Innovative Thinking for RN Billing: Paying for Nursing Services

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Overview for today

- Describe nursing history of billing for services
- Differentiate between nursing diagnosis and nursing scope of practice with medical diagnosis and coding
- Describe 3 key operational components for billing
- Examine key features of a real program RN and SW care transition program C-TraIn (Care Transitions Innovation)
Is nursing care hidden or buried?

Nursing care is very well captured within billing codes and structures for hospitals, clinics, physicians.

The issue is its “Hidden” from Us...
Third party reimbursement

Focus has been on APRNs

Parity with Physicians
To allow direct payments to RNs

For Medicare to make direct payment to RNs for care coordination activities, Congress would have to change the statute to explicitly add a benefit category for RNs.

Achieving a statutory change to allow direct payment to RNs will be challenging because other practitioners would likely want the same treatment and it would be costly for Congress to make such a change.
Center for Medicare and Medicaid Innovation (CMMI)

- Medicare Care Coordination Initiatives
- Part of the current Medicare fee-for-service program and models or experiments in which the Center for Medicare and Medicaid Innovation (CMMI) has authority under section 3021 of the Affordable Care Act to waive current provisions of law and regulations.
Care Coordination Initiatives

- Transitional Care Management (TCM)
- Chronic Care Management (CCM)
- Psychiatric Collaborative Care Model (CoCM)
- General Behavioral Health Integration (BHI)
- Accountable Care Organizations (ACOs)
Z Codes

Reimbursement avenues

- Medicare
  - Medicaid
- Private Insurers
  - Private Pay
# Alphabet soup

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tr>
<td>CPT</td>
<td>Current Procedural Terminology</td>
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<td>DRG</td>
<td>Diagnostic Related Group</td>
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<td>HCPCS</td>
<td>Healthcare Common Procedure Coding System</td>
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<td>ICD</td>
<td>International Classification of Diseases</td>
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<td>Z Codes</td>
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What is the purpose of CPTs?

• The Current Procedural Terminology (CPT®) system, developed by the American Medical Association (AMA), is used for just these purposes.

• The AMA system provides a standard language and numerical coding methodology to accurately communicate across many stakeholders, including patients, the medical, surgical, diagnostic, and therapeutic services provided by QHPs.
The major information requirements for a new or revised CPT code application include the following.

- A complete description of the procedure or service (e.g., describe in detail the skill and time involved. If a surgical procedure, include an operative report that describes the procedure in detail).
- A clinical vignette, which describes the typical patient and work provided by the physician/practitioner.
- The diagnosis of patients for whom this procedure/service would be performed.
- A copy(s) of peer reviewed articles published in the U.S. journals indicating the safety and effectiveness of the procedure.
- Frequency with which the procedure is performed and/or estimation of its projected performance.
- A copy(s) of additional published literature, which further explains the request (e.g., practice parameters/guidelines or policy statements on a particular procedure/service).
- Evidence of FDA approval of the drug or device used in the procedure/service if required.
- Rationale why the existing codes are not adequate and can any existing codes be changed to include these new procedures without significantly affecting the extent of the service?
Nursing services billing examples

- Initial nursing assessment and time monitoring per hour
- G0378 and G0379
- IV infusion
  - CPT infusion codes
- Office visit E/M codes, a 99211
- IM/SC injection
- IV injection
- Suctioning
- Starting IV
- Bladder irrigation
- IV infusion
Case mix and nursing

• The American Nurses’ Association took a firmly uninformed position that DRGs were evil…. DRGs would not recognize nursing activity nor acuity and they would be responsible for the economic demise of nursing (Diers, 1999)
We missed the boat…

Standardized Languages
Importance of a standardized language

Offers nurses an opportunity to describe the focus of their practice through the identification of nursing diagnosis, interventions and outcomes.

Nanda, NIC, NOC, SNOMED, ICNP, OMAHA, and others.
Difference in payment practices

If CMS determines the stay was not medically necessary, the hospital payment will be denied, yet the physician will still be paid.

Physicians still control as much as 90% of all healthcare spending with relatively little accountably or consequence.

If the physician orders additional services that would have been more appropriately performed on an outpatient basis, or the cause of the patient to exceed the expected length of stay based on DRG, the hospital costs will exceed the reimbursement, with no consequence to the physician.
Understanding the Unique Nursing Practice

And why others think they can bill for it
New Oregon Definition of Nursing as of 1/1/2022

“Practice of nursing’ means autonomous and collaborative care of persons of all ages, families, groups, and communities, sick and well, and in all settings to promote health and safety, including prevention and treatment of illness and management of changes throughout a person’s life.
ANA Scope

Definition

- Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of healing; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, groups, communities, and populations.
Nursing vs Medical Diagnosis

- The nursing diagnosis is the nurse's clinical judgment about the client's response to actual or potential health conditions or needs.
- The process of identifying a disease, condition, or injury from its signs and symptoms.
- Based on information obtained by inspection, palpation, percussion, and auscultation.
Update and modify the plan of care based on ongoing client assessment and evaluation of data.

Evaluate client responses to nursing interventions and progress toward identified outcomes; and

Implement the plan of care;

Develop a client-centered plan of care based on analysis of the client’s problems or risks that:

Develop reasoned conclusions that identify client problems or risks;

Conduct comprehensive assessments by:

Develop rational conclusions that identify client problems or risks;

RN Scope of Practice OSBN
Provider Scope of Practice

• For NPs and CNSs with prescriptive authority
  • Formulating a health or illness diagnosis;

• Practice of Medicine
  • Offer or undertake to diagnose, cure or treat in any manner, or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person.
What is Nursing = What we can bill for

“Nursing Process”

“Nursing Procedure”
MDs billing for routine nursing tasks

Overall, the exploratory study by AJN in 1991 suggested the RNs often perform CPT coded services with little or no supervision by physicians.

Must consider in payment reform.

However, would complicate the payment system.
“Pre Primary” Care
The team provides a 30-day transitional care program that supports underserved patients at OHSU by bridging gaps in post-hospital care.

The program was designed to serve vulnerable, high-risk populations by filling the gaps between inpatient and outpatient care.
Care Model

• At the end of a successful C-Train intervention, patients are connected to primary care providers and engaged with specialists, mental health providers, and substance use treatment according to their needs.
  • Patients have increased proficiency about their health issues and demonstrate greater ability to care for themselves.
• Many also express a newfound trust in the medical system and ultimately experience better health outcomes, decreased ED/hospital utilization, and greater satisfaction with care.
Transforming a program

Moving from grant funding FTE to dropping bills for services
<table>
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What did we know when we started?

That C-TRAIN is outside of OHSU’s standard billing model
Guardrails that guided our work

- RN’s perform a large percentage of the work, but are not enrollable with health plans.
- RN’s are not qualified to diagnose.
- There are no active CPT codes that truly fit the scope of work performed.
- 99366 and 99368
  • Medical team conference with interdisciplinary team of health care professionals, face-to-face (or without face to face 99368) with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care professional.
Billing work arounds

The internal spreadsheet that was used for tracking enrollment did not include all of the data points required to submit claims;

Epic build was put in place that prompted providers to supply the necessary information.

Claims needed to be ‘held’ for the duration of the episode of care so charges did not drop for each patient contact;

The billing and Epic teams collaborated on Charge Capture workflows to ensure that charges dropped at the appropriate time.
Current EHRs do not recognize this care model

Needed to build a place that was neither “inpatient” or “outpatient”
Tips for EHR and IT success

• Engage leaders
• Align operational workflows
• Gain buy in and consensus to move forward prior to request IT resources
• Clearly articulate vision, goals, and operational requirements that can be translated by informatics into technical requirements
• Engage open minded SMEs
Leadership considerations

• Leadership considerations when funding a program begins with the assessment how the intervention will meet organizational goals and strategic outcomes.

• One of OHSU’s objectives is to promote equitable healthcare by addressing inequities within our influence focusing on population health and value based care.

• Traditionally these programs were a variance to the organizations bottom line, but the expansion and improved capabilities of billing for services of this program has generated revenue to keep the program thriving and is promoting professional development of clinicians to work at the top of their licensure.
Key takeaways

- Be crystal clear about what you want to accomplish
- Organizational support AND it takes a village
- Commit to the long haul
- Find champions in every department