



# Downeast Association of Physician Assistants

## DEAPA E-News Brief

### **2012 New England Clinical Symposium & Workforce Summit-August 23rd!**

On August 23, 2012 the Maine Primary Care Association and the Maine Office of Rural Health and Primary Care will host the first *New England Clinical Symposium and Workforce Summit* in beautiful downtown Portland, ME. The event will feature two prominent keynote addresses, an 'Ask the Expert' Roundtable/World Café - featuring members of our expert speaker faculty - in addition to two breakout tracks:

The clinical track will offer CME sessions on:

- Caring for an Aging New England:
  - ◊ Clarifying the Lines Between Mood Disorders, Dementia and Delirium
  - ◊ A Spreadable Alzheimer's Initiative: A Plan for Early Diagnosis & Treatment
- Health Care for our Heroes:  
A Spotlight on Issues Ranging from Traumatic Brain Injury to PTSD
- Cultural Competency: A Panel Discussion on the Cultural Landscape and the Crossroads of Primary Care

Primary care clinicians are called upon to provide a diverse and ever-growing array of skills and knowledge to meet the demands of patients young and old, and from all walks of life. This track will bring together a wide spectrum of clinical sessions in parallel with the variety of issues clinicians address on a daily basis. Attendees can expect an educational forum featuring dynamic sessions and speakers, rich with opportunities to meet or reconnect with colleagues.

The Administrator and Health Care Staff track will feature:

- Physician Contracting and the Nuances of Working with JI Candidates
- Innovative Initiatives for Recruitment & Retention:
  - ◊ Introducing the Community Apgar Project
  - ◊ Findings of the Massachusetts 2011 Retention Project
- Veterans on the Frontlines of Primary Care:  
Enhancing New England's Safety Net Workforce

The summit will tackle the issues and opportunities facing our clinical workforce "pipeline", as we move forward in an era of health care reform. With the safety net perspective in mind, this track will focus on engaging the clinicians of today, while shaping and attracting the generations to follow. In addition, we will look at moving beyond recruitment toward practice and community improvement in becoming the practices of choice for clinicians.

Please join us on August 23<sup>rd</sup> for this Workforce Summit for clinicians, health care administrators and staff from **Maine, New Hampshire, Vermont, Massachusetts, Connecticut and Rhode Island.**

[Click here](#) to register or contact **Andrea Watkins** for registration information.

[Click here](#) for information on Exhibiting and Sponsorship Opportunities



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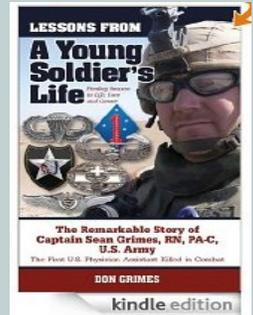
## DEAPA E-News Brief

Erika recently received a package at the DEAPA office from Don Grimes. He wrote the book, *Lessons From a Young Soldier's Life*. The book is about his younger brother Sean Grimes who was the first US PA killed in Combat.

The money from sales of the book go to 2 scholarship funds. One is run by AAPA for PAs and another at Michigan State for nursing students. (Sean Grimes was a nurse prior to being a PA) One is run by AAPA for PAs and another at Michigan State for nursing students.

Here is the link to the book on Amazon:

<http://www.amazon.com/Lessons-From-Young-Soldiers-Life/dp/0985404302>



## SAVE THE DATE

### DEAPA's 23rd Annual CME Conference

February 6-9, 2013

Sunday River's Grand Summit Hotel



**Bethel, Maine**



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American Academy of  
PHYSICIAN ASSISTANTS

2318 Mill Road, Suite 1300  
Alexandria, VA 22314  
P 703 836 2272 F 703 684 1924  
E aapa@aapa.org  
www.aapa.org

## Medicare- Maine Overview

Medicare is a government-administered program providing health insurance to 43 million Americans. The Centers for Medicare and Medicaid Services (CMS) implements laws and establishes policies affecting Medicare and contracts with health care professionals to process Medicare claims.

Medicare rules require that services provided by physician assistants (PAs) be reimbursed at 85 percent of the physician fee schedule unless specific billing exceptions discussed below (“incident to” and “shared visits billing”) apply. To receive reimbursement, PAs must bill Medicare at the full physician rate. A PA must enroll in the Medicare program by submitting the 855I form, and use his or her National Provider Identifier (NPI) number to alert the carrier to implement the 15 percent discount. It is also required for Medicare providers to enroll via the [PECOS system](#).

NPI numbers can be obtained on-line at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> After completing the NPI application, you should receive an NPI number within 2 weeks. If after 2 weeks you have not received your number contact the NPI Enumerator at: 1-800-465-3203 or 1-800-692-2326 (TTY).

The Medicare 855I form can be found at <http://www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf>. This form should be submitted to your local Medicare Administrative Contractor (MAC). You can also submit enrollment requests on-line at (recommended).

Services provided by PAs are reimbursable by Medicare when provided in offices or clinics, nursing facilities, hospitals, and ambulatory surgical centers. Medicare pays PAs for nearly all types of medical and surgical services as allowed by state law. Medicare Benefit Policy Manual, Chapter 15, Section 190. Covered services include, but are not limited to, high-level evaluation and management services, consultations, initial hospital histories and physicals, mental health services, diagnostic tests, telemedicine services, and ordering durable medical equipment.

### Medicare Administrative Contractor (MAC)

Maine has been assigned to MAC Jurisdiction 14, served by the National Heritage Insurance Corporation (NHIC). Local policies and coverage determinations can be found at the NHIC website. Updates are posted regularly, and you can sign up to [receive e-mail alerts](#) on the

website as well.

Note: NHIC has posted a “suggestion” regarding incident-to billing in their July 2010 Billing Guide. (See pg 15.)

“NHIC suggests the physician or practitioner reviews the progress and co-signs the charts. When services are billed incident to a MD, it is as if the MD personally performed the services. When a MD personally performs a service, the MD signs the chart. The MD is personally responsible for all incident to services rendered to the patient, so co-signing the chart confirms his understanding of his responsibility & liability for the billed services. This also confirms that the MD is actively involved in the patient care and is aware of the patient’s status at all times.

### “Incident to” Billing in an Office or Clinic Setting

“Incident to” is a Medicare billing provision that allows reimbursement for services delivered by PAs at 100 percent of the physician fee schedule, provided that all “incident to” criteria are met. “Incident to” billing only applies in the office or clinic. **It requires that:**

1. The physician must have personally treated the patient on his or her initial visit for the particular



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medical problem and established the diagnosis and treatment plan. The physician must also diagnose and establish a treatment plan for any new medical conditions that may arise.

2. The physician is within the suite of offices when the PA renders the service.
3. The service is within the PA's scope of practice and in accordance with state law.

If all criteria are met, the PA's services are billable under the supervising physician's Medicare number with payment at 100 percent of the fee schedule. If the criteria are not met, the PA can still perform the service; however, the PA's services must be billed to Medicare under the PA's own number for reimbursement at 85 percent of the physician fee schedule.

There must be subsequent services performed by the physician of a frequency that reflects his or her continuing and active participation in patient management and course of treatment.

A Medicare reference regarding "incident -to" can be found in the Medicare Benefit Policy Manual, Chapter 15,

Section 60.1, and in Transmittal 1764.

Again, be aware of the NHIC recommendations regarding documentation for incident to billing.

### FAQ

Will a PA Be Reimbursed When He or She Sees a New Medicare Patient?

Yes, as long as visits with new patients are allowed by state law, a PA may see a new Medicare patient. This visit should be billed using the PA's Medicare number for reimbursement at 85 percent of the physician fee schedule.

May I Bill "Incident to" for a Visit if My Supervising Physician Is Next Door at the Hospital?

No. In order to qualify for "incident to" billing, the supervising physician must be within the suite of offices.

May I Bill "Incident to" in a Hospital or a Nursing Facility?

No. "Incident to" can be applied only in a physician's office or clinic.

Again, be aware of the documentation requirements suggested by NHIC in their July 2010 Billing Guide (See pg 15.)

"NHIC suggests the physician or practitioner reviews the progress and co-signs the charts. When services are billed incident to a MD, it is as if the MD personally performed the services.

When a MD personally performs a service, the MD signs the chart. The MD is personally responsible for all incident to services rendered to the patient, so co-signing the chart confirms his understanding of his responsibility & liability for the billed services.

This also confirms that the MD is actively involved in the patient care and is aware of the patient's status at all times."

**The whole article on  
MEDICARE~MAINE will be posted  
on DEAPA's website within the next  
week  
[www.deapa.com](http://www.deapa.com).**