Good Samaritan Health & Wellness Center
Policies and Procedures

Subject: Policy on the Use of Advanced Practitioner in an Ambulatory Setting	Policy #: 5.20
Prepared by:	Revision #:
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5.20 Policy on the Use of Advanced Practitioner in an Ambulatory Setting

PURPOSE:
The Purpose of this policy is to establish guidance for ensuring the appropriate use of an Advanced Practitioner (AP). This policy covers services provided by any AP in an ambulatory setting and applies to all employees and agents of Good Samaritan Health & Wellness Center.

DEFINITIONS:
Advanced Practitioner: an Advanced Practice Registered Nurse (commonly referred to as a Nurse Practitioner) or a Physician Assistant.

Delegation of Authority: physician authorization of orders and/or dispensing of drugs to physician assistant as specified for services contained in the job description approved for that physician assistant by the board and/or to a nurse for services contained in the nurse protocol for that nurse.

Supervising Physician: the physician responsible for the performance of the AP either as the designated physician on the nurse protocol (for APRN) or as approved by the Georgia Composite Medical Board for a physician assistant or a physician available as a consulting or alternate supervising physician (who is specifically set forth in the job description or nurse protocol) in the absence of the supervising physician.

Direct Supervision: a physician is physically present and immediately available in the office suite at the time the services were performed by the AP.

General Supervision: the supervising or an alternate supervising physician is immediately available to the AP for consultation by phone and is located within the state or if not within the state, within fifty (50) miles of the AP's practicing location and available to come in to see a patient if needed by the AP to do so.

POLICY:

It is the policy of Good Samaritan Health & Wellness Center that services provided by APs within the scope of their license follow all appropriate local, state and federal laws associated with the practice of, and billing for, AP services.

PROCEDURES:

5.20.1 Billing for Services Provided by an AP under Direct Supervision

1) Medicare (including managed Medicare plans). Good Samaritan Health & Wellness Center may bill Medicare for covered services provided by APs under a physician's name and provider number, provided that the AP's services meet certain conditions as provided further below. This is known as "incident to" billing. Good Samaritan Health & Wellness Center may bill for services provided to patients by APs in the name of a Supervising Physician if all of the following criteria are met:
   a) The Supervising Physician has previously seen the patient and established a plan of care for each patient problem.
   b) To the extent the patient is new or is in the office for a new problem, the "incident to" rules are not met unless the Physician actually sees the patient and establishes a plan of care at that office visit.

2) Non-Medicare Payors Requiring Incident to Billing. Good Samaritan Health & Wellness Center may bill commercial payors that require providers to follow the Medicare "incident to" rules for patient encounters that meet the "incident to" requirements set out above under the supervising physician's provider number.

3) Tricare and Medicaid. All Medicaid and Tricare recipient services provided by an AP must be billed under the AP's name and provider number.

4) Non-Medicare Payors Not Requiring Incident to Billing. Good Samaritan Health & Wellness Center may bill non-Medicare payors that do not require providers to follow the Medicare "incident to" rules for services provided by APs under a Supervising Physician's provider number.

5.20.2 Billing for Services Provided by an AP under General Supervision

1) Medicare (including managed Medicare plans). In the event an AP provides covered services to a patient and the "incident to" criteria are not met, Good Samaritan Health & Wellness Center will bill Medicare under an AP's name and provider number if the following criterion is met:
   a) The patient presents with problems within the AP's knowledge, expertise and scope of practice approved by the Composite Board, including new patients; established patients with established problems; and established patients with new problems.

When billing under the AP's provider number, it is not necessary that a physician provide the initial treatment for a new patient or for an established patient with a new problem.

2) Non-Medicare Payors Requiring Incident to Billing. In the event an AP provides covered services to a patient and the "incident to" criteria are not met, Good Samaritan Health &

Wellness Center will bill the applicable third party payors that require incident to billing under an AP's name and provider number if the following criterion is met:

a) The patient presents with problems within the AP's knowledge, expertise and scope of practice approved by the Composite Board, including new patients; established patients with established problems; and established patients with new problems.

3) Tricare and Medicaid (including managed Tricare and Medicaid plans). All Medicaid recipient services provided by an AP must be billed under the AP's name and provider number.

4) Non-Medicare Payors Not Requiring Incident to Billing. Good Samaritan Health & Wellness Center may bill non-Medicare payors that do not require providers to follow the Medicare "incident to" rules for services provided by APs under a Supervising Physician's provider number.

5.20.3 Observation and Review of Practice and Medical Records

1) The nurse protocol agreement or job description shall include a schedule for periodic review of patient records. Good Samaritan Health & Wellness Center has aligned its policy with O.C.G.A. 43-34-25 in requiring that a Supervising Physician shall:
   a) Evaluate or examine all patients who receive any controlled substance prescription pursuant to a nurse protocol agreement or job description; a Supervising Physician must review and sign 100% of patient records for patients receiving prescriptions for controlled substances to comply with the law. Such review shall occur at least quarterly after issuance of the controlled substance prescription.
   b) Review and sign 100% of patient records (i) in which an adverse outcome has occurred, and (ii) that are billed as incident to or as split shared services. Such review shall occur no more than 30 days after the discovery of an adverse outcome.
   c) Review and sign 10% of all other patient records. Such review shall occur at least annually.

5.20.4 References

O.C.G.A. 43-34-25; 42 CFR 410.26, Medicare Claims Processing Manual, Chapter 12, 30.6.4
O.C.G.A. 43-34-103 et seq., O.C.G.A. 43.34.25