

Top Ten Physician Assistant Practice Questions

What is the Physician Assistant scope of practice in Wisconsin?

The scope of practice of physician assistants currently licensed in the state is defined under Chapter Med 8 of the Wisconsin Administrative Code governing the state's Medical Examining Board.

In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician. A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician. A medical care task assigned by the supervising physician to the physician assistant may not be delegated by the physician assistant to another person.

As our scope of responsibilities is determined by the practice of our supervising physician, we function as a medical team member who provides a broad range of services. These services may include:

- patient histories and physical exams
- a variety of diagnostic studies to form a diagnostic impression
- initiation and management of therapies for acute or chronic health problems
- health screenings, preventive care, patient education, and counseling
- minor surgical procedures
- family planning, perinatal, and gynecological care
- assisting with surgery, ER, acute hospital, and long-term care
- referral and follow-up care with physician specialists
- issuing prescription orders for medications

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How do I get a DEA number?

To obtain a DEA number in Wisconsin call or write:

Drug Enforcement Agency
1000 N. Water
Milwaukee, WI
414-297-3395

Ask for an application for a DEA number. Cost \$250. Takes about 6-8weeks.

How do I update my a state license?

Listing additional supervising physicians or alternate supervising physicians or updating your name or address information with the State of Wisconsin license information is very simple. If you work for a group it is a good idea to add as many supervising physicians as seems practical. Additionally, if you moonlight, you can list those supervising physicians with the state as well.

A letter sent to the state that simply informs them of the additional supervising physicians is all that is necessary. Note in the letter that the primary supervising physician listed on your state license has not changed.

These letters can be sent to:

Physician Assistant Licensing
Department of Regulation and Licensing
State of Wisconsin
P.O. Box 8935
Madison, WI 53708

Do all of my charts have to be co-signed by my supervising physician?

No, physician co-signature is not required on all patient charts. According to state law, the only charts requiring physician review are those encounters where new prescription orders are issued. Your supervising physician or employer may, as a matter of policy, require that all charts be co-signed. This is well within their rights as your employer, as long as they do not interfere with the supervisory responsibilities of the physician.

What are the Physician supervision requirements in Wisconsin?

The supervising physician must be available for consultation by telephone or other means of telecommunication within 15 minutes of contact. The supervising physician is required to conduct an on-site review of facilities attended by the PA at least once a month.

How many supervising physicians can I have?

Unlimited, though each must be registered with the state as a supervising physician.

No physician may supervise more than two physician assistants concurrently unless that physician submits a written plan (to the state) and receives approval; however, more than one physician is allowed to supervise a PA.

-Chapter Med 8

What must be in place for me to write prescriptions in Wisconsin?

Wisconsin Statute permits a physician assistant to issue a prescription order for a drug or device in accordance with guidelines established by a supervising physician and the PA. Physician assistants in Wisconsin are recognized as practitioners under state controlled substance law which permits them to distribute and dispense controlled substances including schedule II through schedule V medications. Wisconsin PAs are recognized as individual practitioners under federal controlled substance law and are eligible to apply for mid-level provider DEA registration numbers.

Chapter Med 8.08 of the Wisconsin Administrative Code requires that written guidelines for prescribing be kept on-site and reviewed at least annually by the PA as well as the supervising physician. The actual format of these guidelines is left up to the discretion of the physician and the PA. The supervising physician is required to review and countersign either the prescription order or the patient record prepared by the PA within 72 hours. The countersignature requirement only applies to patient records for which new prescriptions are written or new medications are ordered. WAPA has received clarification from the Department of Regulation and Licensing that refill prescriptions (prescription for medications the patient is already taking) do not need physician co-signature. Co-signature can be accomplished any number of ways. For example, the physician can sign a signature sheet in the front of the chart, sign the individual prescriptions or co-sign each individual clinic note. If a PA practices in a facility apart from the supervising physician, review by telephone within 72 hours and countersignature of the patient record within one week is required.

What about reimbursement for services provided by PAs?

Medicare pays the PAs' employers for medical services provided by PAs in all settings at 85 percent of the physician's fee schedule.... This includes hospitals (inpatient, outpatient, and emergency departments), nursing facilities, offices and clinics, and first assisting at surgery. Outpatient services provided in offices and clinics may still be billed under Medicare's "incident-to" provisions if Medicare's restrictive billing guidelines are met. This allows payment at 100 percent of the physician's fee schedule if:

1. the physician is physically on-site when the PA provides care;
2. the physician treats all new Medicare patients (PAs may provide the subsequent care); and
3. established Medicare patients with new medical problems are personally treated by the physician (PAs may provide the subsequent care).

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