

Billing for Non-Physician Practitioners

*Presented by NYU School of Medicine
Office of Physician Reimbursement
Compliance*

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Goals for This Session

- Understand the difference between Direct Billing and Incident-to Billing
- Understand need to learn CPT and ICD-9 coding principles
 - i.e. Understand E&M coding
- Be aware of documentation requirements
- Understand how services are reimbursed
- Be aware of differences between insurance companies and their coverage



And....it is very important to remember.....



Two Different Billing Scenarios

Direct Billing

- Certain NP Practitioners can be credentialed and can bill under their own provider number
 - Nurse Practitioners, Physician's Assistants, Certified Nurse Specialists, Clinical Psychologists,
- Medicare reimburses on a percentage of the Physician Fee Schedule

Incident-to Billing

- Physician directed team
- Service is billed under physician's provider number



Direct Billing Criteria for Medicare

- Non-Physician Practitioner bills services directly to Medicare
- Must meet Medicare's credentialing requirements
- Can bill in any setting allowable under scope of practice (office, inpatient and outpatient hospital, etc)



Direct Billing Criteria for Medicare

- Can provide any services allowed under their scope of practice, but will only be reimbursed for covered services.
- Should have a collaborative agreement with physician or group of physicians
- Refer to Non-Physician Practitioner Direct Billing Guide



Please note:

Diagnostic testing rules have a different set of regulations and supervision levels.....



What Is an Incident-to Service?

- When services are provided by auxiliary personnel under direct physician supervision, they may be covered as “incident-to” services
- Non-physician practitioner bills for services “under physician’s name”



Incident-to Requirements

- Integral though incidental part of physician's professional service
- Commonly rendered without charge or included in the physician's bill
- Of a type commonly furnished in office/clinic
- Furnished under direct supervision of the physician/group

Source: Medicare Carrier's Manual, Part 3, Chapter 2, 2050.1



Part of Professional Service

- Service must be medically necessary
- Service must follow initial physician service
- Supervision alone is not a service
- Physician incurs overhead expense for service



Integral though incidental

- Services and supplies commonly furnished in physician's offices are covered
 - Where supplies are clearly of a type that a physician is not expected to have on hand in his/her office setting, or are of a type not considered medically appropriate to provide in the office, they are not covered under the incident-to provision
 - Supplies, including drugs and biologicals must be an expense to the physician or legal entity billing.
 - Example: if patient supplies the drug and physician administers it, only administration can be billed by physician
- Service must be medically necessary
- Physician performs subsequent service to show active management and participation



Commonly furnished in Physician's office or clinic

- Place of service MUST be office/clinic
- Generally no hospital or other settings
 - For hospital patients and for SNF patients who are in a Medicare covered stay, there is no Medicare coverage of the services of physician-employed auxiliary personnel as services incident to physicians' services



Direct Personal Supervision

- Not part of same day physician service
- Not in same room
- Physician or other member of group practice must be present in suite
- Clinic exception



Direct Personal Supervision

- Auxiliary personnel means any individual who is acting under the supervision of a physician, regardless of whether the individual is an employee, leased employee, or independent contractor of the physician, or of the legal entity that employs or contracts with the physician. Likewise, the supervising physician may be an employee, leased employee or independent contractor of the legal entity billing and receiving payment for the services or supplies.



Direct Supervision

- If auxiliary personnel perform services outside the office setting, e.g., in a patient's home or in an institution (other than hospital or SNF), their services are covered incident to a physician's service only if there is direct supervision by the physician.

Example:

- nurse accompanied the physician on house calls and administered an injection, the nurse's services are covered.
- If the same nurse made the calls alone and administered the injection, the services are not covered (even when billed by the physician) since the physician is not providing direct supervision.



Supervising vs. Ordering Physician

- In a group practice, where one physician orders a treatment/service to be performed by ancillary personnel under the supervision of a different physician who is a member of the group practice, the service should be billed under the provider number & name of the supervising physician who was present in the office when the service was provided NOT under the ordering physician.



Supervising vs Ordering con't

Example:

Oncologist orders chemo to be given by a nurse while he/she is not present in the office, but under supervision of another physician member of the same group.

Service should be billed under the name of the supervising physician



Supervising vs. Ordering con't

Example #2

- Patient with high blood pressure. At first visit, treatment plan is established that the patient will come in once per week for a BP check. Patient sees a nurse for these weekly visits. This service is billed under the physician supervising the day that the patient is seen in the office.



Per Chapter 14 of Medicare Carriers Manual

- A Nurse Practitioner, Physician Assistant, Nurse Midwife or Certified Nurse Specialist can bill any E&M service (99210-99499) per MCM 15501G
- Other employees must bill 99211
- Cannot bill based on counseling time per MCM 15501C



Incident-to vs Direct Billing

Incident To

No New Patients

No New Problems

Physician In Suite

Not at Hospital or
SNF

Physician Directs
Patient Care

Full Payment

Code at Any Level

Direct Billing

Any Patient

Any Problem

Who cares where Dr
is?

Any Place of Service

NPP Directs Patient
Care

85% of Physician
Fee

Code Any Level



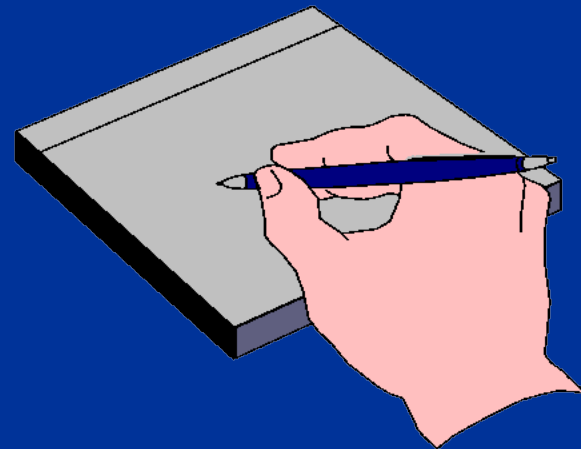
Private Insurance and Managed Care Companies may have different policies and requirements!!

- Some insurance companies do not allow incident-to or billing under the doctor.
- Know your most common payer requirements



General Principles Of Medical Record Documentation

- Complete medical records for each patient
- Make all entries in ink
- Use drawings, illustrations & pictures when appropriate
- Write **legibly**



General Principles Of Medical Record Documentation

For each encounter:

- reason for the encounter and relevant history, exam and prior diagnostic test results
- assessment, clinical impression or diagnosis
- plan of care
- date and legible identity of the observer



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