

College of Medicine Compliance Tip
**Non-physician practitioners: When an ARNP or PA is involved in an
Evaluation and Management service**

**INPATIENT SERVICES/
HOSPITAL BASED CLINICS/EMERGENCY DEPARTMENT**
**The Hospital Based Clinics are: The Bone Marrow Transplant Unit; the
Hematology/Oncology Infusion center; and the Burn Unit**

A physician **MAY NOT COMBINE/SPLIT INPATIENT CONSULTS** with an ARNP or PA and bill **MEDICARE/GA MEDICAID/CHAMPUS** in the physician's billing number. If an ARNP/PA participates in services in any way, including dictating the note, then the service is considered combined/split.

In order for physicians to combine new patient or subsequent visits with an ARNP/PA and bill in the physician's number the following conditions must be met:

- Both the non-physician practitioner and the physician's notes must be **SAME** date
- Co-signature is **NOT** sufficient
- The Physician must provide a face-to-face portion of the E&M encounter with the patient and write a separate note:
 - *"I saw and evaluated the patient today. See today's PA/ARNP note"*
 - *Physician's Signature & Date*
- **Do not use as macro to generate the note**
[THERE IS NO "INCIDENT TO" in inpatient/hospital based clinic/emergency services – the physician must SEE and provide a portion of the service to bill in the Physician's name and write/dictate a short note.]

NON-HOSPITAL BASED CLINICS – OUTPATIENT CLINICS

A Physician **MAY NOT COMBINE/SPLIT** the following services with an ARNP or PA and bill **MEDICARE/GA MEDICAID/CHAMPUS** in the physician's billing number for:

- **NEW PATIENT VISITS OR CONSULTATIONS**
- **NEW PROBLEMS** in Established Patient Visits (does not meet "incident to")
- Medicare requires these combined/split E&M services be submitted under ARNP/PA number (85% rate)
- If ARNP/PA participates in service in any way, including dictating the note then the Service is considered combined
- **If an ARNP or PA participates in the service, they MUST SIGN THE ENCOUNTER FORM**

Summary: if the non-physician practitioner is involved in same service as a physician in an outpatient clinic, there are two choices on how submit bill to Medicare:

- 1) bill under the physician's billing number if **“incident to”** rules are met, **OR**
- 2) if **“incident to”** rules are not met, then the bill must be submitted under the ARNP or PA's billing number.

Bills may be submitted to commercial payors in accordance with their contractual agreements, but Departments MAY NOT REQUIRE providers to document differently for federal vs commercial payors.

Encounter forms are being amended to indicate: ý when an ARNP or PA was involved in a service and ý if a new patient, consultation, or a established patient with an new problem

“Incident to” rules:

- **ESTABLISHED PATIENT** and **NOT A NEW PROBLEM**
- The physician does NOT need to see patient, **but MUST sign chart and MUST be present in clinic at time of service.**
- Bill in the physician's provider number.

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