

# District of Columbia Academy of Physician Assistants

## Reimbursement Update

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Michael L. Powe, Vice President  
Reimbursement & Professional Advocacy

# Value/Goals

## *First*

- Maintain quality/improve patient safety/increase patient satisfaction/outcomes
- Implement practice efficiencies for the team
- Improve physician productivity
- Avoid allegations of fraud and abuse

## *While*

- Maximizing legitimate reimbursement



# Myriad of Payers

- Important to make a distinction between various payers.
- Not a one size fits all approach.
- Medicare typically takes a more regulatory approach than private payers.

# Chart Co-Signature

Generally, Medicare does not require chart co-signature

- Exceptions are hospital discharge summaries; (this requirement also applies to outpatients, including outpatient surgery and patients treated in the emergency department, but not admitted to the hospital)

[42CFR § 482.24(c)(2)(vii)]

- PAs may perform and be reimbursed for these services, but a physician co-signature is required (typically within 30 days)



# Chart Co-signature

- Physician countersignature no longer required by Medicare on hospital H+Ps or pre-ops) as of 2008

[42CFR § 482.22(c)(5)(i)(ii)]

# Billing under the PA's Name

- Despite billing under the PA's name, payment goes to the PA's employer (via physician or group practice tax ID number).
- Employers tax ID is associated with the PA when filling out Medicare's enrollment application

# What is Appropriate Billing?

- Physician co-signature, or lack thereof, is not a significant driver of payer policy. It does impact how people think of payment policy.
- Policies established by individual payers.
- Two variations: Bill under the PA or the PA's employer.



# Transparency Matters

- Every payer/healthcare system should want to know who provided the medical or surgical service. PAs billing under the physician distorts that picture.
- Work force studies and metrics are lost or hidden when PAs bill under the physician. Patient panels are not properly assigned when PAs are hidden.

# Payer Trends

- Most payers defer to PA state law in terms of supervision and co-signature requirements.
- Medicaid policy should reflect changes in state law.
- Federal directives encourage the individual recognition of healthcare professionals.