Envision PHYSICIAN SERVICES	Policy No.: 310	Signature:	
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BILLING FOR SERVICE PROVIDED BY AN ADVANCED PRACTICE PROVIDER

SCOPE:

All Envision Physician Services and its subsidiaries' (the "Company") colleagues who may be involved in billing/coding for services provided by an Advanced Practice Provider. For purposes of this policy, all references to "colleague" or "colleagues" include temporary, part-time and full-time associates, independent contractors, clinicians, officers and directors.

PURPOSE:

The purpose of this policy is to document the Medicare rules in billing for patient services provided by Advanced Practice Providers (APPs) including Physician Assistants, and Nurse Practitioners.

POLICY:

Medicare rules give special recognition to the services of APPs under which they can be paid separately from or billed incident to a physician. Applicable regulations stipulate that APPs must meet applicable state requirements governing their qualifications to provide services. In addition, these regulations specify the types of APP services that may be covered by Medicare for payment purposes, as well as the payment limitations that exist when APPs treat patients without direct physician contact.

Envision Physician Services and its billing entities will bill for all APPs who are enrolled according to state and payor regulations and guidelines. Medicare stipulates that, for payment to be made for services rendered by an APP, the APP must meet the applicable state requirements governing the qualifications for APPs. Medicaid and Blue Shield enrollment policies and requirements vary from state to state. Envision Physician Services monitors third party payor requirements and adheres to all billing regulations as reflected in the service scenario matrix provided in the billing and coding manual.

PROCEDURE:

For Physician Assistants (PA) at least one of the following conditions must be met:

- Is currently certified by the National Commission **OR**
- Has satisfactorily completed a program for preparing PA's that was at least one (1) academic year in length, consisted of supervised clinical practice and at least four (4) months of classroom instruction, and was accredited by the AMA's Committee on Allied Health Education and Accreditation. **OR**

- Has satisfactorily completed a formal educational program for preparing PA's that does not meet the requirements of the preceding paragraph and has been assisting primary care physicians for a total of twelve (12) months prior to 1987.

For Nurse Practitioners (NP's) certified after January 1, 2003:

- Have a masters degree in nursing; **AND**
- Be a registered professional nurse authorized by the state(s) in which they provide services to practice as a NP; **AND**
- Be certified as a NP by a national certifying body, for example, The American Nurses Credentialing Center, that has established standards for NP's.

Billing the APP Benefit Only

When the physician only supervises and does not treat, bill the APP benefit under the APP's own provider number, and with expected payment at 85% of the physician fee schedule for Medicare. Naturally, this requires Medicare enrollment of APPs, in order to obtain the provider numbers for billing purposes. Other payors that recognize APPs as providers have varying pay or guidelines.

Billing Physician Services with APP Involvement in a Hospital Setting

When the APP assists the physician, but the physician examines the patient and performs medical decision-making, a physician service may be billed. If the physician is providing face-to-face time with the patient, being present for, or performing, the key portion of the procedure, as determined by the physician's own judgment, the service becomes billable under the physician's provider number.

To document physician services when patient care is also provided by the APP the following is the suggested compliance technique:

Boldly label, stamp, or affix in some highlighted manner on the chart the following three attestations. The physician for compliance purpose must complete all three attestations:

- **Patient history was reviewed and I agree with the NP/PA findings, unless otherwise stated. Relevant findings of the HPI are _____.**

- **I personally performed the physical exam, and I agree with the NP/PA findings, unless otherwise stated.**

- **My medical decision making with reference to this patient was _____.**

If emergency departments use APP's, but as a policy have physicians treat each patient, then documentation guidelines should capture the degree of physician involvement to justify billing the physician service to Medicare.

Missing Signatures and Co-Signatures

The signature of the provider of service (the APP or the physician) is required for a service to be billed. Additionally, a state, hospital or payor *may* require the co-signature of the "supervising physician." A supervising physician's co-signature indicates general supervision, not direct supervision. Medicare defines general supervision as a procedure or service furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

The designated contact person at the facility will be notified bi-weekly of any documented charts that are received without a required signature. The provider who originally documented the chart will be expected to sign and date (signing date) the original chart and return a copy for processing. If additional documentation is added to a chart, beyond the required signature, that documentation will not be utilized when coding the chart. Signed charts that are missing documentation or attestations will NOT receive a request for additional information.

Billing for Incident-To Services in an Office Setting

According to Medicare, services rendered by APPs may also be billed "incident to" a physician's services when the services are:

- An integral, although incidental, part of the physician's professional service in the course of diagnosis or treatment of an injury or illness;
- Commonly furnished without charge or included in the physician's bill;
- Of a type that are commonly furnished in physician's offices or clinics; **AND**
- Furnished under a physician's direct supervision.

For services furnished by APPs to be billed incident to a physician's services, the following procedures must be followed:

- **For new patients or existing patients with new problems**: The physician must perform a direct, personal, professional service to *initiate the course of treatment*; AND must perform subsequent services of a frequency which reflects his or her continuing active participation in and management of the course of treatment.

- **For existing patients continuing with the course of treatment**: The physician must perform subsequent services of a frequency which reflects his or her continuing active participation in and management of the course of treatment.

- The incident-to services must represent an expense to the physician or legal entity billing for the services.

- The services must be of a type considered medically appropriate to provide in the office setting.

- The supervising physician must be present in the office suite and immediately available to provide assistance and direction throughout the course of treatment.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy and all HIPAA policies when necessary in the normal course of its review of the Corporate Ethics & Compliance Program.