Billing Options for Non-Physician Practitioners (NPPs)

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Questions/comments about this document can be directed to:
Name: Andrew D. Bunta, MD
Title: Associate Professor, Vice Chairman, Department of Orthopaedic Surgery
Email: a-bunta@northwestern.edu
Phone Number: (312) 926-4643
Date: 08/24/09
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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

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>NPP Specialty Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiologist Assistant</td>
<td>32</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>42</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetist (CRNA)</td>
<td>43</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>50</td>
</tr>
<tr>
<td>Psychologist (Billing Independently)</td>
<td>62</td>
</tr>
<tr>
<td>Audiologist</td>
<td>64</td>
</tr>
<tr>
<td>Physical Therapist in Private Practice</td>
<td>65</td>
</tr>
<tr>
<td>Occupational Therapist in Private Practice</td>
<td>67</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>68</td>
</tr>
<tr>
<td>Registered Dietician / Nutrition Professional</td>
<td>71</td>
</tr>
<tr>
<td>Clinical Social Worker</td>
<td>80</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>89</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>97</td>
</tr>
</tbody>
</table>
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.
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

<table>
<thead>
<tr>
<th>Who Sees Patient</th>
<th>Who Documents</th>
<th>“Incident-To” Met?</th>
<th>Who Bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>MD</td>
<td>N/A</td>
<td>MD</td>
</tr>
<tr>
<td>NPP</td>
<td>NPP</td>
<td>YES</td>
<td>MD</td>
</tr>
<tr>
<td>MD &amp; NPP</td>
<td>MD &amp; NPP</td>
<td>YES</td>
<td>MD</td>
</tr>
<tr>
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</table>

**Consults Can Not be Shared**

- Direct Supervision
- Est. PT
- Est. Problem
- Est. Plan of Care

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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

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**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
  - IDPA Handbook for Advanced Practice Nurses
  - WPS Medicare Part B Active Policies
Questions