

NPP/MD Shared Services

If you bill critical care for NPP, you cannot bill it as a shared service.

Non physician practitioners (NPP) may bill Medicare for Critical Care services. However, it must be within the state scope-of-practice or the hospital policy does not require physician-supervised care in the life and death situations those codes cover.

Two or more doctors within the same group can provide critical care to the same patient in the same day and bill for their combined time. This is not true with NPPs. If the NPP provides the first hour, and the physician provides the next half hour, it will have to be with two separate codes and

providers. The NPP can bill CPT 99291 for the first hour (30-74 min.) and the physician can bill CPT 99292 (critical care, each additional 30 min.).

Remember to document total time spent directly providing the care. This can include reviewing relevant test results outside the treatment room. To bill for non emergency situations, it must involve a high degree of medical-decision-making, to treat or prevent failure of one or more vital organ systems.

Shared/split visit billing is allowable for services that the ED physician and a qualified NPP provide jointly

(Continued on page 2)

Inside this issue:

NPP/MD Shared Services 1

Diagnosis Codes October 2008 1

Diagnosis Codes October 2008

Since the Health Insurance Portability and Accountability Act (HIPPA) rule, new ICD9 diagnosis codes continue to be refined and new codes must be implemented on October 1st. There will be several new and more specific code sets for certain diseases. To submit these services accurately, it is important that the description of the diagnosis be defined as

closely as possible. Here are several diagnosis codes that have updated versions:

- Secondary diabetes mellitus
- Hematuria
- Headaches

(Continued on page 2)

NPP/MD Shared Services

(Continued from page 1)

if the encounter meets shared visit guidelines (a level 5, for example). This means you will not have reimbursement reduced 15 per cent. The NPP documents her work and the ED physician must document that he was also involved face to face with the patient. In addition, the M.D. must document meaningful participation in the same setting as the patient. Notes

can be joined when determining the level of service.

Technically, you can bill Medicare under either provider. However, remember, when billing under the M.D. Medicare does pay 100 per cent of the allowable, whereas the NPP will be at 85% of the allowable fee schedule amount. ■

Diagnosis Codes October 2008

(Continued from page 1)

The code sets for secondary diabetes mellitus can be coded controlled or not controlled. In addition, if there is an underlying factor, that too can be coded.

Hematuria can also be more specific. Is it Gross Hematuria or microscopic?

How about headaches? Are they cluster, tension or traumatic?

With the inception of PQRI, correct data tracking and documentation is becoming more and more critical. Providers can communicate to the coders by noting the most complete diagnosis and procedures, thus helping to optimize their return for all services. Remember the possible, or probable diagnoses cannot be coded. ■