
Regulations for Physician Assistantsrev. 05/01/2012

This memorandum replaces a previous memorandum dated 09/09/10 regarding the supervision and billing requirements for Physician Assistants (PAs). The Colorado State Board of Medical Examiners Rules and Regulations for PAs have revised the supervision requirements. This memo is written for two purposes: 1) to clarify the rules regarding supervision requirements for a PA and 2) to **clarify** the procedure that will need to follow when billing for PAs.

Since the changes in the Balanced Budget Act of 1997 effective January 1, 1998 which allows for the billing of PA services in our setting, more of the departments are hiring or have hired this type of provider. For UPI to bill for the provider's professional services, the PA must be hired through a School of Medicine department and not be a hospital employee. The provider must have a faculty appointment with the School of Medicine.

Requirements for physician supervision differ by carrier but are also defined in the **Rule 400** of the **Colorado State Board of Medical Examiners Rules and Regulations for PAs**. Effective September 30, 2004 the rules were revised regarding supervision of a PA working in an **outpatient setting**.

The PA and the physician are both responsible for implementing and complying with the requirements. The Board has determined that more focus on the assessment of the PA's knowledge, skills and abilities to provide appropriate patient care is the best approach to assure public protection. The outpatient supervision requirements differ depending on the employment and experience status of the PA. I have attached a copy of **Rule 400** for your review and direct you to page 4 and 5. In section C-5 you find three distinctions regarding the supervision requirements for PAs. Section C-6 addresses the performance assessments, which need to be completed by the supervising physician.

Effective July 1, 2010 the legislation now allows a physician to be responsible for the direction and supervision of **four**, rather than 2, physician assistants. This rule was amended to comply with the new statutory requirements.

- **Four Physician Assistant Limit:** Except as otherwise provided in Subsection 2(E) of these Rules, no physician shall be the primary physician supervisor for more than 4 specific, individual physician assistants. The names of such physician assistants shall appear on the form in compliance with Section 4 of these Rules.

For **acute care hospital settings**, (which includes the ED setting) the supervision requirements must comply with the regulations outlined in C.R.S. **Rule 800** section 12-36-106(5)(b)(II)(A), (B) and (C). The board shall allow supervision and direction of the medical service to be performed without the physical presence of the physician during the time the delegated medical functions are being implemented if:

- 1) Such medical functions are performed where the supervising physician regularly practices or in a designed health manpower shortage area;
- 2) **The licensed supervising physician reviews the quality of medical services rendered by the PA every two working days(Defined by Rule 800) by reviewing the medical records;**
- 3) The performance of the delegated medical function otherwise complies with the board's regulations and any restrictions and protocols of the licensed supervising physician and hospital.
 - a. For the purposes of this section, "reviewing the medical records" means review and signature and date by the primary physician supervisor or a secondary physician supervisor. This can be performed either handwritten or an electronic generated signature.

Medicare requirements for our setting state that the PA's physician supervisor is primarily responsible for the overall direction and management of the PA's activities and for assuring that the services provided are medically appropriate for the patient. The supervisor need not be physically present with the PA when a service is furnished (general supervision) however, the physician supervisor must be immediately available for consultation purposes by telephone or other effective means of communication.

Effective July 1, 2002, **Colorado Medicaid** will allow PA services to be rendered under the **general** supervision of a physician. General supervision shall mean the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. The service must be ordered by a MD or a DO and appropriate consultation with the non-physician who actually performs the service is the continuing responsibility of the physicians. Periodic reviews of the patient's plan of care are required and must be documented in the patient's record.

Since documentation requirements for a physician's verification of patient reviews and supervision of a PA differ by carrier, the Colorado State Board of Medical Examiners Rules and Regulations should be followed.

From an overall billing perspective for acute care setting, the coders ensure that the physician has signed and dated the medical record for the PA services prior to billing. For example, if the PA documents on Monday and Tuesday, the supervising physician must sign and date by Wednesday the last entry by the PA in order to bill for these services. **If the supervising physician signature is missing or dated beyond the two working/consecutive calendar days, UPI is unable to bill for the PA service.**

From a billing perspective, claims for **Medicaid** patients will need to include the name and Medicaid number of the PA as the rendering provider. The supervising physician's name and number also needs to be on a Medicaid claim. Both the PA and the supervising physician should electronically sign the encounter in EPIC. The billing provider (MD) and the service provider (PA) can be selected in EPIC from the charge editor window. This is entered into the UPI billing system as billing provider= MD and service provider = PA.

For **Medicare** and **Tricare** services, the encounter needs to be signed by the PA only and the claims will go out in the PA's name. If a carrier, such as a managed care product, needs an identifying physician on a CMS 1500 form, it will be applied by UPI's internal billing system.