

### NON-PHYSICIAN PRACTITIONER BILLING

Regulations governing reimbursement for non-physician practitioner services in the teaching hospital setting are more restrictive than in other practice settings. The requirements for physician supervision of clinical care and medical record documentation vary by financial sponsor. Financial sponsor should be used to dictate the level of physician supervision and documentation standards that need to be met.

The Medicare and Medicaid regulations are the most stringent guidelines to be followed in the teaching hospital setting. CU Medicine has prepared a manual Regulations Non-Physician Services that is available for each department. This manual explains in detail what documentation and supervision requirements are needed for each non-physician practitioner. The following is a summarization of protocols that should be followed:

If needed, the order for services must be documented in the medical record and should include the date, diagnosis, type and frequency of service ordered, and the type of non-physician practitioner that will be providing the service. The order must be signed and dated by the supervising physician.

The non-physician practitioner is required to document each treatment or visit provided. This notation should include the extent and nature of the service provided, date of service, and dated provider signature.

All progress reviews with the supervising physician should be documented and signed with each participant identified in the note. The supervising physician should document a continuation of an order or a change in the order.

If a carrier requires **direct supervision** by a physician, the supervising physician must be physically present, on the premises, at the time the treatment or service is provided. The Department of Social Services for the State of Colorado and Medicare defines physically present as being present in the immediate area. If the physician must be reached by phone or paged, this requirement is not met, and the non-physician service is not billable. The supervising physician does not have to see each patient, but he/she must be physically present to supervise.

Depending on provider type, a dated signature of both the supervising physician and the non-physician practitioner might be needed on a charge form. The physician's name on the charge form certifies he/she has met the requirements for supervision of the non-physician practitioner. The physician must sign the charge form as #1 supervising provider and the non-physician practitioner must sign as the #2 rendering provider.

A student is never considered to be an intern or a resident. A student means an individual who participated in an accredited educational program (e.g., medical school) that is not an approved graduate medical educational (GME) program. From a billing standard, documentation provided by a student (medical, nurse practitioner, physician assistant, nurse midwifery) may be used to support **only** the review of systems (ROS) and the past, family and social history elements of a Evaluation and Management service (E&M) (Appendix D).

- The Non-Physician Practitioner (nurse practitioners and physician assistants) may **NOT** tie to resident/intern or student (medical or mid-level) documentation to support billing. The **ROS** and **PFSH** are the **ONLY** areas that may be referenced.

CU Medicine's claim logic has been programmed to generate claims with the correct provider's name depending on the financial sponsor of the patient.



## SHARED VISITS WITH NON-PHYSICIAN PRACTITIONERS

CMS has provided clarification on shared Evaluation and Management services when an E/M service is shared between a physician and a non-physician practitioner (NP, PA, CNS, or CNM). The majority of shared visits will be done in the hospital-based setting including inpatient visits and will not follow the “incident to” rules. In our setting, if a physician and a non-physician practitioner each provide a face-to-face portion of an E/M service on the same day, and they both document their own portion of the encounter, the E/M visit may be billed in either the physician’s name or in the non-physician practitioner’s name. The documentation from both providers will be used to support the level of service. Please reference CMS guidance on shared services for relevant codes.

If there is no face-to-face encounter between the patient and the physician, even if the physician participated in the service by reviewing the patient’s medical record, the service may only be billed under the non-physician practitioner’s name.

**Most School of Medicine departments are interested in tracking the productivity of their non-physician practitioners when they are providing shared visits, so in order to do so, CU Medicine has recommended that both providers sign the charge form. For reporting purposes only, the physician should sign as provider #1 and the non-physician practitioner should sign as provider #2. (Appendix M)**