

Keeping Up With the Neurocritical Care ACNPs: A Billing Initiative



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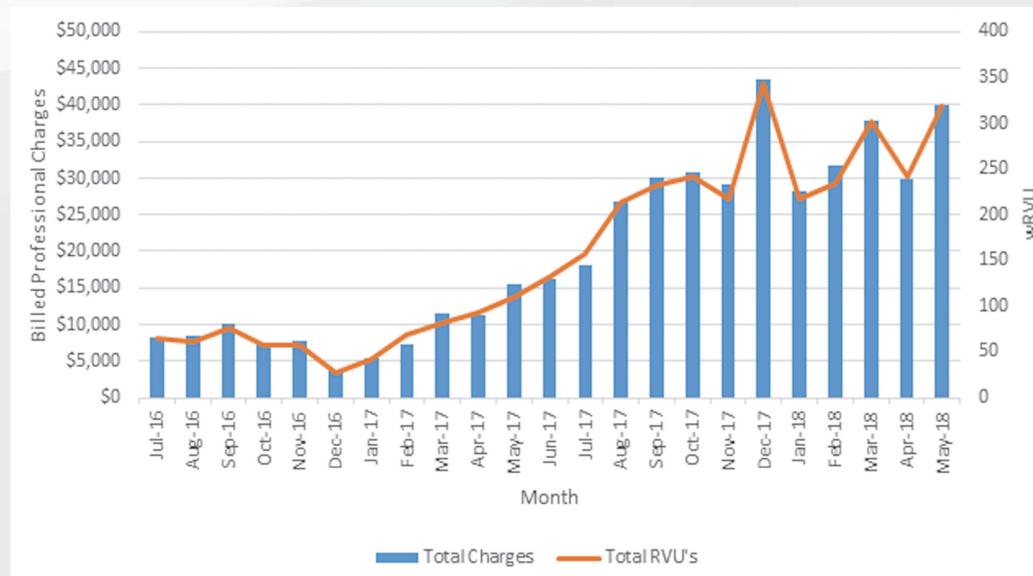
Introduction

Since the advent of the first nurse practitioner (NP) in 1965, the role has drastically evolved [1]. NPs have met the demands for the shortage of providers that came with implementation of Graduate Medical Education (GME) limitations on resident hours, and multiple studies have since proven that NPs render high quality patient care [2]. By the year 2025, it is projected that 30% of our nation's NPs will be working in subspecialty care, with up to 70% of acute care nurse practitioners (ACNPs) working in intensive care units (ICUs) [3]. With this ongoing projected growth of the NP profession, in addition to continuing to provide high quality patient care, NPs must also meet the challenge of proving their financial benefit to hospital administrators.

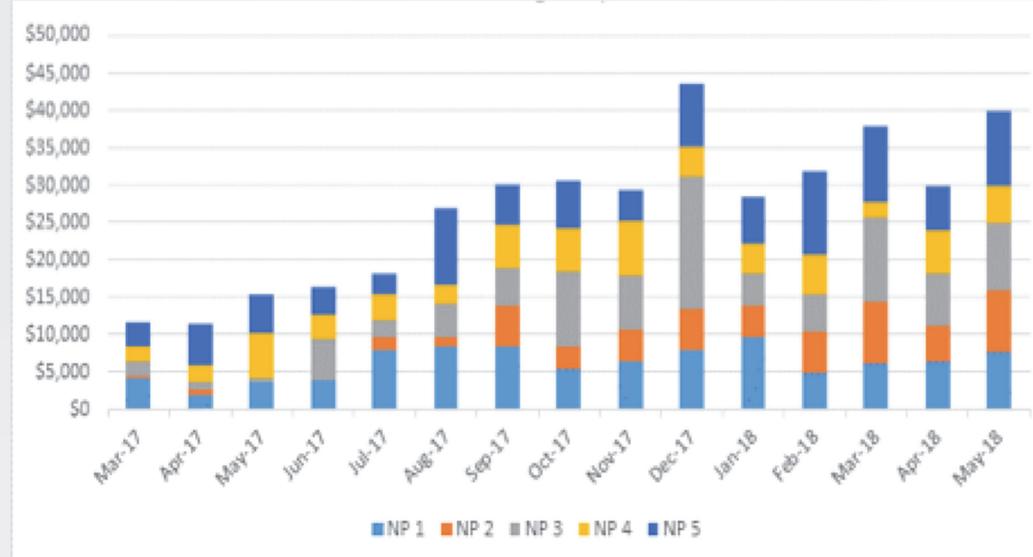
Methods

In April 2016, the Neurocritical Care Lead NP at the University of Cincinnati piloted an initiative to optimize ICU billing by the NP team, which included education on Current Procedural Terminology (CPT) codes and how they are defined, effective documentation to support professional charges, and reinforcement on the billing steps within the electronic medical record.

Graph: Neurocritical Care NP Charges & Weighted RVUs by Month



Graph: Professional Charges by Provider March 2017 – May 2018



Results

At the time of the intervention, the average monthly professional charges per NP were \$2,252 per provider. After 6 months, the average professional charges per provider were \$6,143, and professional charges peaked in December 2017 to an average of \$8,723 per provider. Overall figures improved dramatically from an average of \$2,252 per provider, to the current 6-month average of \$7,047 per provider. This average monthly rise of \$4,795 per NP yields an average total monthly gain of \$23,975, and an average total yearly gain of \$287,710 by the department's 5 ACNPs.

Conclusions

Basic education on billing codes, terminology, effective documentation, and billing steps is worthwhile, and can yield drastic gains in professional charges by critical care ACNPs.

References

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