Hospital Services

The Medicare Part B program pays for the services of physician assistants (PAs), nurse practitioners (NPs) and clinical nurse specialists (CNSs) who see patients in a hospital. When these NPPs are employed by the same practice as physician who is treating a patient, they may perform such services as assistant-at-surgery, discharges, pre- and post-operative care, and be reimbursed by Medicare.

These practitioners can perform rounds and consults. The NPP would, of course, need to have hospital privileges to perform services there. And the NPP must have admitting privileges to do admissions. Some hospitals allow NPPs to do discharges.

Keep in mind that your state's scope of practice rules may impact the type of services NPPs can furnish and bill in the hospital setting.

NP, PA and CNS services cannot be provided "incident-to" and billed under the physician's provider number in a hospital setting.

See the chapters on **Scope of Practice** and **Shared E/M Visits** for more details.

Inpatient and outpatient services

NPs and CNSs should bill their Medicare carrier directly for services to hospital patients using their own national provider identifier (NPI), unless the provider has reassigned his or her payments to the hospital.

PAs cannot bill Medicare directly. Instead their employer must bill the carrier for the PA's services under the PA's NPI.

[CMS 100-04, 12 §120.1]

Watch out for denials triggered by the place of service, such as **M97** (Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility). Before 2007, some carriers denied payments when qualified NPPs submitted claims with place of service 20 (outpatient hospital) or 21 (inpatient hospital). CMS has made it clear that this is incorrect, so you should double-check claims that are turned down for this reason.

Your carrier must repay claims denied for this reason after 1998. If your carrier improperly denied a claim on or after Jan. 1, 2006, it is supposed to search out and repay the provider, but you should make sure it didn't miss a claim. For claims it denied between Jan. 1, 1998 and Dec. 31, 2005, you must notify the carrier to get your payment.

Rounds

In the inpatient setting, if the physician from your group practice performs part of a face-to-face E/M visit with the patient, and the NP, PA or CNS performs another part of the E/M visit on the same day, Medicare policy allows you to bill the shared visit under *either* the NPP's or the physician's NPI.

Medicare specifically states that the physician can provide any portion of the "face-to-face" encounter with the patient, and the NPP's and physician's services can be billed under the physician's NPI.

[CMS 100-04, 12 §30.6.1]

Here are a couple of other ways you may consider using NPPs for hospital visits:

1. An NP can alternate days with a physician doing visits in the hospital. For the NP's visit, you would bill them under the NP's NPI.
2. If the services are being billed under the global fee for a surgery, the surgeon could turn over most (but not all) of the post-op care to the NP and save time. The physician would see the patient for the first post-op visit, then the NP could do follow-up visits, with the physician returning as needed. Of course, the surgery payment covers the post-op visits during the period.

Admissions

There are several sticking-points on NPPs doing hospital admits, not the least of which is many hospitals don't give them admitting privileges. They can assist the physician with the required work elements of an admission, but only to a certain extent.

To support the E/M level of an admit, there must be documentation that the NPP performed all of the history, the exam, and the medical decision making components, 3-of-3.

If the physician and NPP are in the same group entity, and they share the components of the E/M service, you may be able to bill as a shared E/M.

Discharges

As with admits, NPs or PAs are able to do discharges at some hospitals, but you need

to check with yours. According to CMS, a discharge can be billed as a shared visit, and therefore billed under either the NPP's or the physician's NPI – but you need to meet the definition of a shared E/M visit to do this.

Another way to have an NPP help with hospital discharges is to have her dictate the discharge summary (a hospital administrative requirement) of the patient's stay at the hospital. The physician, however, still needs to put a progress note in the patient's chart indicating that he saw the patient face-to-face on the day of discharge and personally completed the discharge work (other than dictating the formal discharge summary required by the hospital).