

SUPERVISION DATA FORM
IMPORTANT: THIS FORM MUST BE UPDATED BY THE PHYSICIAN ASSISTANT AS A CONDITION OF PRACTICE
 Pursuant to s.458.34(7)(c) and s.459.022(7)(d), ES, upon employment, a licensed physician assistant must notify the department in writing within 30 days after each employment and after any subsequent changes in supervision.
 Council on Physician Assistants, 4052 Bald Cypress Way, Bin #C-03, Tallahassee, Florida 32399-3253
 ***** PLEASE PRINT *****
 Name: _____
First Middle Initial Last
 Florida Physician Assistant license number: PA _____
 Print your current mailing address: _____
All current practice locations:
 (1) Facility name: _____
Address #: Street City State Zip Code
 (2) Facility name: _____

Completing the Form

I am ADDING the following supervising physician(s). PLEASE PRINT
 Name and license number of supervising physician(s) Specialty of supervising physician _____
 Beginning date of supervision _____

I am DELETING the following supervising physician(s). PLEASE PRINT
 Name and license number of supervising physician(s) Effective date of deletion _____
 ME or DO license number: _____

Completing the Form

I am ADDING the following practice location(s). PLEASE PRINT
 (1) Facility name: _____
Address #: Street City State Zip Code

I am DELETING the following practice location(s). PLEASE PRINT
 (1) Facility name: _____
Address #: Street City State Zip Code

Physician Assistants Billing Guidelines

- When billing the Medicare program:
 - PA's can bill for his/her services under their National Provider Identifier (NPI)
 - A supervising physician may bill under his/her NPI for services furnished incident-to the physician's professional services in an office or clinic setting
 - Incident-to billing is recognized by Medicare

Incident-to (Office/Clinic Setting only)

- When an E/M service is a shared/split encounter between a physician and a non-physician practitioner (NP, PA, CNS or CNM), the service is considered to have been performed "incident to" if the requirements for "incident to" are met and the patient is an established patient.
- To qualify as "incident to," services must be part of your patient's normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment. The physician does not have to be physically present in the patient's treatment room while these services are provided, but you must provide direct supervision, that is, you must be present in the office suite to render assistance, if necessary. The patient record should document the essential requirements for incident to service.

Physician Assistants Billing Guidelines Office Location

<ul style="list-style-type: none"> • Medicare • New patient – bill under PA's NPI • Established patient – new problem or not seen by MD for greater than one year ... – bill under PA's NPI • Established patient – not a new problem and MD is active in treatment within one year's time – bill under MD or PA's NPI – (MD must be in office suite and immediately available to assist) 	<ul style="list-style-type: none"> • Florida Medicaid • Services may be billed under the MD or PA's NPI • MD must be in the building when billing under his/her NPI • When billing under the PA's NPI, the MD must be available at least by phone • Well-Child visits – bill under PA's NPI • Supervising MD must co-sign note within 24 hours of service date
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Shared/Split Billing

(Hospital Inpatient/Outpatient/Emergency Department Setting)

- When a hospital inpatient/hospital outpatient or emergency department E/M is shared between a physician and an PA from the same group practice and the physician provides any face-to-face portion of the E/M encounter with the patient, the service may be billed under either the physician's or the PA's NPI. 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 PA's NPI.

Physician Assistants Billing Guideline

Hospital Inpatient/Outpatient/Emergency Department Setting

MEDICARE


- PA treats patient without direct MD involvement – bill under PA's NPI
- Both MD and PA involved in care but MD does not perform a face-to-face encounter with patient – bill under PA's NPI
- Both MD and PA involved in care, MD performs a face-to-face but does not write/dictate a separate note – bill under PA's NPI
- Both MD and PA involved in care and MD writes/dictates a separate note – bill under either MD or PA's NPI

Physician Assistants Billing Guidelines

Hospital Inpatient/Outpatient/Emergency Department Setting

FLORIDA MEDICAID

- Services may be billed under the PA's NPI
- Supervising MD must be available at least by phone
- MD must co-sign within 24 hours of the service date
- Services may be billed under the MD's NPI
- Supervising MD must be in the building where service is rendered
- MD must co-sign note within 24 hours of the service date



At the end of the Nurse Practitioner presentation

Nurse Practitioners

- Be a registered professional nurse authorized by the State in which services are furnished.
- Obtain Medicare billing privileges
- Be certified as a NP by a recognized national certifying body
- Services can't be statutorily excluded and must be reasonable and necessary
- Services are performed in collaboration with a physician

Nurse Practitioners

- **Do all nurse practitioners need to file protocols?**
- 464.012(3), F.S. An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol which must be maintained onsite at the location or locations at which an advanced registered nurse practitioner practices. In the case of multiple supervising physicians in the same group, an advanced registered nurse practitioner must enter into a supervisory protocol with at least one physician within the physician group practice.

Nurse Practitioners

- **Can a medical director be appointed as a primary or secondary physician for the ARNP?**
- Yes, if the medical director is in agreement.
- **Is a DEA number required for the physician on a protocol?**
- Yes, all physicians listed in a protocol must include their signature, license number and DEA number.
- **Are original signatures required on a protocol?**
- The original protocol must be filed at the ARNP's practice location site(s).
- **Does an ARNP have to submit multiple protocols for different physicians that will be supervising them?**
- No, an ARNP can have one protocol entailing one page that includes the signatures, license numbers and DEA numbers of all the physicians that will be supervising them.

Nurse Practitioners

- **Should the protocol state which medications can be prescribed?**
- Yes, you must list all medications that the supervising physician has agreed you may prescribe. You may want to use generic names and/or categories of medications instead of using trade names, i.e., antibiotics, antiemetics, etc.
- **Are the protocols reviewed or approved by the Board of Nursing?**
- No. All Nurse practitioners are required to keep the original protocol at the ARNP's practice location site(s) upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol.
- Any alterations to the protocol or amendments should be signed by the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist and kept at the site of practice of each party to the protocol within 30 days of the alteration.

ARNP Protocol – (format example)

I. Requiring Authority:
 A. Nurse Practice Act, Chapter 464, Florida Statutes
 B. Chapter 64B9 4, Florida Administrative Code, Rules Pertaining to Advanced Registered Nurse Practitioners

II. Parties to Protocol:
 (Should include: name, address, ARNP certificate number, and DEA number of the ARNP (if applicable); name, address, license number, and DEA number of all supervising physicians or dentists; Nature of practice, practice location, including primary and satellite sites)

A. (Name), ARNP, ARNP: 9999999, DEA 999999 (If applicable)
 ARNP Address
 123 Street
 Anywhere, FL 12345

B. (Name of authorized supervising physician), title, Florida license number, DEA 999999
 Physician Address
 456 Avenue
 Anywhere, FL 12345

C. Practice Name
 Practice Location
 123 Main Street
 Somewhere, FL 99999

III. Nature of the Practice

This collaborative agreement is to establish and maintain a model in which the ARNP will provide health care services under the general supervision of (name of authorized supervising practice physician, title). This practice shall encompass

family practice and shall focus on health screening and supervision, wellness and health education and counseling, and the treatment of common health problems. [Use appropriate description for your specialty and activities; practice location(s)]

IV. Description of the duties and management areas for which the ARNP is responsible:

A. Duties of the ARNP:

The ARNP may interview clients, obtain and record health histories, perform physical and development assessments, order appropriate diagnostic tests, diagnose health problems, manage the health care of those clients for which the ARNP has been educated, provide health teaching and counseling, initiate referrals, and maintain health records. (Specific guidelines for patient care decision making may be referenced here. I.e., ARNP developed practice guidelines, professionally developed guidelines, text books, etc. Do not send these references to the Board of Nursing.)

B. The conditions for which the ARNP may initiate treatment include, but are not limited to:

- Otitis media and externa
- Conjunctivitis
- Upper respiratory tract infections Sinusitis
- Infections Sinusitis

C. Treatments that may be initiated by the ARNP, depending on the patient condition and judgment of the ARNP:

- Suture of simple and complex lacerations not requiring ligament or tendon repair.
- Incision and drainage of abscesses.
- Removal of ingrown toenail

ARNP Protocol – (format example)

D. Drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order ARNPs can prescribe or dispense a controlled substance as defined in Section 893.03, Florida Statutes, if the ARNP graduated from a program with a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills (authority granted by law on January 1, 2017).

V. Duties of the Physician

The physician shall provide general supervision for routine health care and management of common health problems, and provide consultation and/or accept referrals for complex health problems. The physician shall be available by telephone or by other communication device when not physically available on the premises. If the physician is not available, his associate, (Name of Backup Physician), title, Florida license number/DEA #999999 (or other description of designated authorized supervising physician), will serve as backup for consultation, collaboration and/or referral purposes.

VI. Specific Conditions and Requirements for Direct Evaluation

With respect to specific conditions and procedures that require direct evaluation, collaboration, and/or consultation by the physician, the following will serve as a reference guide:

Clinical Guidelines in Family Practice, X Edition, by Constance R. Uphold, ARNP, PhD, and Mary Virginia Graham, ARNP, PhD (or other reference text or practitioner created reference guide)

OR

The physician will be consulted for the following conditions:

- 3rd degree lacerations
- Severe hypertension determined by _
- Etc. (list appropriate conditions)

VII. All parties to this agreement share equally in the responsibility for reviewing treatment protocols as needed.

(At practice locations where multiple physicians or dentists are supervising the same ARNPs, the practice may delegate to one of the supervising physicians or dentists the authority to sign the protocol for the physicians or dentists listed on the protocol)

Signature /
(Printed Name), ARNP Date

Signature /
(Printed Name), Title Date

PLEASE NOTE:

Effective June 23, 2017, under HB453, in accordance with 464.012 Florida Statutes, practicing ARNPs must maintain their protocol onsite at their place of employment. The Board of Nursing will no longer be required to receive, review, or maintain Advanced Registered Nurse Practitioner protocols.

464.012(3), F.S. An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol which must be maintained onsite at the location or locations at which an advanced registered

nurse practitioner practices. In the case of multiple supervising physicians in the same group, an advanced registered nurse practitioner must enter into a supervisory protocol with at least one physician within the physician group practice.

A copy for each review period must be kept by each party for a period of four years. The supervising physician is responsible for submitting a notice to the Board of Medicine that they have entered into a supervisory relationship with an ARNP.

Nurse Practitioner Billing Guidelines

- Bill for services directly for Medicare using the NPs NPI
- A supervising physician must bill under their NPI for services furnished incident-to the physician's professional services
- Incident-to is only recognized by Medicare

Nurse Practitioner Billing Guidelines

<ul style="list-style-type: none"> • Medicare Office Locations • New Patient/Est. Pt. New Problem • Bill under ARNP • Physician must be available at least by phone 	<ul style="list-style-type: none"> • Medicaid Office Locations • New Patient/Est. Pt. New Problem • Bill under ARNP • Physician must be available at least by phone • If trying to bill under Physician the physician must be in the building
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Nurse Practitioner Billing Guidelines

<ul style="list-style-type: none"> • Medicare Office Locations • Established Patient • Bill under ARNP • Physician must be available at least by phone 	<ul style="list-style-type: none"> • Medicaid Office Locations • Established Patient • Bill under physician • Physician must be in the building or • Bill under ARNP • Physician must be available at least by phone • Well Child Visits must be billed under ARNP. Physician must be available at least by phone
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Nurse Practitioner Billing Guidelines

- Medicare Outpatient Hospital, Inpatient or ER locations
 - ARNP treats patient on date of service without direct physician involvement
 - Bill under ARNP
 - Physician must be available at least by phone
- Medicaid Outpatient Hospital, Inpatient or ER locations
 - ARNP treats patient on date of service without direct physician involvement
 - Bill under ARNP
 - Physician must be available at least by phone

Or

- Bill under physician
- Physician must be in the building

Nurse Practitioner Billing Guidelines

- Medicare Outpatient Hospital, Inpatient or ER locations
 - Physician and ARNP both involved in patient care on date of service, but physician does NOT perform a face-to-face encounter with patient
 - Bill under ARNP
 - Physician must be available at least by phone
- Medicaid Outpatient Hospital, Inpatient or ER locations
 - Physician and ARNP both involved in patient care on date of service, but physician does NOT perform a face-to-face encounter with patient
 - Bill under ARNP
 - Physician must be available at least by phone

Or

- Bill under physician
- Physician must be in the building

Nurse Practitioner Billing Guidelines

- Medicare Outpatient Hospital, Inpatient or ER locations
 - Physician and ARNP both involved in patient care on date of service, AND physician performs a face-to-face encounter with patient. But physician does NOT write or dictate a separate note documenting physician's contribution to the service.
 - Bill under ARNP
 - Physician must be available at least by phone
- Medicaid Outpatient Hospital, Inpatient or ER locations
 - Physician and ARNP both involved in patient care on date of service, AND physician performs a face-to-face encounter with patient. But physician does NOT write or dictate a separate note documenting physician's contribution to the service.
 - Bill under ARNP
 - Physician must be available at least by phone

Or

- Bill under physician
- Physician must be in the building

Nurse Practitioner Billing Guidelines

- Medicare Outpatient Hospital, Inpatient or ER locations
- Physician and ARNP both involved in patient care on date of service and physician performs a face to face with patient
- In addition to ARNP note physician documents their contribution
- Bill under ARNP or Physician
- Doesn't apply to time based codes
- Medicaid Outpatient Hospital, Inpatient or ER locations
- Physician and ARNP both involved in patient care on date of service and physician performs a face to face with patient
 - Bill under ARNP
 - Physician must be available at least by phone
- Or
 - Bill under physician
 - Physician must be in the building
- Critical Care must be performed by physician only

QUESTIONS