



**American Academy of
PHYSICIAN ASSISTANTS**

2318 Mill Road, Suite 1300
Alexandria, VA 22314
P 703 836 2272 F 703 684 1924
E aapa@aapa.org
www.aapa.org

Billing Medicare in a Nursing/Skilled Nursing Facility and Inpatient Rehab Facilities

Nursing/Skilled Nursing

The key to accurate interpretation of payment policy in the nursing home setting is identifying in which setting, skilled nursing facility (SNF) or nursing facility (NF), the physician services are being provided. Inaccurate interpretation of these regulations may affect compliance, and may also affect payment to providers.

Physicians managing patient care in nursing facilities and skilled nursing facilities may delegate visits to PAs. In skilled nursing facilities, services assigned to a physician (such as the initial comprehensive visit) must be performed by a physician and not delegated to a PA. If allowed by state law, Medicare allows PAs practicing in nursing facilities to provide services that are designated as physician services, as long as they are not employed by the facility. Additionally, Medicare regulations dictate that nursing home patients be seen at least once every 30 days for the first 90 days of care and every 60 days thereafter. Of these visits, a physician and a PA may alternate visits and a PA may perform any necessary unscheduled visits without disrupting the established alternating visit pattern. [\[42 CFR, § 483.40\]](#)

The [Survey & Certification letter \(S&C-04-08\)](#), which includes the table below, addresses the differences in requirements concerning the delegation of physician tasks in Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs).

Table 1: Authority for Non-physician Practitioners to Perform Visits, Sign Orders and Sign Certifications/Re-certifications When Permitted by the State*

	Initial Comprehensive Visit / Orders	Other Required Visits [^]	Other Medically Necessary Visits & Orders ⁺	Certification/Recertification
SNFs				
NP & CNS employed by the facility	May not perform/May not sign	May perform	May perform and sign	May not sign
NP & CNS not a facility employee	May not perform/May not sign	May perform	May perform and sign	May sign subject to State Requirements
PA regardless of employer	May not perform/May not sign	May perform	May perform and sign	May not sign **This changed effective January, 1, 2011. See below.
NFs				
NP, CNS & PA employed by the facility	May not perform/May not sign	May not perform	May perform and sign	May sign subject to State Requirements
NP, CNS & PA not a facility employee	May perform/ May sign	May perform	May perform and sign	May sign subject to State Requirements

*This reflects clinical practice guidelines

[^]Other required visits are the required monthly visits that may be alternated between physician and non-physician practitioner after the initial comprehensive visit is completed

⁺Medically necessary visits may be performed prior to the initial comprehensive visit

****PAs May Perform SNF Certification and Re-Certification**

The Affordable Care Act included a provision to allow PAs to perform the initial certification and periodic re-certification required for the skilled nursing facility (SNF) level of care. Previously, the list of practitioners allowed to "certify" SNF care included only physicians, nurse practitioners and clinical nurse specialists. The provision was [published in the Federal Register November 29, 2010](#), and became effective January 1, 2011. (See H. Section 3108, page 219 of the pdf).

For more information on non-physician practitioners providing services in skilled nursing facilities and nursing facilities, see the Medicare Learning Network publication, [Medlearn Matters SE0418](#).

May I Bill Medicare for an Unscheduled Nursing Home Visit if I Performed the Most Recent Scheduled Visit?

Yes. Medicare will cover additional medically necessary visits (beyond the required visits). These visits can be performed exclusively by a PA and do not affect the established alternating physician-PA visit schedule.

See also:



SNF Certification
Final Rule 2010.pdf

Inpatient Rehabilitation Facilities (IRF)

IRFs provide intensive rehabilitation services using an interdisciplinary team approach in a hospital environment. It is important to distinguish these facilities from the others, as their rules are more stringent.

Admission to an IRF is appropriate for patients with complex nursing, medical management, and rehabilitative needs. New coverage policies for Inpatient Rehabilitation Facilities (IRF) were published by CMS in November 2009. The purpose of the new policies, effective January 1, 2010, was "to provide clear, up-to-date instructions for determining and documenting the medical necessity of IRF admissions." CMS held many National Provider calls in 2010 to assist providers with the implementation of the rules and provided clarification regarding the role of PAs (physician extenders) practicing in IRFs. A [new fact sheet](#) has subsequently been published, providing a summary of the documentation and medical necessity requirements for a patient's admission to the IRF.

The Fact Sheet also clarifies that PAs (physician extenders) may:

- perform the required preadmission screening; a rehabilitation physician must review sign and date the screening (indicating concurrence) before the patient is admitted to the IRF.
- perform the H+P portion of the post-admission physician evaluation; the physician must still visit the patient and complete the other required components.
- generate admission orders, when working in collaboration with the physician.

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