

# Practice Management Series:

## Reimbursement Rules for Mid-level Providers

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# Agenda

- Mid-levels/NPPs
- PA scopes of practice
- Mid-level billing hospital vs office
  - Incident-to
  - Split/shared billing
- Supervision of Diagnostic Test update
- Review of RA's

# Non-Physician Practitioners (NPP)

- **Nurse Practitioners (NP)**
- **Clinical Nurse Specialist (CNS)**
- **Physician Assistants (PA)**
- **Certified Nurse Midwives (CNM)**
- **Certified Registered Nurse Anesthetists (CRNA)**

# Medicare

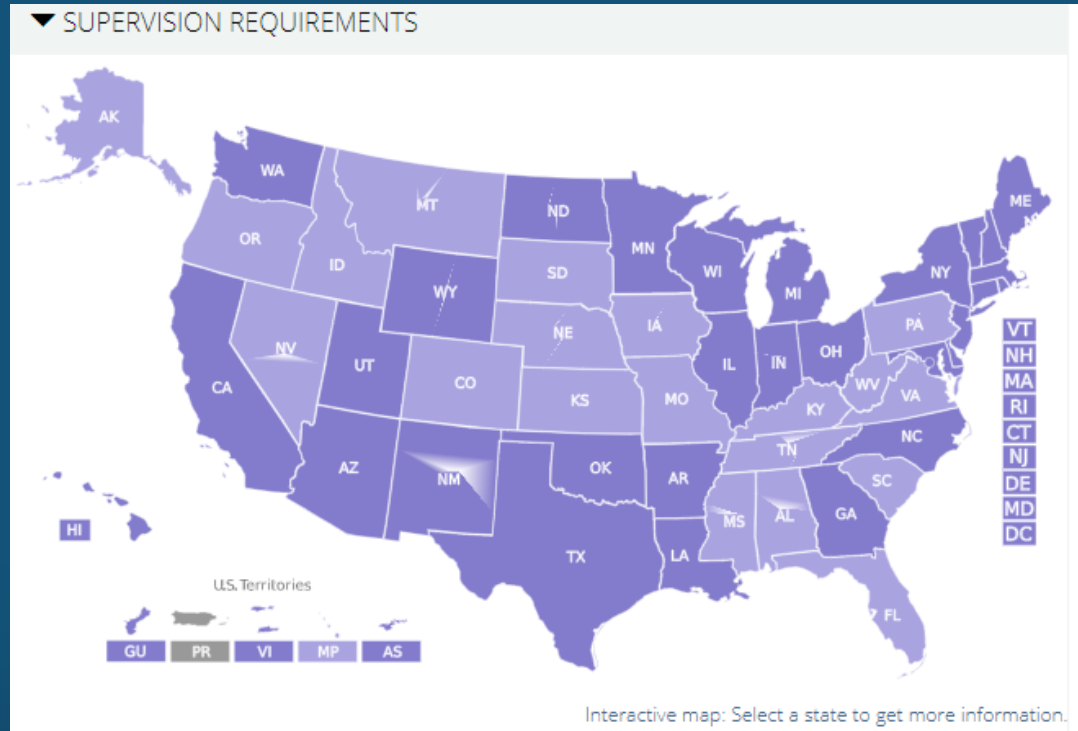
- Bill NPP
- Bill under Physician
  - Incident-to
  - Split/Shared
- Within NPP's Scope of Practice

# PA State Laws

- Licensure
- Prescriptive Authority
- Scope of Practice Determination
- Collaboration Requirements
- Cosignature Requirements
- Number of PA's one physician may collaborate with

# Scope of Practice - PA's

- Statutory or board regulated
  - Florida as an example
- Practice level determination
  - NY and Ohio examples



## LEGEND

- Supervision determined by the State Medical Board or law [more info](#)
- Supervision determined at the practice level [more info](#)
- Unknown [more info](#)

# What can PA's do?

- Physician services delegated to PA
- Adequate training and skill
- Pursuant to agreement and privileges
- Possibly limited further based on state law

# Diagnostic Tests in Radiology

- Unless limited by state law, PA's can read tests
- If adequately trained and skilled
- If delegated



# Supervision of Diagnostic Tests

- NPP's can now supervise ancillary personnel performing diagnostic tests
- Covid-19 waiver → made permanent

## **Supervision of Diagnostic Tests by Certain Nonphysician Practitioners**

For the duration of the COVID-19 PHE, CMS finalized on an interim basis changes to the regulations governing diagnostic X-ray tests, diagnostic laboratory tests, and other diagnostic tests. These changes allow nurse practitioners, clinical nurse specialists, physician assistants, and certified nurse-midwives to provide the appropriate level of supervision required for the performance of diagnostic tests paid under the PFS. Furthermore, these interim changes will continue to ensure that these nonphysician practitioners may order, furnish directly, and, now supervise the performance of diagnostic tests, subject to applicable State law, during the COVID-19 PHE.

# Signatures

- The NPP or physician who performed a service should be the provider signing the final report.
- A physician's signature on a PA's report does not affect reimbursement

# Incident-to Billing

- Employed by same entity
- Physician's Office setting only
- Direct Supervision
- Service must be integral although incidental
- Established patient

# Incident-to Documentation

Dr. \_\_\_\_\_ (enter name of physician), as part of his/her personal professional services in the course of treating this patient, has determined a necessary and appropriate course of treatment for this patient.

In furtherance of Dr. ( \_\_\_\_\_ )'s plan of treatment, (enter name of P.A.) rendered services that were an integral, although incidental, part of Dr. ( \_\_\_\_\_ )'s professional services. The P.A.s services were in addition to the professional services rendered by Dr. \_\_\_\_\_ (enter physician's name here).

# Not incident-to

- Services in the hospital setting
- Some commercial payers may require billing PA under the physician
- Billing a physician incident-to another physician (usually)

# If it is not incident-to

- Bill under the PA's NPI
- Reimbursed at 85%
- When billing under the PA, the physician is not required to see the patient or be onsite when care is provided

# Split/Shared E&M

- Only applicable in hospital-owned inpatient and outpatient facilities or offices.
- Shared Visit allows for a claim to be submitted under a physician for 100% reimbursement in a hospital setting by allowing a PA and physician to “share” the encounter.
- Requirements: Only for Evaluation and Management (E/M), not procedures or critical care.
- The physician and PA must be employed by the same entity.

# Commercial Insurers

- Varies by payer – know your contracts
- PA may be billed under physician in some instances
- Some may reimburse PA at 100% as well



# Quality Payment Program

- Reminder that PA's are eligible clinicians.
- Enrolled in Medicare for 1 year → participate

## MIPS Eligible Clinician Types

You are eligible to report for MIPS if you are a MIPS eligible clinician type (and also meet all the other requirements in the next section). If you're not one of these clinician types, you're exempt from reporting.

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners

# Radiologist Assistants

- Not an NPP
- Hospital vs Office
- Must be supervised by defined level

# Hospital vs Office

- Hospital
  - TC of Diagnostic test only requires general or direct supervision
    - Barium swallows, Fluoroscopy, Cystography, etc. (70000-79999 cpt)
  - Non-diagnostic procedures done by RA are not reimbursable
    - Needle injections of contrast into joint (19999-69999 cpt)
- Office
  - Same rules for diagnostic tests as Hospital
  - Non-diagnostic procedures can be billed under incident-to concept

# Questions?

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