

Part B Insider (Multispecialty) Coding Alert

Part B Mythbuster: Mid-Level Providers Can Help With the Tough Cases

Using your non-physician practitioners only for the simple visits could cost you.

Myth: Mid-level providers (MLPs) can handle only acute care, such as walk-in patients with minor emergencies.

Reality: MLPs can handle a whole variety of more complex patients. Many MLPs (also referred to as non-physician practitioners, or NPPs) are integrated as part of the delivery model, especially in rural markets.

Warning: If you're not using your MLPs properly, then your practice could be letting go of precious reimbursement. You can improve your revenue drastically by integrating NPPs, such as physician assistants (PAs) and nurse practitioners (NPs), into your practice appropriately. Here are the steps to NPP success:

Step 1: Figure out your practice's objectives in adding MLPs.

In practices across the country, MLPs have been used to help practices achieve the following goals, among others:

- increase numbers of patient visits;
- gain more support for your practice;
- give your physicians additional free time;
- increase patient satisfaction as well as access;
- offer more services to your patients and decrease wait times; and
- control and monitor utilization, and provide feedback to the community.

Do the math: PAs and NPs can allow your physician to see an average of three new patients per day, gaining an extra \$72 per 99213 visit. With 15 extra patients per week, this adds up to an extra \$56,160.00 per year. Also, the MLP may see on average 18 to 26 established patients per day, netting about \$56 per 99213. This could add up to \$129,000 per year.

Step 2: Decide whether you want to add more services.

MLPs can allow your clinic to add new services such a Protime clinic, lipid clinic or other types of services. You could also add a weight-loss program or patient education groups on reducing cholesterol.

Other services include diabetic education; bone-density/osteoporosis screening and education; contraceptive counseling; managing medication therapies; performing vulvar and cervical biopsies; and obtaining endometrial samples.

Be careful: If you set up clinics such as Coumadin clinics or lipid clinics using your MLPs, you still must show medical necessity for these services, and the services must require the NPP's level of professional intervention.