national government SERVICES

NGS MU NGSMEDICARE UNIVERSITY
MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION

Concurrent Care: New Patient Visits Performed by Nonphysician Practitioners

12/13/2022

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Today's Presenters

- Provider Outreach and Education
  - Carleen Parker, Consultant
  - Catherine K. Delli Carpini, CPC, BSN, RN, Clinical Lead
  - Christine Obergfell, CPC, CPC-I
  - Nathan L. Kennedy, Jr., CHC, CPC, CPPM, CPC-I, CPB, CPMA

Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.

No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
  - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- High rate of denial, frequently overturned with documentation on appeal
- Denials and appeal process is burdensome and costly to both providers and NGS
- Reducing administrative burden, by submitting accurate information on claim(s) for new patient care codes

Agenda

- NGS initiative
- New patient care codes
- Multispecialty and concurrent care
- Supervising specialty
- Claim submission best practices

National Government Services Medicare Part B – JK/J6

- Changes apply only to Part B claims submitted in MAC Jurisdictions JK and J6
- NGS Jurisdictions
  - J6: IL, WI, MN
  - JK: ME, NH, VT, MA, NY, CT, RI
- Providers within other MAC jurisdictions need to contact their own MAC contractors for information

New Patient Definition

- Patient(s) who has not received any professional services, such as, E/M service or other face-to-face service from physician/NPP or physician/NPP group practice (same physician specialty) within previous three years
- CMS permits one new patient E/M service per beneficiary per provider or group of same specialty once every three years

Multi-Specialty Groups

- When patients are seen for first time by group member of different specialty, each specialist may bill first encounter with patient as "new visit"
- When group providers of same specialty see patient for subsequent care, patient is considered "established", since first encounter has been performed by same-specialty colleague in group

NPP New Patient E/M

- Concurrent care
  - NPs (Specialty 50) and PAs (Specialty 97) are now working in full scope of sub-specialty groups
  - Additional information is required on NPP claims to allow multiple first visits
  - CMS considers NPP as working within the same specialty as the physician specialty area in which service is provided

Physician Specialty

- Applies to multi-specialty physician practice
  - In multi-specialty physician groups: NPPs are considered as practicing within physician area in which NPP performs service
  - For independent NPP groups: must have a collaborative agreement with physician, but are not considered as same specialty as that physician
    - Considered to be NPs (Spec 50) or PAs (Spec 97)
  - All services: NGS will compare with other specialty group NP or PA visits within three lookback

Submitting NP and PA Claims for E/M Services

- Information included in the 2300/2400 Loop in the NTE Segment on electronic claims
- Claims shall be submitted with either NP (Specialty 50) or PA (Specialty 97) as rendering provider as usual, with this additional information entered separately, describing specialty of physician practice in which the care was rendered

Best Practices

- To support accurate NPP billing
  - We have instructed NP and PA providers to include additional information on all E/M claims, defining specialty of physician group in which care was rendered
  - When information is identified, claim suspends for examiner review; examiner compares information on paid history claim with information on claim now pending
- Medicare Provider/Supplier Specialty Codes

Medicare Provider Specialty Codes

Code	Description
1	General practice
2	General surgery
6	Cardiology
7	Dermatology
8	Family practice
9	Interventional pain mgmt.
10	Gastroenterology
11	Internal medicine
12	Osteopathic manipulative
13	Neurology
14	Neurosurgery

Code	Description
16	Obstetrics/gynecology
20	Orthopedic surgery
26	Psychiatry
29	Pulmonary disease
33	Thoracic surgery
34	Urology
39	Nephrology
48	Podiatry
77	Vascular surgery
78	Cardiac surgery
83	Hematology/oncology

Important Reminders

- NPP E/M claims submitted without supervising specialty information in 2300/2400 loop will continue to deny when an new patient E/M claim has been paid to another NPP within three years
- Primary diagnoses on claims must vary, supporting care for two different clinical conditions
- Denials we see are often based on use of the same diagnosis on both claims
  - Remember to enter the diagnosis specific to the specialty visit

Implementation

- When both physician specialty designation information and diagnosis on two claims are different, second claim may be payable
- Providers that see denials, can adopt process
- NGS encourages inclusion

FAQs

- What denial message and remark code will providers see for concurrent care claim denials?
  - D463: New patient qualifications were not met
  - M13: Only one initial visit is covered per specialty per medical group

Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims

- Working in specialty
  - 26 psychiatry, 06 cardiology, 20 orthopedic

Claim Notes	2300	NTE02	S	Claim Notes description field
	2400		S	

- Remember to enter the diagnosis specific to specialty visit

Diagnosis or nature of illness or injury	2300	HI01-02

Anticipated Outcomes

- Significant decrease
  - Rate of denial on E/M claims submitted by NPPs
  - Rate of appeals
  - Provider and MAC administrative burden
- Significant increase
  - Provider revenue
  - Provider satisfaction

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

FOLLOW US