

Differences between Nurse Practitioners and Physician Assistants

Practice Impact	Registered Nurse (RN)	Certified Nurse Practitioner (CNP) or Certified Pediatric Nurse Practitioner (CPNP)	Physician Assistant (PA)
Can assist with patient triage?	Yes — with NP or MD accessibility for questions	Yes	Yes
Can assist with rooming patients and vitals?	Yes	Yes	Yes
Can handle vaccine administration and test administration?	Yes	Yes	Yes
Can order tests?	No	Yes	Yes
Can prescribe?	No	Must prescribe pursuant to guidelines mutually developed with supervising physician.	Must prescribe pursuant to guidelines mutually developed with supervising physician. The supervising physician is jointly responsible for medications and/or orders made in a work setting.
Can bill for services?	No	(Relevant to Medicare PFS and some commercial payers). Yes — at 85% MD rate if billing under NP's NPI or 100% if billing "incident to" physician NPI. Proper compliance with billing regulations is required.	(Relevant to Medicare PFS and some commercial payers). No, PA may not bill separately for services rendered. Employer or supervising physician must bill for services done by PA whether "incident to" the physician or "incident to" the PA. All services are paid at 85% of the amount a physician is paid under the Medicare Physician Fee Schedule (PFS) to the employer.
Other Considerations	N/A	Supervising physician must review schedule II prescriptions within 96 hours.	Supervising physician must review schedule II prescriptions within 96 hours. One physician can supervise up to 4 physician assistants.
Compensation	*Fair market value that takes into account location, expertise, experience, etc.		

Note: This list highlights some of the specific high-level components of practice impact and is not meant to be comprehensive.



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Use Case Examples

1. ADDITION OF AN RN

Benefit: Addition of an RN would allow for additional support for physicians and remove some of the “work-up” tasks that are currently taking time within the physician visit.

- An RN would also be helpful with triaging and returning patient phone calls during office hours.
- While RN visits may be submitted to insurance companies, they often do not carry any reimbursement.
- RNs truly support the care delivery process and help offset some of the tasks from the shoulders of the physicians.

2. ADDITION OF AN NP

Benefit: Addition of an NP would allow for an additional provider to see patients, expanding the ability to accommodate patient visit needs.

- The practice could use the NPs to see a component of the well visits for each provider, thus freeing up the providers to see the sick or ill patients.
- An NP could also help with increasing the new patient penetration of the practice.
- Additionally, in support of continuity of care, newborn patients could be seen by the NP every other visit, thus allowing for the MD-patient relationship.
- The NP can also be helpful with the educational care management visits for patients with multiple clinical concerns or other complexities.

3. ADDITION OF AN MD

Benefit: Addition of an MD would help with reducing the call burden on the existing physicians.

- An additional MD would help with call coverage.
- The practice could expand its new patient capture with the addition of an MD.
- The addition of an MD could assist the practice in transitioning and building for the future.

4. ADDITION OF A PA

Benefit: Addition of a PA would allow for an additional provider to see patients, expanding the ability to accommodate patient visit needs.

- The practice could use the PAs to see a component of the well visits for each provider, thus freeing up the providers to see the sick or ill patients.
- A PA could also help with increasing the new patient penetration of the practice.
- Additionally, in support of continuity of care, newborn patients could be seen by the PA every other visit, thus allowing for the MD-patient relationship.
- The PA can also be helpful with the educational care management visits for patients with multiple clinical concerns or other complexities.



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