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Billing Options for Non-Physician Practitioners (NPPs)

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General Terms

- MLP – Mid Level Provider
- NPP – Non-Physician Practitioner (aka Mid Level Provider – includes NPs and PAs)

General Terms
NPP Types

Practitioner	NPP Specialty Code
Anesthesiologist Assistant	32
Certified Nurse Midwife	42
Certified Registered Nurse Anesthetist (CRNA)	43
Nurse Practitioner	50
Psychologist (Billing Independently)	62
Audiologist	64
Physical Therapist in Private Practice	65
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Registered Dietician / Nutrition Professional	71
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General Requirements Supervision & Collaboration

- The Attending Physician is responsible for:
  - Directing NPP's professional activities
  - Assuring services are medically appropriate and within the scope of the NPP's training and experience
  - Having a written collaborative agreement that is approved by Legal Services

Billing Options

- **Direct Billing:** bill under NPP name and number.
- **"Incident-To":** bill under the name and number of the supervising physician.
- **Shared/Split Visit:** bill under the physician or NPP.

Direct Billing

- Services are reported under the NPP's name and number.
  - NPP can see all patient visit types.
  - Requires general supervision by the physician (service provided under the physician's overall direction, but physician presence not required)
  - Reimbursement rules vary by payer type

"Incident-To"

- "The service or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness."
  - WPS NCP: PHYS-004

"Incident-To" (cont.)

Section 1861 (s)(2)(A) of the Social Security Act defines an "incident to" services as:

- An integral, although incidental, part of a professional service of a physician;
- Of a kind that is commonly furnished in the physicians' offices;
- Either rendered without charge or included in the physician's bill;
- Representative of an expense incurred by the physician in professional practice;
- Performed under the direct supervision* of the physician;
- Performed by an employee of the physician (or the physician-directed center);
- The physician must initiate the course of treatment; and
- The physician must perform subsequent services of sufficient frequency to reflect the physician's active participation in managing the course of treatment.

"Incident-To" (cont.)

- Only applies to
  - **OFFICE VISITS**
  - **ESTABLISHED PT w/**
  - **ESTABLISHED MEDICAL PROBLEMS**
- Services are reported under the supervising physician's name.

"Incident-To" (cont.)

- Physicians must initiate the treatment (first visit) and continue to see the pt on subsequent visits to reflect active participation.
- Physician must provide direct supervision (must be in the office suite and immediately available).

Shared Visit

MD and NPP see the patient

- The NPP performs a portion of the visit (e.g. H&P) and the physician completes the visit (e.g. Assessment and Plan).
- Physician must see the pt. and perform part of the E&M service. (not just "meet and greet"; not just review of chart)

Shared Visit (cont.)

- Only 1 E&M visit is billed.
- Level of Service determined from the documentation of both the NPP and physician.

Shared Visit (cont.)

Exceptions to Shared Visits

- Consultations cannot be shared
- Timed based services cannot be shared

Billing Options:
Per Visit Type

- Documentation and Reimbursement
  - Office Visits
  - Hospital Visits
  - Consults (Office or Inpatient)

Office Visits

Who Sees Patient	Who Documents	"Incident-To" Met?	Who Bills
MD	MD	N/A	MD
NPP	NPP	YES	MD
		NO	NPP
MD & NPP Est.. PT, Est.. Problem	MD & NPP Est.. PT, Est.. Problem	YES	MD
MD & NPP New PT or New Problem	MD & NPP New PT or New Problem	NO	NPP
Consults Can Not be Shared			
"Incident-To" **• Direct Supervision •Est. PT • Est. Problem •Est. Plan of Care**			

Office Visits

- **New Patient** - "One who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years."

  – CPT 2008

Office Visit:
New Patient

Scenario 1

- MD/Attending
  - Independently sees patient and documents note
  - Billed under MD name.
- Reimbursement = 100%

Office Visit: New Patient

Scenario 2

- NPP
  - Independently sees patient and documents note
  - Must be billed under NPP name.
- Reimbursement = 85% of Medicare fee schedule

Office Visit: New Patient

Scenario 3

- NPP & Attending "Shared" Visit
  - In a "shared" visit, both the attending and NPP conduct portions of the E&M visit.
  - Documentation may be combined to determine level of care only if billing under the name of the NPP provider.
- Reimbursement: 85% Medicare Fee Schedule
- Must bill under the name of the NPP

Office Visit:

- **Established Patient** – "One who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years."
  - CPT 2008

Office Visit: Established Pt

- Must meet the "incident to" guidelines in order to bill under the physician's name and number and be eligible for 100% physician reimbursement rate.
- Otherwise, must bill under the name/number of the NPP.

Office Visit: Established Pt

Scenario 4

- NPP
  - Independently documents note
  - "Incident-To" not met
- Reimbursement = 85%

Office Visit: Established Pt

- "Incident To" Billing
  - Office services only
  - Bill Under MD's name
  - NPP sees patient & documents
    - Requires direct MD supervision

    (must be in office & immediately available)

    M.D. continues to participate in managing the course of treatment via subsequent visits.

- Reimbursement = 100%

1. Who Would Bill?

Office Visit

- NPP sees an established patient
- MD previously has seen patient for problem and has established the plan of care
- MD is in the suite and readily available (direct supervision)
- There are no new problems
  - What if there was a new problem?

Office Visit: Established Pt

Scenario 5

- NPP "Shared" Visit
  - Provides care in collaboration with attending
    - Incident-to an initial visit

- Reimbursement = 100% and billed under the name of the M.D. **if** the service meets the "incident to" definition

2. Who Would Bill?

Office Visit

- MD and NPP both see the patient
- MD previously has seen patient for problem and has established the plan of care
- There are no new problems

Office Visit: Established Pt

- Patient presents with NEW problem(s) which requires a new treatment plan.
- No longer considered "incident to" the physician's service.
  - Bill under the name of the NPP

3. Who Would Bill?

Office Visit

- Established patient
- MD and NPP both see patient
- New problem that requires a new treatment plan
- Physician writes note for Exam and summarizes the Assessment and treatment Plan
- The two notes combined make one complete visit note

Hospital Visits

Who Sees Patient	Who Documents	"Incident-To" Met?	Who Bills
MD	MD	N/A	MD
NPP	NPP	N/A	NPP
MD & NPP	MD & NPP	N/A	MD or NPP
Consults Can Not be Shared			

Inpatient Hospital Visits

- Can be billed as a "shared" visit as long as the attending provides a face-to-face portion of the E&M visit with the patient. In these scenarios, the service can be billed under the name of the physician.
  - M.D. must provide a face-to-face encounter, not simply review of records.
  - M.D. must provide and document a portion of the E&M visit—not a simple "meet and greet" of the patient.

4. Who Would Bill?

Hospital Visit

- NPP sees patient in the morning
- MD/Attending sees the same patient in the afternoon
  - Examines the patient
  - Reviews and modifies treatment
  - Reviews nurse's note and makes notation in chart of any changes since the morning visit

Consultation Visits

- Overview
- Components of a Consult
- Who Can Order Consults
- When to bill a Consult

Consultation Visits: Overview

- Intent – *"The intent of a consultation service is that a physician or qualified NPP or other appropriate source is asking another physician or qualified NPP for advice, opinion, a recommendation, suggestion, direction, or counsel, etc. in evaluating or treating a patient because that individual has expertise in a specific medical area beyond the requesting professional's knowledge."*
  - WPS LCD: PHYS 006

Consultation Visits: Overview

- **A "shared" visit cannot be billed**

- Consult services must be billed under the name of the provider who was requested to do the consult and who performed the consult.
- Make sure documentation meets all consult criteria (request, reason, render opinion, written report sent)

Consultation Visits

Components of a Consult

- Request
- Reason
- Render on Opinion
- Report back to requesting physician

Consultation Visits

Components of a Consult

The request for a consultation from an appropriate source and the need for consultation **shall be:**

- Documented by the consultant in the patient's medical record and
- Included in the requesting physician or qualified NPP'S plan of care in the patient's medical record.

Consultation Visits

Who Can Order a Consult

The following provider types (with NPI #s) are allowed to order consults

- Physicians
- Nurse Practitioners (NP)
- Clinical Nurse Specialists (CNS)
- Physician Assistants (PA) and
- Certified Nurse Midwives (CNM)
  - WPS February 2008 Communiqué

Consultation Visits
When (not) to Bill a Consult

Note: Consultations cannot be split or shared between a physician and an NPP/PA

Elements that Do Not Support Consultations
• Standing orders in the Medical Record • No order for a consultation • No written report/documentation of consultation

Time-Based Visits

- Counseling/coordination of care is more than 50% of the visit, bill based on visit time.
  - Per our Medicare Carrier, cannot combine the time of the NPP and physician. Service **must be billed using only one provider's face-to-face time** with the patient.

5. Who Would Bill?

Established Patient Office Visit

- NPP sees an established patient with an established plan of care
- MD initially saw patient 6 months ago and MD is in clinic today seeing other patients (direct supervision)
- NPP reviews disease process and plan of care with patient for 10 minutes (more than 50% of visit spent counseling and coordinating care). Total visit time with NPP is 15 minutes
- MD counsels patient, answers additional questions and reviews plan of care with patient for 20 minutes (more than 50% of visit spent counseling and coordinating care). Total visit time with MD is 25 minutes

Scribing

- **NPP should not be SCRIBES**
- The service of a scribe must truly be that of a scribe only, and the person doing the scribing **must not be seeing the patient in a clinical capacity**. The record must make clear that the physician performed all components of the service and the scribe's function is limited to the transcription.

Summary of NPP Billing

- 3 alternatives based on scenario of the visit.
  - **Direct:** Provides the least amount of physician involvement and most autonomy for the NPP.
  - **Incident-to:** Provides the best reimbursement but the most limitations for the NPP. Additionally, involves the most government scrutiny (compliance concerns).
  - **Shared Visit:** Requires the most amount of physician involvement but allows greater flexibility for billing services where the pt is seen by both the NPP and the physician.

Medicare's View

- Medicare does not recognize any subspecialties for Nurse Practitioners or Physician Assistants at this time.
- What does that mean?
  - Example: All NPs are treated as the same specialty regardless of area of practice.
    - An orthopedic NP and an Endocrine NP are considered the same group.
    - A second NP New-Patient visit must be re-coded to an established patient visit.

Resources

- **Resources to use for questions:**
  - **Legal Services: Guidance on employment requirements and collaborative agreements**
  - **Billing Compliance: Guidance on government regulations and documentation requirements**
  - **Business Operations: Guidance on non-government payor billing requirements and reimbursement**
  - **Medicare Carriers Manual Transmittal 1776**
    http://www.cms.hhs.gov/manuals/pm_trans/R1776B3.pdf
  - **IDPA Handbook for Advanced Practice Nurses**
    http://www.dpaillinois.com/assets/100103apn.pdf
  - **WPS Medicare Part B Active Policies**
    http://www.wpsmedicare.com/part_b/policy/policy_active.shtml

Questions