

Non-Physician Practitioner E/M Claims: Change in Submission Instructions Effective 09/15/2018

August 20, 2018

In response to CMS's current initiative to reduce provider burden in the Medicare claim process, National Government Services (NGS) is pleased to announce a significant change in submission and processing steps for E/M services performed by NPPs. This change applies to claims submitted by NPs (NP-Specialty 50) and PAs (PA-Specialty 97) and will be apply to **claims processed on and after 9/15/2018**.

NGS has posted educational webinar dates for August and September; please register early to learn more about this upcoming change.

Long-standing CMS guidelines restrict payments for concurrent E/M services performed on the same day by same-specialty providers. As practice trends have moved toward wider participation of NPs and PAs in direct patient care in multiple sub-specialty areas, NGS has seen a steadily growing trend of E/M services submitted by NPs and PAs providing services for distinctly different clinical problems on the same date of service. This trend has created a high level of denied NP and PA E/M claims, which are then submitted for redeterminations that ultimately result in reversals and payments, when documentation supports care for two distinctly different clinical problems (e.g., orthopedics vs. psychiatry).

As of 9/15/2018, the following submission, processing and payment guidelines will apply to E/M claims submitted by JK and J6 providers and groups for services by NPs (Specialty 50) and PAs (Specialty 97):

1. NP and PA E/M claims will continue to be submitted as per prior guidelines, indicating the rendering/billing provider as either Specialty 50 or Specialty 97.
2. In the 2300 or 2400 Loop NTE Segment (or Box 19 on paper claims), include the specialty of the group under which the NP or PA has provided the service (e.g., Specialty 20 or Specialty 26).

NGS encourages providers to initiate this process as soon as possible; supervising specialty information is essential to the success of this processing and having this information on history claims will enhance payment for claims processed September 15th and later.

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NGS also encourages providers to refrain from including other information in the 2300 or 2400 Loop NTE segment on these specific claims unless absolutely necessary.

3. An NP or PA E/M claim submitted subsequent to the first paid NP or PA claim for a date of service will be considered for payment if specialty information in Loop 2300 or 2400 NTE Segment (or Box 19 on a paper claim) varies from that on the paid claim and if detail diagnoses on the claims vary, supporting care for a different clinical condition.
4. Multiple NP and PA claims submitted for the same date of service that **do not meet** the above criteria **will continue to be denied** and may be submitted for redetermination via the standard and previously established method.
5. Providers are reminded that claims denied relative to this issue prior to 9/15/2018 may not be re-submitted and will still need to go through the standard redetermination process.

Beyond implementation of this editing change, NGS will continue to monitor NPP E/M claim and appeal trends, and continue to offer education as needed. NGS anticipates a highly successful outcome for our NPP providers and will be pleased to address questions during our upcoming webinars, mentioned above.