From the Medical Director

**More important information on incident to and direct billing**.

Incident to billing essentially means that PA and NP’s bill under the physician – VMG then collects 100% of the physician fee schedule.

Direct billing means the NP or PA bills directly under their own name and in most cases VMG will collect 85% of the physician fee schedule.

**Being able to bill incident to as often as possible given incident to compliance rules** ***is essential***– if we were to bill direct in most visits it would likely cost the group over a million dollars in reimbursement.

Our infrastructure should allow us to continue billing incident to in most circumstances – **billing incident to is a financial recognition of collaboration between NP/PA’s and Physicians in the management of our patients.**

1.       NP/PA’s should bill direct in circumstances where there is no physician in the center.

2.       NP/PA’s should bill direct in New Medicare patients who have never seen a physician at VMG – **unless** a physician is brought in to briefly see the patient – that visit by the physician  needs to be documented in the chart and the chart should be cosigned by the physician.

3.       NP/PA’s should bill direct for Medicare patients for any new significant medical problem –unless a physician is consulted and documented in the chart, and the chart is sent to a physician for cosignature. We should try to have a physician involved in new Medicare problems as often as possible.

In order to demonstrate ongoing collaboration of Physicians and NP/PA’s it is important that:

1.       Any discussion with a physician- discussing a case, reading an x-ray, reviewing an ekg, approving an mri or ct scan , other specific patient related interactions be documented in the note or a case as often as is possible.

2.       Physicians need to make themselves available to do a quick consult or stick their heads in to greet a patient whenever possible if needed.

3.        All Blue/cross patients seen by NP/PA’s should have charts sent to a physician for co-signature.

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