

***Non-Physician Practitioner (NPP)
Nurse Practitioners
and
Physician Assistants***

Collaborating Together as a Team



May 2015

What is a Non-Physician Practitioner (NPP) or Physician Extender

- ▶ Physician Assistant (PA)
- ▶ Advanced Practice Registered Nurse (APRN)
 - ▶ Nurse Practitioner (NP)
 - ▶ Clinical Nurse Specialist (CNS)
 - ▶ Nurse Midwives (CNM)
- ▶ Clinical Psychologists
- ▶ Clinical Social Workers
- ▶ Physical and Occupational Therapist
- ▶ Speech Pathologists
- ▶ Optometrist



This Inservice Will Only Address The Non-Physician Practitioner (NPP)

▶ Physician Assistant (PA)

▶ Advanced Practice Registered Nurse (APRN)

- ▶ Advanced Nurse Practitioner (ANP)
- ▶ Certified Nurse Midwife (CNM)
- ▶ Clinical Nurse Specialist (CNS)
- ▶ Pediatric Nurse Practitioner (PNP)
- ▶ Family Nurse Practitioner (FNP)

APRN's and PA's are also identified as "other qualified healthcare professional" in the CPT manual for ability to provide and bill services.



State of Missouri Requirements

Applicable Regardless of Payor



NP and PA

Missouri Scope Of Practice



According to MONA



- **IOM Recommendation 1: Remove scope-of-practice barriers** is a current focus for MONA.
- *Advanced practice registered nurses should be able to practice to the full extent of their education and training.*
- Changes to our health care system are needed that capture the full economic value of nurses and take into account the growing body of evidence that links nursing practice to improvements in the safety and quality of care.



Missouri NP Requirements

- Missouri currently ranks an “F+” for utilization and restriction of advanced practice nurses.
 - Only six states rank lower. These include Alabama, Florida, Georgia, Michigan, North Carolina, and South Carolina.
- Multiple studies have been done comparing the quality of care given by an APRN compared to a physician.
 - No documented studies have shown advanced practice nurses to be inferior to their physician counterparts.
 - The studies have shown that APRNs are cost effective, deliver quality care, and increase access to healthcare.
 - No studies have shown that physician supervision of an APRN increases safety.



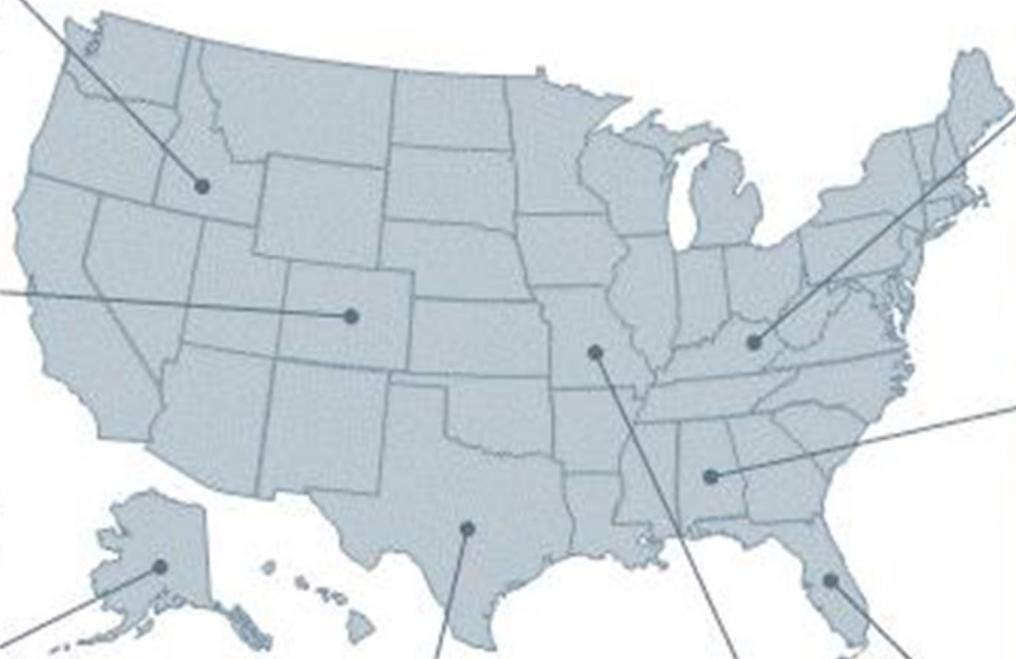
NP State Regulations Nationwide

■ More restrictive
□ Less restrictive

Idaho: NPs may admit patients to hospitals and hold hospital privileges

Colorado: For full prescriptive authority, NPs complete physician mentorship, attain a one-time physician signature to attest to the existence of an articulated plan

Alaska: Nondiscriminatory clause in insurance law requires commercial payers to credential, empanel, and/or recognize NPs



Kentucky: Limits drug quantities NPs may prescribe (e.g. 72-hr supply of Schedule II drugs)

Alabama: CP² must be present at NP's practice site ≥10% NP scheduled hours, visit the site ≥ 1 time per quarter

Texas: NPs must practice within 75 mi of DP's¹ residence or primary practice site

Missouri: Every two weeks, CP² reviews 10% charts, 20% prescriptions

Florida: NPs may not prescribe controlled substances

1) Delegating physician
2) Collaborating physician

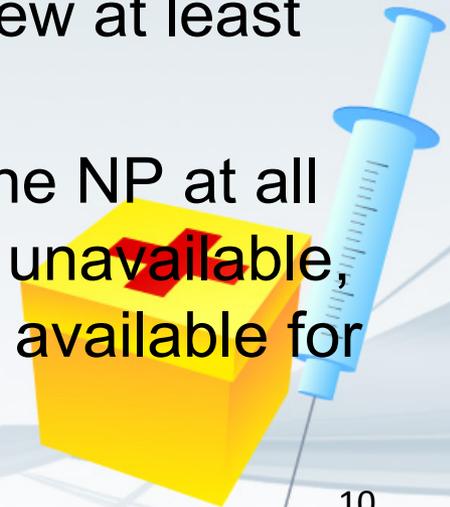
NP Supervision

- NP must work at the same site as the new collaborating physician for a period of 1 month, and the collaborating MD must be continually present.
- Following the 30 day period, the NP must practice within a 30 mile radius of the collaborating physician in a non-HPSA and within a 50 mile radius of the collaborating physician in a HPSA-designated area.



NP Supervision

- The collaborating physician must be present onsite with the NP at least once every 2 weeks to “review the NP's services” and that process is not defined.
- The collaborating physician must sign at least 10% of the NP's charts overall, including at least 20% of charts in which the patient was prescribed controlled substances.
- Charts must be submitted to the MD for review at least once every 2 weeks.
- The collaborating MD must be available to the NP at all times (by phone.) If the collaborating MD is unavailable, a designated substitute must be named and available for consultation.



NP Scope of Practice

- Any patient evaluated and treated by an NP that does not have a “acute self-limited or well-defined condition” or is providing on-going care for other patient conditions must be seen and re-examined by an MD within 2 weeks of the NPP visit and this must be documented in the medical record.
 - Applicable to an NP that “**diagnosis and initiates treatment** for an acutely or chronically ill or injured patient.”)
 - No guidance on what is “acute well defined” verse “acutely or chronically ill...”
 - Collaborating physician and NPP should jointly determine which patient newly diagnosed condition by the NP that the NP also initiated treatment for that the physician must see within the 2 week guideline.
 - The physician must evaluate and determine or approve the course of treatment for the “acutely or chronically ill...” patient that the NPP diagnosed and initiated treatment for.



NP Scope of Practice

- NP has no restrictions on procedures or services they can perform as long as they have the skills, education, training and are competent to perform services.
- NP is not allowed to sign death certificates.
- Allowed to sign handicap parking permits.

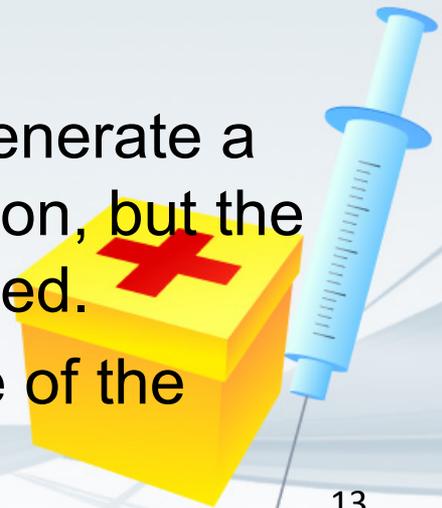


NP Prescriptive Authority

- NPs are not allowed to prescribe Schedule II medications, even if outlined in a collaborative practice agreement.
- NP may prescribe Schedule III opiate and/or narcotic medications, but no more than a 120 hour (5 day) supply of these drugs.
 - Physician must sign-off on 20% of Narcotic's prescribed by the NP

After a 5 day period, the NP is allowed to generate a new prescription for Schedule III medication, but the medication may not be automatically refilled.

- All prescriptions must contain both the name of the prescribing NP and the **collaborating MD.**



MOAPA

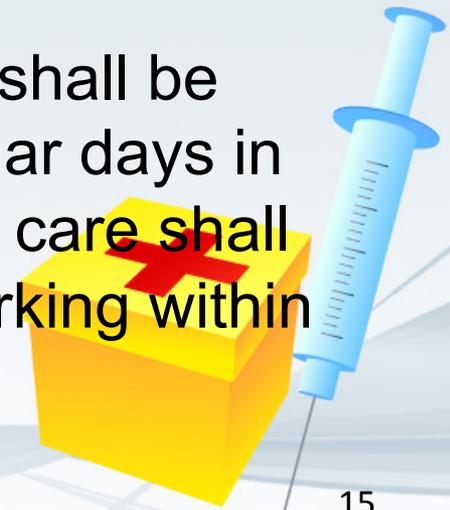
Missouri Academy of Physician Assistants

- Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and that the physician assistant shall not practice beyond the physician assistant's training and experience.



PA Supervision

- Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care.
- Only days in which the physician assistant provides patient care shall be counted toward the fourteen-day period.
- The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician's four hours working within the same facility.



PA Supervision

- The supervising physician must be immediately available in person or via telecommunication during the time the PA is providing care.
- No physician shall serve as supervising physician for more than 3 full-time equivalent licensed PAs (does not apply to PA agreements of hospital employees providing inpatient care service in hospitals).



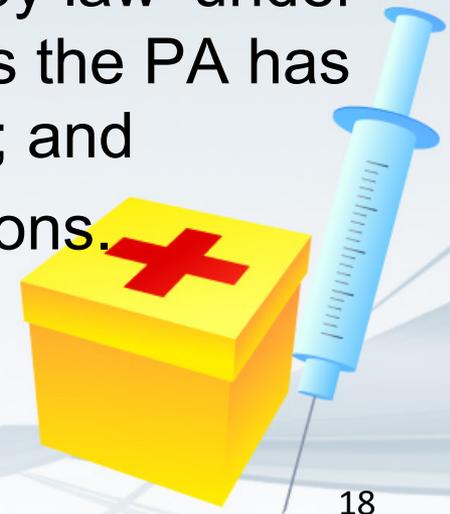
PA Scope of Practice

1. Take patient histories;
2. Perform physical exams;
3. Perform or assist in the performance of routine office lab and patient screening procedures;
4. Perform routine therapeutic procedures;
5. Record diagnostic impressions and evaluate situations calling for attention of a physician to institute treatment procedures;
6. Instruct and counsel patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;



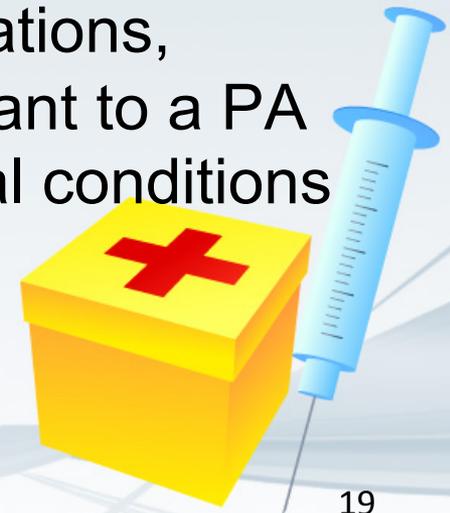
PA Scope of Practice

7. Assist the supervising physician in institutional settings, including reviewing treatment plans, ordering of tests and diagnostic lab and radiology services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;
8. Assist in surgery;
9. Perform such other tasks not prohibited by law under the supervision of a licensed physician as the PA has been trained and is proficient to perform; and
10. PAs shall not perform or prescribe abortions.



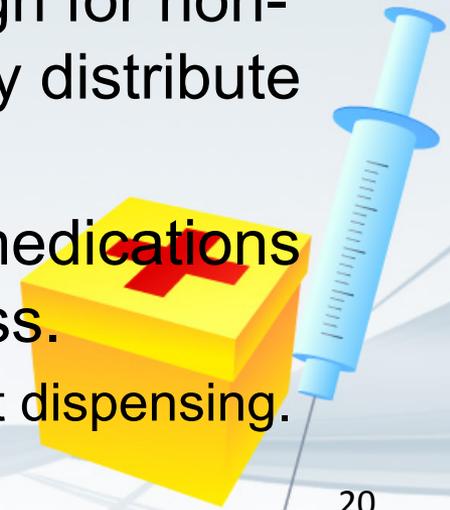
PA Prescriptive Authority

- PA shall not prescribe nor dispense any drug, medicine, device or therapy unless pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures.
- Prescribing and dispensing of drugs, medications, devices or therapies by a PA shall be pursuant to a PA supervision agreement specific to the clinical conditions treated by the supervising physician.



PA Prescriptive Authority

1. A PA shall only prescribe controlled substances in accordance with section 334.747;
2. The types of drugs, medications, devices or therapies prescribed or dispensed by a PA shall be consistent with the scopes of practice of the PA and supervising physician;
3. A PA or APRN may request, receive and sign for non-controlled professional samples and may distribute professional samples to patients;
4. A PA may only **dispense** starter doses of medications to cover a period of time for 72 hours or less.
This does not apply to ordering medications, just dispensing.

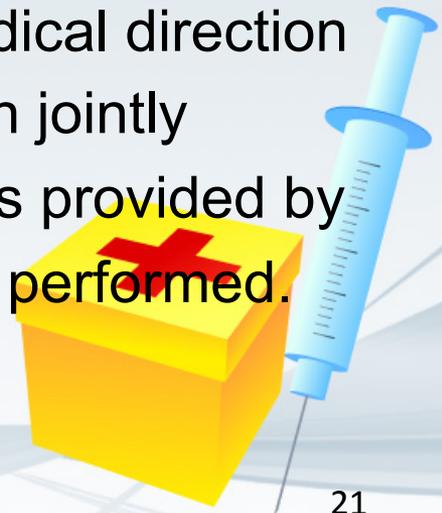


Collaboration Agreement

- Written agreement required to be in place for all NP and PA services.

The regulatory definition of “collaboration” is defined at 42 CFR 410.75 (c):

Collaboration is a process in which a NPP works with one or more physicians to deliver health care services within the scope of the practitioner’s expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as provided by the law of the State in which the services are performed.



Collaborative Agreement - Functions

- Responsibilities/functions of NPP & physician
 - Evaluation & management
 - Prescribing (categories & conditions agreed upon)
 - Procedures (i.e., wound debridement, surgery, IVs, lacerations, EKG, GT replacement, etc.)
 - Diagnostics
 - Emergency care
 - Referrals
 - Physician back-up, vacation coverage



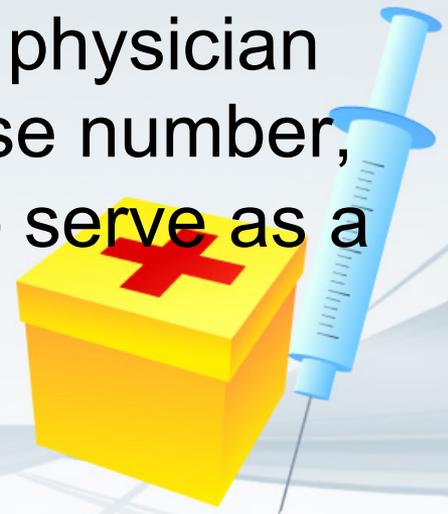
Group Practice Agreement

- **Can our group practice submit one protocol agreement that includes all the NPP's and all the physicians in our practice?**
- No.
 - A collaborative agreement is a written document mutually agreed upon and signed by a collaborating physician and a NPP.
 - Each NPP in the practice must have his/her own protocol agreement with his/her collaborating physician that is submitted to the Medical Board.
 - **The other physicians in the practice can be named as designated physicians in the agreement.**



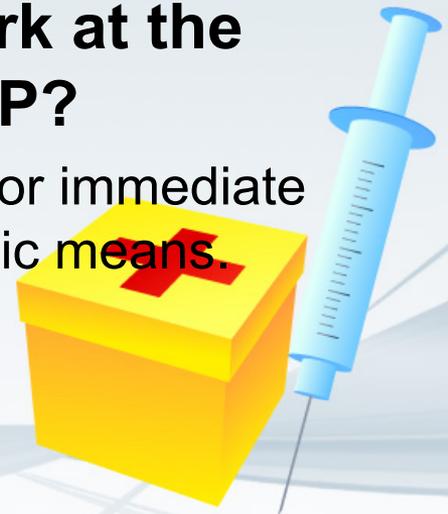
Group Practice Agreement

- **What is a designated physician? What are the requirements for one?**
- A designated physician is a “consulting” physician in the absence of the collaborating physician.
- A designated physician should have the same scope of practice as the collaborating physician and must provide printed name, license number, and signature indicating agreement to serve as a designated physician.



Group Practice Agreement

- **Are there a maximum number of physicians that can be listed on a collaborative agreement?**
 - There can be only one (1) collaborating physician on an agreement. However, there is no limit to the number of designated physicians on an agreement. The number will depend on your particular practice and the physician availability for consultation.
- **Does the delegating physician have to work at the same physical practice location as the NPP?**
 - No. The delegating physician should be available for immediate consultation with the NPP, in person or by electronic means.



Group Practice Agreement

- The collaborating physician, or any other physician designated in the collaborative practice arrangement as a designated physician, shall review the required percent of the in accordance with Missouri laws.
- The collaborating physician (or other designated physician) must be immediately available for consultation. If the collaborating physician or designee is unavailable (vacation, on-leave, etc.) patient services cannot be provided by the NPP.



Collaboration & Competency

- The collaborating physician's signature on Collaborative Agreement would substantiate that the physician has deemed the NPP qualified and has the skills, education, training and competent to perform all services included in the mutually developed agreement.
- If the collaborating physician leaves the practice a new collaborative agreement must be signed and a 30 same-site requirement starts with the new collaborating physician and NPP (even if they were a designated physician prior.)
- Collaborative Agreements must be reviewed by the NPP and physician annually.



Documentation Coding and Billing Your Services

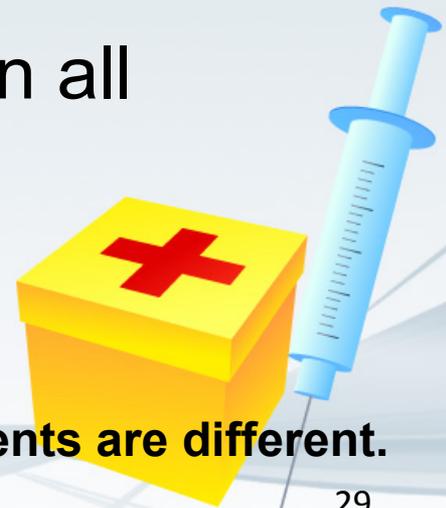


Billing Options For NPPs

- Shared/Split (S/S) under the physician's NPI # in all places-of-service when both the NPP and physician see the patient and document their services on the same DOS, and the services of both are medically necessary

or

- Independent under their own NPI # in all places-of-service



NPPs are not residents – physician documentation requirements are different.

Insurance Considerations

Credentialing

- Medicare and Medicaid
 - Credential NPPs
- Managed Care
 - Up to individual plan
 - Many credential NPPs – If not, we negotiate in contract
- Commercial plans
 - Normally cover to state restrictions
 - Many credential NPPs – If not, we negotiate in contract



Who Credentials Our NPP's Now

Plan	Enrolls APN/ NP/CNS/CNM- Bill NP	Bill Personally Performed by NP - Under MD	Enrolls PA- Bill Under PA	Bill Personally Performed by PA - under MD
Aetna	Y		Y	
BCBS	Y		Y	
Cigna/Great West	N	Y*	N	Y*
Coventry	Y		Y	
Essence	Y		Y	
Harmony	Y		N	Y*
HCUSA	Y		N	Y*
Healthlink	Y		Y	
Home State Health Plan	Y		N	Y*
Medicare	Y		Y	
Meridian	Y		N	N* Must be seen by physician to bill. S/S Visit
Missouri Care	Y		N	Y*
TriCare	Y		Y	
UHC**	Y		Y	
MO Medicaid	Y		Y	
MO Medicare	Y		Y	
Illinois IPA	Y		N	Y*

Y* = For billing personally performed, must bill under the supervising physician

** As of June 1, 2015

Shared Split

Outlined in Section 2050 of the MCM

Furnished by a NPP who qualifies as an employee of SLUCare

a) Must be an employee (W-2) or under a lease contract

Must establish a collaborative agreement with a physician or physician group who provide required supervision.

A hospital employed NPPs documentation cannot be utilized by the physician for billing.



Shared / Split Visits

When a E/M is shared between a physician and an NPP from the same group practice and the physician provides **any medically necessary** face-to-face portion of the E/M encounter with the patient the service may be billed under either the physician's or the non-physician's NPI number.

The physician cannot provide a face-to-face portion of the visit solely for billing when a NPP also provided a documented service to the patient. Being seen by two practitioners for billing must be medically necessary.



Shared / Split Visits

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 non-physician's NPI.

Payment will be made at the appropriate physician fee schedule rate based on the NPI entered on the claim.

Billed under NPP – 85% of fee schedule

Billed under MD – 100% of fee schedule



Shared / Split Visits

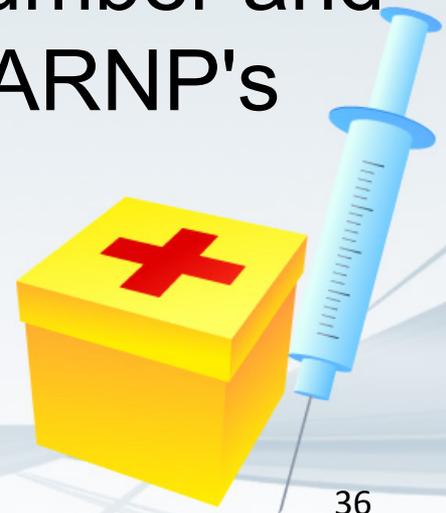
Shared/split may be billed under the physician's name and # if and only if:

1. The physician provides any face-to-face portion of the E/M encounter (even if it is later in the same day as the PA/ARNP's portion); and
2. The physician personally documents in the patient's record the physician's face-to-face portion of the E/M encounter with the patient.



Shared / Split Visits

If the physician does not personally perform and personally and contemporaneously document a face-to-face portion of the E/M encounter with the patient, then the E/M encounter *cannot* be billed under the physician's name and provider number and may be billed only under the PA/ARNP's name and provider number



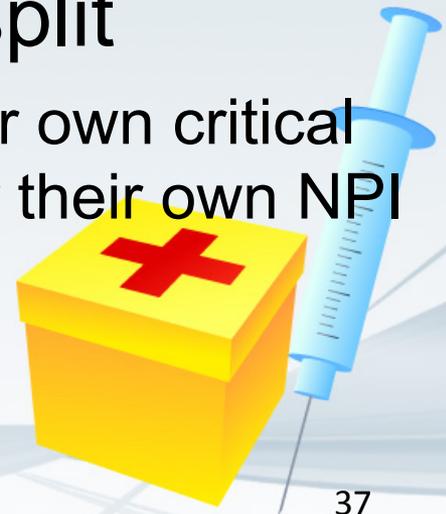
Shared / Split Visits

Procedures **CANNOT** be billed shared/split

If performed by a NPP, always bill under the NPP

Critical Care **CANNOT** be shared/split

- Each practitioner must document his / her own critical time and services and each will bill under their own NPI number



Documentation of Shared Visits

- Typical Flow:
 - NPP sees a patient and documents his/her service.
 - Physician also has a face-to-face encounter with the patient, personally performs one (or more) element(s) of the shared encounter, and documents his/her participation in the medical record.
 - Typically the physician's participation is medical decision making and the physician documents the plan. The physician may also perform (or re-perform) items in the History and Exam that may be documented by the NPP as well.
- The total documentation by both the NPP and the physician can be pooled to support the level of service reported



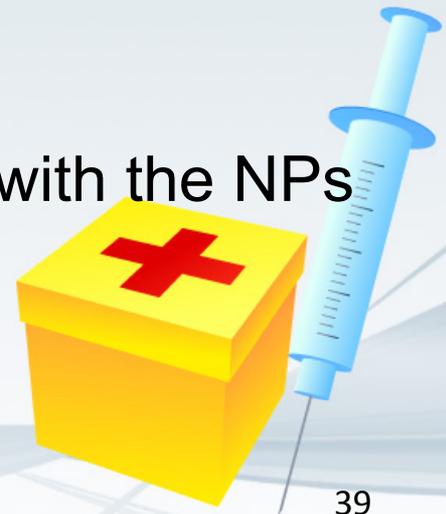
Documentation of Shared Visits

Acceptable documentation from physician:

- “Patient was seen by me. Please see the CRNP’s note for additional details. Patient has less abdominal pain today and abdomen tender on palpitation. Will continue with reduction of xxx and xxx...and will obtain an updated CBC.”
 - Legible physician signature and date.

Unacceptable documentation:

- “I saw the patient and reviewed and agree with the NPs note which we developed together.”
 - Legible physician signature and date.



Shared Visits FAQ's

Q: Can I apply the shared/split billing rules to medical students? Residents? Nurses? Other personnel in my employ or under my supervision?

A: No. The shared/split billing rules apply only to NPPs.

Q: Can a procedure be billed using the shared/split billing rules?

A: No. Only evaluation and management services (CPT codes 99201-99399) may be billed using the shared/split billing mechanism.



Resources:

[Medicare Claims Processing Manual \(Pub. 100-04\), Chapter](#)

Shared Visits FAQ's

Q: Can the NPP and the physician bill for a time-based E/M service based on their pooled time?

A: Yes. The NPP and the physician may pool their non-overlapping time for the time-based codes (e.g. counseling / coordinating care).

This, **does not include critical care services**..

Q: Is there a restriction on the level of procedure codes allowed under the shared/split guidelines?

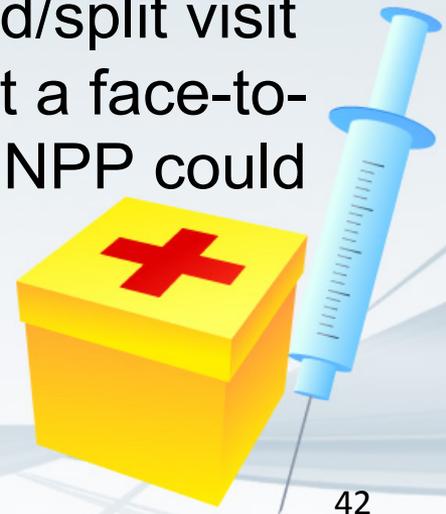
A: There is no restriction on the level of service as long as the situation meets the requirements and the person providing the services can legally perform the services.



Shared Visits FAQ's

Q. Is it necessary to have the physician sign the medical record when the NPP and the physician provide a shared/split visit? Can the NPP document that the physician agrees?

A. Under a shared/split visit situation, both parties must document and sign the work they perform. A notation of "seen and agreed" or "agree with above" would not qualify the situation as a shared/split visit because these statements do not support a face-to-face contact with the physician. Only the NPP could bill for the services.



Billing Under Your NPI

- Does not require physician participation in the service
- Restricted only by state law
- Diagnostic Tests
 - May order PT, OT and ST studies
 - Certify and re-certify plans of treatment and perform consultations
- Assistant at Surgery (modifier AS)



Who Credentials Our NPP's Now

Plan	Enrolls APN/ NP/CNS/CNM- Bill NP	Bill Personally Performed by NP - Under MD	Enrolls PA- Bill Under PA	Bill Personally Performed by PA - under MD
Aetna	Y		Y	
BCBS	Y		Y	
Cigna/Great West	N	Y*	N	Y*
Coventry	Y		Y	
Essence	Y		Y	
Harmony	Y		N	Y*
HCUSA	Y		N	Y*
Healthlink	Y		Y	
Home State Health Plan	Y		N	Y*
Medicare	Y		Y	
Meridian	Y		N	N* Must be seen by physician to bill. S/S Visit
Missouri Care	Y		N	Y*
TriCare	Y		Y	
UHC**	Y		Y	
MO Medicaid	Y		Y	
MO Medicare	Y		Y	
Illinois IPA	Y		N	Y*

Y* = For billing personally performed, must bill under the supervising physician

** As of June 1, 2015

Billing Our NPP Services

Shared Visit Billed Under MD

verse

Billing Under NPP Number

Current Structure in Some But Not All
SLUCare Practice Sites:

- If the NPP user flags the "APN/NP/PA with Physician" response the PROVIDER field is required.
- If the NPP user flags the "No Supervision" response, the PROVIDER field will not accept a provider.



Present Screen Shot

Zzztest, Bailey
Male, 37 y.o., 06/21/1977
PCP: None
My Sticky Note:

MRN: <E1068835>
GA: None
EDD: None
Grav/Para: NONE
ABO/Rh: None
OB Provider: None
Allergies
No Known Allergies
FYI: **Pandemic Epidemic Alert**
Health Maintenance

BestPractice Advisory: BestPrac...
Primary Ins.: None
MyChart: Active

5/19/2015 visit with Susan E Hoffstetter, NP for Office Visit

Images References Admin Benefits Inquiry Dictations Open Orders Care Teams Print AVS Outside Records

Allergies: No Known Allergies Reviewed on 2/4/2015: Mark as Reviewed
Last Vitals: BP: P: T: T Src: Resp: W: H:
SpO2: PF: BMI: BSA: Smoking Status: Never Smoker Smokeless Tobacco Status: Unknown

- History
- OB History
- Problem List
- Annotated Images
- Progress Notes
- Questionnaires

- Orders
- SmartSets
- Dx and Orders
- Meds & Orders
- Results Console

BestPractice

- Discharge
- Comm Mgt
- Pt. Instructions
- LOS & Follow-up**
- Charge Capture
- MU Validation
- Print AVS
- Close Encounter

- Results and Charges
- Orders
- Procedures
- Charge Capture

- COEMIG Preop History
- Demographics/Hx
- Pain Loc/Intensity
- Incontinence
- Abnormal Uterine ...
- Reproductive Issues

No notes filed.

Level of Service & Follow-up

LOS:

Code: Code type: Modifiers: [add more](#) Enter Addl E/M Codes

Auth prov:

Supervision

Type: Provider:

Disposition

Return in:

Return on: Approximately

PRN:

For:

Check-out note:

Follow-up:

Instructions:

Send Chart Upon Closing Section

Recipient	Modifier	Add PCP
		<input type="button" value="Add My List"/>
<input type="button" value="Build My Lists"/>		
<input type="button" value="Clear All"/>		

Comments: [Routing Hx](#)

Remind me to:

Days after encounter closes:

Proposed Flow for NPP Billing

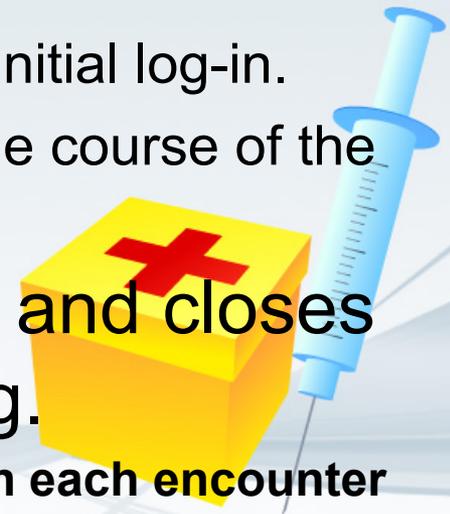
1. Billing under the NPP provider number

– Epic Mid-Level of Service Screen

- Enter once in Epic on the 1st log-in of the day the collaborating physicians (or designee's) name (in the old “supervising physician” screen area).
 - That collaborating provider name will auto populate for all visits that calendar day so the NPP does not need to enter on each encounter.
 - Each day it will need to be reset with the initial log-in.
 - If collaborating physician changes over the course of the day, the NPP can change the physician.

– NPP signs, assigns the billing codes and closes encounter - the claim is sent to billing.

The APN/PA collaborating physician would be completed on each encounter



Proposed Flow for NPP Billing

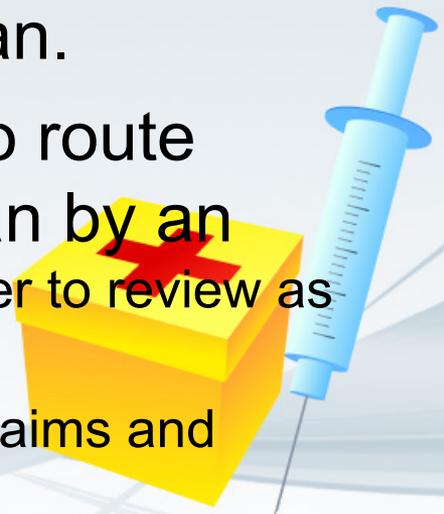
2. Billing “shared visit” under the physician provider number

- If on the shared visit the NPP opens note and documents their portion of the visit, the NPP would route to their collaborating provider/ designee that day that they shared the visit with, sign and close their note.
- The physician then logs-in, document their portion of the encounter, signs, assigns the billing code and closes the encounter.
 - The encounter is then sent to billing.



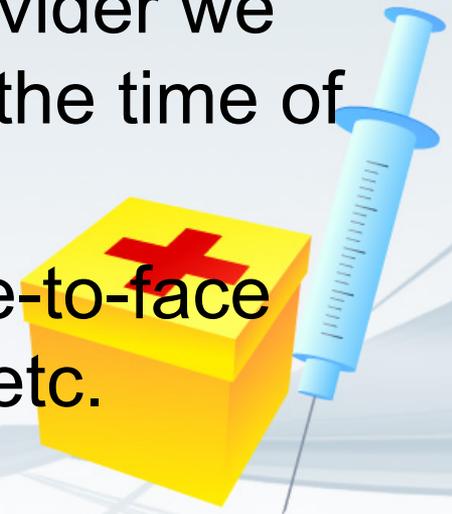
How Can We Track Supervision

- Ideas for Consideration
 - Forward for review and signature services provided by NPPs in Missouri under Scope of Practice physician review and sign-off requirements.
 - If the encounter is routed to the CC box of the physician, then the physician can click the “Done” button which will populate on the back end that the encounter was reviewed by the physician.
 - There is an auto trigger option in Epic to route encounters to the collaborating physician by an NPP. The physician can select 10% of the encounter to review as “Done”
 - Possible downside: This would route 100% of claims and cannot select a sub-group of the encounters.



Billing Nurse Visits

- Both a NP and a physician can meet the requirements for billing the nurse only visits.
- What ever practitioner is present in the suite when the nurse visit occurs, bill under that provider.
- Cannot bill a nurse only visit if the provider we are billing under is not in the office at the time of the visit.
- Nurse only can bill E/M 99211 for face-to-face service and/or injections, blood draw etc.



Authorizing Provider is who provided clinical support for the visit and who the service is billed under.

Clindoc, Addie
Female, 32 y.o., 04/15/1983
PCP: None
My Sticky Note:
CSN: 1622

Allergies
No Known Allergies
Health Maintenance: **Due**
FYI: **Test Patient, Pandemic Epid...**

MRN: <E1068839>
MyChart: Code expired
Primary Ins.: None
Preferred Lab: None

5/19/2015 visit with Rayonda Niebruegge, MA for Clinical Support

Images References Admin Benefits Inquiry Dictations Open Orders Care Teams Print AVS

Order Inquiry
Specimen Inqu...

Snapshot
Chart Review
Flowsheets
Results Review

Allergies
History
Problem List
Demographics
Letters
Identity Manager
Forms
Immunizations
Medications
Order Entry
Orders for Admi...
FYI

Visit Navigator

Allergies: No Known Allergies Reviewed on 11/12/2014: Mark as Reviewed
Last Vitals: BP: P: T: T Src: Resp: W: H:
SpO2: PF: BMI: BSA: LMP: Smoking Status: Never Assessed Smokeless Tobacco Status: Unknown

LOS: PR OFFICE/OUTPT VISIT,EST,LEVL I [99211]

Code: 99211 Code type: CPT(R) Modifiers: [add more](#) Enter Addl E/M Codes

Auth prov:

Disposition

Return in: 0 Days Weeks Months Years

4 Weeks 3 Months 6 Months 1 Year

Return on: Approximately

PRN:

For:

Check-out note:
 abc

Follow-up:

Instructions:

Send Chart Upon Closing Section

Recipient	Modifier	
		Add PCP
		Add My List
		Build My Lists
		Clear All

Comments: [Routing Hx](#) abc

Remind me to:

Days after encounter closes:

Restore Close F9

Any ?

