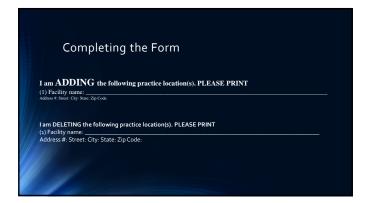


Objectives • Define types of physician extenders • Define requirements for protocols or data supervision agreements • Define split-share vs. incident-to • Define requirements with Government payers

Physician Assistant • Licensed in the state • Passed national certification • Services can't be statutorily excluded • Services are performed under the general supervision of an MD or DO

IVSICIAN itensed physician assistant must notify the bacquent changes in supervision. f, Tallahassee, Florida 32399-3253
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, Tattatiassee, Florida 32397-3233
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	ompleting th	e Form	
Name and li- ohysician	DING the following su ense number of supervising te of supervision		
	NG the following supervis		



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

- 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)
- 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

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

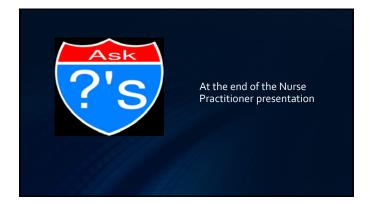
- PA treats patient without direct MD involvement bill under PA's NPI
- Both MD and PA involved in care but MD does <u>not</u> perform a face-to-face encounter with patient bill under PA's NPI
- Both MD and PA involved in care, MD performs a face-to-face but does not write/dictate a separate note bill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

- 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
- Su bu

pervising MD <u>must</u> be in the ilding where service is rendered			
O must co-sign note within 24 urs of the service date			



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.

N	IIIrse	Practitio	ners

- Can a medical director be appointed as a primary or secondary physician for the ARNP?
- Yes, if the medical director is in agreement.
- Yes, all physicians listed in a protocol must include their signature, license number and DEA
- 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
- 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)

Requiring Authority:
 A. Nurse Practice Act, Chapter 464, Florida Statutes
 Chapter 6489 4, Florida Administrative Code, Rules Pertaining to Advanced Registered Nurse Practitioners
 Chapter 6489 4, Florida Administrative Code, Rules Pertaining to Advanced Registered Nurse Practitioners

II. Parties to Protocol:

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

B. (Name of authorized supervising physician), title, Florida license number, DEA 999999 sician Address

456 Avenue Anywhere, FL 12345 C. Practice Name

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 Jacerations not requiring ligament or tendon repair.	
Souther or simple and complex facefactors not requiring ligament or tendor 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	
ARNIPs can prescribe or dispense a controlled substance as defined in Section 893.03. Florida Statutes, if the ARNIP graduated from a program with a master's or doctoral degree in a clinical unusing 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 8999999) for other description of designated	
associate, (Name of Backup Physician), title, Florida license number/DEA #899999 (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 protocol onsiste at their place of employment. The Board of Nursing will no longer be required to receive, review, or maintain Advanced Braitered Minera Receitations greaters for	
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.	
Contact will be a specified of the speci	

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

Bill under ARNP Bill under ARNP	Medicare Office Locations New Patient/Est. Pt. New Problem
Physician must be available at least by phone Physician must be available at leas by phone If trying to bill under Physician the physician must be in the building	Bill under ARNP Physician must be available at least

Nurse Practitioner Bill	ing Guidelines
Medicare Office Locations Established Patient Bill under ARNP Physician must be available at least by phone	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

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 Or • Bill under physician • Physician must be in the building

Nurse Practitioner Bill	ing Guidelines
Medicare Outpatient Hospital, Inpatient or ER locations	 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 	 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
Bill under ARNP	Physician must be available at least
Physician must be available at least by phone	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 Nor Wedicaid 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 the physician of 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 • Critical Care must be in the building • Critical Care must be performed by physician only

