USF HEALTH
DOCUMENTATION, CODING AND BILLING GUIDELINES
NURSE PRACTITIONERS (ARNPs)

This policy summarizes three important issues relating to the provision and billing of services by ARNPs: employment requirements; scope of practice; and billing/reimbursement.

Note: Separate and distinct rules apply when a Resident/Fellow is involved in the care of a patient; and these are addressed in the College of Medicine Teaching Physician Policy. ARNPs are not authorized to supervise Residents/Fellows.

1. ARNP EMPLOYMENT REQUIREMENTS
USF/USFPG must employ (i.e., incur an expense for) the ARNP in order to bill for his/her services.

2. ARNP SCOPE OF PRACTICE
As to the types of ARNP services that may be provided, state law and regulation governing an ARNP’s scope of practice applies (See State of Florida guidelines, below).

State of Florida guidelines for services provided by ARNPs;
- Must be licensed in the state of Florida to practice professional nursing and licensed in advanced or specialized nursing practice.
- The scope of practice of all categories of ARNPs shall include those functions, consistent with the practice setting, which the ARNP has been educated to perform.
- An ARNP performs functions within the framework of an established written protocol.
- A physician shall maintain supervision for directing the specific course of medical treatment.
  - The degree and method of supervision, determined by the ARNP and physician(s), shall be specifically identified in the written protocol and shall be appropriate for prudent health care providers under similar circumstances.
  - At a minimum, general supervision by the physician is required. General supervision means the physician authorizes procedures being carried out, but does not need to be present when such procedures are performed. The ARNP must be able to contact the practitioner by any communication device, when needed, for consultation and advice.

A written protocol includes:
- A Collaborative Practice Agreement, which identifies:
  1. the duties of the ARNP;
  2. the duties of the physician (which shall include consultant and supervisory arrangements in case the physician is unavailable);
  3. the management areas for which the ARNP is responsible, including:
     a. The conditions for which therapies may be initiated;
b. The treatments that may be initiated by the ARNP, depending on patient condition and judgment of the ARNP; and
c. The drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order;
4. the specific conditions and a procedure for identifying conditions that require direct evaluation or specific consultation by the physician; and
5. a provision for annual review by the parties.

- A protocol shall be filed with the Board of Nursing within 30 days after entering into a supervisory relationship with a physician, and upon biennial license renewal (per Florida Statutes 464.012) with a copy of the protocol kept at the site of practice of each party to the protocol. Any alterations to the protocol or amendments should be signed by the ARNP and physician(s) and filed with the Board of Nursing within 30 days of the alteration.

3. ARNP BILLING/REIMBURSEMENT CONSIDERATIONS
For employed ARNPs, billing requirements and reimbursement for services vary by payer (see Summary, below).

Summary of Reimbursement/Billing Options
There are two ways in which services of employed ARNPs may be billed. Factors that impact billing are the site of service, level of supervision, and payer requirements. See below for details.

1. Under the ARNP provider number
For Medicare, Medicaid, and any other payers that credential ARNPs as independent billing providers:
   (a) Must be providing services under the "General Supervision" of a Physician. General Supervision means the Physician need not be physically present but must be immediately available for consultation by telephone or other reliable means of communication with the ARNP when a service is being furnished to a patient.
   (b) No Modifiers are required for billing, with the exception of the AS (Assistant at Surgery) Modifier, when applicable.
   (c) For Medicare and Medicaid, reimbursement for ARNP services submitted under the ARNP's name/provider number is reduced.
       For Medicare, reimbursement is 85% of the Medicare Physician fee schedule amount;
       For Medicaid, reimbursement is 80% of the Medicaid physician fee schedule.
   (d) For other payers, ARNPs may or may not be recognized as independent billing providers, which impacts how their services are billed. If the payer credentials ARNPs, there is typically no reduction in reimbursement and such services should be billed under the ARNP’s name. If the payer does not credential ARNPs, billing is under the supervising Physician’s name/provider number (see below).
2. **Under the supervising Physician Provider Number**, with reimbursement at 100% of the physician fee schedule. The physician *must* sign and date the USFPG charge ticket. See payer-specific requirements, below:

*For Medicare*, there are two payer-specific concepts, “Incident-to” and “Shared Services”, whereby services of a non-physician practitioner may be billed in the physician’s name. These concepts do not apply to any other payer.

**Medicare’s “Incident-to” Services (applicable only to a physician office or non-hospital clinic setting)** are those ARNP services that meet the following requirements:

- Of a type that are commonly furnished in a **physician’s office or clinic**.
- Furnished under the physician’s **direct supervision**. Direct supervision in the office setting does not mean that the physician must be present in the same room with the ARNP. However, the physician must be **present in the office suite and immediately available** to provide assistance and directions throughout the time the ARNP is performing services.
- Are an **integral, although incidental, part of the physician’s professional service** in the course of diagnosis or treatment of an injury or illness. This means that a patient must initially be treated personally by the physician. ARNP services may not be billed in the physician’s name as “incident-to” unless the Physician has seen the patient and established a treatment plan. If an established patient presents with a new diagnosis/problem, the physician again must see the patient to establish an appropriate treatment plan. Simply having the physician co-sign the medical record/chart is not sufficient to support billing in the physician’s name for a new patient or an established patient with a new diagnosis/problem. After the initial service or service addressing a new diagnosis/problem, the physician’s subsequent services must be of a “frequency that reflects the doctor’s continuing active participation in and management of the course of treatment”. (Keep in mind, the direct supervision requirement described above must also be met for every ARNP service which is billed to Medicare under the physician’s name.)

When “incident-to” services are provided by an ARNP and billed under the physician’s name, COM Physicians are advised to co-sign all ARNP notes as a reliable method for indicating direct supervision.

**“Medicare’s Shared Services”** are Evaluation & Management (E/M) services which are shared/split between a physician and an ARNP (i.e., both practitioners provide and document his/her face-to-face service to a patient during one visit). Billing for this service is dependent on the site of service.

In the office/clinic setting, only when “incident-to” requirements are met for a shared/split E/M service, can the service be billed under the physician’s name. In other words, when the ARNP sees new patients, established
patients with new problems, or consultations, these services must be billed under the ARNP name.

In the hospital setting (inpatient, outpatient, or emergency room), the service may be billed under the physician’s or the ARNP’s name. If there was not a face-to-face patient/physician encounter (even if the physician participated in the service by reviewing the patient’s record), the service may only be billed in the ARNP’s name.

A consultation (inpatient or outpatient) cannot be reported as a shared/split E/M visit, nor can services provided at a Skilled Nursing Facility (SNF).

**For Medicaid**, services provided by an ARNP in any setting may be billed under the physician’s name only if the physician is *on the premises* while the services are provided, and reviews, signs and dates the ARNP note.

Per Medicaid ARNP Services Coverage and Limitations Handbook, services provided by an ARNP under supervision of a physician may be billed by the physician instead of the ARNP as long as the requirements noted above are met. Exceptions are: deliveries, psychiatric services and Child Health Check-Up screenings. For these services, an ARNP must directly render these services and bill under his/her name/Medicaid ID number.

**For all other payers**, if the payer does not credential the ARNP, the billing is done under the name of the supervising physician. In this case, general supervision is the requirement. As previously noted, general supervision means the physician authorizes procedures being carried out, but does not need to be present when such procedures are performed. The ARNP must be able to contact the practitioner by any communication device, when needed, for consultation and advice. The ARNP may wish to indicate the level of supervision provided, in accordance with his/her individual collaborative practice agreement, i.e., “These services were provided today under general supervision of Dr. Jones.” Or, “This patient’s care was discussed today with Dr. Jones, and services were provided in collaboration with him.”

For additional resources, see USF Health Professional Integrity Office Guidelines for Billing Services involving Other Health Care Professionals (OHPs) employed by USF/MSSC, or call the Professional Integrity Office Billing Integrity Helpline at (813) 974-2222.
This policy is based on information obtained from the following sources:
Centers for Medicare and Medicaid Services (CMS) Benefit Policy Manual, Chapter 15, Covered Medical and Other Health Services:
   Section 200, Nurse Practitioner Services (Rev. 1, 10-1-03) (formerly Medicare Carrier’s Manual(MCM) 2158); and
   Section 60-60.3 Services and Supplies (formerly MCM 2050);
CMS Medicare Claims Processing Manual, Chapter 12, Physician/Practitioner Billing:
   Section 120 – Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS) Services, (Rev. 1, 10-01—3) (formerly MCM 2158-2160); and
   Section 30 – Correct Coding Policy, subsection 30.6.1 Selection of Level of Evaluation and Management Service (Split/Shared E/M Service), (Rev. 178, 05-14-04);
Florida Statutes, Title XXXII – Regulation of Professions and Occupations:
   Chapter 464, Nursing, Part 1 Nurse Practice Act; and
   Chapter 458 Medical Practice, Section 458.348 Formal supervisory relationships, standing orders, and established protocols; notice; standards;
Florida Administrative Code, Chapter 64 B9-4 Administrative Policies Pertaining to Certification of Advanced Registered Nurse Practitioners;
Medicaid Advanced Registered Nurse Practitioner Services Coverage and Limitation Handbook, Chapter 1, Provider Requirement, and
The Florida Dept. of Health, Divs. of Medical Quality Assurance, Boards of Nursing and Medicine (http://www.doh.state.fl.us/mqa/nursing/nur_maintain.html).
State of Florida HB699 relative to Health Care Practitioners, effective date: 7/1/2006 (see FS 464.012)