

Billing for Mid-Level Providers

“ 21% of incident-to services were performed by unqualified personnel ”

– Recent CMS audit report

State definition of scope of practice
for mid-level providers

CMS defines incident-to services as those that are “furnished incident to physician professional services in the physician’s office or in the patient’s home.”

5

Reasons to Attend

- 1 Mid-Level Provider claims are a common audit risk area.
- 2 Detailed review of the “physician supervision rule” for proper incident-to billing
- 3 Explanation of documentation guidelines for ‘incident to’ services and episodes of care
- 4 Incident to billing criteria, requirements and reimbursement considerations
- 5 Ensure compliant billing procedures and reduce audit risk.

CMS recovery auditors are scrutinizing practices that employ mid-level providers. Certified PAs and NPs may provide covered services to Medicare beneficiaries in accordance with their state scope of practice under state law and corresponding supervision/collaboration requirements.

Program Highlights

- Incident to billing criteria, requirements and reimbursement considerations
- Direct vs. indirect supervision by the physician/NPP
- Level of education, scope of practice and other protocols of the NPP
- State definition of scope of practice for mid-level providers
- Differentiating between scope of practice and scope of licensing requirements
- Examples of non-physician practitioners and auxiliary personnel
- Explanation of service settings such as unsupervised or off-site
- Difference between Nurse Practitioner and Physician Assistant
- Guidance on which national provider identifier (NPI) to bill claims under
- Review E/M documentation guidelines
- Why CMS recovery auditors are scrutinizing practices that employ mid-level providers
- Working with NPPs under independent contract agreement
- Question and answer period to address participant questions
- Learn when it is appropriate to bill under the provider initializing care or under the supervising providers.

Who Should Attend

This program is designed for coders, auditors, providers, clinical and practice staff involved in medical coding. Consultants, compliance officers and office managers may also benefit.

Prerequisites

The content covered in this course assumes a basic to intermediate understanding of third-party billing for outpatient services.

What to Bring

A program manual will be provided. No supplementary materials are required for this course. Participants will receive bonus coding grids for accurate selection of E/M level-of-service codes.

Continuing Education

Continuing Education credits are awarded for attendance at this program. See PMI's web site for further details.

Practice Management Institute

Practice Management Institute® (PMI) teaches physicians and their staffs how to run a more productive, profitable and compliant medical office. Each year, thousands of medical office professionals look to PMI as a leading provider of continuing education and credentialing. These training programs have been hosted in leading hospitals, medical societies and colleges across the U.S. for 35 years.

PMI awards certification by exam in four administrative areas:



Certified Medical **Coder** (CMC)®



Certified Medical **Insurance Specialist** (CMIS)®



Certified Medical **Office Manager** (CMOM)®



Certified Medical **Compliance Officer** (CMCO)®