PURPOSE
This guidance outlines the required qualifications and coverage criteria for the billing and payment of Medicare Services provided by non-physician practitioners in accordance with the Centers for Medicare and Medicaid Services (CMS).

DEFINITION OF NON-PHYSICIAN PRACTITIONER (NPP)
This guidance applies to Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs), specifically Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), and Clinical Nurse Specialists (CNSs).

MEDICARE COVERAGE CRITERIA FOR NPP SERVICES
- NPP is legally authorized and qualified to furnish the services in the State where services are performed
- Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary
- Services are the type considered physicians' services if furnished by a medical doctor or a doctor of osteopathy
- When required, services are performed in collaboration with or under the supervision of a physician (see section below “Medicare Collaboration and Supervision Requirements”)
- Assistant-at-surgery services furnished by an NPP may be covered
- Incident to services and supplies may be covered (see section below “Place of Service” titled “Incident-to Billing” for requirements, including, supervision, which must be met)

COLLABORATION AND SUPERVISION REQUIREMENTS FOR NPP SERVICES

Advanced Practice Registered Nurses (APRNs)
- APRN billed services do not require physician supervision.
- Per Illinois’ Nurse Practice Act, APRNs privileged to practice in a hospital, hospital affiliate, or ambulatory surgical treatment center do not require a written collaborative agreement. All other APRNs require such an agreement with the collaborating physician until they have completed the education/training hours mandated by the State. The physician doesn’t need to be present when the APRN furnishes and bills for services, but must be reachable by telephone or other electronic means.
- Incident-to billing does trigger supervision requirements (see the “Incident-to billing” section below for details)

Physician Assistants (PAs)
- PA billed services require general supervision by an MD/DO (the supervising physician does not need to be physically present when the PA provides the service).
- Per Illinois’ Physician Assistant Practice Act, PAs privileged to practice in a hospital, hospital affiliate, or a licensed ambulatory surgical treatment center may provide services without a written collaborative agreement. All other PAs require such an agreement. The collaborating physician does not need to be present when services are furnished so long as the physician can be reached for consultation by radio, telephone or other electronic means.
- Incident-to billing does trigger supervision requirements (see the “Incident-to billing” section below for details)

PAYMENT FOR SERVICES
When NPPs bill CMS using their National Provider Identification (NPI) number, they are paid at 80% of the lesser of the actual charge or 85% (for PAs, NPs, CNSs) and 100% (for CNMs) of the Medicare Physician Fee Schedule. There is a separate payment policy for paying assistant-at-surgery services.

PLACE OF SERVICE
Place of Service (POS) code is used to identify the setting where the beneficiary received the face-to-face encounter with the billing provider. Below is a list of some UCMC facilities, their POS code, and the type of billing permitted for NPP services.

<table>
<thead>
<tr>
<th>Setting</th>
<th>POS</th>
<th>Type of Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (Comer, CCD, Mitchell)</td>
<td>21 (Inpatient Hospital)</td>
<td>Direct, Split-Shared</td>
</tr>
<tr>
<td>Outpatient (DCAM, Comer)</td>
<td>22 (Outpatient Hospital On-Campus)</td>
<td>Direct, Split-Shared</td>
</tr>
<tr>
<td>Emergency Department (Comer, Adult)</td>
<td>23 (Emergency Room)</td>
<td>Direct, Split-Shared, Incident-to</td>
</tr>
<tr>
<td>Off-campus offices (i.e., Huron, South Loop)</td>
<td>11 (Office)</td>
<td>Direct, Split-Shared, Incident-to</td>
</tr>
</tbody>
</table>
BILLING OPTIONS FOR NPP SERVICES

1. DIRECT BILLING: NPP personally provides services to the patient, independently documents the service, bills under their own NPI, and receives payment based on the physician fee schedule.

2. SPLIT-SHARED BILLING FOR EVALUATION AND MANAGEMENT (E/M) SERVICES: A medically necessary encounter where both the physician and NPP each perform a substantive portion of an E/M visit on the same date of service with the same patient. The service may be billed under the physician’s NPI and Medicare will reimburse 100% of the MPFS amount. If the services are billed under the NPP’s NPI, Medicare will reimburse 85% of the MPFS amount.

   Employment Requirements:
   - Physician and NPP must be employed by same entity (i.e., both BSD employees).
   - If the NPP is employed by the hospital, a service arrangement must be established between the UCMC/CN and the BSD department, and the UCMC/CN cost report must be updated. In the absence of a service agreement, NPP documentation may not be used to support split-shared billing. Physicians must complete their own documentation and cannot rely on or refer to the NPP’s documentation to support the E/M service. (Note: NPP lease agreements from UCMC to the BSD are in place on a section-by-section basis. For questions about existing service agreements in your section, consult your section administrator.)

   Documentation Requirements:
   - Documentation should support the medical necessity of the involvement of both providers and the level of service billed.
   - For time-based encounters, time spent by the Physician and NPP must be documented and summed to define total visit time. Only distinct time should be summed (if there is shared time, the time of only one individual should be counted)
     - APP: Insert “.TIMEATTEST” smartphrase when leveling by time. Only include time independent of the provider.
     - Physician: Fill out time statement in .splitsharednppvisit smart phrase. Ignore statement when N/A and it will disappear.
   - Documentation must reflect that both the Physician and NPP performed at least 1 required E/M element, and that the billing clinician saw the patient face-to-face.
   - Best practice at UCMC is to use the smart phrase .splitsharednppvisit. Other examples of acceptable documentation by the Physician are listed below. *Any additional contribution not described in the NPP’s note, should be added by the Physician.
   - The use of Teaching Physician attestation statements is never acceptable.
   - Both Physician and NPP must sign their note.

Acceptable Physician Documentation

. splitsharednppvisit smart phrase: I personally performed a substantive portion of this patient encounter in conjunction with ***. The patient presents with ***. On physical examination, I personally found ***. My impression/plan is ***. I spent *** minutes of non-overlapping time managing and seeing the patient independent of *APP name* today.

✓ I personally examined and treated the patient and agree with the NPP’s physical exam, assessment and plan. *In addition, I ...

✓ I performed a history and physical examination of the patient and discussed his management with the NPP. I reviewed the NPP note and agree with the documented findings and plan of care.

✓ I saw and evaluated the patient. Agree with NPP’s note but lower extremities are weaker, now 3/5; MRI of L/S Spine today.

Unacceptable Physician Documentation

X Agree with above, followed by legible countersignature or identity.

X Rounded, Reviewed, Agree, followed by legible countersignature or identity.

X Discussed with NPP. Agree, followed by legible countersignature or identity.

X Patient seen and evaluated, followed by legible countersignature or identity.

X A legible countersignature or identity alone.

E/M Services that may be split-shared

- Hospital admissions (99221-99223)
- Subsequent visits (99231-99233)
- Discharge (99238-99239)
- Observation care (99217-99220, 99234-99236)
- ED visits (99281-99285)
- Prolonged care (99354-99357)
- Outpatient visits (99201-99215)

Split-shared does not apply to

- Critical care services (99291-99292)
- Consultations (99241-99255)
- Procedures

.TIMEATTEST (to document APP time)
I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on @ED@. [Only include your time independent of physician time]

3. INCIDENT-TO BILLING: Services that are furnished by an NPP incident to a physician’s professional services. Medicare reimburses at 100% when an NPP provides services billed under the physician’s NPI. Conditions include:

- Applicable only in the office (POS 11) or in some cases, the patient’s home.
- Direct supervision is required such that a physician must be present in the office suite (not necessarily in the treatment room) to render assistance if necessary while the NPP provides the service.
- Patient’s initial visit must be personally performed by the physician who remains actively involved in the treatment course. If an established patient presents with a new or worsening problem, incident-to does not apply.

REFERENCES