

If NPP's not yet enrolled in Medicare, only do incident-to billing

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Ask Part B News

Question: *We have a nurse practitioner (NP) starting who is not yet credentialed but is shadowing our doctors for both her and them to get comfortable with her and the process of the office. One of our doctors is letting her do procedures while she is in the room with her and the NP is dictating the visit, but we will be billing under the doctor. Is this allowed?*

Answer: Requirements vary by plan, but as a rule providers are supposed to be credentialed to Medicare to see Medicare patients in a practice. CMS has some exceptions: For example, locum tenens providers can see patients if their service is billed with the modifier **Q6** and they follow other rules relating to that status. But non-physician practitioners (NPPs) can't bill Medicare as locum tenens (PBN 7/25/16).

Some might think it'd be worth it to the practice to have the shadowing nurse practitioner work on patients without billing just to learn the ropes. But "that gets into some fraud and abuse issues," says Laura Palmer, provider network educator at Pinnacle Assurance in Denver. For example, "does the NP see all patients without billing? Does the practice collect a copay, coinsurance or deductible for these visits?" If all the NP's work is totally uncompensated to practice and practitioner alike – like volunteer work at a community clinic, suggests Palmer – that might fly; but "if the practice collects anything for the visit, the visit is not 'free.' The practice would be writing off just the Medicare due portion," which would be a red flag to Medicare.

But non-physician practitioners (NPPs) do have an advantage over physicians in that they can bill incident to. And because the billing is under the supervising provider's number, it doesn't matter if the NPP is unenrolled so long as he or she is operating within his or her scope of licensure and the supervisor is in the office, says Palmer.

Make sure the incident-to rules are observed: The patient must be established with a plan of care the care must be ongoing and the physician must be in-suite when the NPP is seeing patients, says Stan Loskutov, chief information officer of Medical Billing Group Inc. in Brooklyn, N.Y. But if it's a situation where the NPP would be billing under his or her own number, forget it.

Also, be aware that if a contractor rejects the incident-to claim because the requirements of the incident-to rule were not satisfied, "the entire reimbursement must be refunded," says Michael Miscoe, CPC, founding partner of Miscoe Health Law LLC in Central City, Pa.

Along with licensure and credentialing, there's another issue to consider, says Kemuel Carey, the American Academy of Physician Assistants' liaison to the American Academy of Orthopaedic Surgeons and a practicing PA in Maryland: malpractice insurance. What if something goes wrong? If the service is billed incident to, the supervising physician's liability or malpractice insurance would be engaged – but so would the NPP's. "The NPP must get coverage if he/she is practicing at all," says Palmer. "Their own license is at risk. The NPP doesn't have to be credentialed to see patients incident to, but I would never recommend they practice without liability insurance. – Roy Edroso (redroso@decisionhealth.com)

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