

**ADVANCED PRACTICE NURSE & PHYSICIAN ASSISTANT
COMPARISON CHART**

November 11, 2008

	Advanced Practice Nurse – Texas Board of Nursing	Physician Assistant – Texas Board of Medicine
Defined	Nurse Practitioner, Nurse Midwife, Nurse Anesthetist, and Clinical Nurse Specialist. TX Occupations Code, 301.152	A person licensed as a physician assistant by the Texas Physician Assistant Board. 22 TAC 9, §185.2
Governing Authority	Texas Board of Nursing 22 TAC 11, Chapters 219, 221 & 222 http://info.sos.state.tx.us/pls/pub/readtac\$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=219&rl=Y http://info.sos.state.tx.us/pls/pub/readtac\$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=221&rl=Y http://info.sos.state.tx.us/pls/pub/readtac\$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=222&rl=Y	Texas Board of Medicine 22 TAC 9, Chapter 185; http://info.sos.state.tx.us/pls/pub/readtac\$ext.ViewTAC?tac_view=4&ti=22&pt=9&ch=185&rl=Y
Practice Settings	Homes, Hospitals, Institutions, Offices, Industry, Schools, Community Agencies, Public and Private Clinics and Private Practice. 22 TAC 11, §221.1	Clinic, Hospital, ASC, patient home, nursing home or other institutional setting. 22 TAC 9, §185.10
Supervision/ Collaboration Requirements	Practice Independently or in Collaboration with other Health Professionals for Prescriptive Authority, see below. No stated presence requirement or review other than as outlined for Prescriptive Authority – if applicable. 22 TAC 11, §221.1	Under the supervision of a physician. Physician supervision shall be continuous BUT DOES NOT REQUIRE the constant physical presence of the physician. Except for MUA, supervising physician must be present during at least 20% of the site's business hours. Telecommunication shall always be available. 22 TAC 9, §185.14 and §185.16, See site above.
Use of Titles	Cannot use “Advanced Practice Nurse”, must use titles as outlined in 22 TAC 11, §221.2	Must use title of “Physician Assistant” 22 TAC 9, §185.12

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Scope of Practice	<p>Particular specialty areas shall be defined by national specialty organizations or advance practice nursing associations recognized by the BON. May only perform those functions which are within his/her scope of practice and which are consistent with the Nursing Practice Act, Board rules, and other laws and regulations of the State of Texas. This is in addition to scope of practice for registered nurses in TX. 22 TAC 11, §221.12; See also, APN Scope of Practice Guidance Document: http://www.bon.state.tx.us/practice/apn-scopeofpractice.html</p> <p>Unless a modification or waiver from Texas Board of Medical Examiners, prescribing privileges are limited to MUA sites, the physicians’ primary practice sites (defined as where physician spends majority of his/her time or when physician is with APN) and facility based practice sites (not applicable to TTUHSC)</p>	<p>Provide services within their education, experience and training as delegated by their supervising physician. Medical services provided by a PA can include, but are not limited to:</p> <ul style="list-style-type: none"> • Obtaining histories and performing exams • Ordering/performing diagnostic or therapeutic procedures • Formulating a working diagnosis • Developing and implementing treatment • Monitoring the effectiveness of therapeutic interventions • Assisting at Surgery • Counseling and Education to meet patient needs • Requesting, receiving and distributing sample meds to patients as authorized under the Prescriptive Authority Act • Prescribing medications in accordance with Prescriptive Authority Act; • Making referrals. <p>22 TAC 9, §185.10</p>
Prescriptive Authority	<p>Texas Occupations Code, 157.002; http://www.statutes.legis.state.tx.us/SOTWDocs/OC/pdf/OC.157.53345.45989.pdf</p> <ul style="list-style-type: none"> • See TTUHSC OP 60.07 http://www.ttuhsc.edu/hsc/op/op60/op6007.pdf and Attachments A-D of that Policy. 	
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“Incident To”	<p>This is a Medicare payment concept. NOTE: Other Payers (Medicaid, TriCare and Commercial Payers) may have less stringent rules OR may not allow billing of NPP services under the physician’s number – FOR NON-MEDICARE PATIENTS YOU MUST OBTAIN WRITTEN VERIFICATION FROM THE PAYER to bill services provided by the NPP under the physician’s number.)</p> <p>To bill services as “Incident To” the services must be an “incidental, but integral” part of the physician’s service and provided under the physicians “supervision”. It only applies to established patients with an established plan of care for an existing condition. It does not apply to new patients or new conditions for established patients. The supervising physician MUST BE ON SITE IN THE CLINIC during the visit, but does not have to see the patient. See Trailblazer’s Non-Physician Practitioners Manual, page 10</p> <p>http://www.trailblazerhealth.com/Publications/Training%20Manual/nonphysicianpractitioners.pdf</p>	

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“Shared Visits”	<p>This is another Medicare only payment concept which allows for services provided by both a NPP and Physician on the same day to the same patient to be billed under the Physician’s provider number. NOTE: Other Payers may not allow this type of billing situation.</p> <p>“Shared Visits” can only be billed for inpatient E&M services (excluding Consultations and Critical Care Services) provided by the NPP and Physician in an inpatient setting. Both the NPP and the Physician must have a face-to-face visit with the patient and personally document his/her portion of the E/M visit. A co-signature only by the Physician is insufficient documentation.</p>	