NPP: Scope of Practice & Operational Implications

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Current trends:
- Payers and large delivery systems trying to contain and reduce rising healthcare costs
- Growing patient access problems related to physician shortages and PPACA provisions
- Demand for mid-level providers by physicians seeking to sustain their medical practices due to administrative, regulatory and financial pressures

NPPs
- Scribe
- Medical Technologist (MT)
- Limited Practical Nurse (LPN)
- Registered Nurse (RN)
- Advanced Practice Nurse (APN)
- Physician Assistant (PA)
NPP Utilization

Medicare Carrier Manual defines Auxiliary personnel as “…any individual…acting under the supervision of a physician, regardless of whether…an employee, leased employee, or independent contractor of the physician…(or) the legal entity that employs or contracts with the physician…”

In clinical practice, NPP are used:
- To support physicians
- To expand medical services
- To educate patients
- To build their own patient panel
- To develop and manage disease management programs

Medical Scribe

- Does not require a license at this time
- Goal typically to be a doctor or physician assistant
- The Joint Commission 2012 guidelines explained: “A scribe is an unlicensed person hired to enter information into the EHR or chart at the direction of a physician or practitioner (Licensed Independent Practitioner, Advanced Practice Registered Nurse or Physician Assistant).…scribe does not and may not act independently but can document the previously determined physician’s or practitioner’s dictation and/or activities.

Medical Technologists (MTs)

- Some states might require licensure / certification
- Need Bachelor’s Degree
- Nationally recognized agencies that accredit Medical Technologist programs include the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Accrediting Bureau of Health Education Schools (ABHES) and The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)
Licensed Practical Nurse (LPN)

- Case-finding
- Reinforcing the patient and family education program through health teaching, counseling and provision of supportive and restorative care
- Under the direction of a registered or licensed nurse or licensed or otherwise legally authorized physician or dentist

Registered Nurse (RN)

- Diagnosing and treating human responses to actual or potential physical and emotional health problems
- Case-finding, health education, counseling, and provision of care supportive to or restorative of life and well-being
- Executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist
  - Diagnosing – identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen (Distinct from a medical diagnosis)
  - Treating – therapeutic measures to manage/execute nursing regimen
  - Human responses – signs, symptoms and process which denote the individual’s health need or reaction to an actual or potential health problem.

Delegation by RN

- RN may delegate/supervise select nursing tasks to LPN/ancillary nursing personnel (i.e., technicians)
- May not delegate nursing tasks to persons who have not been adequately prepared by “verifiable training and education”
- Non-delegable: tasks that require skills/knowledge obtained in nursing school
Advance Practice Registered Nurse (APRN)

- All tasks which RN may perform
- Initiating lab and other diagnostic tests
- Prescribing/ordering treatments, including referrals
- Prescribing/ordering medications and devices - Inpatient Setting
  - Prior consultation with doctor
  - Standing orders/joint protocols
  - APRN prints (and signs) own name, certification number, and physician's name
  - Physician present/readily available
  - Physicians review chart

Physician Assistants (PA)

- Licensed by State
  - 18 y.o.
  - Good moral character
  - Complete approved program
- Direct supervision by physician
- Limited procedures
- Supervising physician or PA advises patient at time of service that service to be performed by PA
- PA "conspicuously" wears ID tag stating "physician assistant"
- PA entries in clinical record appropriately signed "PA-C"
- Practice beyond limitations is considered professional misconduct

PA: “ discretionary and routine basis”

- Collecting fluids
- Placing and utilizing access catheters and tubes
- Performing minor surgical procedures
- Applying and removing medical and surgical appliances and devices (i.e., splints, casts)
- Management of emergency and life threatening conditions
- Low risk obstetrical deliveries
  - "Subject to review by the Board, such other written procedures established by the employer, provided the procedures are within the training and experience of both the supervising physician and the [PA]."
PA: Procedures requiring MD Order

- Invasive Laboratory Procedures
- Injections, medications and requesting diagnostic studies
- Suturing/caring for facial wounds or traumatic wounds
- Writing prescriptions or ordering medications in inpatient setting
- Acting as first or second assistant in OR
- Other diagnostic, therapeutic or interventional procedures (i.e., radiological studies)
- Catchall: such other procedures as established by employer

Supervision

- Differs from State to State
- Different types of NPPs require different levels of supervision
- Different levels of supervision required for same NPP depending on specific circumstances (location, type of services provided)
- Regardless of legal rules, supervisor should never authorize NPP to provide particular service in particular setting unless NPP has demonstrated competence

Risk Management Impact

- Malpractice claims against supervisor and NPP
- Negligent supervision claim against supervisor
- Disciplinary action against NPP
- Claim for payment for services provided outside scope of practice or with inadequate supervision is a false claim
Implementing Controls

- Beware of applicable rules, State statutes, and regulations
- Develop written policies and procedures
- Make NPPs responsible for ensuring they are acting within scope of practice and are properly supervised
- Maintain proper documentation in personnel files
- Require proper documentation in the medical record

Billing Under Physician

- General Rule
  - A provider cannot bill for services he/she did not personally perform
  - A service provided in a physician’s office by an NPP without any direct physician
  - Split Visit
  - An NPP performs a portion of E&M service
- Hospital Shared Visit Rule
  - An E&M service provided in a hospital involving some level of face-to-face contact between the patient and the physician

Medicare Guidance

- Do it right or don’t do it at all
- Written policy and procedure
- Physician and staff training
- Standards for appropriate documentation
- On-going auditing of State law supervision rules
### ‘Incident-to’

- Only for services provided in physician clinic.
- Only for established patient visits.
- Only to carry out physician-established plan of care for existing condition.
- Cannot involve diagnosis or treatment of new problems.
- Only if a physician is present in the same suite of offices at the time the NPP provides the service.
- Only if the NPP is a cost to the practice, i.e., employee, leased employee, independent contractor.
- If NPP is a mid-level practitioner, bill appropriate level based on documentation (99211-99215).
- Otherwise, service may be billed only as 99211.

### ‘Incident To’ & Supervision

- Physician must be present in the same suite of offices.
- Does not have to be in the same room.
- Must be immediately available to assist NPP.
- Same building or attached building not sufficient.
- Does not have to be the NPP’s supervising physician.
- Bill service under the provider number for the physician present in the office at the time service is provided.
- Need system to document presence of physician.

### Levels of Supervision

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<th>Level</th>
<th>Description</th>
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<tr>
<td>General</td>
<td>Services furnished under MD's overall direction &amp; control. MD presence not required. MD is responsible for training and maintaining equipment.</td>
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<tr>
<td>Direct</td>
<td>MD present in office suite (not room) MD is immediately available throughout service.</td>
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<tr>
<td>Personal</td>
<td>MD must be in attendance in the room during the service/procedure.</td>
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Split Visit

How much work can an NPP perform for physician to bill for the service?

- Key elements and MDM
  1. NPP completes first 3 elements of history
  2. Physician review documentation and completes review of system, exam, and plan of care

Shared Visit

- Applies only to E&M services provided in in-patient and ER setting
- Physician and NPP must be part of the same group practice or on same cost-report
- Physician must provide any face-to-face portion of E&M visit
- Physician must personally document the service
- Level of service is based on combined work of physician and mid-level
- Consultations CANNOT be shared service

NPP Billing

- IF
  - NPP has a provider number and
  - properly credentialed with MCOs, where appropriate,
- Then
  - NPP services can be billed directly @ 85% Medicare Fee Schedule

Healthcare entity should NOT:
- Designate NPP to provide services to only Medicare or Medicaid
Third Party Payors

- Rules vary significantly by payor
- Some payors follow Medicare incident-to rules
- Some are ‘silent’
- Some payors do not credential NPPs & do not pay for services provided by NPP (outside ‘incident to’)

In sum

- Expansion of services – under PCMH, PPACA, MCO access requirements
- Utilization of NPP is a business/operational decision
- Framework design
- Team effort between HR, Legal, Compliance, Ops, Revenue Cycle
- Confirmation of credentialing with third-party payers
- Roll-out
  - Policy & procedure
  - Competency assessment & collaborative oversight
  - Education of NPPs
  - Education of Physicians
  - Incentives aligned to stimulate collaboration (RVU, citizenship, etc.)

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