



Alternative Practitioners: From "Incident-To" to Locum Tenens; How to Ensure Compliance with Federal Regulations Get Paid AND Keep It!

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Objective of Presentation

- *Tips on how to maneuver the complex guidelines for non-physician practitioners in the hospital setting and maintain compliance of temporary practitioners in an office and hospital setting*



Overview of Presentation

- Optimizing the midlevel practitioner
 - Understanding what they can perform and what they can document
 - Understanding state laws and scope of practice
 - Understanding hospital bylaws/credentialing
 - Understanding the differences between Medicare/Medicaid/Managed Care credentialing
 - Understanding the difference between shared visits and "incident -to"
- Substitute Physicians
 - Understanding the different parameters around employed, part-time, PRN, and agency physicians
- Students



Scope of Practice, State Law and Hospital By-Laws



Scope of Practice, State Law and Hospital By-Laws

- Definition of Non-Physician or Mid-Level Practitioner- Are *all* created equal?
- State Law versus CMS
- Scope of Practice-What can non physician practitioners perform?
 - Writing orders
 - Prescribing
 - Performing procedures—hospital vs office
- Supervision requirements--Are there differences between NP's and PA's?
- Muddying the water with hospital bylaws



Scope of Practice, State Law and Hospital By-Laws

- Collaboration versus supervision
- What are the signature requirements?
The physician may be required to sign off on any entry made by an NPP based on hospital protocol which does not translate to billing rules and regulations
- Credentialing and Contract Language
- Medicare versus Medicaid
- What does managed care really think? Can NPP's get their own provider numbers?



Utilizing a Mid-Level in the Office Setting



Mid-Levels in the Office Setting

- What is the role of an NP or PA in the office setting?
- Utilization: What is the best case scenario?
 - New Patients?
 - Established Patients?
 - Post Op Visits?
 - Consults?
- Three basic questions: Why? When? Where?
- What can they perform?
 - Evaluation and Management Services
 - Diagnostic Testing
 - Procedures



Incident-To Guidelines

- What does "incident-to" really mean?
- New patients or established patients with new problems/diagnoses ***must be seen initially by the physician to establish the plan of care.***
 - The NP can provide the follow-up visits and bill "incident-to" as long as the physician remains involved in the subsequent care of the patient thereby creating a physician service to which the non-physician providers' services relate.



Incident-To Guidelines

- What does "incident-to" really mean? (cont...)
 - A physician must be on the premises, but not necessarily in the room, when incident-to services are performed.
?? In the hospital connected by walkway ??
 - The medical record must reflect that there is continued involvement from the physician in the patient's care to bill incident-to.



Incident-To Guidelines

- What does "incident-to" really mean? (cont...)
 - Diagnostic tests must be done under the testing supervision requirements: general, direct and personal, which is designated by CPT code as well as per scope of licensure governed by state guidelines.
 - The nonphysician provider must be a W-2 or leased employees of the physician, and the physician must be able to terminate the employee and direct how the Medicare services are provided by that employee.



Incident-To Guidelines

- What does "incident-to" really mean? (cont...)
 - State Medicaid rules often differ on "incident-to" guidelines and some do not recognize the concept at all (Georgia included).



Mid-Levels in the Office Setting

- How does the payment differential effect your practice?
- Does it make good sense for your practice?
- Things to consider:
 - Shifting patient volumes
 - Increasing capacity
 - Rounding at the hospital



Utilizing Mid-Levels at the Hospital Level



Mid-Levels in the Hospital Setting

- Why? When? Where?
 - Why are these three questions so important
- Incident-To?
- Shared Services
 - What does "shared" really mean?
 - Is a signature sufficient?
- Medicare versus Medicaid
 - Are the rules the same?
- Managed Care
 - What do the contracts say?



Mid-Level Hospital Summary

- Human Dictaphone or Added Value?
 - The "scribe" is a walking dictaphone and can not add their own observations.
 - The 'scribe' must identify themselves with credentials and certify the note is the physicians work and dictation.
 - The physician and the midlevel MUST sign.
- What makes sense for your practice?
 - Rounding patterns
 - Shifting patient populations
 - Doing the Math...



Substitute Physicians-A-Z



Substitute Physician- Federal Guidelines

- Definition of Locum Tenens
 - (Latin: "holding the place", *i.e.*, "Placeholder")
- Locum Tenens versus Reciprocal Arrangements
- A locum stay is limited to 60 consecutive days...it is a temporary solution.
- Definition of "consecutive":
 - A "continuous period" starts on the first day the substitute physician provides service to patients of the regular physician and continues until services are provided to patients by the regular physician. Chapter 1, section 30.2.10 of Medicare's Claim Processing Manual
- Modifier Q6
 - Must be used on services performed by the locum tenens physician but only recognized by Medicare



Substitute Physician- Federal Guidelines

- Locum tenens is for **physicians only** (*NPs are not recognized*)
- Some Medicaid programs may allow an NP but only when an NP is working in place of another NP
- Locum tenens may be used temporarily for a physician who is not coming back but the locum can NOT be utilized for more than 60 days
- If a physician leaves, can the practice use and bill for locum tenens until a permanent replacement can be found?
 - If a physician leaves a practice, a locum can be used for up to 60 days and those services may be billed using the Q6 modifier and the departing physician's provider ID number (PIN). Locums **should not** be used to fill staffing shortages.



Substitute Physician- Non Governmental Payers

- Commercial insurance carriers do not recognize locum tenens...only providers who are credentialed on their plans
- Claims for commercial patient's seen by a locum must be filed under a credentialed physician who is present in the practice
- Claims cannot be filed under a physician who has left the practice as those provider numbers are usually terminated per contract guidelines
- Guidelines may vary by payer per contract



Substitute Physician Summary

- Providers/offices should avoid using a string of temporary physicians
- Obtain written policy from non governmental payers wherever possible
- Make sure to coordinate with Credentialing, Internal Counsel, Provider Relations and billing personnel at your practice/health system. (Define contract language, length of temporary placement, PRN or PT Status)
- "Real world" scenarios versus regulations



Proctoring Students in your Practice



Students

- Can you bill if a nurse practitioner (NP) mentors an NP student and the student performs a service, documents it, and the NP signs off?
- Seen and agreed?
- ROS and PFSH
- Medical Students-Observation
- The teaching physician rules allow an attending physician to bill for services provided or partially provided by residents in an approved Graduate Medical Education program. (See the [CMS Claims Processing Manual](#), Publication 100-04, Chapter 12, Section 100)



Conclusion



Mitigate the Risk

- Ensure a solid auditing and compliance plan is in place
- Look at total number of hours billed per day
- Provide education:
 - Coding/Compliance newsletter
 - Lunch and Learn
 - Compliance Website
- Create accountability
- Be a resource not a “sore” spot
- Ensure active follow-up



Questions?