Advanced Practice Practitioner Coding Guidelines

Teri Bedard, BA, R.T.(R)(T), CPC

May 13, 2023

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Notices

When a third-party payer is involved, the determination of reimbursement for services is the decision of the individual insurance company based on the patient's policy and the third-party payer guidelines. No guidance can adequately address reimbursement issues for the hundreds of insurance payers that exist. Efforts have been made to ensure the information was valid at the date of presentation. Reimbursement policies vary from insurer to insurer and the policies of the same payer may vary within different U.S. regions. All policies should be verified to ensure compliance. Therefore, it is essential that each payer be contacted for their individual requirements.

The websites listed in this presentation are current and valid as of the date of this presentation. However, webpage addresses and the information on them may change or disappear at any time and for any number of reasons. The attendee is encouraged to confirm or locate any URLs listed here that are no longer valid.

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Presenter

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No Conflicts

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Advanced Practice Practitioners (APP)

Who IS an APP?

- Advance Practice Registered Nurses (APRNs), including:
  - Certified Registered Nurse Anesthetists (CRNAs)
  - Nurse Practitioners (NPs)
  - Clinical Nurse Specialists (CNSs)
  - Certified Nurse-Midwives (CNMs)
- Anesthesiologist Assistants (AAs)
- Physician Assistants (PAs)

Who IS NOT an APP?

- Registered Nurses (RN)
- Licensed Practical Nurses (LPN)
- Medical Assistants (MA)
- Ancillary Staff

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What is the Route of APP?

Incident To

Split/Shared

Direct Billing

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Scope of Practice *May Include*…

- Conduct physical exams
- Diagnose and treat illnesses
- Order and interpret tests
- Counsel on preventative health care
- Assist in surgery
- Write prescriptions

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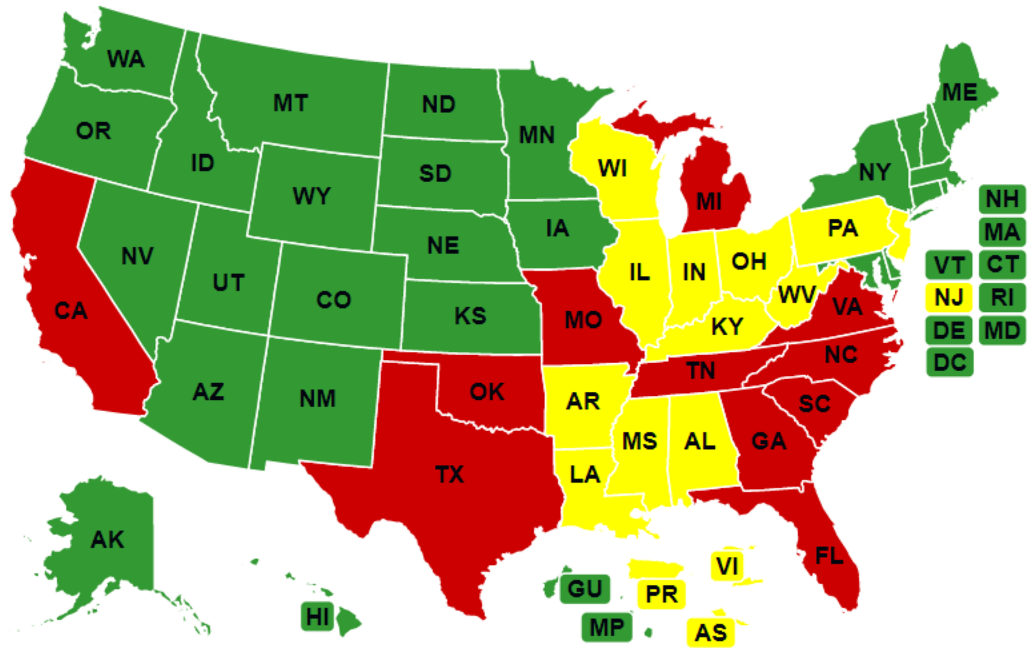
State Scope of Practice Nurse Practitioners



https://www.aanp.org/advocacy/state/state-practice-environment

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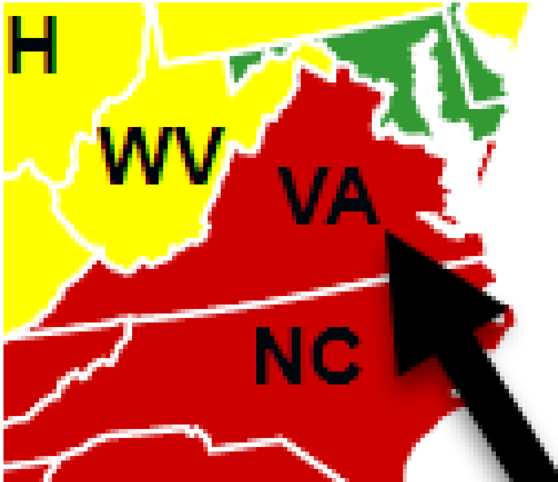
Restricted Practice in Virginia



Restricted Practice

Practice Environment Details

Full Practice
State practice and licensure laws permit all NPs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing. This is the model recommended by the National Academy of Medicine, formerly called the Institute of Medicine, and the National Council of State Boards of Nursing.

Reduced Practice
State practice and licensure laws reduce the ability of NPs to engage in at least one element of NP practice. State law requires a career-long regulated collaborative agreement with another health provider in order for the NP to provide patient care, or it limits the setting of one or more elements of NP practice.

Restricted Practice
State practice and licensure laws restrict the ability of NPs to engage in at least one element of NP practice. State law requires career-long supervision, delegation or team management by another health provider in order for the NP to provide patient care.

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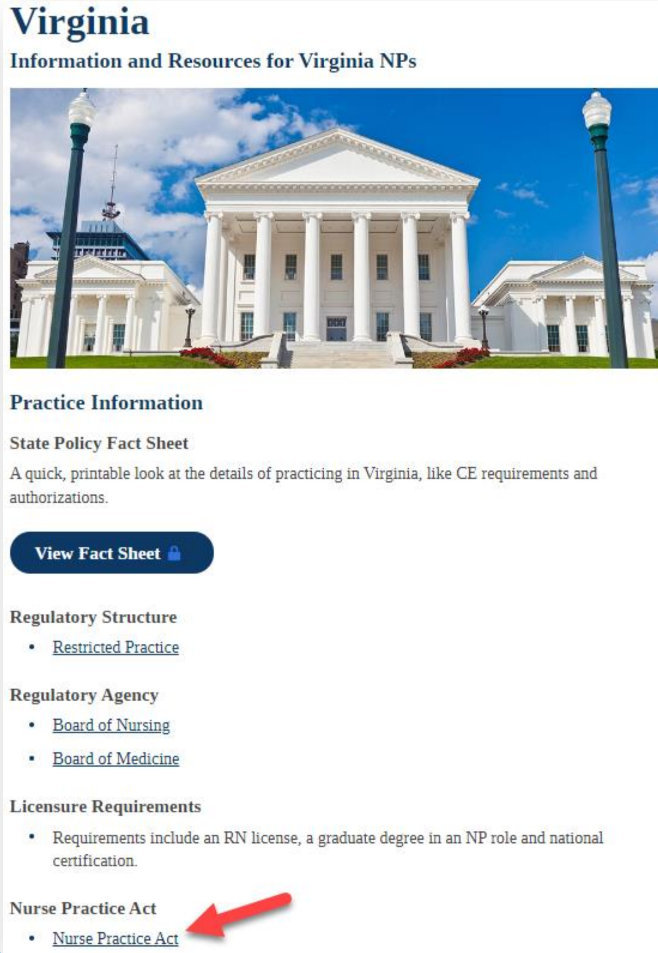
State of Virginia – NPs



Virginia

Information and Resources for Virginia NPs

Practice Information

State Policy Fact Sheet

A quick, printable look at the details of practicing in Virginia, like CE requirements and authorizations.

View Fact Sheet

Regulatory Structure

- Restricted Practice

Regulatory Agency

- Board of Nursing
- Board of Medicine

Licensure Requirements

- Requirements include an RN license, a graduate degree in an NP role and national certification.

Nurse Practice Act

- Nurse Practice Act

Virginia Department of Health Professions

Board of Nursing

Public Resources | Practitioner Resources | Applicant Resources | Education Programs | About the Board

DHP Home > Boards > Nursing > Practitioner Resources > Laws & Regulations

Laws and Regulations

Laws Governing Nursing

Laws as of July 1, 2022

Selected sections of the Code of Virginia

- Laws Governing Nursing (Chapter 30 of Title 54.1 *Code of Virginia*, otherwise known as the ***Nurse Practice Act***)
- Excerpts from Medical Practice Act Relating to Nurse Practitioners
- Drug Laws for Practitioners
- Laws and Regulations for Certified Nurse Aides

Selected Drug Laws for Practitioners

§ 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse practitioners.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed nurse practitioner shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.).

http://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/LawsRegulations/

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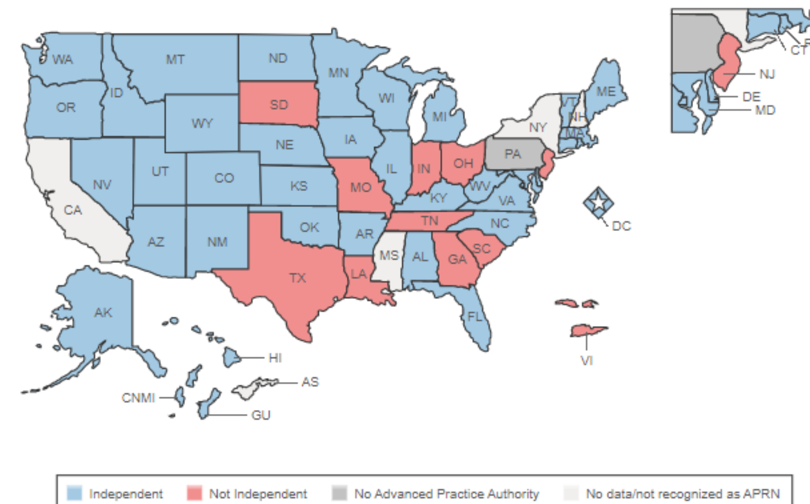
State Scope of Practice Clinical Nurse Specialists

Scope of Practice

Please reference National Council of State Boards of Nursing (NCSBN)'s CNS Independent Practice Map from its APRN Campaign for Consensus: State Progress toward Uniformity for the most current available information.

This resource is continuously updated.

NCSBN CNS Independent Practice Map



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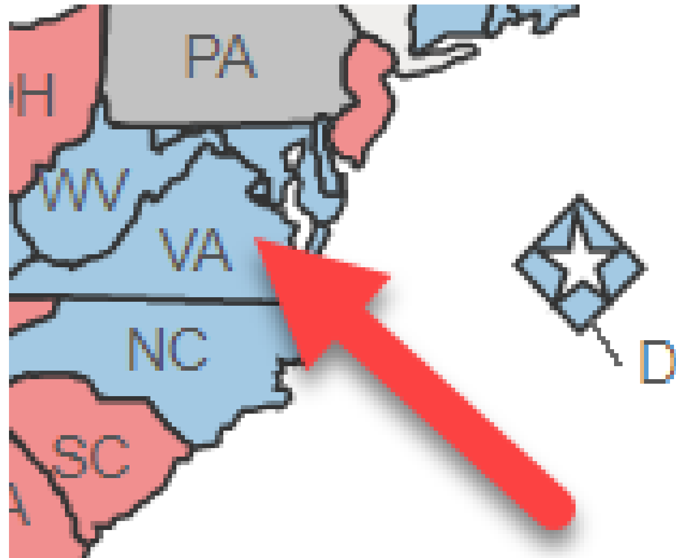
Independent in Virginia



Independent: No requirement for a written collaborative agreement, no supervision, no conditions for practice, may follow a statutorily required period of practice under a collaborative/supervisory agreement.

Not Independent: A written agreement exists that specifies scope of practice and medical acts allowed with or without a general supervision requirement by a MD, DO, DDS, podiatrist or APRN; or direct supervision required in the presence of a licensed, MD, DO, DDS, podiatrist or APRN with or without a written practice agreement, or other conditions to practice.

Prescriptive Authority: An APRN is authorized to prescribe pharmacologic and non-pharmacologic therapies beyond the perioperative and periprocedural periods.

Updated as of 9/7/2022. Maps will be periodically updated as APRN laws change.

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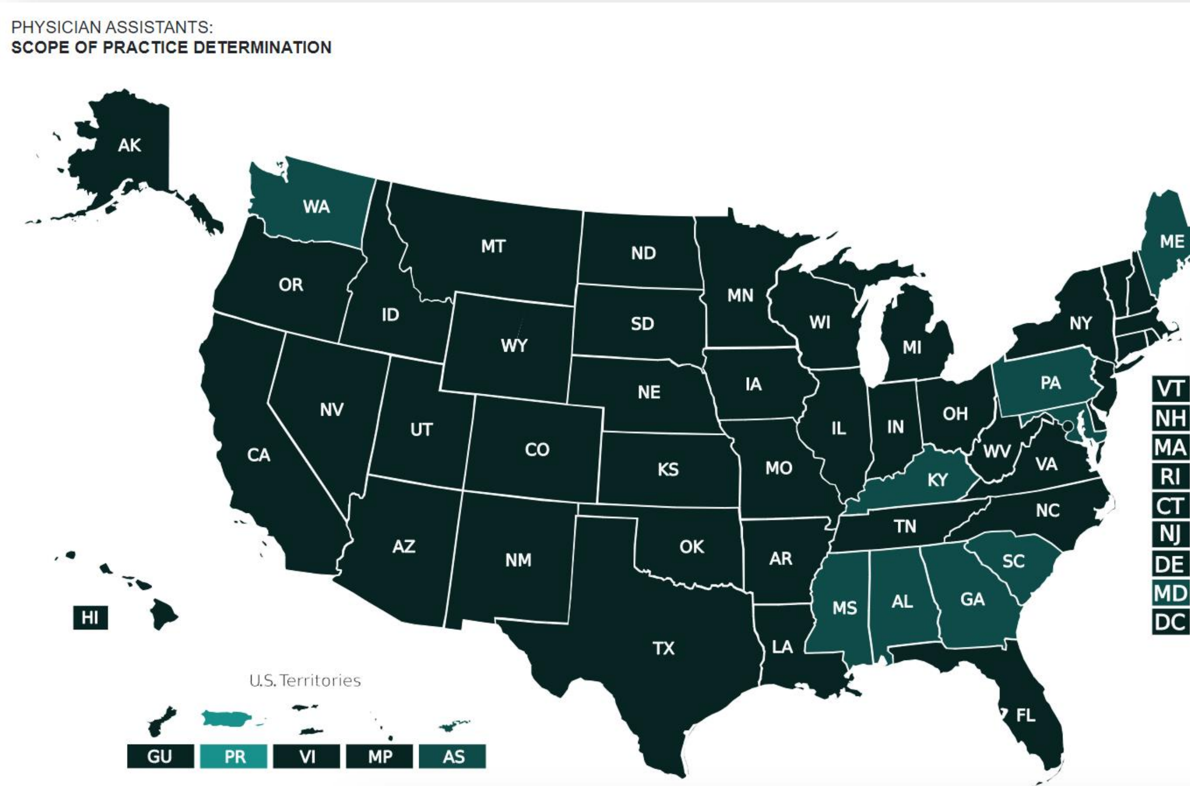
State Scope of Practice Determination Physician Assistants



LEGEND
- SOP determined at the practice level
- SOP determined by the State Medical Board or law
- Information is not currently available

Scope of practice determination refers to whether a physician assistant's scope of practice is determined at the practice level between the physician assistant and the collaborating physician. In some states, the state medical board or state law determines a physician assistant's scope of practice.

https://scopeofpracticepolicy.org/practitioners/physician-assistants/sop/sop-determination/

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State of Virginia – PAs

STATE OVERVIEW:
VIRGINIA

Collaboration allowed with a physician

Prescriptive authority determined at the practice level

SOP determined at the practice level

PHYSICIAN ASSISTANTS

Supervision Requirements

A patient care team physician or patient care team podiatrist may serve on a patient care team with physician assistants and shall provide collaboration and consultation to such physician assistants. Each patient care team shall identify the relevant physician assistant's scope of practice and an evaluation process for the physician assistant's performance. A physician or podiatrist shall not supervise more than six physician assistants at a time. **Va. Code §54.1-2952**

Learn more about Supervision Requirements

Prescriptive Authority for Physician Assistants

A PA may prescribe drugs, devices and controlled substances if authorized through a practice agreement and under the supervision of a physician. **Va. Code §54.1-2952.1**

Learn more about Prescriptive Authority for Physician Assistants

Scope of Practice Determination

The collaborating physician and the PA identify the PA's scope of practice, including the delegation of medical tasks as appropriate to the PA's level of competence. **Va. Code §54.1-2952**

Learn more about Scope of Practice Determination

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Reminder - sometimes there is a difference between what a person has been trained to do and what they are ALLOWED to do by state and/or Medicare guidelines.

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Incident To

- Only applies in office setting
- Does not apply to all services
- Oncologist must see patient for new problems and establish the plan of care
- Requires direct supervision of auxiliary personnel by oncologist
- APP must be employed, leased, or contracted by the physician group
- Physician expected to perform subsequent services of a frequency to reflect active participation during treatment for the specific problem
- Services billed under NPI of oncologist and paid at full Medicare assigned rate

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Nonetheless, in order for services of a nonphysician practitioner to be covered as incident to the services of a physician, the services must meet all of the requirements for coverage specified in §§60 through 60.1. For example, the services must be an integral, although incidental, part of the physician's personal professional services, and they must be performed under the physician's direct supervision.

\- *Medicare Benefit Policy Manual*

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Incident To and Payers

- "Incident To" is a Medicare convention
- Other health plans are free to set their own policies…
- Not all payers recognize "Incident To"!

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Possible Incident To Services

- Chemotherapy and Complex Drug Administrations
  *some exclusions apply
- Therapeutic Infusions
- Hydration
- Follow-up Visits
- Assist w/Side Effects Due to Radiation

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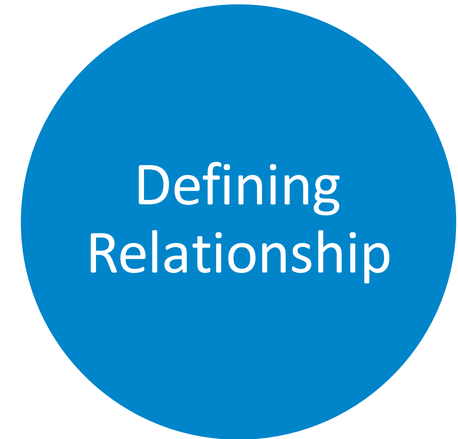
Incident To Documentation

Signatures



Name and professional designation of provider rendering service legible for each service

Signatures with credentials of rendering provider and supervising physician in documentation entries

Documentation from other dates of service needs to identify the relationship/connection between 2 providers

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Split (or Shared) Visit Defined

- E/M visit performed:
  - By both a physician and nonphysician practitioner (NPP) who are in the same group
  - In a facility setting
  - In accordance with applicable laws and regulations
  - For new and established patient visits

Non-facility (physician office) follows incident to or billed under NPI of rendering provider

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Provider who performed substantive portion of visit

Revised metrics related to “substantive” effective January 1, 2024

“Substantive portion” to mean more than half of the total time spent by the physician or NPP performing the visit

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New modifier to identify shared (or split) visits - FS

Allow for data collection by CMS

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Trained in Specialty

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CPT®/HCPCS Codes

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Code Selection

Time

Medical Decision Making

The extent of history and physical examination is not an element in code selection

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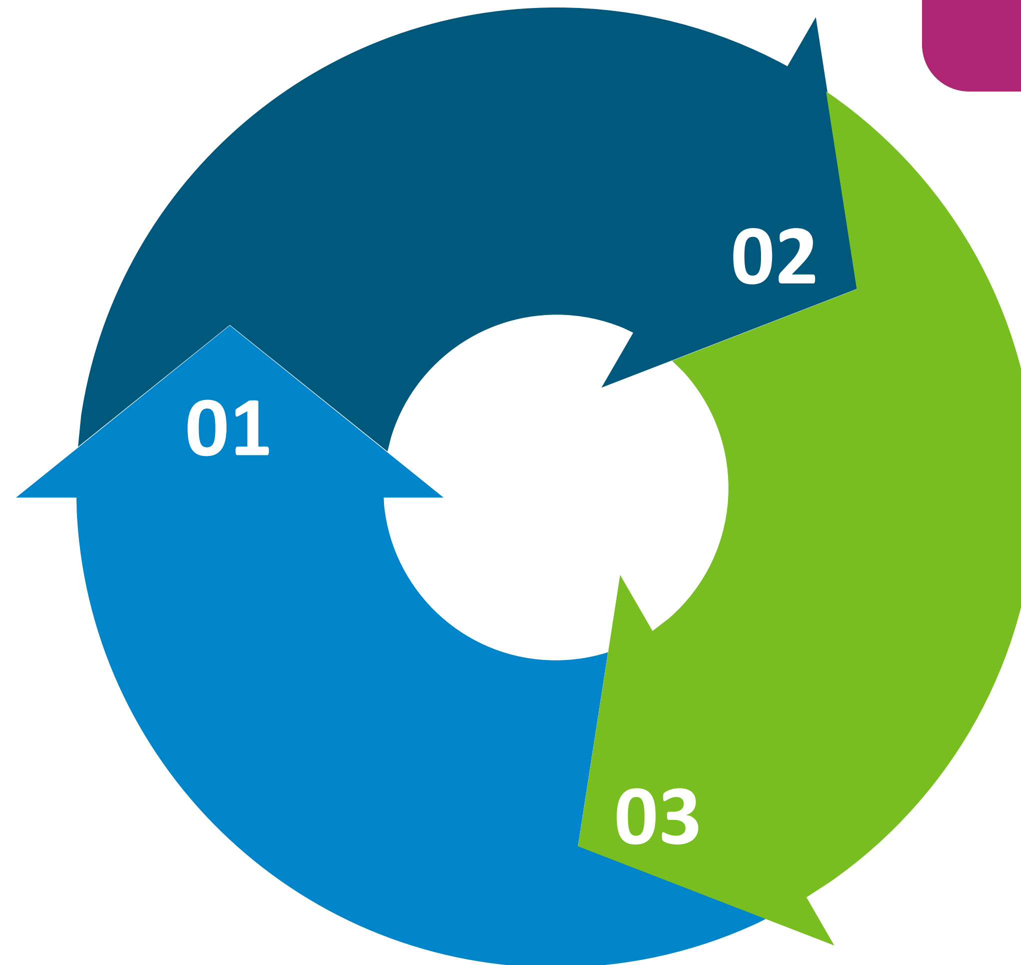
MDM Scoring

Data

Amount and/or Complexity of Data to be Reviewed and Analyzed

Problem (s)

Number and Complexity of Problems Addressed at the Encounter



Level of Medical Decision Making is based on 2 out of 3 Element Levels

Risk

Risk of Complications and/or Morbidity or Mortality of Patient Management

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MDM – Risk

Level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated

Medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization

Includes possible management options selected or considered, but not selected, after shared medical decision making with patient and/or family

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MDM – Drug Therapy Monitoring

- Drugs that require intensive monitoring are therapeutic agents with the potential to cause serious morbidity or death
- Monitoring performed for assessment of adverse effects and not primarily for assessment of therapeutic efficacy
- Monitoring is generally accepted practice for the agent
- May be long-term or short term
- Monitoring includes lab tests, a physiologic tests or imaging
- Monitoring by history or examination does not qualify

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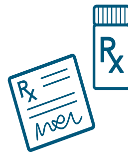
Total Time – Typical Activities

Preparing to see the patient (eg, review of tests)

Obtaining and/or reviewing separately obtained history

Performing a medically appropriate examination and/or evaluation

Counseling and educating the patient/family/caregiver



Ordering medications, tests, or procedures

Referring and communicating with other health care professionals (when not separately reported)

Documenting clinical information in the electronic or other health record

Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver

Care coordination (not separately reported)

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Time is not counted for time spent:

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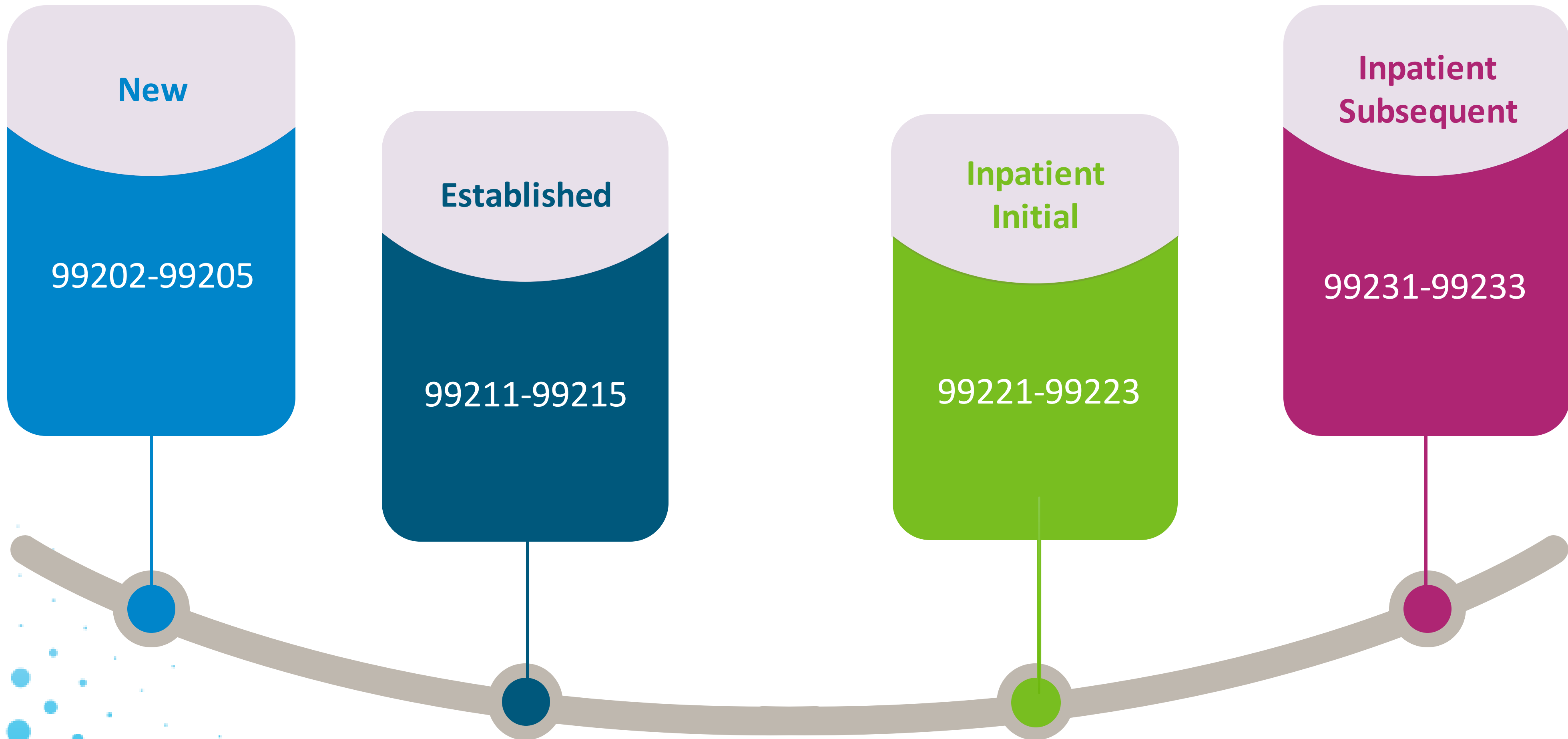
Evaluation and Management Visits



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Outpatient / Office - New Patient Visits

CPT® Code	Definition	Total Time in Minutes on Date of Encounter
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and **straightforward** medical decision making.	15-29
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and **low** level of medical decision making.	30-44
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.	45-59
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.	60-74

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Outpatient / Office - Established Patient Visits

CPT® Code	Definition	Total Time in Minutes on Date of Encounter
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	-
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and **straightforward** medical decision making.	10-19
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and **low** level of medical decision making.	20-29
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.	30-39
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.	40-54

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Inpatient / Observation - Initial Visit

CPT® Code	Definition	Total Time in Minutes on Date of Encounter
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straight forward or low** level medical decision making.	40
99222	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.	55
99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.	75

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Inpatient / Observation – Subsequent Visit

CPT® Code	Definition	Total Time in Minutes on Date of Encounter
99231	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straightforward or low** level of medical decision making.	25
99232	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.	35
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.	50

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Inpatient / Observation – Subsequent Visit

CPT® Code	Definition	Total Time in Minutes on Date of Encounter
99231	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straightforward or low** level of medical decision making.	25
99232	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.	35
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.	50

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Outpatient Prolonged Services

99417 (AMA)	Prolonged office or other outpatient evaluation and management service(s) beyond the total time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)
G2212 (CMS)	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) "(Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes))."

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AMA Examples

Total Duration of New Patient Office or Other Outpatient Services (use code 99205)	Code(s)
Less than 75 minutes	Not reportedly separately
75-89 minutes	99205 x 1 & 99417 x 1
90-104 minutes	99205 x 1 & 99417 x 2
105 minutes or more	99205 x 1 & 99417 x 3 or more for each additional 15 minutes

Total Duration of Established Patient Office or Other Outpatient Services (use code 99215)	Code(s)
Less than 55 minutes	Not reportedly separately
55-69 minutes	99215 x 1 & 99417 x 1
70-84 minutes	99215 x 1 & 99417 x 2
85 minutes or more	99215 x 1 & 99417 x 3 or more for each additional 15 minutes

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CMS Threshold Outpatient Visits

New Patient

CPT® Code(s)	Total Time Required for Reporting
99205	60-74 minutes
99205 x 1 and G2212 x 1	89-103 minutes
99205 x 1 and G2212 x 2	104-118 minutes
99205 x 1 and G2212 x 3 or more for each additional 15 minutes	119 or more

Established Patient

CPT® Code(s)	Total Time Required for Reporting
99215	40-54 minutes
99215 x 1 and G2212 x 1	69-83 minutes
99215 x 1 and G2212 x 2	84-98 minutes
99215 x 1 and G2212 x 3 or more for each additional 15 minutes	99 or more

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Inpatient or Observation Prolonged Services

99418 (AMA)	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time
G0316 (CMS)	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact

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AMA Threshold Hospital Services

Initial Inpatient

Total Duration of Initial Inpatient and Observation Care (use code 99223)	Code(s)
Less than 90 minutes	Not reportedly separately
90 minutes	99223 x 1 & 99418 x 1
105 minutes	99223 x 1 & 99418 x 2
120 minutes or more	99223 x 1 & 99418 x 3 or more for each additional 15 minutes

Subsequent Inpatient

Total Duration of Subsequent Inpatient and Observation Care (use code 99233)	Code(s)
Less than 65 minutes	Not reportedly separately
65 minutes	99233 x 1 & 99418 x 1
80 minutes	99233 x 1 & 99418 x 2
95 minutes or more	99233 x 1 & 99418 x 3 or more for each additional 15 minutes

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Inpatient Prolonged Service (CMS)

Primary E/M Service Prolonged	Prolonged Code	Time Threshold to Report Prolonged	Count physician/NPP time spent within this time period (surveyed timeframe)
Initial IP/Obs. Visit (99223)	G0316	90 minutes	Date of visit
Subsequent IP/Obs. Visit (99233)	G0316	65 minutes	Date of visit
IP/Obs. Same-Day Admission/Discharge (99236)	G0316	110 minutes	Date of visit to 3 days after

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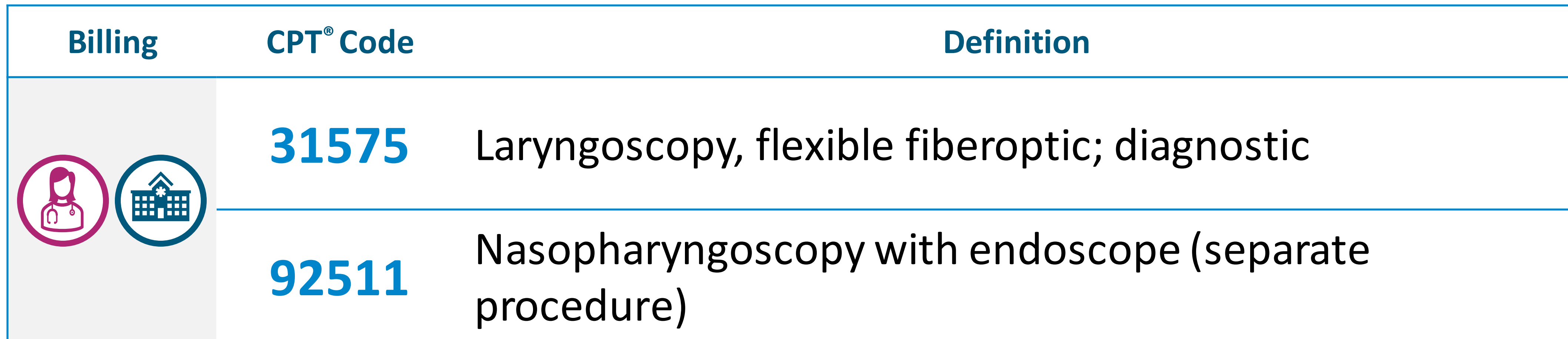
Additional Procedures



Billing	CPT® Code	Definition
	31575	Laryngoscopy, flexible fiberoptic; diagnostic
	92511	Nasopharyngoscopy with endoscope (separate procedure)

Cannot count time for additional procedures during E/M as part of visit (MDM or time).

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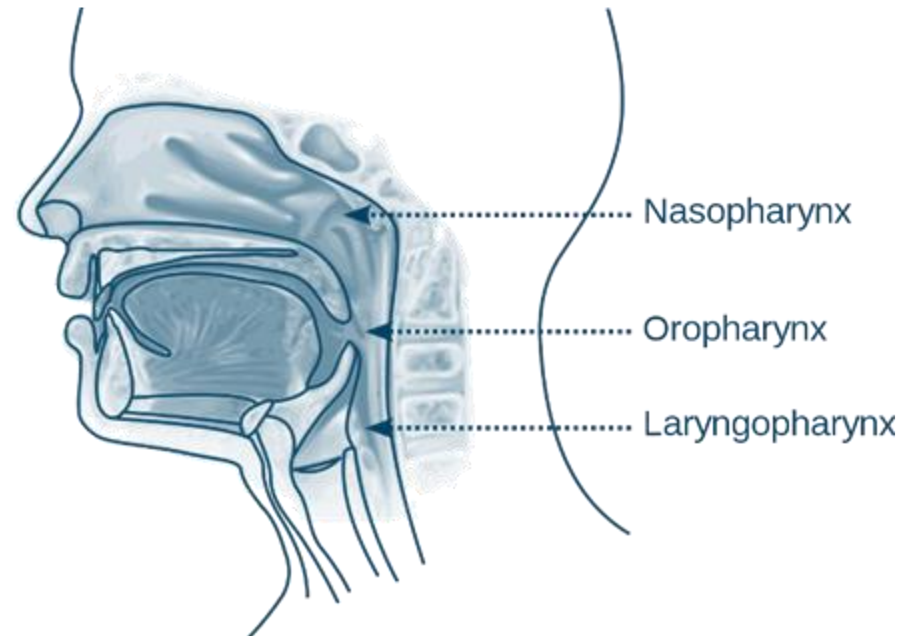
Code Selection

Key to code assignment is the anatomy viewed



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Documentation Additional Procedures

Separate documentation of each service (e.g., E/M and procedure) is recommended so that each service is readily and individually identifiable as such.

Each may be documented separately in progress or other appropriate notes. Separate pages for each service are not required.

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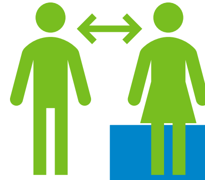
Levels of Supervision

General

- The procedure is furnished under the physician's overall direction and control, but that the physician's presence is not required during the performance of the procedure.



Direct

- The physician must be present and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

Personal

- A physician must be in attendance in the room during the performance of the procedure. .

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Supervision

By Setting

- CPT® manual, the administration of drugs, biologicals and substances requires direct physician supervision in the office or freestanding center
- Physician or qualified nonphysician practitioner providing the direct supervision must be able to "furnish assistance and direction throughout the performance of the service."
- Hospitals have minimum of general physician supervision required since 2020.

Supervising Physician

- "In some cases the physician or nonphysician practitioner who performed an initial service and ordered the service that is subsequently performed by auxiliary personnel is not the same person who is supervising the service. Then the supervising physician must be identified on both the paper and electronic claim forms."

Ordering Physician

- "Item 24J - Enter the rendering provider's NPI number in the lower unshaded portion. In the case of a service provided incident-to the service of a physician or non-physician practitioner, when the person who ordered the service is not supervising, enter the NPI of the supervisor in the lower unshaded portion."

Personally Performed

- Supervision and personally performed are different. Most drug administration services are performed Incident and billed under name of oncologist providing direct supervision.
- Procedures such as intralesional administration of chemotherapy and bone marrow biopsies are billed in the name of the provider who performed the service.

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Final Key Points

Ensure all staff understand roles and scopes of practitioners

Be clear who did what in documentation

Incident to – ensure supervision is evident, physician work timely and documented

Split/Shared – time, names and credentials for both is documented

Direct billing – service guidelines met and NPI of APP is listed

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Make A Checklist

- ✓State scope of practice
- ✓Risk management insurance
- ✓Written collaboration agreement
  - ✓Between physician/physician practice and APP
  - ✓Outline what is in scope and what is out for those States that allow practice establishment
  - ✓Ensure training, education & expertise pertains to medical and/or radiation oncology and is maintained and updated
  - ✓Some states require written collaboration to be filed with State before services can be provided
- ✓Must be credentialed with payers

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Payer Questions

Do you credential nonphysicians?

Are they included in the provider listing?

Is there a different reimbursement rate?

Do you require that claims list the APP's name?

Is there a supervision requirement?

Which physician is listed on the claim?

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Questions

Thank you for attending!

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