Role of the Nurse Practitioner

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Public Act 499 of 2016 (HB 5400)

- **Public Act 499 of 2016 (**HB 5400)—The passage of HB 5400 (signed by Governor Snyder on January 9, 2017 with new terms effective April 9, 2017) improves nurse practitioner practice in Michigan in the following ways:
- Defined Advanced Practice Registered Nurse (APRN): CNM, NP, CNS.
- Authorized NPs to prescribe non-scheduled pharmaceuticals independently.
- Authorized NPs to order Physical Therapy, Speech Therapy and restraints (there is nothing included about Occupational Therapy, because current statute in Michigan allows NPs to order OT. Thus, there was no need to make a change).
- Authorized NPs to prescribe Scheduled **II**-V medications with a delegated agreement with a physician. (This is a delegated act)
- i. Both names will appear on the prescription and both DEA numbers will be used, recorded or indicated.
- Authorizes APRNs to order, receive, and dispense a non-scheduled complimentary starter dose drug without delegation from a physician. Only the name of APRN is recorded.
- Authorizes APRNs who have a delegated agreement with a physician for scheduled medications to give complimentary starter doses.
- Authorizes APRN to make calls, round in private homes, public institutions, emergency vehicles, Ambulatory care clinics, hospitals, intermediate or extended care facilities, HMO, Nursing homes or other health care facilitates, without restrictions on the time or frequency of visits by a physician or APRN.
- Added language about APRNs in nursing homes, and added APRNs to the language regarding the rights of nursing home residents.
- Added Clinical Nurse Specialists (CNS) to Public Health Code as APRNs.
- Changed the number of members on Board of Nursing to 24, by adding 1 CNS to board. Once 1 of the public members has served their term the board will return to 23 members, with only 7 public members instead of the current 8.

Prescriptive Authority

- Non-controlled substances: Independent Authority
- CII-V: Require delegated authority

Prescriptive Authority

- **Nurse Practitioners (NPs):** Changes to Board of Medicine and Board of Osteopathic Medicine & Surgery rule sets made in Dec. 2016 allows for NPs to prescribe Schedule II controlled substances. NPs may not be delegated the authority to issue more than a 30 day supply on a single prescription.
- **Advanced Practice Registered Nurses (APRNs):** Changes to the Michigan Public Health Code, which are effective April 9, 2017, reclassify NPs under the APRN umbrella designation, which also includes Nurse Midwives and Certified Nurse Specialists. All APRNs will be granted independent authority for prescribing non-controlled substances, and **delegated authority** to prescribe controlled substances.

Reimbursement for NP Services

- Two methods of Reimbursement for Nurse Practitioners
- Direct: The claim is billed under the NP
- Indirect: The claim is billed under the physician

- **Direct Reimbursement**
- Medicare: 85%
- Medicaid
- BCBS: 85%
- Federal (Champus, Railroad, BCBS Federal): 85%

Enrollment

- October 1, 2012: Michigan Medicaid mandated enrollment of NP/PA who render, order, or bill for covered services to Medicaid beneficiaries
- NPs are required to affiliate themselves with the billing NPI of their respective delegating/supervising physicians
- BCBS: Depends on plan
- Medicare and nearly all other payers allow enrollment of NP

Reimbursement for NP Services

- **Indirect**
- Medicare and Medicare Advantage Plans: Shared/Split service 100%

  Incident to service 100%
- BCBS: Documentation by the physician or NP that the case was reviewed with the physician prior to the visit or by the end of the day on the date of service 100%
- Medicaid: Bill under who performs/documents most of the service which is typically the NP. 100% REGARDLESS
- Medicaid HMO: 100% REGARDLESS

Incident to Billing

- 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.
- Established patient with a plan of care established by a physician
- Direct supervision is required so that physician must be in the office suite to render assistance if necessary
- The NP must be an expense to the practice ("W-2" or leased employee, or an independent contractor)
- Only allowed with place of service "11" which is doctor's office
- No new problems
- Some areas are a bit gray

Incorrect Use of Incident to

- CMS has observed a continued trend of the utilization of non-physician practitioners to perform initial office visits as "incident to" services. Documentation reviewed by the MR Department indicates that a non-physician practitioner performs the initial visit and the supervising physician documents a note in the medical record similar to the following:
- "I have reviewed the Physician Assistant's note, examined the patient and agree with..."
- "Nurse practitioner performed the history and physical and I was present for the entire encounter and my treatment plan is as follows……"
- This is **incorrect** use of the non-physician practitioner and incorrect billing under the "incident to" guidelines. This article explains the Medicare definition of "incident to" services and the criteria that must be met to properly bill "incident to" services.

Exceptions to Incident to

- Flu shots, EKGs, Laboratory tests, or X-rays have their own statutory benefit. Incident to rules do not apply

Shared Visits: Office

- *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. If "incident to" requirements are not met for the shared/split E/M service, the service must be billed under the NPP's and payment will be made at the appropriate physician fee schedule payment.*

Shared Visits: Hospital Inpatient/outpatient/ED

- *When a hospital inpatient/hospital outpatient or emergency department E/M is shared between a physician and an NPP 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 or the NPP. 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 NPP.*

Shared Visit Documentation Requirements

For the Physician:

- A substantive portion of an E/M visit involves all or some portion of the history, exam or medical decision making key components of an E/M service.

Counseling and/or Coordination of Care

- **Recommended Attestation:** *"This visit was <_> minutes total. I spent more than 50% of the total visit time counseling and/or coordinating this patient's care. The details are outlined in the above note."*

•Do's and Don'ts:

- Do combine the time spent by a PA or NP and the Attending.
- Do combine time of separate encounters on the same day from the same specialty group practice
- Don't include time spent teaching residents
- Don't include time considered pre- or post-work, i.e., time on the phone talking to the patient before or after the visit
- Don't include time in the absence of the provider(s), i.e., patient getting an EKG before the face-to-face portion of the visit.

Counseling and/or Coordination of Care

Inpatient: Unit/floor Outpatient: Face-to-face	Level 1	Level 2	Level 3	Level 4	Level 5
New Outpt 99201-99205	10 mins	20 mins	30 mins	45 mins	60 mins
Est Ootpt 99211-99215	5 mins	10 mins	15 mins	25 mins	40 mins
Outpt Consult 99241-99245	15 mins	30 mins	40 mins	60 mins	80 mins
Initial Inpt 99221-99223	30 mins	50 mins	70 mins		
Subs Inpt 99231-99233	15 mins	25 mins	35 mins		
Inpt Consult 99251-99255	20 mns	40 mins	55 mins	80 mins	110 mins
Subs Obs 99224-99226	15 mins	25 mins	35 mins		

Prolong Visit Codes

- **Billing & Documentation Guidelines:**
- Document the total time of the service and the medical necessity for the service
- Time cannot include teaching time or resident time spent in the absence of the teaching physician
- Must be at least 30 minutes beyond typical E/M assigned time
- Total time need not be continuous, but must occur on same calendar date
- **May combine face-to-face time of the NPP and MD (excluding consultations)**
- Cannot count time of ancillary personnel time (e.g., RN, MA, office staff)
- Cannot count time that is not face-to-face (e.g., time spent in therapy)
- Cannot be reported with E/M codes that do not have associated typical times (e.g. Emergency Room Visit Codes)
- Cannot be reported with E/M service code that includes or reflects an extensive duration of time and work (e.g. Discharge Day, Critical Care)

Prolonged Service

Prolonged Service					
Category	**Level**	**CPT Code**	**Typical Time Assigned to Level**	**Threshold Time to add 99354**	**Threshold Time to add 99354 and 99355**
New Outpatient	Level 1	99201	10 minutes	40 (10 + 30)	85 (40 + 45)
	Level 2	99202	20 minutes	50 (20 + 30)	95 (50 + 45)
	Level 3	99203	30 minutes	60 (30 + 30)	105 (60 + 45)
	Level 4	99204	45 minutes	75 (45 + 30)	120 (75 + 45)
	Level 5	99205	60 minutes	90 (60 + 30)	135 (90 + 45)
Established Outpatient	Level 2	99212	10 minutes	40 (10 + 30)	85 (40 + 45)
	Level 3	99213	15 minutes	45 (15 + 30)	90 (45 + 45)
	Level 4	99214	25 minutes	55 (25 + 30)	100 (55 + 45)
	Level 5	99215	40 minutes	70 (40 + 30)	115 (70 + 45)
Outpatient Consultation	Level 1	99241	15 minutes	45 (15 + 30)	90 (45 + 45)
	Level 2	99242	30 minutes	60 (30 + 30)	105 (60 + 45)
	Level 3	99243	40 minutes	70 (40 + 30)	115 (70 + 45)
	Level 4	99244	60 minutes	90 (60 + 30)	135 (90 + 45)
	Level 5	99245	80 minutes	110 (80 + 30)	155 (110 + 45)
Inpatient Visits				**Threshold Time for 99356**	**Threshold Time for 99356 & 99357**
Initial Inpatient	Level 1	99221	30 minutes	60 (30 + 30)	105 (60 + 45)
	Level 2	99222	50 minutes	80 (50 + 30)	125 (80 + 45)
	Level 3	99223	70 minutes	100 (70 + 30)	145 (100 + 45)
Subsequent Inpatient	Level 1	99231	15 minutes	45 (15 + 30)	90 (45 + 45)
	Level 2	99232	25 minutes	55 (25 + 30)	100 (55 + 45)
	Level 3	99233	35 minutes	65 (35 + 30)	110 (65 + 45)

Assistant at Surgery

- Payment is made directly to the NP for assistant-at-surgery services at 85% of 16% of the amount a physician is paid under the Medicare PFS for assistant-at-surgery services

Resources

- Michigan Council of Nurse Practitioners
- Medicare Manual
- Medicaid Manual
- https://www.michigan.gov/documents/mdch/MSA_12-42_396734_7.pdf
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare-Information-for-APRNs-AAs-PAs-Booklet-ICN-901623.pdf
- https://micnp.memberclicks.net/assets/Legislative/2017%20micnp%20hb5400%20passage%20implications.pdf
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R3315CP.pdf

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