

**Georgia Society of Clinical Oncology (GASCO)
2014 Spring Meeting**

**Georgia Scope of Service Laws, Supervision,
Documentation and Billing for Midlevel Services**

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Overview

- ◆ Summary of Georgia laws governing supervision of:
 - ◆ Physician Assistants (“PAs”); and
 - ◆ Nurse Practitioners (“NPs” and or “APRN”).

**Supervision of Physician Assistants
 (“PAs”)**

- ◆ **Physician's Assistant Act:**
 - ◆ To alleviate the growing shortage and geographic inequities in the distribution of health care services, the Georgia General Assembly enacted the **Physician's Assistant Act of 1972** (the “Act”). O.C.G.A. § 43-34-100 *et seq.*
 - ◆ The Act created a new category of health care personnel, the PA, to perform certain tasks delegated by supervising physicians.

Application for Use of PA's

- ◆ To utilize the services of a PA, a physician must obtain approval from the Georgia Composite Medical Board by submitting an application. The application requires:
 - ◆ Evidence that PA is of good moral character;
 - ◆ Evidence that PA is competent to perform job duties;
 - ◆ PA's job description;
 - ◆ Required fee.

Evidence of PA's Competence

- ◆ Evidence of PA's competence, at a minimum, must include:
 - ◆ Satisfactory completion of a training program approved by the Board. If the applicant is not a graduate of an accredited school approved by the Board, he or she shall be required to receive Board approved refresher training and testing; and
 - ◆ Evidence that the applicant has passed the Physician Assistant National Certification Examination (PANCE) administered by the National Commission for the Certification of Physician Assistants (NCCPA), or its successor, or the National Association for the Certification of Anesthesia Assistants, (NACAA) or its successor.

PA's Job Description

PA may only perform those tasks listed in the job description.

- ◆ The job description must include:
 - ◆ Background of the PA;
 - ◆ Specialty of the primary supervising physician;
 - ◆ Qualifications and experience of the PA; and
 - ◆ General description of how PA will be utilized.

Use of PA's

- ◆ Any physician, clinic, or hospital utilizing the services of a PA must post a notice to that effect in a prominent place. O.C.G.A. § 43-34-106.
- ◆ PA must clearly identify himself or herself to insure that he or she is not mistaken as a regularly licensed physician. GA. COMP. R. & REGS. 360-5-.11.
- ◆ All charges for services rendered by the PA must be billed by, and through, the applying physician(s) named in the application.

PA Supervision Requirements

- ◆ PA is only allowed to perform duties in the principal offices of the applying physicians.
- ◆ PA may make house calls and hospital rounds or serve as an ambulance attendant
- ◆ **Supervising physician** has primary responsibility for PA.
 - ◆ Primary supervising physician may not have more than 4 PAs licensed to him or her at one time.
 - ◆ Primary supervising physician may only supervise two PAs at one time.

PA's Scope of Practice - Prescriptions

- ◆ **Prescriptions.** If PA's job description allows, a PA may carry out any non-controlled prescription drug orders or orders for any device:
 - ◆ If physician signs the prescription on the date of issue.
 - ◆ The PA must sign the prescription drug form using the following language:
 - ◆ "The prescription authorized through: (the prescribing physician)(M.D. or D.O.) by (the physician's assistant) PHYSICIAN'S ASSISTANT."
 - ◆ PA must inform patient of the right to see physician prior to any prescription being carried by PA.

PA's Scope of Practice – Prescriptions Cont.

- ◆ The PA cannot carry out a prescription drug or device order for more than a thirty (30) day supply, except in cases of chronic illnesses, in which case a ninety (90) day supply may be ordered.
- ◆ The PA may authorize refills up to six (6) months from the date of the original prescription; provided that refills may be authorized up to twelve (12) months from the date of the original prescription.
- ◆ A record of all prescriptions must be maintained in the physician's office

PA's Scope of Practice – Controlled Substances

- ◆ PA may not be utilized to perform duties of pharmacist.
- ◆ PA can order, select and carry out a prescription drug order or orders for any device or any dangerous drug or any Schedule III, IV or V, if authorized to do so in the job description and properly licensed by the Drug Enforcement Agency ("DEA").
- ◆ The controlled substances must be selected from a formulary of drugs approved by the Board, to include all controlled substances except Schedule I.

PA's Scope of Practice – Controlled Substances

- ◆ The PA may order or select a drug in writing, by telephone, or otherwise by orally communicating such order, except that oral orders for Schedule II controlled substances are authorized only in emergency situations, and must promptly be recorded in writing as a prescription signed by the supervising physicians.
- ◆ The supervising physician must personally reevaluate, at least every three (3) months, any patient receiving controlled substances, or, at least every six (6) months for any patient receiving other prescription drugs.

Physician Assistants – Billing and Payment

- ◆ **Billing:**
- ◆ The PA's W-2 employer or 1099 independent contractor must bill under the PA's NPI;
- ◆ The PA cannot reassign payment for their services (PA's employer or contractor cannot bill for reassigned services.)
- ◆ A supervising physician must bill under his or her NPI for services that a PA furnishes incident to their professional services.
- ◆ Employer or contractor of a PA must bill under the PA's NPI for services furnished incident to the PA's professional services.

Nurse Practitioners – ("NPs" or "APRNs")

NPs are licensed as a type of advanced practice registered nurse ("APRN"). APRNs are authorized to perform advanced nursing functions and certain medical acts which include, but are not limited to, ordering drug, treatments, and diagnostic studies.

- ◆ NP's scope of practice is defined by regulation and is linked to the particular professional organization that certifies the NP.
- ◆ A NP should be certified by professional organization that is in the particular NP's clinical practice area, and professional guidelines should be consulted in helping to specify NP's scope of practice.

NP's – Standards of Practice

- ◆ The following organizations have been approved by the Georgia Nursing Board:
 - ◆ The American Academy of Nurse Practitioners Standards of Practice;
 - ◆ The National Association of Pediatric Nurse Associates and Practitioners Standards of Practice for PNP/As;
 - ◆ The American Nurses Association Standards of Practice for the Primary Care Nurse Practitioner;
 - ◆ The Association of Women's Health, Obstetric, and
 - ◆ The Neonatal Nurses Standards for the Nursing Care of Women and Newborns.

Nurse Protocol Agreement

- ◆ "Nurse Protocol Agreement" means a written document mutually agreed upon and signed by APRN and physician:
- ◆ Physician delegates to APRN authority to perform certain medical acts (including, but not limited to, the ordering of drugs, medical devices, medical treatments and diagnostic studies.
- ◆ In life-threatening situations, radiographic imaging tests.

Nurse Protocol Agreements

- ◆ **Nurse Protocol Agreement Requirements:**
- ◆ Same or Similar Specialty Field. Agreement must be between APRN who is in comparable specialty area or field as delegating physician.
- ◆ Standard of Care. Agreement must outline and identify applicable standard of care and must be specific to patient population seen by APRN.

Nurse Protocol Agreements – Cont.

- ◆ Consult. Agreement must contain provision for immediate consultation between APRN and delegating physician:
 - ◆ Delegating physician must be available for consultation at all times while the APRN is providing medical services;
 - ◆ Delegating physician spend **at least four (4) hours per month at each location** where the APRN provides medical services, and that documentation of such time spent be kept and made available to the Board upon request.
 - ◆ If the delegating physician is not available, the delegating physician can designate another physician who has agreed with the terms of the nurse protocol agreement.

Nurse Protocol Agreements Requirements – Cont.

- ◆ **Identify Parameters.** The agreement must identify the parameters of the delegated acts including:
 - ◆ (1) the number of refills which can be ordered,
 - ◆ (2) the kinds of diagnostic studies which may be ordered,
 - ◆ (3) the extent to which radiographic image tests may be ordered, and
 - ◆ (4) the circumstances under which a prescription drug order may be executed).

Nurse Protocol Agreements – Cont.

- ◆ **X-ray, Ultrasound or Radiographic Imaging.** If delegating physician authorizes the APRN to order an X-ray, ultrasound, or radiographic imaging test, the agreement must contain provisions that specify that the X-ray, ultrasound, or radiographic imaging test will be read and interpreted by a physician who is trained in the reading and interpretation of such tests.
- ◆ **Emergency Service Plan.** The agreement must contain a predetermined plan for emergency services;
- ◆ **Samples.** The agreement must make provisions regarding receipt and distribution of professional samples;
- ◆ **Annual Review of Agreement.** The agreement must be reviewed, revised, or updated annually by the delegating physician and the APRN.

Nurse Protocol Agreements – Cont.

- ◆ **Documentation.** The agreement must require documentation (in writing or by electronic means) by the APRN of the acts performed by the APRN which are specific to the medical acts authorized by the delegating physician;
- ◆ **Periodic Review of Patient Records.** The agreement must include a schedule for periodic review by the delegating physician of patient records (sampling is acceptable);
- ◆ **Physician Evaluation.** The agreement must provide for patient evaluation or follow-up examination by the delegating physician (or other physician designated by the delegating physician).

Nurse Protocol Agreements – Cont.

- ◆ Nursing Board Inspection. The agreement must be available for review by the Georgia Board of Nursing; and
- ◆ Physician Review of Prescription. The agreement must provide that a patient who receives a prescription drug order for any controlled substance pursuant to a nurse protocol agreement will be examined by the delegating physician (or other physician designated by the delegating physician) on at least a quarterly basis or at a more frequent interval.

Nurse Protocol Agreements - Reporting

- ◆ Termination of Nurse Protocol Agreements must be reported.
- ◆ Verification of the approval of APRN's right to practice must be submitted to Board.
- ◆ Board may request the right to review any nurse protocol agreements and related documentation at any time.

NP - Billing

- ◆ A NP may either:
- ◆ Bill Medicare Program directly for services using his or her NPI; or
- ◆ Have an employer or contractor bill for NP services using the NP's NPI for reassigned payment.
- ◆ A supervising physician must bill under his or her NPI for services that a NP furnishes incident to their professional services; and
- ◆ NP must bill under his or her NPI for services that are furnished incident to their own professional services.

THANK YOU!!!

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