Non-Physician Practitioner Billing Compliance:

Are "Incident To" and "Split/Shared" Regulations Giving You a Splitting Headache?

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Disclaimer

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Presentation Summary

- Learn how Non-Physician Practitioners could improve the effectiveness of patient care while still conforming to your compliance program.
- Gain valuable insight and understanding to the challenging billing requirements to ensure healthcare compliance while enhancing revenue opportunities.
- Gain knowledge of how to monitor and audit these practices while learning through scenarios and open discussion.

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What is an NPP (Non-Physician Practitioner)?

- NPPs are professionals licensed by their Individual State to assist a physician or act in place of the physician which include the following:
  - Physician Assistants
  - Nurse Practitioners
  - Clinical Nurse Specialists
  - Certified Nurse Midwives
  - Clinical Psychologists
  - Clinical Social Workers
  - Physical Therapists
  - Occupational Therapists
- They are also referred to as an ACP (Advanced Care Practitioner) or an APP (Advanced Practice Provider).

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Who Bills What?

- NPP's may bill:
  - Directly for their services in all places of service.
- The Physician may bill:
  - "Incident To" the NPP's services in the Office setting.
  - "Shared Visits" with the NPP's for services on the Inpatient Floor/Unit.

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NPP Reimbursement

- Reimbursement for NPP services are:
  - 85% of the fee schedule amount.
  - 100% when billed under the Physician in the "incident to" or "shared visit" context.

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"INCIDENT TO" VS. "SPLIT SHARED"

UNDERSTANDING THE DIFFERENCE

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CMS "Incident to" Guidelines

Regulations for "Incident To" are:

- Under the Physician's Direct Supervision.
- An integral part of the Patient's established course of treatment.
- Outpatient services ONLY.
- Commonly furnished in a Physician's Office or Outpatient Clinic (not in an institutional setting).
- Reimbursement is at 100% of Physician Fee Schedule.

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CMS "Incident to" Guidelines

- The Physician must provide the initial Patient evaluation and management service to initiate the course of treatment.
- There must be subsequent services rendered by the Physician himself/herself at a frequency that reflects continued, active participation in the management of the course of treatment.
- If NPP is providing Follow Up care and the Patient reports a new medical problem, the Physician must participate in the evaluation of the new problem.

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CMS "Incident to" In The Clinic

- Services and supplies incident to a Physician's service in a Physician directed clinic or group association are generally the same as previously mentioned.

- A Physician Directed Clinic is:
  - A Physician (or a number of Physicians) is present to perform medical services at the times that the clinic is open.
  - Each Patient is under the care of a clinic Physician and a previous plan of care has been established.
  - The NPP services are performed under the medical supervision of the clinic Physician.

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"Incident to" Services to Homebound Patients Under General Physician Supervision

- Due to large patient populations or to broaden the geographical area of patient care to homebound patients, direct supervision was downgraded to general supervision to accommodate this service.
- Additional regulations are as stated:
  - The Patient must be homebound.
  - The service is an integral part of the Physician's service to the Patient (the Patient must be one the Physician is treating), and is performed under general Physician supervision by employees of the Physician or Clinic.
  - The NPP services are performed under the medical supervision of the Clinic Physician.

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CMS "Incident to" Various Practitioners

- The Medicare Benefits Policy Manual, Chapter 15 offers excellent additional information regarding various NPP services. The Sections mentioned below are helpful when researching the "Incident To" Guidelines as follows:
  - 160 - Clinical Psychologist Services
  - 170 - Clinical Social Worker (CSW) Services
  - 180 - Nurse-Midwife (CNM) Services
  - 190 - Physician Assistant (PA) Services
  - 200 - Nurse Practitioner (NP) Services
  - 210 - Clinical Nurse Specialist (CNS) Services
  - 220 - Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

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CMS "Split/Shared Visits" Guidelines

- Shared visit place of service:
  - Hospital Inpatient
  - Hospital Outpatient
    - On campus outpatient hospital
    - Off campus outpatient hospital
  - Emergency Department
- A Split/Shared E/M visit cannot be reported in the SNF setting.
- The Split/Shared E/M policy does not apply to critical care services or procedures.

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CMS "Split/Shared Visits" Guidelines

- When an 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*.
- 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 (100% vs. 85%).

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CMS "Split/Shared Visits" Guidelines

- NPP and Physician both provide Evaluation and Management service at different encounters on the same day.
- Both NPP and Physician must document their own face to face service which they had provided.
- Service is then billed under Physician at appropriate level for the **combined** documentation.
- When a service is being coded and billed based on time, the time for BOTH of the NPP and Physician is **combined** to report the appropriate level.*
- Reimbursement is at 100% of Physician Fee Schedule.

*This is a new regulation as per CPT for 2021.

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CMS "Split/Share Visit" Guidelines

- When a hospital inpatient/hospital outpatient or emergency department E/M is shared between a physician and a 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 [but only one E/M service may be reported for that date of service – either the one performed by the physician or the one performed by the NPP].

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NPPs may bill for Care Plan Oversight (CPO)

- Nurse Practitioners, Physician Assistants, and Clinical Nurse Specialists, practicing within the scope of State law, may bill for CPO (G0181 and G0182).
- These Non-Physician Practitioners must have been providing ongoing care for the beneficiary through evaluation and management services.
- NPPs cannot bill for home health certification or recertification; only physicians may bill for these services.

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BILLING THE DIFFERENT SERVICES

TAKING OUT THE GUESS WORK

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Episodic Care (Outpatient)

NPPs may bill for episodic care in the Outpatient setting when:

- There is no Physician on site.
- NPP can bill directly for a New Patient seen without a Physician on site.
- NPP can bill directly for follow-up care without a Physician on site.
- Coding levels are based upon documentation of the NPP only.
- Billed under the NPP and paid at 85% of the Physician fee schedule rate.

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Episodic Care (Inpatient)

NPPs may bill for episodic care in the Inpatient setting when:

- Services are provided on the inpatient floor.
- Services are billed under the NPP provider number.
- Coding levels are based upon documentation of the NPP only.
- Procedure must be within the NPP's scope of practice.
- No Physician presence is required.
- Patient is still under the care of the Physician on record and the NPP must contact the Physician to update them on the Patient's condition.

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Emergency Department Visit

- 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 number.

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Procedure Performed by NPP

- "Incident to" or "Shared visit" concept does NOT apply to procedures in any capacity.
- Procedures MUST be within the NPPs scope of practice as defined by the state.
- Reimbursement at 85% of physician Fee Schedule.

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Telehealth

- Neither Incident-to or Split/shared rules apply to Telehealth*.
- Service must be performed by the **billing** provider.
- Due to the PHE CMS new Direct Supervision guidelines, requirements are temporarily allowing Incident To telehealth visits.

*Until December 31, 2021, or the end of the Public Health Emergency (PHE) (whichever is later), "direct supervision" can be provided using real-time, interactive audio-video technology.[1]

[1] https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1

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A GUIDE TO AUDIT

MONITORING VS. AUDITING
HOW TO PULL THE DATA FOR SAMPLE SELECTION
HOW TO REVIEW THE CLAIMS AND DOCUMENTATION

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Monitoring vs. Auditing

- Monitoring is ensuring there are no breakdown in the controls or processes. Some program responsibilities include:
  - Keeping current with changes in rules, regulations, and applicable laws.
  - Developing internal controls, policies, and procedures to comply with the regulations.
  - Training staff on these rules.
  - Taking steps in verifying the compliance with these new guidelines.

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Monitoring vs. Auditing

- Auditing involves reviewing the ongoing monitoring process which is put into place and verifying it is effective in achieving the desired outcome. These responsibilities include:
  - Assurance that managers are meeting their obligations for ongoing monitoring.
  - Validating that the process is achieving desired outcomes. (This includes confirmation that these processes and controls that have been put in place are functioning as intended.
  - Through validation, identifying weaknesses within these processes and controls that need to be addressed.
  - An audit customarily is a review that is completely independent and objective, and is usually conducted by people external to the Department/program who are being audited.

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How to Pull the Data to Audit "Incident To"

- "Incident To" visits are performed by the NPP, but billed under the Physician for the 100% reimbursement.
  1. Identify which Specialties/Practices employ NPPs.
  2. Identify which Physicians work with NPPs the most.
  3. Contact the Office Administrator for Office Visit Schedules.
  4. Request Physician Paid Claim Universe.
  5. Back into the data.
  6. Review documentation.

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How to Pull the Data to Audit "Shared Visits"

- "Shared Visits" are performed by the NPP, but billed under the Physician for the 100% reimbursement.
  1. Identify which Specialties/Practices employ NPPs.
  2. Identify which Physicians work with NPPs the most.
  3. Contact the Office Administrator for NPP and Physician relationships within the practice.
  4. Request Physician Paid Claim Universe.
  5. Review documentation.

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Reviewing the Documentation "Incident To"

- Review of the documentation is a crucial part to understanding if the bill was accurate and submitted according to the "Incident To" rules and regulations. Such as:
  - Following the Plan of Care (No New Problems).
  - Physician is on-site in the Office Suite to provide Direct Supervision.
  - Ensure the Physician sees the patient for a face to face visit for plan of care continuance.
  - When more than 50 percent of the visit is for counseling or care coordination, Incident To can not be billed.
  - Diagnostic testing may not be billed Incident To.

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Reviewing the Documentation "Shared Visit"

- Review of the documentation is a crucial part to understanding if the bill was accurate and submitted according to the "Shared Visit" rules and regulations. Such as:
  - Documentation is present on the same date of service from both the NPP and the billing Physician.
  - Documentation from both NPP and Physician are combined to create higher billing level.
  - Review of professional fee billing for the patient to ensure there are no double billing from the NPP and the Physician on the same day.

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SCENARIOS

DOCTORS OFFICE
INPATIENT VISIT
EMERGENCY DEPARTMENT
TELEHEALTH

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Scenario – Doctors Office #1

- Patient comes in to see the Nurse Practitioner for his monthly check on his Diabetes. His sugar levels have been consistent and are being handled well by his current medication dosage. There are no changes in his medication and he makes an appointment for a re-check next month. The Physician is in the office suite seeing other patients at the same time.
  - Is this an "Incident To" visit or a "Shared Visit"?
  - Who **should** bill in this scenario?

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Scenario – Doctors Office #2

- Patient comes in to see the Nurse Practitioner for his monthly check on his Diabetes. His sugar levels have been consistent and are being handled well by his current medication dosage. There are no changes in his medication and he makes an appointment for a re-check next month. The Physician is **NOT** in the office suite as they are rounding at the hospital.
  - Is this an "Incident To" visit or a "Shared Visit"?
  - Who **should** bill in this scenario?

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Scenario – Doctors Office #3

- A Patient comes in to see the Nurse Practitioner for his monthly check on his Diabetes. While he is there he asks for the NP to take a look at an itchy rash on his arm. The NP takes a look and the diagnosis is contact dermatitis and the patient is told to put on a OTC hydrocortisone cream and take Benadryl for the next 2 days. There are no changes in the diabetes and the treatment and plan of care remain the same.
- The Physician is in the office suite seeing other patients.
  - Is this an "Incident To" visit or a "Shared Visit"?
  - Who **should** bill in this scenario?

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Scenario – Inpatient Visit #1

- If the NPP sees a hospital inpatient in the morning and the physician follows with a later face-to-face visit with the patient on the same day.
  - Is this an "Incident To" visit or a "Shared Visit"?
  - Who **should** bill in this scenario?

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Scenario – Inpatient Visit #2

- If the NPP sees a hospital inpatient in the morning and the physician follows with a later face-to-face visit with the patient on the same day, the physician bills for the service.
- Later that day, the patient suffers from chest pain, completely unrelated to the reason for the admission. The NPP from the admitting practice immediately sees the patient, rules out an MI and orders a blood work with cardiac enzyme, a CXR and a Cardiology consult.
  - Is this an "Incident To" visit or a "Shared Visit"?
  - Who **should** bill in this scenario?

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Scenario – Emergency Department Visit #1

- A patient presents to the emergency department with severe abdominal pain. They are seen by the Physician Assistant and tests were ordered and completed. The Physician then comes in to see the patient, documents their portion of the visit. The Patient is discharged shortly after.
  - Is this an "Incident To" visit or a "Shared Visit"?
  - Who **should** bill in this scenario?

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Scenario – Emergency Department Visit #2

- A patient presents to the emergency department with abdominal pain. They are seen by the Physician Assistant and tests were ordered and completed. The Physician is tied up and never makes it in to see the patient. The patient then states they are feeling much better and asks to be discharged. The PA speaks with the ED Physician, explains the diagnosis and treatment. The ED Physician then states it is Ok to discharge the patient. The PA discharges the patient shortly after.
  - Is this an "Incident To" visit or a "Shared Visit"?
  - Who **should** bill in this scenario?

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Scenario #1 – Telehealth

- Mrs. Jones is having trouble with her blood sugar levels recently and thinks she may need an adjustment in her medications. Nurse Practitioner Susan has a telehealth visit to discuss Mrs. Jones' concerns. Susan contacts Dr. Smith who immediately joins the telehealth visit and adjusts the medications after discussions with Mrs. Jones.
  - Is this an "Incident To" visit or a "Shared Visit"?
  - Who **should** bill in this scenario?

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Scenario #2 – Telehealth

- Mr. Coleman presents to the ER with a fever of 103.5°, shortness of breath, cough, extreme fatigue and the loss of taste and sense of smell for 3 days. Feeling as though he has all the symptoms of COVID, the patient sees the ED physician via telehealth/video technology although the Physician is outside in the hallway, 10 feet from the patient with the glass walls and a wood door separating them.
  - Is this a valid telehealth visit? Yes or No.

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Scenario #3 – Telehealth

- Mr. Gordon has his bi-monthly follow up on this Hypertension. Nurse Practitioner Susan conducts a telehealth visit with Mr. Gordon. He states that he has been feeling well and his blood pressure has been under control with no issues. However, he currently has a stuffy nose and recent congestion. Susan contacts Dr. Smith who is currently not available to join the telehealth visit. He is available by phone and after Susan explains Mr. Gordon's condition and physical complaints, Dr. Smith agrees with her assessment and plan of care.

Susan prescribes a Z-pack and Flonase and tells Mr. Gordon to contact the office again if he does not feel better in 3-4 days.

  - Is this an "Incident To" visit or a "Shared Visit"?
  - Who **should** bill in this scenario?

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References

- Medicare Benefits Policy Manual, Chapter 15 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
- Medicare Claims Processing Manual, Chapter 12 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
- CMS.Gov Newsroom; Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021 https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1

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Open Discussion / Questions

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