

# NACNEP

## National Advisory Council on Nurse Education and Practice

CAPT Sophia Russell, DM, MBA,  
RN, NE-BC  
Chair

Tracy L. Gray, MBA, MS, RN  
Designated Federal Official

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January 28, 2019

The Honorable Alex M. Azar II  
Secretary of Health and Human Services  
200 Independence Ave S.W.  
Washington, DC 20201

The Honorable Lamar Alexander  
Chairman, Committee on Health, Education,  
Labor and Pensions  
United States Senate  
Washington, DC 20510

Library of Congress  
Federal Advisory Committee Desk  
Government Documents Section  
101 Independence Ave SW  
Washington, D.C. 20540-4174

The Honorable Frank Pallone Jr.  
Chairman, Committee on Energy and  
Commerce  
House of Representatives  
Washington, DC 20515

Seema Verma  
Administrator, U.S. Centers for Medicare &  
Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Secretary Azar, Chairman Alexander, Ranking Member Murray, Chairman Walden, and Ranking Member Pallone:

On behalf of the National Advisory Council on Nurse Education and Practice (NACNEP), I am writing to say that the Council supports the change made earlier this year to the Centers for Medicare and Medicaid Services (CMS) Pub. 100-04, *Medicare Claims Processing Manual*, related to billing for Evaluation and Management (E/M) services. According to CMS Transmittal 4068, dated May 31, 2018, this change “allows the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work,”<sup>1</sup> in order to bill for these services. As before, all procedures performed and documented by a medical student must be done under appropriate supervision of the teaching physician. With this revised guidance, the student can contribute meaningful documentation to the medical record, and the teaching physician can verify this documentation rather than having to spend administrative time duplicating the note, improving efficiency and reducing the burden of teaching physicians.

While NACNEP applauds this positive change for our colleagues in medicine, we are very concerned that subsequent clarification provided to the Society of Teachers of Family Medicine by CMS on May 8, 2018, stated that the change does not apply to notes prepared by Advance Practice Registered Nurse (APRN)<sup>2</sup> students. Furthermore, APRN teaching clinicians (also referred to as preceptors) cannot verify student notes for documentation and billing in a similar manner to teaching physicians. These serious limitations compromise the ability of interprofessional health care teams to care for all patients,

1. CMS Transmittal 4068, Replacing CMS Transmittal 3971, dated February 2, 2018, available online.

2. The term Advanced Practice Registered Nurse (APRN) covers nurse practitioners, certified nurse-midwives, certified registered nurse anesthetists, and clinical nurse specialists.

and for teaching clinicians and preceptors to educate all team members without facing conflicting, duplicative, and burdensome documentation requirements.

The Council requests that the CMS documentation requirements for all E/M visits be applied in an equitable manner for medical and APRN students, and for teaching physicians and APRN preceptors. This request would entail two further changes or clarifications by CMS:

- Broadening the interpretation of the term “student” to cover APRN students, and
- Including APRN preceptors under the definition of “teaching physician” by substituting the term “teaching provider or clinician.”

In addition, while the physician assistant (PA) profession lies outside the purview of NACNEP, the Council strongly believes that PA students and preceptors need to be covered under this rule change, as well. The health care system is embracing the use of interprofessional teams to provide care in a wide range of acute, primary, and community care settings. APRNs, PAs, and physicians increasingly study, train, and work together closely. APRNs and PAs are often the sole providers in remote, rural, or other underserved areas. Having separate sets of documentation requirements decreases efficiency and threatens the collegiality of these interprofessional teams. As stated in the Council’s 13<sup>th</sup> Report to Congress, “respecting the contributions of each profession’s unique perspective promotes communication and collaboration, helping providers better understand and influence the multiple factors that affect the health of individuals, families, and populations. No single provider or profession can address today’s health care challenges alone.”<sup>3</sup>, p. 6

Putting patients first is a central tenet of nursing, and is essential to increase quality, decrease costs, and improve access to health care. NACNEP supports the change in CMS rules to reduce documentation redundancy and enable teaching providers to spend less time outside of patient care completing documentation, and more time within the clinical setting providing care, teaching students, and expanding services.

Forecasts for the health care workforce predict shortages of physicians, nurses, and PA, particularly in primary care and in rural areas. The changes that the Council requests can ultimately result in a greater workforce-ready supply of providers in a timely manner. Thank you for your time in considering the Council’s request to broaden the interpretation of the CMS student documentation rule change. My colleagues on NACNEP and I would be happy to provide more information, as needed.

Sincerely,

CAPT Sophia Russell, DM, MBA, RN, NE-BC  
Chair, National Advisory Council on Nurse Education and Practice

CC: Seema Verma, Administrator, CMS

3. National Advisory Council on Nurse Education and Practice, *Incorporating Interprofessional Education and Practice into Nursing*, thirteenth report to the Secretary of the Department of Health and Human Services and the United States Congress, based on the 130th and 131st meetings of the NACNEP 2015, available online.