

Non Physician Provider Billing and Compliance



Anne M. Dunne, RN-BC, MBA
Director of Healthcare Management Consulting
Grassi & Co.
Jericho, New York
adunne@grassicpas.com
516 336.2463

How Non Physician Provider Services add to the bottom line



- Working collaboratively with NPPs, physicians may see on average 3 extra new patients/day:
- 15 extra new patients per week:
 - ✦ \$81,360 for 99203 visits
 - ✦ \$125,280 for 99204 visits
- NPPs average 12 follow up visit per day, netting between \$46 - \$113 per visit (99212 – 99214).
- Together, this increases revenue for a practice.

Office of the Inspector General's focus on Non Physician Providers



- The OIG has kept non physician providers and incident to services on their annual work plan in 2009, 2012 and again in 2013 !
- Alarming error rate in reporting NPP services
- A 2009 review findings for physician and NPP billing

The OIG is watching



- Incident to services do not appear in claim data
- “.....there may also be vulnerability to overutilization and expose beneficiaries to care that does not meet professional standards of quality ”.
- Risk Areas include:
- Services provided in skilled nursing facilities or hospitals
- New patients or existing patients with new problems/complaints
- Unqualified personnel performing services
- No documentation link
- Failing to meet supervision requirement

Physician's Obligation to Know



To receive Medicare Part B reimbursement, physicians must comply with all applicable statutes, guidelines and regulations for Medicare services.

- ✦ Certifying their knowledge when CMS 1500 is submitted
- ✦ Services are medically necessary
- ✦ Services are furnished incident to the physician's professional service by an employee meeting the appropriate supervision requirements

Overview of NPP Services



- Scope of licensure
- Supervision requirement
- Billing, compliance & credentialing
- Patient safety and risk management
- Collaborative agreements and physician supervision agreements
- E/M services and preventative care visits
- Inpatient hospital, on-call, and surgical assist.
- Prescribe drugs and diagnostic services
- Interpret diagnostic and laboratory services
- Provide patient counseling and education
- Home health and hospice care plan oversight

What are Incident To Services and who can provide them ?



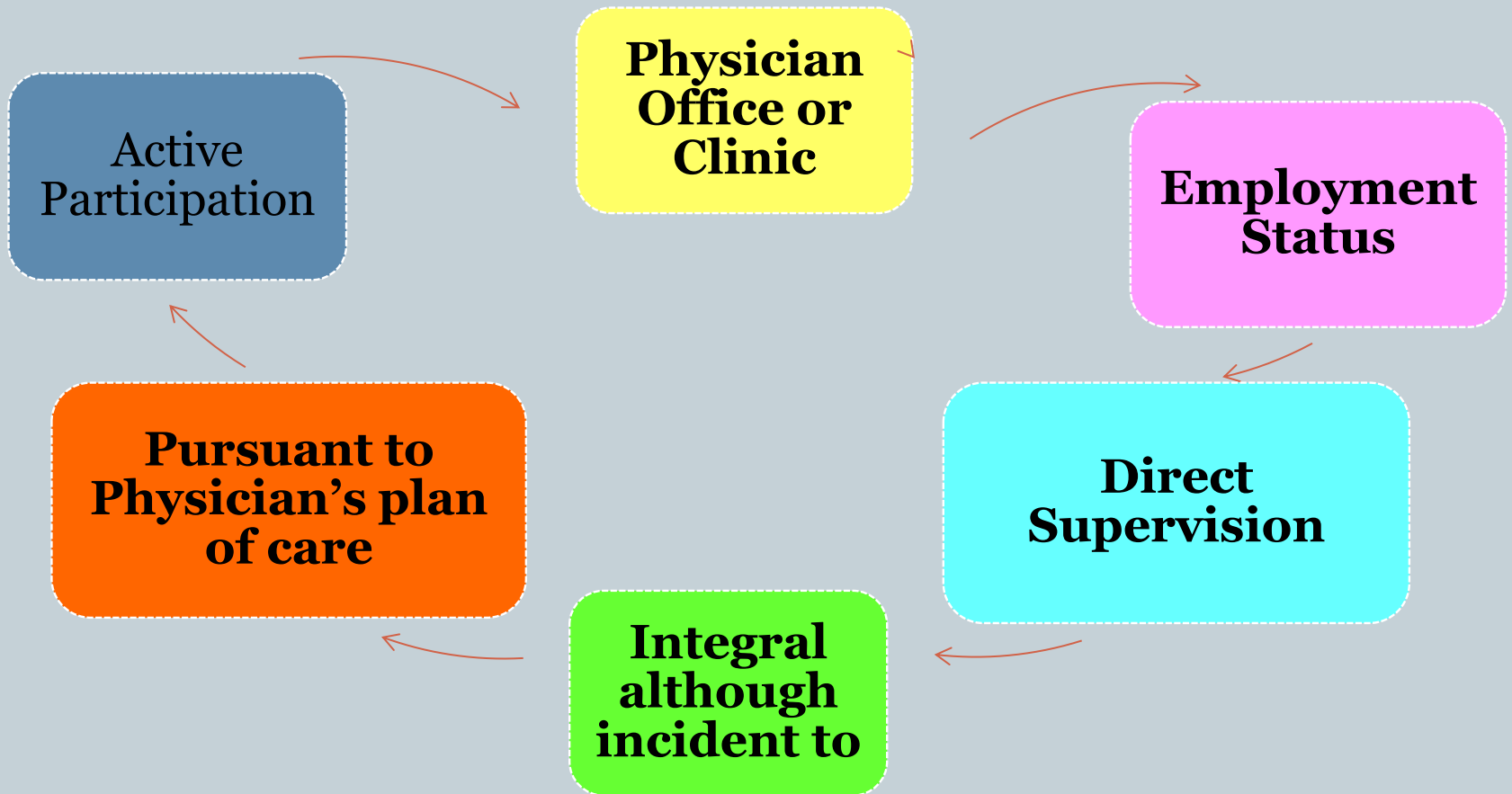
Incident to services must be an integral part of the normal course of treatment, during which the physician personally performed an initial evaluation.

- Physician must remain actively involved in the course of treatment
- The service must be an expense to the physician and commonly furnished in their office
- Physician must provided direct supervision

Incident-to services are not

- A visit with an established patient for a new problem
- Services which have their own coverage requirements and benefit category
- Services provided by residents, medical students or scribes

Incident to Links



Documentation Link and Subsequent Visits



- The initial visit
- Active participation
- Physician outlines/prescribes the POC
- Documentation link
 - ✦ Dr. X was on site in the office suite during this patient's scheduled visit
 - ✦ Collaborated with Dr. Y, who saw the patient immediately following this visit; a separate note will be dictated.
- Documentation requirements
 - Medical necessity
 - Place of service
 - Type of rendering provider
 - Service rendered
 - Level of physician involvement
 - Onsite supervision

Supervision and Involvement



Physically present in the office and immediately available to provide assistance

Direct Supervision

Prior direct personal service furnished by the physician to initiate the course of treatment

Subsequent services by the physician of a frequency that reflects physician's active participation

Supervision



The supervising physician directs/reviews the work, records, and practice of the NPP. It includes

- Direct communication
- Personal review
- Regular chart review
- A plan for emergencies
- Designation of an alternate physician
- Review plan for narcotic/controlled substance prescribing

Supervision in Group Practices



Supervision by a qualified physician in the same group who is in the office suite and is immediately available to furnish assistance or direction

- Not necessarily the physician who performed the initial visit
- Not necessarily the patient's primary MD/DO
- Not necessarily of the same specialty as the primary physician

Points to consider



- Inform patient about subsequent visits
- Communicate how the bill for services will be issued
- Be prepared for an audit or RAC visit
- It could appear that the supervising provider billed for more than 24 hours of service in a given day

Incident-to Decision Making

Non physician practitioner provides the service

Was the physician in the office suite ?

no

**Use the NPP's NPI on the claim,
not the physicians.**

yes

Was the problem new ?

yes

**This service should
qualify for incident to billing
Use the SA modifier**

No

**Allow fees at 85 percent of the
fee schedule**

**Use the MD's NPI on the claim and bill the
charge at 100% of the fee schedule**

Shared Visits



- Shared/split billing is for services provided in locations when both the physician and the NPP provide, document, and sign the work they each performed.
- There must be a face-to-face encounter with both the physician and NPP
- The physician can then bill the service

Rules for split-shared visits



The split/shared visit policy applies only to selected settings:

- Hospital inpatient
- Hospital outpatient
- Hospital observation
- Emergency department
- Office and non-facility clinics.

No Split/shared visits for consultations, critical care services or procedures.

No split/shared visits reported in a SNF setting.

Summary rules for reporting inpatient split-shared visits



- Face-to-face encounter
- The physician and NPP documentation
- The physician practice employs the NPP.
- The physician cannot simply state “reviewed and agree”
- CMS permits split-shared visits for new and established patient encounters in the hospital setting



Questions and Answers

Thank you

Anne M. Dunne, RN-BC, MBA, MSCN
Director, Healthcare Management Consulting Group
Grassi & Co.
Jericho, New York

adunne@grassicpas.com

516 336 2463