Critical Care NP/PA Billing Model

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- New Critical Care Tower with 34 beds in each Adult ICU
- Limited house staff coverage
- Increased demand for improved outcomes

Problem

NP/PA Model
- Coverage
- Quality
- Feasibility

Solution

Master staffing plan, tailored for needs of each ICU

* Critical care beds
* Housestaff coverage
* NP:patient ratio

*Staffing Models

Current ICU NP Staffing Models – Based on number of ICU beds and housestaff assigned to each ICU

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day	2	2	2	2	2	2	2
Night	1	1	1	1	1	1	1
MICU -- Current FTEs: 8 Current ICU Beds - 34							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day	2	2	2	2	2	2	2
Night	1	1	1	1	1	1	1
SICU -- Current FTEs: 8 Current ICU Beds - 22							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day	2	2	2	2	2	2	2
Night	2	2	2	2	2	2	2
Neuro ICU -- Current FTEs: 10 Current ICU Beds - 22							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day	2	2	2	2	2	2	2
Evening	1	1	1	1	1	1	1
Night	1	1	1	1	1	1	1
CVICU - Current FTEs 10.4 - Current ICU Beds - 27							

* Documentation
* Compliance
* Targets
* Interference with MD billing
* Tracking
* Removal from hospital cost report

*NP/PAs as Billing Providers -- Concerns

* 24/7 coverage
* Increased revenue
* Organizational value

*NP/PAs as Billing Providers -- **Advantages**

* Billing potential
* Expenses

*Business Case Analysis

* Billing Productivity

	CPT Code	Charge	Trauma Surgery	Other Surgery	No Surgery	Comments
Subsequent Day E&M	99232	148	No	Yes	Yes	
Discharge summary	99238	145	No	Yes	Yes	
Consultation	99252	148	Yes	Yes	Yes	
Complex wound management	97606	110	No	Yes	Yes	
Tracheostomy downsize or decannulation	31600	1266	Yes*	Yes*	Yes*	Only if tracheostomy performed in OR; Charge is total charge
Acute events Consult + critical care?	99252 99291	148 664	Yes	Yes	Yes	
Arterial line placement	36620	168	Yes	Yes	Yes	
Central line placement	36556	568	Yes	Yes	Yes	
Intubation	31500	435	Yes	Yes	Yes	
Dobhoff feeding tube placement	*n/a*	*n/a*	*No*	*No*	*No*	*Can be performed by nonbilling provider*
Spinal punc therap drainage spinal fluid	62272	517	Yes	Yes	Yes	
Chest tube removal	*n/a*	*n/a*	*No*	*No*	*No*	*Part of chest tube placement fee*

Billing Productivity

	CPT Code	Charge	Encounters per day	Encounters x charge	Billable charges per month	Est Coll. 21% based in large uninsured pop.
Subsequent Day E&M	99232	148	22			
Critical Care	99291 99292	664	10			
Consultation	99252	148	5			
Central line placement	36556	568	2			
Tracheostomy downsize or decannulation	31600	1266	2			
Acute events Consult + critical care	99252 99291	148 664	2			
Arterial line placement	36620	168	2			
					Estimated Charges per Month =	Estimated Collections per Month =

Expenses (Example)	Per NP
Salary/Fringe	100,000
Expense - Meetings/Travel/CEU	2000
Staff Training & Development	200
DEA/licensure	600
Office Supplies	200
Telephone/Pager	200
Expenses Per NP Annually	$103,100.00

Costs

Department ID	Department Name	Procedure Code	Quantity	Charge	Total Charges
171	TRAUMA-TRAUMA(VUH)	00005	10	148	1,480
	Consultations	00005.1	10	148	1,480
	Procedures (arterial line)	00018	100	168	16,800
	Subsequent Day E & M	00019	800	148	118,400
	Subsequent Day E & M	00019.1	10	148	1,480
	Admissions	00025	200	277	55,400
171	TRAUMA-TRAUMA(VUH)	Sum:	1130		$195,040.00

Capture lost billing

ICU Example

Missed billing opportunities

One Year

* Gentleman's agreement between Department and Administration
* Who pays for what?
* Salaried and non-salaried expenses?
* Taxes – coding/billing, departmental

Memorandum of Understanding

MOU

* Under this agreement, the Department of _____, Division of _____ and Vanderbilt University Hospital agree to the following:
* This Memorandum of Understanding will become effective on or about July 1, 2011 and will remain in effect for 1 year with review and report on a quarterly basis and at fiscal year-end 2012.
* Review will consist of evaluation of billing and non-billing productivity measures, professional practice evaluation and patient and physician satisfaction.
* Responsibility for the annual practice evaluation and report to the Vanderbilt University Chief Nursing Officer (CNO) rests with the Assistant Director for Advanced Practice.
* Ongoing and focused professional practice evaluations (OPPE; FPPE) will be conducted jointly by the Supervising Physician or designee and the Assistant Director for Advanced Practice or designee.
* The anticipated clinical work schedule will be three 13 hour shifts per week to include days, nights and weekends. With patient care as the utmost importance, coverage hours may be changed or extended as jointly decided between the Supervising Physician and the Assistant Director for Advanced Practice.

MOU

* The anticipated nonclinical work schedule will vary based assigned faculty and administrative responsibilities.
* Vanderbilt University Hospital's certified nurse practitioner practice organized under the 201-052-____ cost center will receive gross collections from the nurse practitioner's professional billings and pay the following Vanderbilt Medical Group (VMG) taxes: VMG billing office overhead of 8.5%.
* Any charges/collections posted to a physician's epic department where the nurse practitioner is the servicing provider will be reconciled and transferred to the 201-052-____ cost center on a quarterly basis. The net amount should be gross collections less the 8.5% VMG business office tax.
* The income distribution form for the nurse practitioner will be completed by VUH administrative leadership, to include the Chief Nursing Officer and the Assistant Director of Advanced Practice with input from the Director of Nursing and Patient Care Finance and assistance as needed from the Center for Advanced Practice Nursing & Allied Health. The VMG Sr. Billing Manager will also be involved in this process.
* Vanderbilt University Hospital will pay salary, fringe benefits and non-salary expenses per the terms of the nurse practitioner's offer letter. Non-salary expenses include: office supplies, lab coat, pager, DEA license, continuing education, professional memberships and other expenses as deemed necessary for professional practice.
* In recognition of this agreement, the parties herewith sign this Memorandum of Understanding.

Offer Letter

- Salary
- Benefits
- Time away
- Continuing education
- Non-salaried expenses
- Expectations

Education

- Documentation
- Evaluation and Management
- Critical Care Billing
- Consults

Documentation

- Electronic progress note
- Physical exam
- Ongoing and resolved issues
- Assessment and plan
- Critical care billing statement if applicable

Use Examples

NPs and Residents

- NP documentation stands alone and supports billings under the NP's name/provider number
- Rules on teaching physicians do not apply to NPs
- Cannot combine resident's documentation and NP documentation for billing purposes

- History - comprehensive
- Physical exam - comprehensive
- Medical management - complex

Evaluation and Management

*What is critical care?

Critical care is high complexity medical decision making delivered to a critically ill or injured patient.

"Critical care is defined as the direct delivery by a physician of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition.

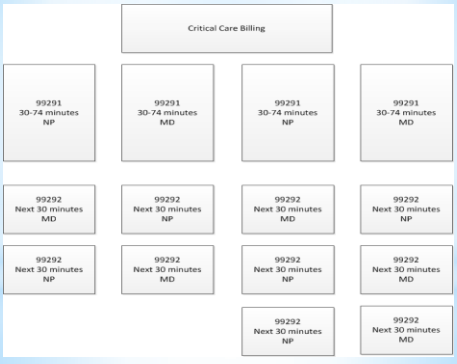
CMS Transmittal 1530 (June 6, 2008) and Transmittal 1548 (July 9, 2009)

*Critical Care Billing – When are services billable as Critical Care?

*99291 – Evaluation and management of the critically ill or critically injured patient, first 30-74 minutes

*99292 – Each additional 30 minutes

*Critical Care Billing



Critical Care

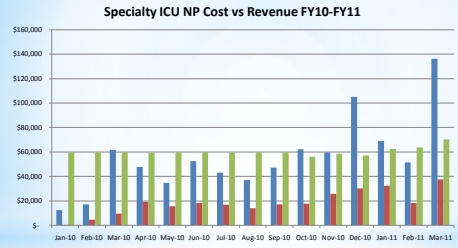
- Critical care billing statement substantiating multisystem organ failure, including time spent independent of procedures.
- Must be time spent in direct patient care. May also include discussions with family regarding treatment options, if patient is unable to contribute effectively
- May not include time spent off unit or time not directly affecting patients (i.e. teaching rounds)

Consults

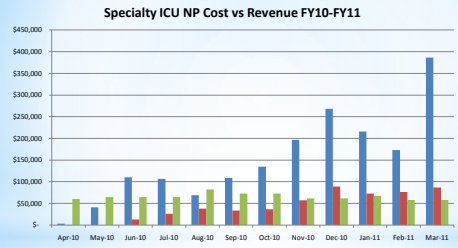
- Use E/M codes to document consultations
  - Identify where service takes place
  - Complexity of service performed
- Critical care
- Emergency response

Productivity

- Expenses
- Charges
- Collections



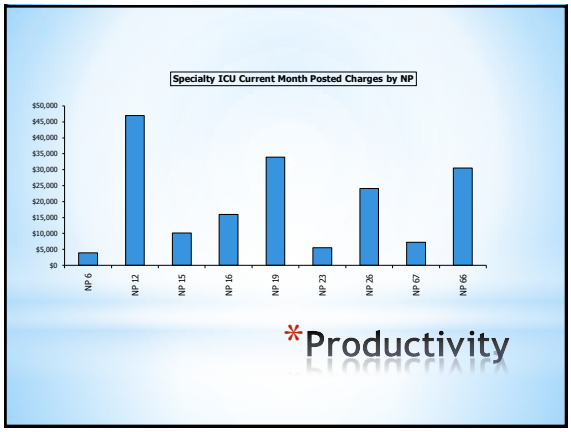
* Specialty ICU Billing Productivity

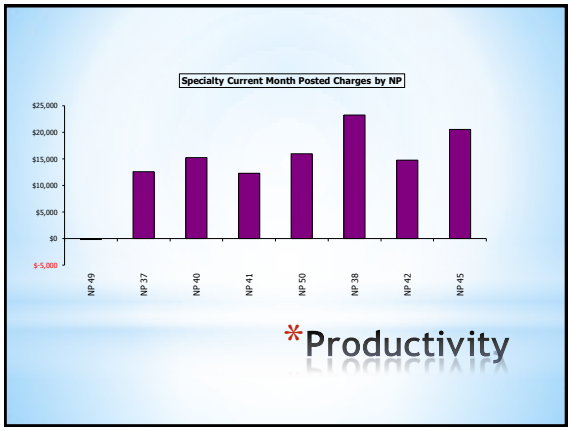


* Specialty ICU Billing Productivity

* Billing provider
* Servicing provider
* MD billing provider with NP servicing provider
  - EPIC mapping
  - Revenue mapped back to NP cost center

*Productivity


Specialty ICU Current Month Posted Charges by NP
$50,000
$45,000
$40,000
$35,000
$30,000
$25,000
$20,000
$15,000
$10,000
$5,000
$0
NP 6
NP 12
NP 15
NP 16
NP 19
NP 23
NP 26
NP 67
NP 66
*Productivity


Specialty Current Month Posted Charges by NP
$25,000
$20,000
$15,000
$10,000
$5,000
$0
$-5,000
NP 49
NP 37
NP 40
NP 41
NP 50
NP 38
NP 42
NP 45
*Productivity


*Questions?

References

* Society of Critical Care Medicine (2006). Coding and billing for critical care; a practice tool.
* Buppert, C. (2006). Billing physician services provided by nurse practitioners.