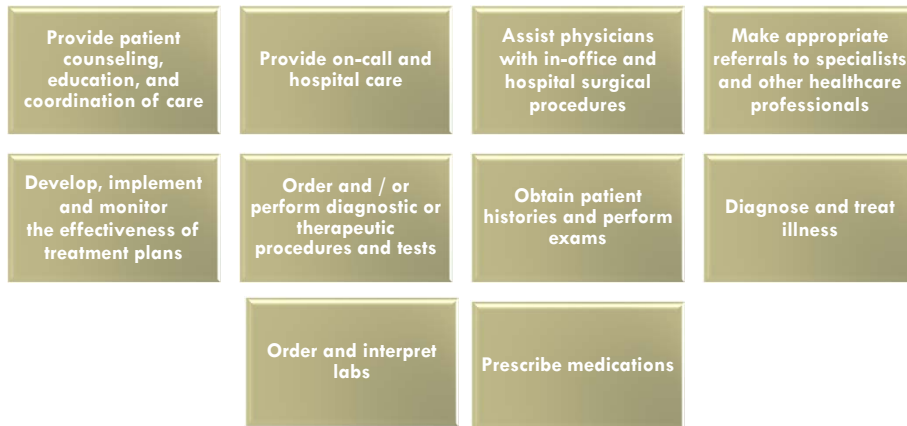
**SOURCES**  
[nnp.org/ah/about-nps/what-is-an-np](http://nnp.org/ah/about-nps/what-is-an-np) • [nnp.org/ah/about-nps/np-fact-sheet](http://nnp.org/ah/about-nps/np-fact-sheet)  
[www.legislationregulation.state.legislation.state.practice.environment](http://www.legislationregulation.state.legislation.state.practice.environment) • [money.com/careers/best-jobs/ranking-the-100-best-jobs](http://money.com/careers/best-jobs/ranking-the-100-best-jobs)  
[nnp.org/press-room/press-releases/2016-press-room/2016-press-released/np-roles-play-major-role-in-the-provision-of-care-to-americans-most-wouldnt-ask-for-the-workforce-needed-222000](http://nnp.org/press-room/press-releases/2016-press-room/2016-press-released/np-roles-play-major-role-in-the-provision-of-care-to-americans-most-wouldnt-ask-for-the-workforce-needed-222000)  
[healthaffairs.org/healthpolicy/rh/np-physician-10-11/](http://healthaffairs.org/healthpolicy/rh/np-physician-10-11/)

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## HOW ARE NON-PHYSICIAN PRACTITIONERS UTILIZED?



## INCIDENT TO REQUIREMENTS

- Incident to services are performed per the direction of a physician's treatment plan during the course of a professional service.
  - The service or supplies are furnished as an integral, although incidental part of the physician's professional services in the course of the diagnosis or treatment of an injury or illness where the physician stays actively involved in the treatment
- Incident to services may include but are not necessarily limited to:
  - E/M services
  - Chemotherapy administration
  - Professional component of radiology services
  - Minor surgery
  - Setting casts

## INCIDENT TO REQUIREMENTS

- The service must be an integral, although an incidental part of the physician's professional services
- Physician must have provided a previous E/M service, determined a diagnosis and documented a plan-of-care (POC)
- Physician must be present in the office suite, provide direct supervision, and be immediately available
- Physician does not need to see the patient each time but must see the patient of a frequency that reflects active participation in the course of treatment
- Availability by phone does not meet the definition of direct supervision

## INCIDENT TO REQUIREMENTS

- Must be billed under the supervising physician's NPI
- When there is a change in the POC, it is no longer considered incident to
- Services are furnished by ancillary personnel under the direct supervision of the physician
- Services are in a non-institutional setting
- There are no incident to services in a hospital, in-patient, outpatient or skilled nursing facility

## INCIDENT TO REQUIREMENTS

- **Signature Requirements**
  - Medicare does not currently require the supervising / billing physician to sign off on the services of the NPP or ancillary staff
  - Check with malpractice carrier and state regulations to verify if they require other signature requirements
  - The signature of the person performing the service is required
- **Documentation**
  - Document the presence of the physician in the office

## INCIDENT TO – INITIAL VISIT

- An initial history and physical performed by a non-physician practitioner, although the physician is documented as being present or in the office suite and immediately available, is not covered under the "incident to" guidelines
- The physician must perform the initial service
- This includes the history, exam, and treatment plan

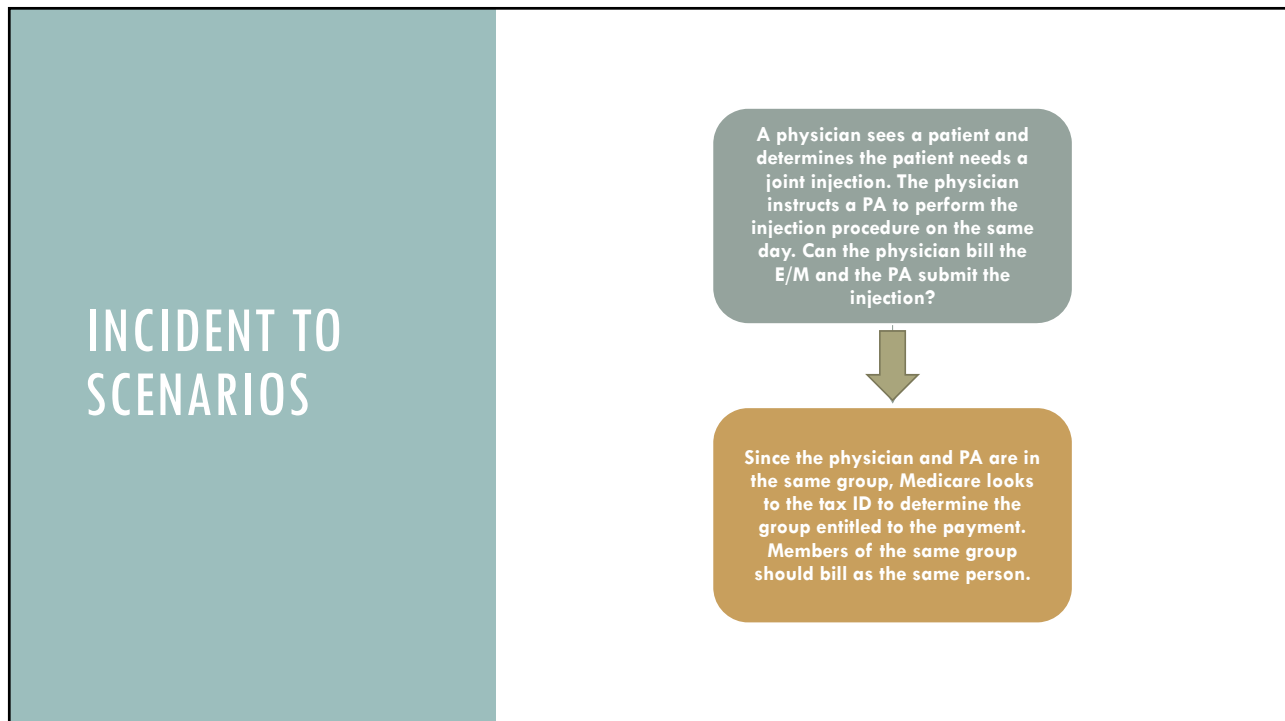
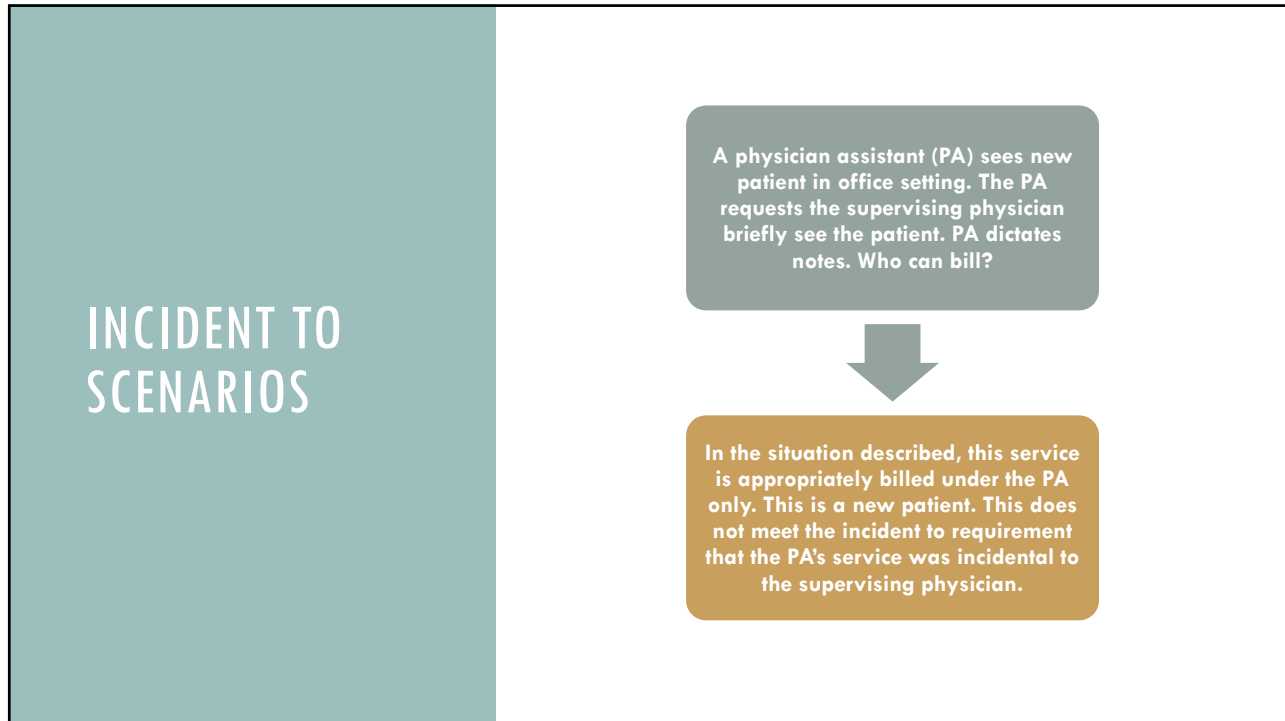


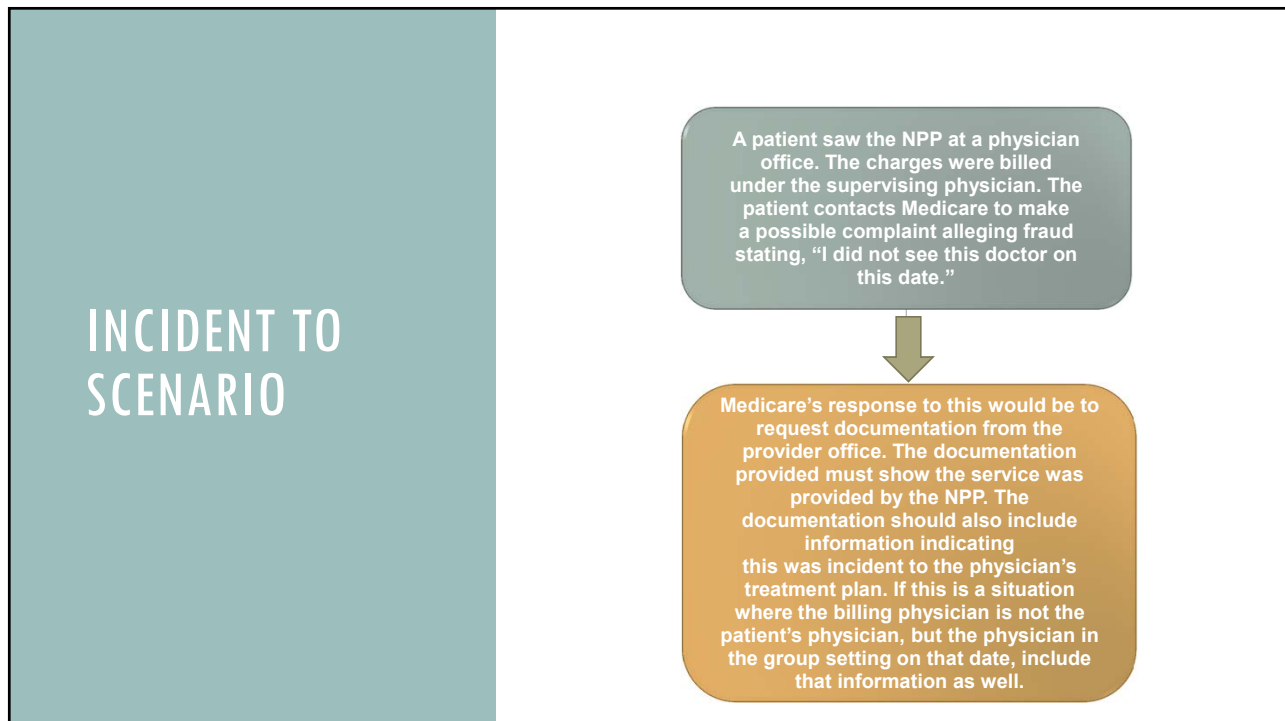
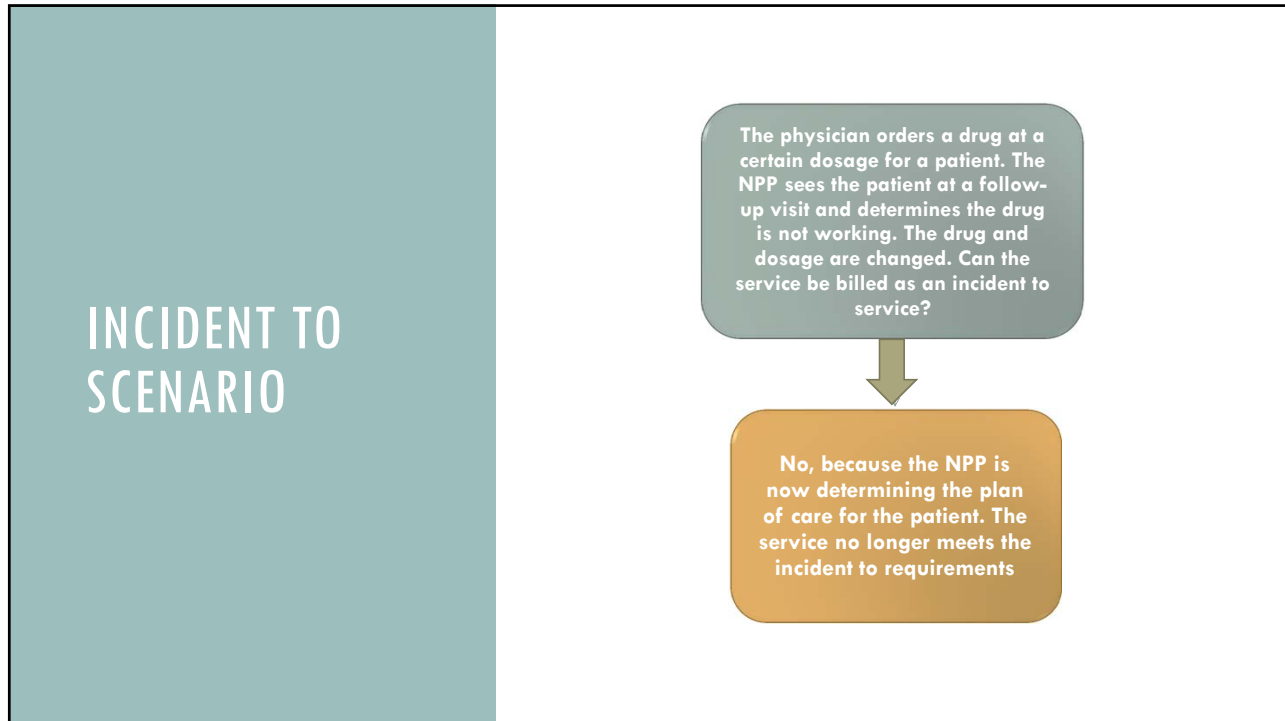
## INCIDENT TO — INITIAL VISIT

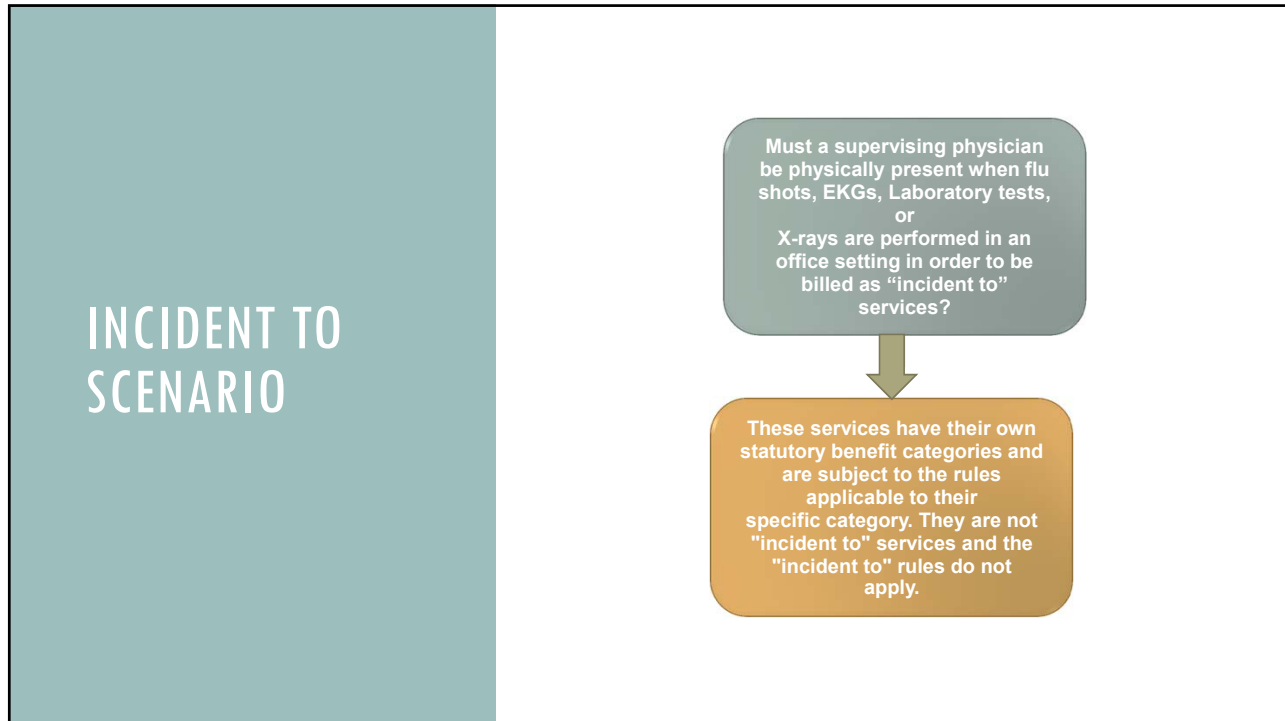
- It is expected that the physician will perform the initial visit on each new patient to establish the physician-patient relationship
- I have reviewed the Nurse Practitioner's note, examined the patient and agree with..."
- "Nurse practitioner performed the history and physical and I was present for the entire encounter and my treatment plan is as follows....."
  - *This is incorrect use of the non-physician practitioner and incorrect billing under the "incident to" guidelines*
- If the physician has not completed the initial visit, the visit must be billed under the non-physician practitioner's NPI

## INCIDENT TO REQUIREMENTS

- "Incident to" services are also relevant to services supervised by certain non-physician practitioners such as physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, or clinical psychologists
- These services are subject to the same requirements as physician-supervised services
- Remember that "incident services" supervised by non-physician practitioners are reimbursed at 85 percent of the physician fee schedule







## SUPERVISION

- Direct supervision in the office setting does not mean that the physician must be present in the same room with his or her aide
- However, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the aide is performing services
- If auxiliary personnel perform services outside the office setting, e.g., in a patient's home or in an institution (other than hospital or skilled nursing facility), their services are covered incident to a physician's service only if there is direct supervision by the physician [e.g., the physician must be physically present to oversee the care]

## SUPERVISION

- The supervising physician does not have to be the physician who performed the initial patient evaluation
- Any physician member of the group may be present in the office to supervise

## DIFFERENCE IN MEDICARE AND OTHER PAYER REQUIREMENTS

- Incident-to guidelines were developed by Medicare, and other insurance carriers do not necessarily follow Medicare's lead
- Anthem not only hasn't adopted Medicare's incident-to guidelines, it has put in place a guideline that requires all practitioners (physicians, nurse practitioners and physician assistants) to bill under their own NPI
- It is important to check with each of your carriers before billing services incident-to
- Each non-physician practitioner should obtain their own NPI and be credentialed with each payer to bill under his/her NPI number if the situation warrants

## SPLIT/SHARED VISITS

- A split/shared evaluation and management (E/M) visit is defined by Medicare Part B payment policy as a medically necessary encounter with a patient where the physician and a qualified non-physician practitioner (NPP) each personally perform a substantive portion of an E/M visit face-to-face with the same patient on the same date of service
- In a shared visit, practitioners must meet the following criteria:
  - Both the NPP and physician must see the patient face-to-face on the same day and perform part of the E/M visit
  - Both must independently document their face-to-face visit with the patient
  - The visit may be billed under the NP or physician (not both) using the combination of documented services to support the level of E/M for billing

## SPLIT/SHARED VISITS

- In a split /shared E/M situation, both parties must document the work they performed
- A generic attestation of:
  - "I have seen and evaluated this patient and agree with the NPP notes" or;
  - a notation of "seen and agreed" or;
  - "agree with above" would not qualify the service as a shared visit

## SPLIT/SHARED VISITS

- The split/shared E/M visit applies only to selected E/M visits and settings:
  - Hospital Inpatient
  - Hospital Outpatient
  - Hospital Observation
  - Emergency Department
  - Hospital Discharge
- The split/shared E/M policy does not apply to critical care services or procedures

### COMMON SPLIT/SHARED VISIT SCENARIOS

When a hospital inpatient/hospital outpatient or emergency department E/M is shared between a physician and an NPP from the same group practice and the physician provides any face-to-face portion of the E/M encounter with the patient, the service may be billed under either the physician's or the NPP's NPI



If there was no face-to-face encounter between the patient and the physician (e.g., even if the physician participated in the service by only reviewing the patient's medical record) then the service may only be billed under the NPP's NPI

## STATE LAW CHART: NURSE PRACTITIONER PRACTICE

Authority <https://www.ama-assn.org/sites/default/files/media-browser/specialty%20group/arc/ama-chart-np-practice-authority.pdf>

State (include year independence granted if applicable)	Definition of Nurse Practitioner	Physician involvement required for diagnosis and treatment	Details	Supervised practice hours before autonomy	Additional Notes
Indiana	"Advanced practice nurse" means: a NP, CNM, or a CNS who is a RN qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations.	Yes	A collaborative practice agreement is required. The collaborative agreement must set forth the manner in which the NP and the licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients.	NA	NPs have the authority to order OT services, to sign handicapped driving stickers; an NP is a member of the birth registry problems committee. NPs are prohibited from entering into a collaborative practice agreement with a PA.

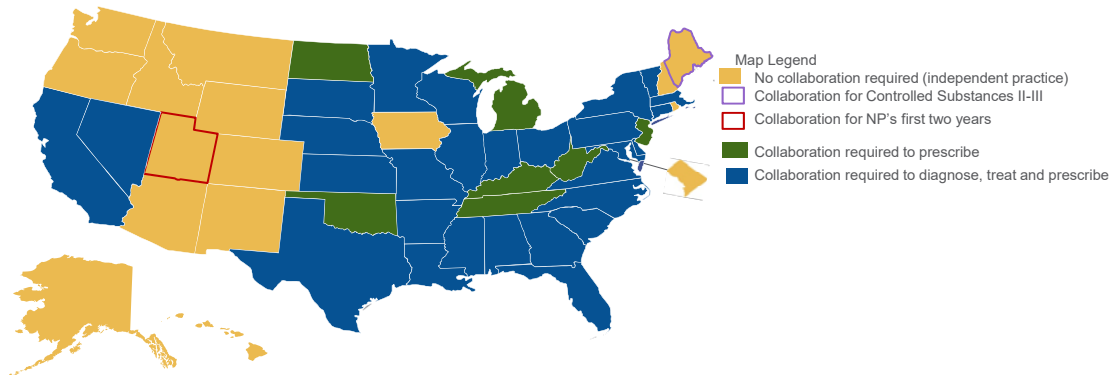
## COLLABORATIVE AGREEMENTS

- The scope of practice for APRNs varies widely across the United States
- In some states, nurse practitioners need a written agreement with a physician to diagnose, treat, and prescribe
- In other states, they can practice independently
- And some states require physician collaboration only for nurse practitioners to prescribe



Resources

## Nurse Practitioner-Physician Collaboration Requirements by State



Source: This map combines Map1 "Overview of Diagnosing and treating aspects of NP practice," and Map 2 "Overview of Prescribing aspects of NP Practice," developed by Linda Pearson, The Pearson Report, 2010. Map was prepared for the Center to Champion Nursing in America.

The Center to Champion Nursing in America is an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation. More information on the Center to Champion Nursing in America can be found at [www.championnursing.org](http://www.championnursing.org).

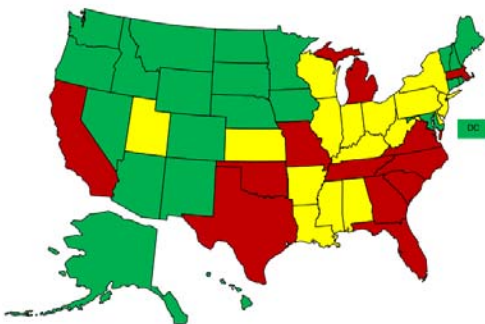
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## SCOPE OF PRACTICE



### 2018 Nurse Practitioner State Practice Environment



**Full Practice:** State practice and licensure laws provides for all nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribing medications and controlled substances—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the National Academy of Medicine, formerly called the Institute of Medicine, and National Council of State Boards of Nursing.

**Reduced Practice:** State practice and licensure laws reduces the ability of nurse practitioners to engage in at least one element of NP practice. State law requires a career-long regulated collaborative agreement with another health provider in order for the NP to provide patient care or limits the setting of one or more elements of NP practice.

**Restricted Practice:** State practice and licensure laws restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State law requires career-long supervision, delegation, or team-management by another health provider in order for the NP to provide patient care.

Source: State Nurse State Practice Acts And Administration Rules, 2017 American Association of Nurse Practitioners, 2017

## FREQUENTLY ASKED QUESTIONS

**I am a physician and I employ an NP. She takes the history and performs the physical examination, then we discuss the diagnosis and treatment plan, and she implements the plan. I cosign the chart. Will my signature suffice in getting reimbursement under my name?**

*A physician's co signature is not useful in obtaining reimbursement. If billing Medicare under the incident-to rules, a physician must follow the incident-to rules, which say nothing about co signature. For example, if an NP conducts a visit with a new patient, the practice must make a choice -- bill the visit under the NP's provider number or bill the visit under the physician's provider number, and have the physician, not the NP, perform and document the portions of the evaluation relevant to the choice of procedure code. The physician's signature or writing "agree" on an NP's evaluation will not suffice for Medicare. Other insurers may have different rules, but no insurer pays extra if a physician cosigns an NP's records.*

### **Can an NPP perform Critical Care?**

*Critical care services may be provided by qualified NPPs and reported for payment under the NPP's National Provider Identifier (NPI) when the services meet the definition and requirements of critical care services. The provision of critical care services must be within the scope of practice and licensure requirements for the State in which the qualified NPP practices and provides the service.*

### **When an NPP performs an independent service must a physician also sign the chart, or can the service be billed with only the NPP's signature?**

*The physician's requirement to provide supervision of the APP is governed by individual state licensing regulations and hospital medical staff policies and procedures. Additionally, different payers might interpret the definition of supervision differently.*

**Can the emergency physician bill for a procedure that is performed by an NPP on a Medicare patient?**

*Procedures and interpretations performed by the NPP must be billed using the NPP's NPI number. The shared service rules only apply to E/M services and "incident to" does not apply in the ED.*

*Any physician or NPP authorized to bill Medicare services will be paid by the carrier at the appropriate physician fee schedule amount based on the rendering NPI.*

**Can a NPP perform the initial assessment in a skilled nursing facility?**

*An NPP cannot perform the initial assessment in a SNF. An NP or CNS not employed by the facility, working in collaboration with the physician, and meeting state license requirements may sign the required initial certification and re-certification verifying the patient requires daily skilled nursing care or rehabilitation services. A PA cannot complete this function.*

- *A NPP can alternate the federally mandated visits with the physician when the collaboration, physician supervision and state license requirements are met*
- *A mid-level provider can perform medically necessary services prior to and after the physician's initial assessment*
- *In a Nursing Facility (NF), the mid-level, not employed by the facility, can perform the initial assessment when the collaboration, physician supervision, and state license requirements are met*
- *A mid-level provider may perform any other federally mandated visits. A mid-level provider may perform medically necessary services prior to and after the initial assessment*
- *Medicare does not reimburse split / shared services in a SNF or NF*

## REFERENCES

<https://www.acep.org/Clinical---Practice-Management/Medicare-Mid-Level-Provider-FAQ/#sm.0000m75kle4mdfd5z481lpbeuk1fd>

<https://bhw.hrsa.gov/health-workforce-analysis/primary-care-2020>

<https://www.ismanet.org/pdf/membership/incident%20to.pdf>

<https://www.inosteo.org>

[https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004947&\\_adf.ctrl-l-state=o02s1ncff\\_4&\\_afLoop=2175123155239702#!](https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004947&_adf.ctrl-l-state=o02s1ncff_4&_afLoop=2175123155239702#!)

<https://www.rwjf.org/en/library/articles-and-news/2010/04/nurse-practitioner-physician-collaboration-requirements-by-state.html>

Questions?