



Lunch & Learn



Documentation and Coding: Creating Your Sundae

Lynn Rapsilber, DNP, ANP-BC, APRN, FAANP

August 14, 2019

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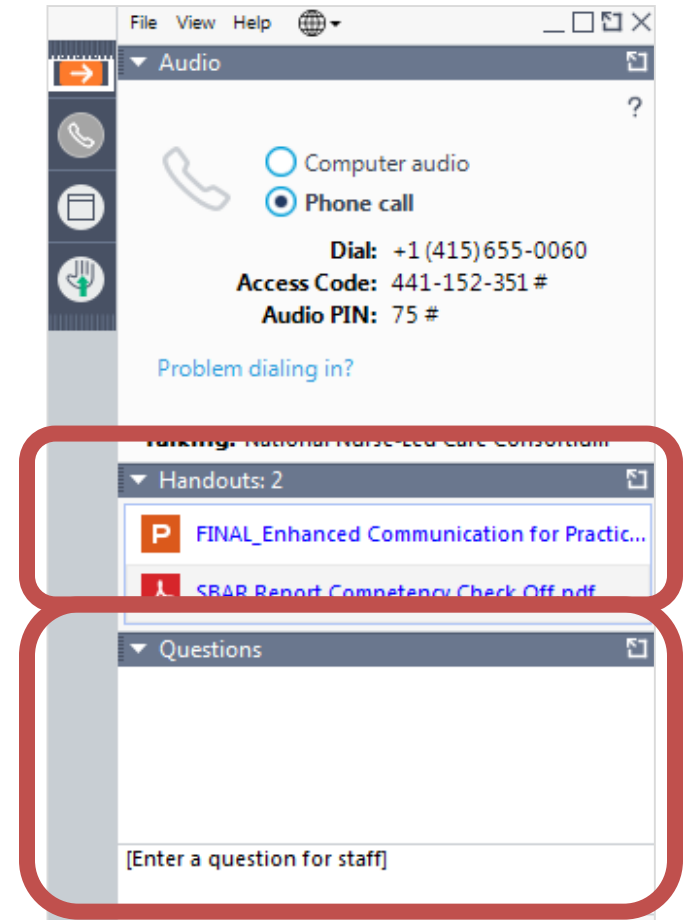


Transforming Clinical
Practices Initiative

Housekeeping Items

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National Investment in Quality Improvement

- Changes to the health care system are here
- Nurse practitioners (NPs) will play a key role during the critical transition from Fee-for-Service to **Value-Based Reimbursement**
- **NNCC** and the **AANP** have partnered together to create the **Nurse Practitioner Support & Alignment Network (NP SAN)**:
 - Prepare NPs for the upcoming changes to the health care system
 - Provide free continuing education & professional development centered around value-based health care practices
 - Offer key training opportunities that ready practices for **Value-Based Reimbursement**

Preparing NPs for Value-Based Reimbursement

What is the Quality Payment Program?

Began in 2017 as a result of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and requires CMS by law to implement an incentive program referred to as the *Quality Payment Program*, that provides for two participation tracks:

Merit-based Incentive
Payment System (MIPS)]

MIPS

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

OR

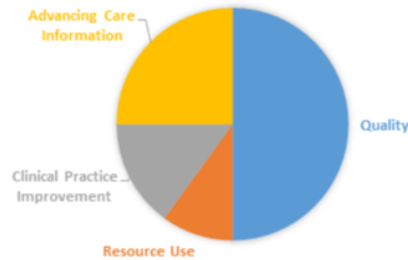
Advanced Alternative
Payment Models (APMs)

Advanced
APMs

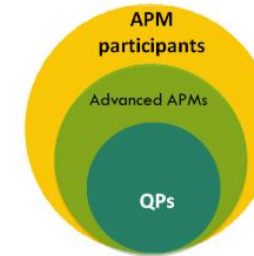
If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

MIPS

APMs



MIPs vs. APMs Timeline




- Designed for individuals & small practices
- Four (4) performance areas
- Replaces all current incentive programs
- Exempt if practice DOES NOT meet low volume threshold.

- Higher risk model
- Risk is shared throughout the APM
- Number of acceptable payment models is limited
- Rules to being considered a qualified provider (QP)

Where Can I Go to Learn More?

1. CMS QPP website www.qpp.cms.gov
2. NPI Lookup for participation status <https://qpp.cms.gov/participation-lookup>
3. AANP <https://www.aanp.org/legislation-regulation/federal-legislation/macra-s-quality-payment-program>



Documentation and Coding: Build Your Sundae

Lynn Rapsilber DNP APRN ANP-BC FAANP

Owner: NP Business Consultants, LLC

Disclosures

- Gilead Speaker and Advisory Board
- BioPlus Speaker
- NNPEN National Nurse Practitioner Entrepreneur Network Co-Founder

Objectives

- Participants will learn Basic Foundation of Reimbursement (Ice Cream)
- Participants will learn the difference in coding by Medical Decision-Making vs Time (Toppings)
- Participants will learn their Value in Payment Models (Cherry on Top)

Health Care Climate

- NPs are providing care across all settings.
- Primary care providers / Specialty providers
- Reimbursement dollars are shrinking
- Attune to Costs of Care
- No longer on the sidelines
- Sustainability
- Health Policy

Revenue Stream

REGULATED

- NATIONAL
 - Medicare
 - Medicaid
 - Third party payers
- STATE
 - Medicaid
 - ACA plans
- COMPLEX & FLUID

Efficiencies

- Technology
- Overhead
- Staff
- Education

Foundation: Pick your Flavor

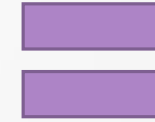
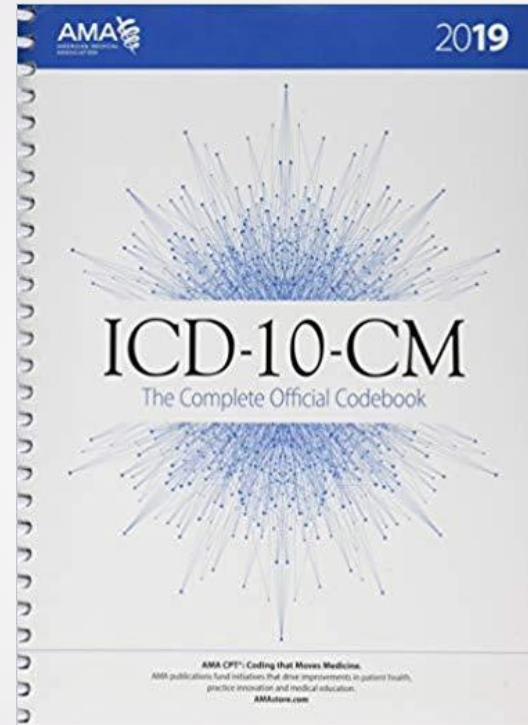
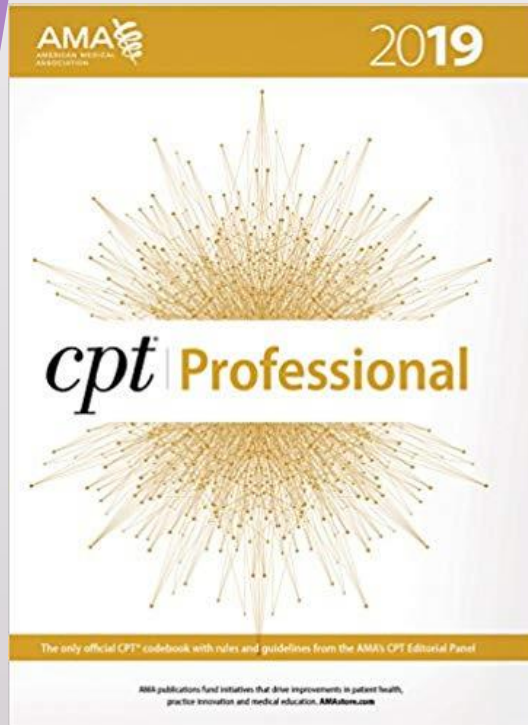
- Need to be able to BILL
- Credentialing and Contracting
- Previsit Considerations

Visit process

- Schedule the appointment
- Check insurance card
- Confirmation call
- Check eligibility
- Patient arrives for visit
- Recheck Eligibility
- Provide Services
- Document Services
- Code Services
- Submit Claim
- Payment Reconciliation

Patient Visit Complete

- Now you must Document & Code for what you do.....



Medical Necessity

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Evaluation and Management

- *Foundation of Fiscal Responsibility*
- New Patient vs Established Patient
- 3 Key Components
 - History
 - Examination
 - Medical Decision-making
 - Counseling
 - Coordination of Care
 - Nature of Presenting Problem
 - Time

Very Important

- **Key Components**

- History
- Examination
- Medical Decision-making

- **Levels**

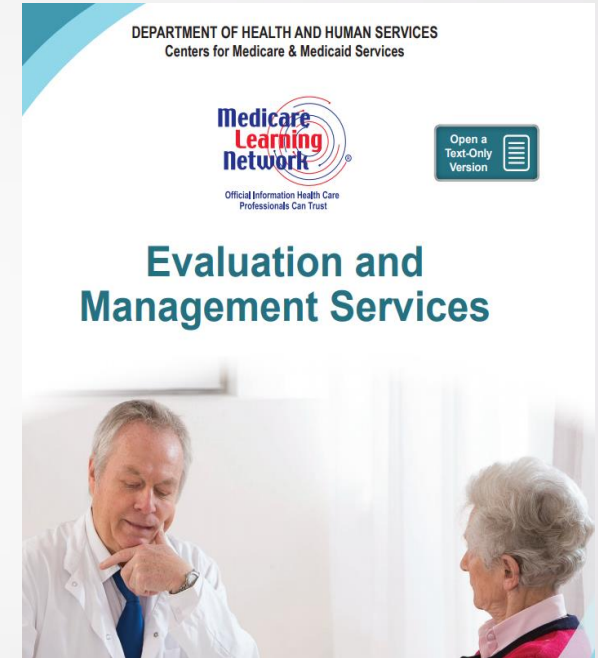
- **2 Problem focused**
- **3 Expanded Problem focused**
- **4 Detailed**
- **5 Comprehensive**

Incomplete
Medical Record
Can be Costly



Documentation Information

- MedLearn Network
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>





Select your Toppings

Medical Decision Making

vs

Time

Medical Decision-Making

4 Levels

- Straightforward
- Low Complexity
- Moderate Complexity
- High Complexity

- Based upon
 - # of diagnoses
 - # management options
 - Data to review
 - Risk of complication, morbidity, mortality



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Medical Decision- Making

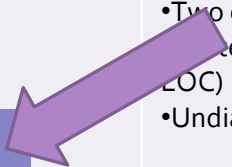
- **Number of Diagnoses or Treatment Options**
 - Self-limiting or minor (stable, improved or worsening) (1)
 - Established Problem (stable, improved) (1)
 - Established Problem (worsening) (2)
 - New Problem; no additional work-up (3)
 - New Problem; additional work-up required (4)

Medical Decision Making

- **Amount and Complexity of Data to be Reviewed**
 - Review and/or order lab tests (1)
 - Review and/or order radiology tests (1)
 - Review and/or order medicine tests (1)
 - Discussion of test results with performing provider (1)
 - Decision to obtain old records and/or history from someone other than pt (1)
 - Review and summarize old records and/or obtain info other than pt, or discuss case with other HCP (2)
 - Independent review of image, test, tracing or specimen (not just read the report) (2)

Table of Risks			
Level of Risk	Presenting Problem	Diagnostic Procedures Ordered	Management options Selected
Minimal <div>2</div>	<ul style="list-style-type: none"> •One self-limited or minor problem (rash or oral ulcers, cold, insect bites) 	<ul style="list-style-type: none"> •Lab tests requiring venipuncture •Chest x-rays •EKG/ECG •UA •Ultrasound 	<ul style="list-style-type: none"> •Rest •Splints •Superficial dressings
Low <div>3</div>	<ul style="list-style-type: none"> •Two or more self-limited or minor problems or symptoms •One stable chronic illness (well-controlled HTN or NIDDM, BPH) •Acute uncomplicated illness (e.g., cystitis, allergic rhinitis, simple sprain) 	<ul style="list-style-type: none"> •MRI/CT, PFT's •Superficial needle biopsies •Clinical lab test requiring arterial puncture •Skin biopsies 	<ul style="list-style-type: none"> •Risk factors
Moderate <div>4</div>	<ul style="list-style-type: none"> •One or more chronic illness w/ mild exacerbation, progression, or side effect of treatment •Acute illness systemic symptoms, eg. pyelonephritis, pneumonitis •Two or more stable chronic illnesses •Acute complicated injury (vertebral compression fracture, head injury w/ brief LOC) •Undiagnosed new problem with uncertain prognosis, eg. lump in breast 	<ul style="list-style-type: none"> •Diagnostic endoscopies with no identified risk factors •Cardiovascular imaging studies w/ contrast, no risk factors (arteriogram) •Arthrocentesis, LP •Physiologic tests under stress test eg, (cardiac stress test) •Deep needle or incisional biopsy 	<ul style="list-style-type: none"> •Prescription drug management •Minor surgery w/ identified risk factors •IIV fluids w/ additives •Therapeutic nuclear medicine •Elective major surgery (open, percutaneous or endoscopic) w/ no identified risk factors •Closed treatment of fx or dislocation without manipulation
High <div>5</div>	<ul style="list-style-type: none"> •One or more chronic illnesses w/ severe exacerbation, progression, or side effects of tx •Acute or chronic illness that may pose a threat to life or bodily function (eg. progressive severe RA, multiple trauma, acute ML, PE, severe respiratory distress, psych illness w/ threat to self or others, acute renal failure) •An abrupt change in neurological status, eg. Seizure, TIA, weakness, or sensory loss 	<ul style="list-style-type: none"> •Cardiac EP tests •Cardiovascular imaging studies w/ contrast, w/ identified risk factors •Diagnostic endoscopies w/ identified risk factors •Discography 	<ul style="list-style-type: none"> •Elective major surgery w/ risk factors •Emergency major surgery •Administration of parenteral controlled substances •Drug therapy requiring intensive monitoring for toxicity •Decision not to resuscitate or to de-escalate care because of poor prognosis

Whatever you pick, that is the level



Final look at Medical Decision Making

• <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf>

	Final Results for Complexity	Level 2	Level 3	Level 4	Level 5
A	Number of Diagnoses or Treatment Options	< 1 Minimal	2 Limited	3 Multiple	>4 Extensive
B	Amount/complexity Of Data Reviewed	< 1 Minimal or Low	2 Limited	3 Multiple	>4 Extensive
C	Highest Level of Risk	Minimal	Low	Moderate	High
	Type of Medical Decision Making	Straight forward	Low Complexity	Moderate Complexity	High Complexity

Coding By Time

- 99213 = 15 minute
 - 99214 = 25 minutes
 - 99215 = 40 minutes
 - Document as a fraction of the time spent
-
- **Greater than 50% of the face-to-face time was spent discussing the above. 20/25 minutes was spent.**



Important
Provider
Documentation

Medical Decision-
Making

Timeliness of
Documentation

Implications of Improper Coding

- According to CERT Insufficient Documentation 63.3% of errors
- Coding not meeting Medical Necessity 18.7%
- Incorrect Coding 12.9%

Established Patient

99212	\$45
99213	\$74
99214	\$109
99215	\$148

New Patient

99202	\$76
99203	\$110
99204	\$167
99205	\$211




Chart Audit Case Study

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Mr. Joseph Martin 57 yo male seen for ongoing medical care.

Dx: HTN/HL/DM II

ICD-10: I10/ E10.69/ Z79.84

- Diabetes under good control FBS 78-90 postprandial 130-158
- HgbA1c: 6.2 t chol 245/ LDL 85/ HDL 28 / BUN 28/ Creat 1.0
- CBC WNL/ BMP WNL
- Meds: Lisinopril 20 mg QD, Atorvastatin 40 mg qHS, ASA 81 mg QD, Glucophage 1000 mg po BID
- NKDA
- ROS: Denies any fever, chills, SOB, DOE, CP, cough palpitations/muscle pain/heartburn/ abd pain/bowel or urinary issues
- PFSH: Married/ 2 children /works in a factory, M died Lung cancer, F A&W DM type II/HTN/HL
- Surgeries: appy/ RIH
- Colonoscopy age 50 WNL

Established Patient Office Visit Documentation Tool

HISTORY		PF	EPF	D	C
EXAMINATION	Not requiring provider presence	PF	EPF	D	C
MEDICAL- DECISION MAKING		SF	L	M	H
TIME	5	10	15	25	40
LEVEL	I	II	III	IV	V
	99211	99212	99213	99214	99215

1. History

Refer to data section (table below) in order to quantify. After referring to data, circle the entry farthest to the *RIGHT* in the table, which best describes the HPI, ROS and PFSH. If one column contains three circles, draw a line down that column to the bottom row to identify the type of history. If no column contains three circles, the column containing a circle farthest to the *LEFT*, identifies the type of history.

After completing this table which classifies the history, circle the type of history within the appropriate grid in Section 5.


HISTORY	HPI: Status of chronic conditions: <input type="checkbox"/> 1 condition <input type="checkbox"/> 2 conditions <input type="checkbox"/> 3 conditions OR HPI (history of present illness) elements: <input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying factors <input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms	<input type="checkbox"/> Status of 1-2 chronic conditions	<input type="checkbox"/> Status of 3 chronic conditions	
	ROS (review of systems): <input type="checkbox"/> Constitutional (wt loss, etc) <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Eyes <input type="checkbox"/> Card/vasc <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Musculo <input type="checkbox"/> Integumentary (skin, breast) <input type="checkbox"/> Endo <input type="checkbox"/> Hem/lymph <input type="checkbox"/> All/immuno <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> All others negative	<input type="checkbox"/> None	<input type="checkbox"/> Extended (2-9 systems)	<input type="checkbox"/> **Complete
	PFSH (past medical, family, social history) areas: <input type="checkbox"/> Past history (the patient's past experiences with illnesses, operation, injuries and treatments) <input type="checkbox"/> Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) <input type="checkbox"/> Social history (an age appropriate review of past and current activities)	<input type="checkbox"/> None	<input type="checkbox"/> Complete* (2 or 3 history areas)	<input type="checkbox"/> Complete*
	PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED	COMPREHENSIVE

***Complete PFSH:** 2 history areas: a) Established patients - office (outpatient) care, domiciliary care, home care; b) Emergency department; c) Subsequent nursing facility care; d) Subsequent hospital care; and, e) Follow-up consultations.

3 history areas: a) New patients - office (outpatient) care, domiciliary care, home care; b) Initial consultations; c) Initial hospital care; d) Hospital observation; and, e) Comprehensive nursing facility assessments.

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Established Patient Office Visit

HISTORY		PF	EPF 	D	C
EXAMINATION	Not requiring provider presence	PF	EPF	D	C
MEDICAL-DECISION MAKING		SF	L	M	H
TIME	5	10	15	25	40
LEVEL	I	II	III	IV	V
	99211	99212	99213	99214	99215

Physical Examination

- Pt NAD
- B/P 128/70 P 76 Wt 225
- PEARLA, sclera clear,
- Chest clear to A&P,
- Cardiac RRR, S1., S2, no S3, S4, murmurs, rubs
- Abdomen soft NT, no HSM +BS
- Extremities: no edema, +pulses
- Skin warm and dry
- Musculoskeletal: Gait normal, spine straight
- Neuro: Alert and oriented to person, place, time

CONTENT and DOCUMENTATION REQUIREMENTS

Level of Exam	2
Problem Focused	3
Expanded Problem Focused	4
Detailed	5
Comprehensive	



SYSTEM / BODY AREA	ELEMENTS OF EXAMINATION
Constitutional	<ul style="list-style-type: none"> Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (may be measured and recorded by ancillary staff) General appearance of patient <i>e.g. development, nutrition, body habitus, deformities, attention to grooming</i>
Eyes	<ul style="list-style-type: none"> Inspection of conjunctivae and lids Examination of pupils and irises <i>e.g. reaction to light and accommodation, size and symmetry</i> Ophthalmoscopic examination of optic discs <i>e.g. size, C/D ratio, appearance</i> and posterior segments <i>e.g. vessel changes, exudates, hemorrhages</i>
Ears, nose, mouth & throat	<ul style="list-style-type: none"> External inspection of ears and nose <i>e.g. overall appearance, scars, lesions, masses</i> Otoscopic examination of external auditory canals and tympanic membranes Assessment of hearing <i>e.g. whispered voice, finger rub, tuning fork</i> Inspection of nasal mucosa, septum and turbinates Inspection of lips, teeth and gums Examination of oropharynx: oral mucosa, salivary glands, hard and soft palates, tongue, tonsils and posterior pharynx
Neck	<ul style="list-style-type: none"> Examination of neck <i>e.g. masses, overall appearance, symmetry, tracheal position, crepitus</i> Examination of thyroid <i>e.g. enlargement, tenderness, mass</i>
Respiratory	<ul style="list-style-type: none"> Assessment of respiratory effort <i>e.g. intercostal retractions, use of accessory muscles, diaphragmatic movement</i> Percussion of chest <i>e.g. dullness, flatness, hyper-resonance</i> Palpation of chest <i>e.g. tactile fremitus</i> Auscultation of lungs <i>e.g. breath sounds, adventitious sounds, rales</i>
Cardiovascular	<ul style="list-style-type: none"> Palpation of heart <i>e.g. location, size, thrills</i> Auscultation of heart with notation of abnormal sounds and murmurs Examination of: <ul style="list-style-type: none"> Carotid arteries <i>e.g. pulse amplitude, bruits</i> Abdominal aorta <i>e.g. size, bruits</i> Femoral arteries <i>e.g. pulse amplitude, bruits</i> Pedal pulses <i>e.g. pulse amplitude</i> Extremities for edema and/or varicosities
Chest (breasts)	<ul style="list-style-type: none"> Inspection of breasts <i>e.g. symmetry, nipple discharge</i> Palpation of breasts and axillae <i>e.g. masses or lumps, tenderness</i>
Gastrointestinal (abdomen)	<ul style="list-style-type: none"> Examination of abdomen with notation of presence of masses or tenderness Examination of liver and spleen Examination for presence or absence of hernia Examination of anus, perineum and rectum, including sphincter tone, presence of hemorrhoids, rectal masses Obtain stool sample for occult blood test when indicated

Perform and Document

One to five elements identified by a bullet.
At least six elements identified by a bullet.
At least two elements identified by a bullet from each of six areas/systems OR at least twelve elements identified by a bullet in two or more areas/systems.
Perform all elements identified by a bullet and document at least two elements identified by a bullet from each of nine areas/systems.

SYSTEM / BODY AREA	ELEMENTS OF EXAMINATION
Genitourinary (male)	<ul style="list-style-type: none"> Examination of the scrotal contents <i>e.g. hydrocele, spermatocele, tenderness of cord, testicular mass</i> Examination of the penis Digital rectal examination of prostate gland <i>e.g. size, symmetry, nodularity, tenderness</i>
Genitourinary (female)	<ul style="list-style-type: none"> Pelvic examination (with or without specimen collection for smears and cultures) including: <ul style="list-style-type: none"> Examination of external genitalia <i>e.g. general appearance, hair distribution, lesions and vagina e.g. general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele</i> Examination of the urethra <i>e.g. masses, tenderness, scarring</i> Examination of the bladder <i>e.g. fullness, masses, tenderness</i> Cervix <i>e.g. general appearance, lesions, discharge</i> Uterus <i>e.g. size, contour, position, mobility, tenderness, consistency, descent or support</i> Adnexa/parametria <i>e.g. masses, tenderness, organomegaly, nodularity</i>
Lymphatic	<ul style="list-style-type: none"> Palpation of lymph nodes in two or more areas: <ul style="list-style-type: none"> Neck Axillae Groin Other
Musculoskeletal	<ul style="list-style-type: none"> Examination of gait and station Inspection and/or palpations of digits and nails <i>e.g. clubbing, cyanosis, inflammatory conditions, petechiae, ischemia, infections, nodes</i> Examination of joints, bones and muscles of one or more of the following six areas: 1) head and neck, 2) spine, ribs and pelvis, 3) right upper extremity, 4) left upper extremity, 5) right lower extremity, 6) left lower extremity. The examination of a given area includes: <ul style="list-style-type: none"> Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions Assessment of range of motion with notation of any pain, crepitation or contracture Assessment of stability with notation of any dislocation (luxation), subluxation or laxity Assessment of muscle strength and tone <i>e.g. flaccid, cog wheel, spastic</i> with notation of any atrophy or abnormal movements
Skin	<ul style="list-style-type: none"> Inspection of skin and subcutaneous tissue <i>e.g. rashes, lesions, ulcers</i> Palpation of skin and subcutaneous tissue <i>e.g. induration, subcutaneous nodules, tightening</i>
Neurologic	<ul style="list-style-type: none"> Test cranial nerves with notation of any deficits Examination of deep tendon reflexes with notation of pathological reflexes <i>e.g. Babinski</i> Examination of sensation <i>e.g. by touch, pin, vibration, proprioception</i>
Psychiatric	<ul style="list-style-type: none"> Description of patient's judgment and insight Brief assessment of mental status including: <ul style="list-style-type: none"> Orientation to time, place and person Recent and remote memory Mood and affect <i>e.g. depression, anxiety, agitation</i>

Established Patient Office Visit


HISTORY		PF	EPF 	D	C
EXAMINATION	Not requiring provider presence	PF	EPF 	D	C
MEDICAL- DECISION MAKING		SF	L	M	H
TIME	5	10	15	25	40
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	99211	99212	99213	99214	99215

Assessment & Plan

- HTN
 - Continue medication. Refill Lisinopril
 - Order BMP
- HL
 - Order Lipid Panel
 - Refill Atorvastatin
- DM Type II
 - Order HgbA1C
 - Refill Glucophage (Metformin)
 - Weight reduction strategies


Medical Decision-Making

- **Number of Diagnoses or Treatment Options**

- Self-limiting or minor (stable, improved or worsening) (1)
- Established Problem (stable, improved) (1) 
- Established Problem (worsening) (2)
- New Problem; no additional work-up (3)
- New Problem; additional work-up required (4)

3 points
3 problems

- **Amount and Complexity of Data to be Reviewed**

- Review and/or order lab tests (1) 
- Review and/or order radiology tests (1)
- Review and/or order medicine tests (1)
- Discussion of test results with performing provider (1)
- Decision to obtain old records and/or history from someone other than pt (1)
- Review and summarize old records and/or obtain info other than pt, or discuss case with other HCP (2)
- Independent review of image, test, tracing or specimen (not just read the report) (2)
1 point labs



Anytime you order medication.....

- Level of Risk is Moderate

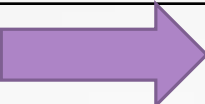

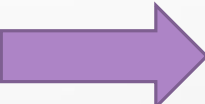
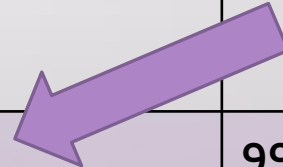
Medical Decision Making

FINAL RESULTS

A	Number of Dx or Tx options	< or= 1 minimal	2 Limited	3 Multiple	>4 Extensive
B	Highest Risk	Minimal	Low	Moderate	High
C	Amount & Complexity of data	< or= 1 Minimal or low	2 Limited	3 Multiple	>4 Extensive
TYPE OF DECISION MAKING		Straightforward	Low Complex	Moderate Complexity	High Complexity

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Established Patient Office Visit 99214

HISTORY		PF	EPF 	D	C
EXAMINATION	Not requiring provider presence	PF	EPF 	D	C
MEDICAL-DECISION MAKING		SF	L 	M	H
TIME	5	10	15	25	40
LEVEL	I	II	III	IV	
	99211	99212	99213	99214 	99215

Value in Payment Models

Cherry on Top

Rendering vs Billing In the Eye of the Payer



Rendering provider

Performing
the service



Billing Provider

Authorized to
be paid

“ Incident to...”

- Medicare Patients
- NP Bills with MD Provider #
- Reimbursed at 100% MD Rate
- **TOO GOOD TO BE TRUE!!**
- **IT IS!!!!!!**

“ Incident to...”

- **Specific Criteria to Bill**
 - **Direct Supervision** by MD
 - MD Needs to be **Accessible**
 - NP **MUST** be **Employed by MD**
 - MD **MUST** Perform the **Initial Service**
 - MD **MUST** have **Active Participation** in Patient Care
 - Patient **CANNOT** have a New Problem

How to identify incident to?

- Ask how you will bill for my services?
- Ramifications of billing incident to

MedPAC Game Changer

<https://www.medpagetoday.com/publichealthpolicy/medicare/77528>

- Recommended retiring incident to billing for NPs and PAs
- Allowing to bill under own NPI receiving 85% reimbursement
- Rendering provider will be billing provider
- Savings from \$50- \$250 million annually

Office of the Inspector General/ DHHS

- Billing for minor surgical procedures the next day when they offered on the same day
- Use of an MD signature on home care forms by a NP
- Billing for services not rendered
- Billing all visits at the same level
- Overbilling

MACRA

Quality Payment Program (QPP)

- Two paths to payment
- Merit-Based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMS)

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/macra-mips-and-apms/macra-mips-and-apms.html>

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Goals of Quality Payment Program

- Measure
- Report
- Reward
- Excellence in delivering health care

Goals of Quality Payment Program

- Resulting in:
- Reduced cost
- Focusing on preventing illness
- Improving health for patients

Who is eligible to participate in MIPS?

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

Modernizing Medicare to provide better care and smarter spending for a healthier America.

Check your participation
status

Enter your National Provider Identifier (NPI)
number

Check NPI >

What's the Quality Payment Program?

The Quality Payment Program improves Medicare by helping you focus on care quality and the one thing that matters most – making patients healthier.

Medicare Shared Savings

- Shared Savings Program
- Medicare
- ACA: Affordable Care Act
- Improve quality of care to Medicare beneficiaries
- Cost reduction
- Eligible providers, hospitals, suppliers
- Must create an ACO

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html?redirect=/sharedsavingsprogram>

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Can NPS Participate in Shared Savings & ACOs?

- Section 3022 of the Patient Protection Affordable Care Act (PPACA) authorizes us to be ACO professionals
- NP practices meet criteria for patient centered care
- Unfortunately... a last minute change in the statute
- Limits the assignment of patients being cared for to primary care physicians.

What does this mean?

- Patients who are assigned to this program cannot be counted as beneficiaries
- If they choose a nurse practitioner for their primary care provider.
- Does not prevent nurse practitioners from joining an ACO
- Does prevent their patients from being assigned to a Medicare ACO
- Prevents any subsequent benefits that result from participation.

- <https://www.aanp.org/legislation-regulation/federal-legislation/medicare/68-articles/343-accountable-care-organizations/>
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NP is a key player

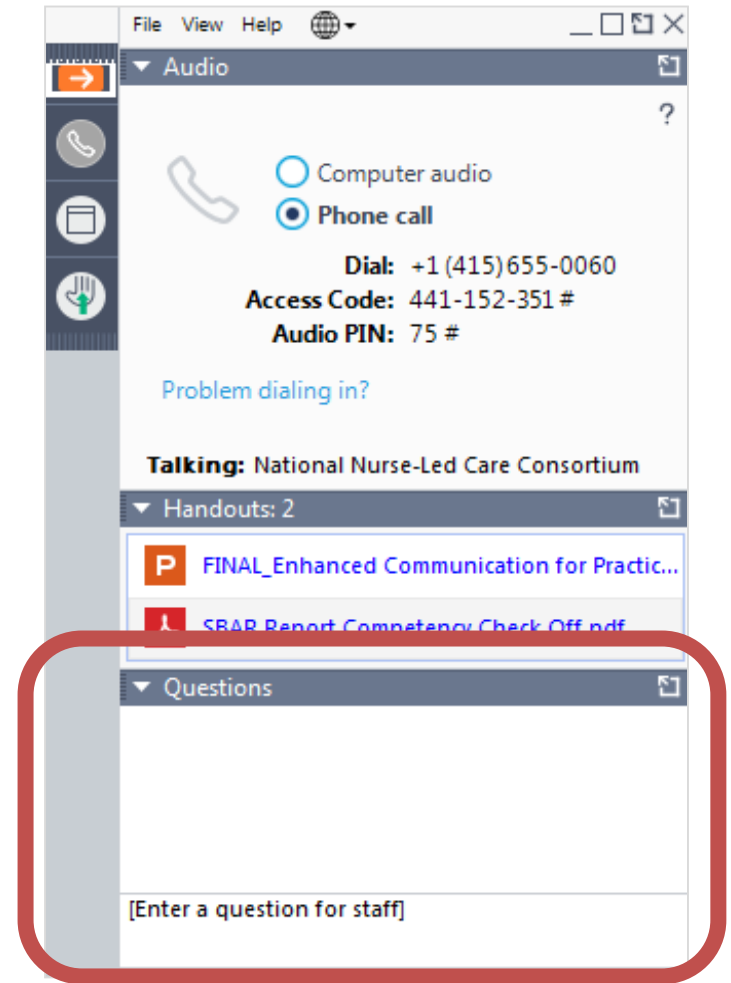
- Let's get credit for the work we are already doing!
- We do matter in the reimbursement world!
- We will be the health care providers of the future!
- Understanding our role in reimbursement = power
- Sustainability is key to our success!
- KNOWLEDGE is POWER!!!

QUESTIONS?

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- lrapsilber@optonline.net

Any Questions??

Please **submit questions** via the question pane in your GoToWebinar control panel or raise your hand to ask a question.



Other QPP or NP SAN Questions?

For more information on the **QPP** or the **Nurse Practitioner Support and Alignment Network (NP SAN)**:

- Email **Cheryl Fattibene** at cfattibene@nncc.us
- Visit us online at <https://www.aanp.org/practice/np-san>
- **Stay up to date** on the latest CE opportunities:
http://bit.ly/NPSAN_subscribe

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Tay Kopanos, VP of AANP's State Government Affairs department

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