

# Reimbursement

Pryor C. Balanced Budget Act enhances value of physician assistants, nurse practitioners. *Health Care Strateg Manage* 1999 Aug;17(8):12-3.

Changes in the Balanced Budget Act of 1997 increased demand for PAs and NPs. BBA changes include where midlevel practitioners can work, level of reimbursement, direct payment, and employment and reimbursement for assisting-at-surgery.

Birkholz G; Viens DC. Medicaid claims data comparisons for nurse practitioners, physician assistants, and primary care physicians in New Mexico. *J Am Acad Nurse Pract* 1999 Jan;11(1):3-10.

This is a comparative study of three types of prescribers: NPs, PAs, and primary care physicians in NM. The data source was the state's Medicaid drug Utilization Review Bank, based on paid insurance claims for 1996. The service claims included diagnoses, procedures, medical equipment ordered, and prescription claims including legend and controlled drugs. There were approximately 425,000 service claims for 75,000 Medicaid clients seen by primary care providers in 1996. The study accounted for the following percent of active providers in the state: PA 79/223 (35%); NP 278/340 (82%), M.D. 2,243/3,324 (67%); D.O. 213/378 (56%). The three most frequent diagnoses in the Medicaid claims were otitis media, acute pharyngitis, followed by gastroenteritis. Otitis media ranked ninth for PAs, second for NPs, first for M.D.s, and third for D.O.s. Three of the top four prescriptions (penicillin, cough preparations, and anti-inflammatories) are identical for each type of provider. Although narcotics were one of the leading 10 drugs prescribed by M.D.s, D.O.s, and PAs, it does not appear in the top 10 drugs prescribed by NPs. The mean total claims per client by provider type were PA, 1:8; NP, 2:6; M.D., 3:8; D.O., 3:9. NPs and PAs had fewer claims per patient than primary care physicians.

Wilson D. The BBA expands the role of physician extenders...with major implications for provider-employers. *Med Netw Strategy Rep* 1998 Dec;7(12):8-9.

Effective in 1998, the BBA removed certain practice restrictions on physician extenders and significantly changed reimbursement parameters. The elements of the change are discussed along with potential benefits and drawbacks.

Powe ML. HCFA institutes new PA payment rules [interview]. *Physician Relat Update* 1998 Jun;7(6):64-5.

Rahr R; Ballweg R; Miller A; Powe ML; Simon A; Thomas S. The new Medicare regulations — how will they affect the profession? *Physician Assist* 1998 May;22(5):95-109.

Forum participants discuss the effects of Medicare reimbursement legislation in the next three to five years. They predict that simplification of the regulations will expand coverage and increase employment opportunities for PAs. AAPA legislative initiatives will focus on Medicaid coverage for PAs and GME funding for PA programs.

Cassidy M. Reimbursement and ERISA revisions impact the economics of using physician extenders. *Benders Health Care Law Mon* 1998 Jan; p.14-7.

Explains amendments to the Social Security Act and Internal Revenue Code which provide new reimbursement incentives and contracting flexibility regarding the use of physician extenders in medical practices.

Edelberg C. Inspector General clarifies billing rules. *ED Manag* 1997 Apr;9(4):45-7.

Describes appropriate billing methods for PA "incident to" services.

Powe ML. Medicare reimbursement for PAs: know what is covered. *J Am Acad Phys Assist* 1997 May;10(4):65-66,68.

Summarizes certain aspects of Medicare's coverage policy for medical services provided by PAs: nursing facilities, hospitals, offices and clinics, house calls, and preventive care.

HCFA loosens rule on use of nonphysician providers. *Physician Relat Update* 1997 Mar;6(3):33-4.

Discusses HCFA's modified carrier instructions that allow Medicare payment for services by "leased" or temporary employees.

Powe ML. Tracking Medicaid reform and what it may mean for PAs. *J Am Acad Phys Assist* 1995 Jun/July;8(6):45-51.

Opinion polls show support for Medicaid, but America's ability to pay for it is being seriously challenged. Simply put, the program is being transformed.

O'Connell F. New medical entities and delivery sites require specialized insurance coverage. *Med Group Manage J* 1994 Nov-Dec;41(6):20, 22, 24-5.

Abstract: The addition of midlevel providers to the health care continuum and the development of off-site delivery has created new insurance coverage problems. Fran O'Connell, RN, vice president of Shand Morahan & Company Inc., explains what to look for in coverage based on the level of care provided and the variety of care centers in use.

Hoffman C. Medicaid payment for nonphysician practitioners: an access issue. *Health Aff (Millwood)* 1994 Fall;13(4):140-52.

Abstract: As part of congressional efforts in the 1980s to expand access to care for Medicaid mothers and children, states were required to pay for services provided by certain advanced practice nurses. These mandates created the impetus in many states to expand payment policies for nonphysician practitioners. State Medicaid payment policies are often less restrictive than those of the Medicare program. However, not all states have been receptive to policy expansions and do not cover nonphysician practitioner services to the extent that professional practice acts allow. A few states have yet to meet the 1989 federal mandates. ■