Billing for Non-Physician Practitioners

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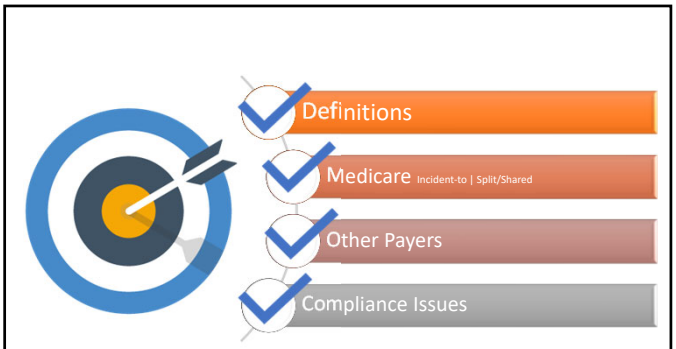
for
Alabama Academy of Neurology
August 27, 2022



Non-Physician Practitioners

- Nurse Practitioner (APN, APRN, CRNP, etc.)
- Clinical Nurse Specialist
- Certified Nurse Midwife
- Physician Assistant/Associate

Different rules for different insurers – must pay attention to the patient's insurance when deciding how to utilize these providers in your practice.

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Medicare

Billing options

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

Nurse Practitioners must have Master's or Doctorate in Nursing

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NPP's Provider Number

Any services allowed by the NPP's state scope of practice

Reimbursed at 85% of the physician fee schedule
(Except Nurse Midwives who are reimbursed at 100%)

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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

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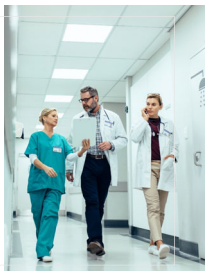
Incident-to Rules

- 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

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 MACs give more specific requirements – some require cosignature
- Furnished in the physician's office or clinic

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Direct Supervision

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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Direct Supervision In Public Health Emergency

"In general, we are revising the definition of direct supervision to include, during the PHE, a virtual presence through the use of interactive telecommunications technology, for services paid under the Physician Fee Schedule."

https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

End date for PHE is currently 10/13/2022; however, CMS has not given the promised 60-day notice of ending.

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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 clinical staff supervised by NPP and following plan of care established by NPP.

Billed under the provider who ordered the service and who is supervising – the NPP, not the collaborating physician

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RHC/FQHC

Rural Health Clinic and Federally Qualified Health Center

- Face-to-face with MD/NPP required to qualify as an encounter.
- Services by clinical staff on separate date considered part of the previous encounter with a qualified provider – or part of the next encounter.
  - Should be included on Cost Report to accurately account for all services performed incident-to.

Split/Shared Services

"A split (or shared) visit is an evaluation and management (E/M) visit in the facility setting that is performed in part by both a physician and a nonphysician practitioner (NPP) who are in the same group, in accordance with applicable law and regulations such that the service could be billed by either the physician or NPP if furnished independently by only one of them.*

Payment is made to the practitioner who performs the substantive portion of the visit. Facility setting means an institutional setting in which payment for services and supplies furnished incident to a physician or practitioner's professional services is prohibited under our regulations."

Medicare Claims Processing Manual, Chapter 12, Section 30.6.18.A

Split/Shared Requirements

- Sites of service:
  - Hospital
    - Inpatient
    - Outpatient
    - Emergency department
  - Nursing Facility - excluding those services which must be performed by an MD
- Both providers must be employed in the same group practice

Split-Shared Services – Changes for 2022

- Now allowed for critical care – can sum the time between physician and NPP
- May be performed in Nursing Facility setting when allowed by state law
- Services must be billed under provider who performed "substantive portion"
  - 2022 – one of 3 key components – history, exam, medical decision making OR more than half of total time
  - 2023 – more than half of total time
- Both providers must be identified and individual who provided substantial portion must sign and date
- Modifier FS must be appended

Split/Shared – MD or NPP?

Comprehensive history and examination, assessment and plan documented by NP

"I saw and examined the patient with ---, NP. I agree with his history and physical exam. The assessment and plan are my own. I have made corrections/additions where appropriate. If there is concern for meningitis, would recommend LP."

Neurologist, MD

Should this be billed under the MD or the NP?

Who performed the substantive portion?

Split/Shared – MD or NPP?

Comprehensive history and examination, assessment and plan documented by NP

"Patient independently evaluated earlier this afternoon. Assessment/Plan independently assessed. Patient with cardiopulmonary arrest and encephalopathy with myoclonus suggestive of hypoxic/anoxic brain injury. CT brain shows old left cerebellar infarct but no acute abnormalities including hemorrhage, mass, or edema. Will continued with serial neurologic evaluations."

Neurologist, MD

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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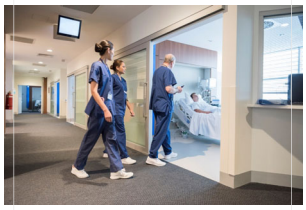
Limitation on Level of Service



- Officially no limitation on level of service billed
- Some consultants consider higher levels of medical decision-making "what it means to be a physician"
- Some payers limit the levels of service payable to NPPs

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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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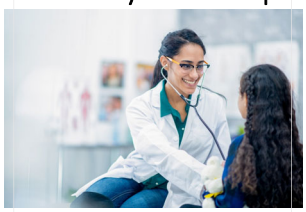
Other Payers - Example



- 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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Other Payers - Example

- For some payers, NPPs can be credentialed and billed under their own NPI
  - Payment may be based on patient's contract benefits
  - Only certain CPT codes (E&M codes and some minor surgery – some exclude hospital visits)
  - Payment usually at 70-80% of physician fee schedule and may vary 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 – United Healthcare

When patient is seen by NPP and claim billed under physician

- Modifier SA
- Rendering provider NPI in field 24J

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Other Payers – BCBS of Alabama

Visit must be billed under the provider who documents the History of Present Illness

"For evaluation and management (E&M) services, Blue Cross requires claims to be billed under the name and National Provider Identifier (NPI) of the provider who physically evaluates the patient to collect or confirm the patient's History of Present Illness (HPI). The provider who is physically conducting or affirming the HPI and performing an in-person examination can bill for the Evaluation and Management (E&M) service.

Additionally, Blue Cross does not recognize "incident to" billing. Under no circumstances should services performed solely by a CRNP, CNM, CRNA, PA or PA/SA be billed under a physician's name and NPI."

See Physician Extender Guidelines at https://providers.bcbsal.org/portal/web/pa/resources

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Compliance Issues/Red Flags

- High number of visits billed under physician's provider number
  - Split-shared now identified with modifier FS
- Physician did not know he/she was "supervising physician"
- Patient dissatisfaction

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Auditing Considerations - Medicare

- 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 visit is coded based on time, can combine MD and NPP time – but only one person per minute
  - If requirements not met, must bill under NPP's own provider number

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Auditing Considerations - Medicare

- Facility Service
  - Admission, Subsequent Visit or Discharge/ED visit
    - Who performed the substantive service?
    - Combine documentation from both MD and NPP to determine level of service

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In order to bill under physician for Medicare

Split/Shared	Incident-to
• Only in the facility – Inpatient, Outpatient, Emergency Department, Nursing Facility • Physician must document the substantive portion • Substantive portion is not required to be face-to-face • "Seen and agree" not sufficient	• Only in the Office – POS 11 • MD must perform entire first visit or visit for new problem • NPP must be following a plan of care established at previous visit • MD must be in the office suite and immediately available

If these requirements are not met, the service should be billed under the NPP.
Other payer requirements may vary.

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Resources

- Nurse Practitioner Scope of Practice
  - https://www.aanp.org/advocacy/state/state-practice-environment
- American Academy of Pas
  - https://www.aapa.org/advocacy-central/state-advocacy/state-laws-and-regulations/
- Medicare Benefit Policy Manual, chapter 15, section 60 –
  - http://www.cms.gov/manuals/Downloads/bp102c15.pdf
- Medicare Claims Processing Manual, chapter 12, section 30.6.1-
  - http://www.cms.gov/manuals/downloads/clm104c12.pdf

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Questions?

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