

C.F.R.

Clinical Financial Resource, Inc.



Non-Physician Practitioner in an ED Setting

An NPP in the ED is defined by Medicare as either a nurse practitioner (NP) or a physician assistant (PA). The DEA uses the term “midlevel’s” (MLP). Some federal agencies refer to them as advance practice provider (APP’s).

When an emergency department E/M is shared between a physician and an MLP, the service may be billed under either the physician’s or the MLP’s NPI number.

If there is no “face-to-face” portion of the E/M encounter between the patient and the physician, the service may only be billed under the MLP’s NPI number and payment will be made at 85% of the allowable.

Acceptable shared visit documentation

The physician documentation must be lined to the MLP documentation and state one or more elements of the encounter. This element may be an element from the History of present illness, physical examination, or medical decision-making.

- PT seen. PT with severe cough, likely LLL infiltrate, will treat for PNA.

Unacceptable shared visit documentation

- “I have seen and evaluated this patient and agree with the PA notes”
- “Seen and agreed”
- “Agree with above”

Critical Care

MLP’s may report critical care services. Critical care cannot be reported as shared E/M service. Critical care time should reflect the evaluation, treatment and management of a patient by an individual physician or qualified MLP.

Procedures

Procedures and interpretations performed by the MLP must be billed using the MLP's NPI number. The shared service rules only apply to E/M services. "Incident to" rules do not apply in the ED.

Resources

Medicare Carriers Manual Part 3 – Claims Process Transmittal 1734

<https://www.cms.gov/manuals/downloads/clm104c12.pdf>

ACEP FAQ

Lahey Clinic Coding Spotlight – Oct. 20, 2011