

Compliance Risks with Non-Physician Practitioners

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NPP Coding and Billing

- Definitions
- Compliance Issues
- Medicare
 - Incident-to
 - Split/Shared
- Other Payers
- Red Flags
- Auditing Issues

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Compliance Issues

- Understanding regulations from different payers
- Communicating to physician, NPPs, and billing staff
- Scribes
- Hospital-employed NPPs

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Non-Physician Practitioners

- Nurse Practitioner (APN, APRN, CNP, etc.)
- Clinical Nurse Specialist
- Certified Nurse Midwife
- Physician's Assistant

Different rules for different insurers – must pay attention to the patient's insurance when deciding how to utilize and bill for these providers

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Medicare

Billing options

- NPPs own provider number
- Incident-to physician's service
- Shared visit

Nurse Practitioners must have Master's or Doctorate in Nursing (or credentialed prior to 1/1/2003)

Nurse Practitioners can be paid directly, but PA payment must go to the employer.

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NPP's Provider Number

- Any services allowed by the NPP's state scope of practice
 - State Board of Nursing website
 - aapa.org for physician's assistants
- Reimbursed at 85% of the physician fee schedule
(100% for nurse midwives beginning 1/1/2011)

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Incident-to

- “Incident-to” a Medicare term
 - NPP must be eligible
- Billed under the physician’s number
- Paid at 100% of the physician’s fee schedule
- Allowed to do anything within the supervising physician’s scope of practice

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Incident-to Rules

- Incident to a physician’s professional service
- In the physician’s office
- Under the physician’s direct supervision
- Furnished by an individual who qualifies as an employee – either W-2 employee or contracted employee

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Incident-to a physician’s professional service

- An integral, though incidental part of the physician’s professional service
 - Following a plan of care established by the physician
 - Physician must perform initial service and be involved in subsequent services of a “frequency which reflect active participation and management”
 - Some carriers give more specific requirements
- Furnished in the physician’s office or clinic

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Under the physician's direct supervision

- In the office suite and immediately available
 - What constitutes an office suite?
 - How do you prove immediately available?
- Supervision can be provided by another physician in the group practice
 - Service billed under supervising physician
 - Ordering physician's name and NPI entered in box 17

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Employee of the Physician

- W-2 employee of the physician, group practice or legal entity that employs the physician
- 1099 contracted/leased employee
- Under the control of the physician
- Must represent an expense to the physician, group practice, or legal entity

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Services Incident-to an NPP

- Services performed by auxiliary personnel supervised by NPP and following plan of care established by NPP.

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Shared Visits

Internet Only Manual section 30.6.1.B

“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 UPIN/PIN number. However, 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 UPIN/PIN. Payment will be made at the appropriate physician fee schedule rate based on the UPIN/PIN entered on the claim.”

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Shared Visit Documentation

Per Terrence Kay, CMS –

“...any face-to-face portion of an E/M encounter (i.e., history, physical exam, or medical decision-making in whole or in part). A social salutation alone does not constitute a face-to-face portion or “physician work” of an E/M service.”

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Documentation Examples

- A separate visit by the physician detailing some portion of the E&M service
- Notations within the NPP’s note – adding to or verifying elements of the history or exam (Handwriting difference is the key here.)

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NOT Shared Visits

- Procedures
- Welcome to Medicare
- Critical Care
- Consultations?

Some confusion with Medicare non-payment for consultations, since initial hospital care codes can be shared visits. CMS has indicated that previous consultation rules still apply.

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Take care not to confuse shared visit rules with Teaching Physician guidelines!

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Scribes

- CMS silent on scribes
- Some carriers/MACs have policies on scribes
- “Human dictaphone” – cannot add any observations of their own (other than ROS and PFSH as allowed by Documentation Guidelines)
- Must sign as “Scribed by --- for Dr. ---”
- Kim’s opinion: Suspicion of use of employee at the level of NPP as clerical staff

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CIGNA on Scribes

- If a nurse or mid-level provider (PA, NP, CNS) acts as a scribe for the physician, the individual writing the note (or history or discharge summary, or any entry in the record) should note "written by xxxx, acting as scribe for Dr. yyy." Then, Dr. yyyy should co-sign, indicating that the note accurately reflects work and decisions made by him/her. **Note: The scribe is functioning as a "living recorder," recording in real time the actions and words of the physician as they are done. If this is done in any other way, it is inappropriate. This should be clearly documented as noted, by both the scribe and the physician. Failure to comply with these instructions may result in denial of claims.**

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Hospital-Employed NPPs

- First question: Are they included in the cost report?
- If not, then follow the rules as if billing for physicians
 - No incident-to if not in POS 11 – office Issues with Provider-Based Billing
 - Split/shared with physician only if in same group practice - both may be hospital-employed, but are they in the same group practice?

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Scenarios for Medicare Patients

- Always bill under NPP's number
- Always bill under MD's number
- Documentation for visit determines how to bill -
 - may vary from patient-to-patient, visit-to-visit

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Other Payers

- Some allow billing under the MD regardless of incident-to guidelines or physician presence
- Some credential separately and allow independent billing

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Other Payers

Example: BCBS of Alabama

- BCBS definition of “incident-to” is not the same as Medicare
 - Physician must also see the patient on the date of service
 - Not specified which portions of the service each can perform
 - Billed under the physician and paid at the physician fee schedule

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- Nurse Practitioners/Physician’s Assistants can be credentialed and billed under BCBS
 - Payment based on patient’s contract benefits
 - Only certain CPT codes (E&M codes and some minor surgery)
 - Payment at 70-80% of physician fee schedule (varies by CPT code)
 - Must be billed this way when the MD does not see the patient on the same date of service

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Other Payers

Example: Alabama Medicaid

- Similar to BCBS policy on “incident-to”
- NPPs can bill under their own numbers only for codes on the approved list
 - E&M codes paid at CRNP/PA fee schedule
 - Laboratory codes paid at physician fee schedule
 - Injectables paid at physician fee schedule
- NPPs can bill as assistant-at-surgery for certain codes (orthopaedic codes)

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Red Flags

- High number of visits billed under physician’s provider number
- Physician did not know he/she was “supervising physician”
- Patient dissatisfaction

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Auditing Considerations

- Office Service – Need entire medical record - not just one date of service
 - Are incident-to requirements met?
 - Established patient – established problem
 - Previous visit to establish plan to treat this problem
 - Visits by physician addressing this problem – does your MAC/payer establish frequency requirements?
 - Established patient – “minor” problem
 - If requirements met, and more than 50% of the visit is counseling, can combine MD and NPP time
 - If requirements not met, must bill under NPP’s own provider number

Auditing Considerations

- Hospital Service
 - Admission, Subsequent Visit or Discharge
 - Is there a face-to-face visit by the MD?
 - Combine documentation from both MD and NPP to determine level of service
 - Consultation
 - Cannot combine documentation – must bill under either the MD or the NPP based on each individual’s documentation
- Nursing Facility Service
 - Must bill under NPP’s own number

Limitation on Level of Service?

- CMS has no limitation on level of service billed
- Other payers may limit to lower levels of service
- Some consultants consider higher levels of medical decision-making “what it means to be a physician”

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