

Trend Watch: Coding for Nonphysician Services

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by Emily Hill, PA-C

From physician assistants to nurse practitioners, the number of healthcare professionals offering patient care services has increased dramatically in recent years. With this increase comes a challenge to coders—accurately reporting the services provided by these professionals.

The current trend originated in the 1960s, when physician shortage in rural areas had reached substantial proportions. The concept of a "mid-level" provider—like a physician assistant (PA) or nurse practitioner (NP)—who could offer primary care services to these areas was born. These professionals first were located primarily in rural or underserved areas.

Today, PAs and NPs work in a variety of settings and offer a wide range of services. They can now be found in rural, suburban, and urban areas providing both primary and specialized care. Currently, there are more than 31,000 practicing PAs and more than 100 accredited PA programs.¹ The United States Bureau of Labor Statistics projects that the number of PA jobs will increase by 46.6 percent between 1996 and 2006.² In 1994, there were 49,000 nurses employed as NPs and by 1995 there were more than 200 NP training programs.³

The increasing number of these professionals presents a new challenge in documentation for coders. The growth of the practitioner field, plus changes in the regulatory environment—such as Medicare's expanded coverage in 1998⁴ of services provided by these healthcare professionals and the recent emphasis on fraud and abuse in the healthcare industry—underscore the necessity of accurately reporting the services provided by PAs and NPs.

Familiar Landmarks

The Current Procedural Terminology (CPT), developed and supported by the American Medical Association (AMA), is a system designed to numerically identify the cognitive, procedural, and material services provided to patients. Since its adoption by the Health Care Financing Administration (HCFA) in 1983, CPT has been the predominant method of tracking and reporting medical services. Although it was originally designed to describe only physician services, the CPT process is being expanded to include those services provided by a number of other healthcare professionals. In fact, with a few exceptions, CPT does not identify types of providers but rather defines specific services. Because PAs and NPs provide physician medical services, the current system already identifies most of the activities they perform.

When determining an appropriate range of CPT codes to be used by PAs and NPs, the professional's scope of practice provides the guidance. State law, usually through medical or nursing boards, determines the overall scope of practice.

Just as you would not expect to see a coronary artery bypass graft performed by a neurosurgeon, the practice setting of the mid-level provider also influences scope of practice. This may be further restricted by individual experience, by the supervising physician in the case of the PA, or in the hospital setting by hospital bylaws.

Because of the broad range of services that may be provided, it is impossible and inappropriate to identify a set of CPT codes applicable to all PAs and NPs. A mid-level provider might be managing patients in the neurosurgical or cardiovascular practice as well as acting as a surgical first assistant.

Selecting the appropriate CPT code for work provided by a PA or NP is identical to the selection process for physician services. The code should accurately reflect the content of the service. The documentation in the medical record must supply the support for the level and intensity of the reported code.

In the case of Evaluation and Management Services, the documentation guidelines developed by the AMA and HCFA offer assistance in determining proper code selection based on the written description of the medical encounter. PAs and NPs provide physician medical services, so although the guidelines and the CPT definitions refer to physicians, they are equally

applicable to these mid-level providers. Therefore, the appropriate category and level of service is dependent on the clinical situation, the needs of the patient, and the supporting documentation.

PAs and NPs also may perform medically necessary procedures that are within the realm of their training and expertise. Almost 20 percent of PAs are employed by surgical specialties and subspecialties,⁵ where they provide a wide variety of care, including the performance of invasive and noninvasive procedures and surgical first-assist duties. Once again, the code is selected in the same manner as if a physician had provided the service and is determined by the documentation in the record.

Trouble Spots to Watch

Regardless of the similarity to coding for physician services, there are challenges in coding for care provided by PAs and NPs. Although CPT is a reporting system for medical services, it is also used for payment. Coverage for PA/NP services is often confused with appropriate coding. Third-party payers may restrict or prohibit payment for certain services, including those provided by mid-level professionals. However, this is a coverage, not a coding or scope of practice, issue. Proper coding is determined by the work that was rendered and documented and not based on payment policies.

Reimbursement, in spite of its obvious effect on medical practices, remains a separate issue. When a physician and the PA/NP perform a service jointly, there is also the dilemma of determining which provider should report the care. In addition, PAs and NPs may also provide activities that are not currently identified in CPT, such as certain educational and preventive services. And finally, third-party payers may have additional reporting requirements in the form of modifiers or unique codes that may vary among payers.

Regardless of who provides the care, procedural coding should be based on accepted CPT principles and guidelines and accurately reflect the service that was rendered. Obstacles to coverage and special reporting requirements may affect the process for PAs and NPs, but they should not become substitutes for coding standards.

Coding may ultimately influence the understanding of the role these professionals play in today's healthcare environment by defining the extent of services they deliver. Assuring accurate representation through the coding process is the responsibility of all coding professionals.

Notes

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Article Citation:

Hill, Emily. "Trend Watch: Coding for Nonphysician Services." *Journal of AHIMA* 71, no. 1 (2000): 41-42.

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