



Objectives

- Understand how payer rules differ when billing PA services
- Identify services being rendered and if any special rules apply




Objectives

- Know when a service is billable vs. unbillable in the hospital setting
- Ensure PA education and review for proper charge capture



Facts

- Third fastest growing profession in US between 2004-2014
- Increased number graduating in specialized fields.



Rules

- Generally, payer credentialing determines billing
- Most credential PA's; some exceptions




Exceptions...Problems

- Empire Blue Cross and NYS Empire Plan do not credential mids
- Will reimburse, but under the supervising MD




Exceptions...Problems

- If supervising MD not employed, you can't bill




How do I get paid?

- Employ supervising MDs in a per diem capacity
- Assign a supervising that is employed
- Charge a fee for PA services



Consequences

- Write offs for these payers
- AAPA has been fighting this with Blues for years...




Compliance

- Supervising should be signing off on PA's work
- Supervising should be the same specialty




Other Payer Issues

- Medicaid-cannot bill mid professionals-included in APG's
- MVP-Registers only, supervising must be employed




Other Payer Issues

- CDPHP-just started credentialing PA's as of 1/1/11
- Fidelis-AS claims must be on same claim as surgeon




Assistant at Surgery

- Modifier must be used
- AS modifier specific to PA, NP, Clinical Nurse Specialist for assisting at surgery (HCPCS)




Assistant at Surgery

- CMS reimburses 10.4% of the fee schedule for AS modifier
- Most payors follow the same guidelines, payment may be a bit higher-could negotiate




Assistant at Surgery

- Modifier 80 is from CPT for a physician assisting at surgery
- CMS reimburses 16% of the fee schedule amount
- Non par physicians have a limiting charge of 115% of 16% of the non par fee schedule amount




Assistant at Surgery

- Must use AS for CMS and other payors
- Example-BC must bill under MD; claim billed 43279-80
- CMS will see this as MD assisting, higher payment rate




Assistant at Surgery-Denials

- Most payers have allowable AS procedure list
- Does physician really need a PA assisting? Nurse or tech possible?




Assistant at Surgery Denials

- When operation scheduled verify with MD if PA AS needed if possible
- Verify AS coverage with payer




Par or Non Par?

- Some payers may pay a lower non par rate-depends on contract
- If no reimbursement software in place, may not catch




Incident to Billing

- Medicare billing provision; allows PAs to bill under physicians NPI if you meet their strict criteria




Incident to Billing

- Criteria
 - Services are provided in physicians office or clinic
 - Physician sees patient on initial visit; establishes dx and tx plan, PA sees patient on follow up visit




Incident to Billing

- Criteria
 - For established patients with a new problem, physician sees for new problem, establishes a dx and tx plan, PA sees on follow up visit
 - Physician must be on site or within the suite of offices
 - Services are within PA's state law scope of practice




Incident to Billing

- If the first four criteria are not met you must bill under the PA
- PA's reimbursed at 85% vs 100% for MD




Split/Shared E&M Service

- In IP/OP Hospital or ED setting a visit may be shared
- Example: ED physician sees patient, calls surgical PA to r/o appendicitis-PA sees pt, rules out and pt is discharged




Split/Shared E&M Service

- If both employed by the same group, either may bill, not both
- Can use documentation from both providers to determine level of service, may get to a higher code




Split/Shared E&M Service

- If no face to face encounter with patient and physician (even if physician reviews record only) then must bill under PA



Billing for Everything?

- PA's may be providing services you are not aware of
- PA's may not be aware they are billable-or know how to bill for them




Billing for Everything?

- Example: Surgical PA's performing procedures on inpatients/outpatients
- Catheters, central lines, debridements, biopsies, casting



Billing for Everything?

- All of these examples are billable professional services
- It is only not billable if its something uncomplicated that a nurse could have done




Create and Communicate

- Once you identify what your PA's are doing, create encounter forms
- Ensure they know how to obtain them and how to use them



Create and Communicate

- Make sure you have checks and balances in place for billing
- Run and review reports and perform audits regularly to verify no missed charges/proper billing
- Review all encounters at least yearly for proper coding



Educate

- Review P&Ls with PA groups; this will reinforce the importance of accurate charge capture
- Provide annual coding education by specialty, FP PA's coding very different from Surgical PA's



Confused...Frazzled?



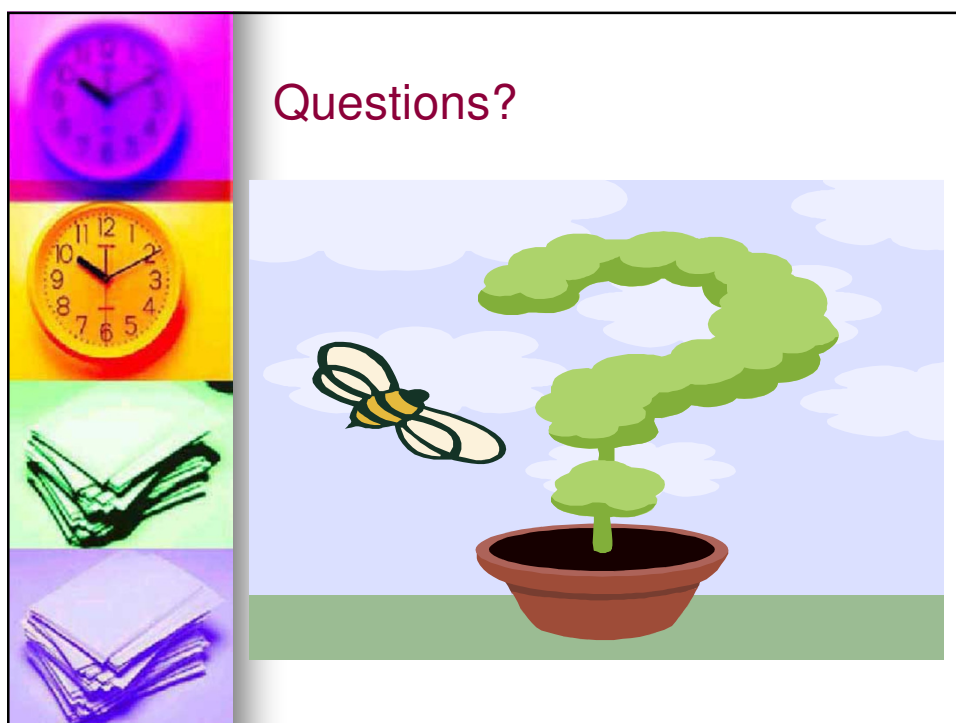
Let's Review

- Business plans-services; predicted volumes
- Supervising physician agreements in place
- Credentialing
- Understand Payer Rules for Billing
- Create, Communicate, Educate
- Denial Mgmt, reconciliation

Got it...Time is Money!



Questions?





Thank you!

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