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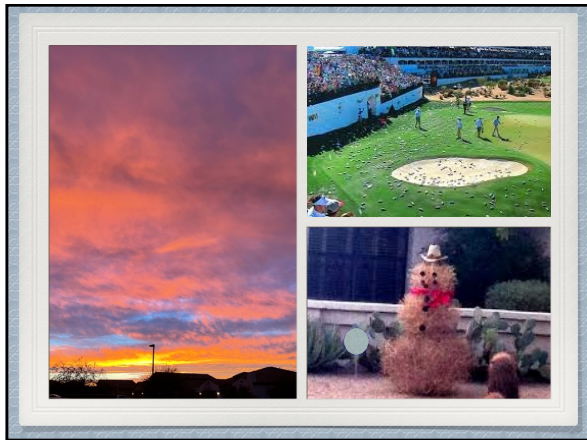
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### Typical PA Day - OR

- 6:30 Arrive at hospital for surgical day
- 7:00 start 1st case, do post-op orders and prep for next patient
- Possible lunch break (5 mins) somewhere between 10:00-2:00pm
- Finish last case between 4:00-6:00, finish orders, do post-op rounds, make calls to patients, return emails.
- Home 5:30-7:00pm

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### Typical PA Day - Clinic

- 7:00 am Rounds
- 8:30 clinic
- 12:30 - 1:00 lunch, emails, phone calls, prescriptions, FMLA, peer to peer, etc....
- 1:00 - 4:30 clinic
- 4:30-5:30 email, phone calls, prescriptions, orders for surgery
- 6:00-6:30 home



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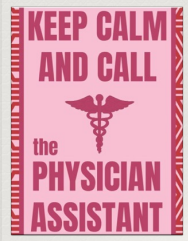
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### Typical PA Day - Call

- Don't forget call days and weekends.....



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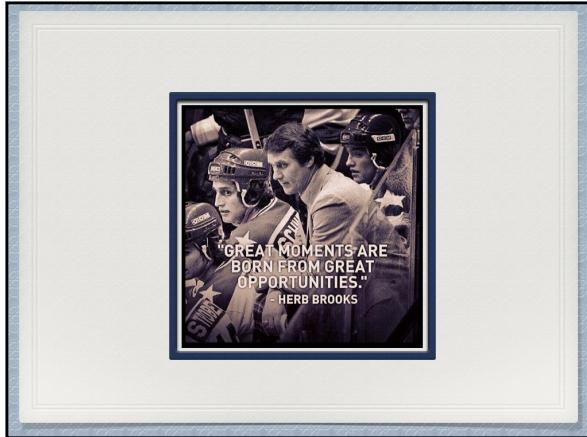
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- *Medical Education*
- *Medical Consulting*
- *Administration*
- *Medical Writing/Research*
- *Insurance*
- *Medical Malpractice*
- *Influencer*
- *Society/State Associations/Political*

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## Medical Education

- *Full time Educator, Scholarship Service, Course Director, Admissions*
- *Part time - Adjunct Faculty, Guest Lecturer, Lab Facilitator*
- *Preceptor -*
- *PAAEA - Governing Board for PA Education*
- *Salary vs hourly rates -*
- *Full time range \$200,000 - ++ Can supplement with clinical practice, Association presentations, ED/UC...*
- *Part time / Hourly \$*

PROs	CONs
No Clinic	No patient contact --
Giving Back	No OR time
Flexible hours	Fulfilling
Teaching the next generation	Work Never ends
Unlimited CAT + CME	Pay

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**PAEA**  
**Physician Assistant Education Association**

*Its mission as stated at [paeaonline.org](http://paeaonline.org)*

*Encourage and assist programs to educate competent and compassionate PAs.*

*Enhance programs' capability to recruit, select, and retain well-qualified PA students.*

*Support programs in the recruitment, selection, development, and retention of well-qualified faculty.*

*Facilitate the pursuit and dissemination of research and scholarly work.*

*Educate PAs who will practice evidence-based, patient-centered medicine.*

*Serve as the definitive voice on matters related to entry-level PA education, nationally and internationally.*

*Foster professionalism and innovation in health professions education.*

*Promote interprofessional education and practice.*

*Forge linkages with other organizations to advance its mission.*

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## Medical Consulting

- o **Pharmaceutical**
- o **Medical Device/Rep**
- o **APP training**
- o **Medical Science Liaison - want a doctorate**
- o **Medical Science Liaison Society - [www.themsl.org](http://www.themsl.org)**
- o *Bridges between healthcare companies and physicians. They help to ensure that products, implants, etc. are used correctly by providers and patients and then provide feedback on challenges, future research and educational gaps back to industry. Scientific Experts.*

PROs	CONs
Do as side gig	Not consistent
Travel	Travel
Have input on devices	Not your Presentation
Teach/Educate/Research	short term reorganization
Flexibility	

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### Sample Consulting Distributions:

- o Based off hourly rate - \$100-175/hr
- o EX: travel to airport, time at airport, flight time, time to hotel = total travel (6 hrs)
  - o Dinner meeting = (2 hrs)
- o Morning Teaching/training includes travel to facility, breakfast, etc = (5 hrs)
- o Travel to airport, time at airport, flight time, travel to home = (6 hrs)
  - o Include food, mileage, airport parking = \$75
  - o TOTAL: 19 hrs X \$150.00 = \$2,850
  - o \$2,850+\$75 = \$2925.00

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## Administration

- o Hospital
- o Department Head
- o Boards
- o Clinic
- o Liaison
- o Impact Change at a Systems Level

PROs	CONs
No Clinic/OR	No patient contact
Impact how PAs utilized	Meetings
Change policies	bureaucracy
Flexible hours	Putting out fires
Increase quality & access	Manage other people
Higher pay??	

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## Medical Writing/Research

- o Clinical Research - Co-Principal Investigator
- o Medical Journals

PROs	CONs
No Clinic/OR	No clinic/OR
Can do part-time/side gg	co-principal
Something bigger	not consistent
Publications -resume	
Creative	

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## Insurance

- o Establish treatment and reimbursement protocols
- o Chart Review
- o Peer to Peer
- o Opportunity to work in health, disability, and life insurance as well as workers compensation.

PROs	CONs
No Clinic/OR	Tedious
Can do part-time/side gg	Policies
Work from home	On phone
Can set your own hours	No patient contact

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## Medical Malpractice

- o *Qualifications* : To qualify as an expert witness in physician assistants, the individual should be a licensed physician assistant, have experience in the relevant specialty area, and possess knowledge of the legal and ethical aspects of physician assistant practice.
- o *Duties*:
  - o *Medical Notes Review*
  - o *Telephone calls*
  - o *Depositions*
  - o *Court Day*

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## Sample Fee Schedule

**Legal Service Fee Schedule (Subject to change)**

5 hour minimum retainer of \$2000, prepaid in full before services are scheduled and confirmed, credited towards services below, and non-refundable once work has commenced.

Case Review (billed in increments of 1 hour)

Expert review of records/depositions and/or documentary opinion: \$400/hour

Telephone consultation:  
0-15 min - \$300

15-30 min - \$325 30-45 min - \$350 45-60 min - \$400

Depositions:  
1 hour minimum, prepaid: \$450/hour

Trial Testimony:  
\$4,000/day flat fee up to 8 hours per day.

All time is portal to portal including travel or waiting time.

The flat-fee for trial appearance covers all time on the day of trial. If trial is canceled or postponed within 14 days of the scheduled date, the expert will receive a cancellation fee of 25%. Travel time is billed at 50% of the Expert's base (pre-trial) rate and covers all travel hours on the day before trial as well as door-to-door travel time on the day of trial. All incurred travel expenses i.e. airfare, hotel, rental care, are billed at cost.

Auto travel will be reimbursed at a per mile rate according to the government allotment. Additional travel expenses will be reimbursed immediately at the conclusion of the travel.

Preparation time billed at Expert Consultation rate in the Case Review section.

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PROs	CONs
Side Gig	Not consistent
Keeps you informed/document	Not for the uncertain
Challenging	Time consuming
Good money	Miss work

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## PA Ownership

- 2022 Medicare starts to pay directly to PAs
- What states allow 100% ownership
- How to set up partial ownership
- Supervising Physician Agreement based on states laws
- Business License - Name and Rights
- Tax ID
- PA License
- DEA license
- Rent
- Credentialing
- Billing
- EHR
- Financial consultant

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- Questions to ask:
  - Why do you want PA ownership
  - What is the intention of the business and is it sustainable
  - Scope of practice
  - Understanding of billing and credentialing
  - Understand tax/finances
  - Medical Legal Representation

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- Billing:
  - what percent 5-7%
  - Credentialing extra
  - write-off
  - collections - percent
  - distribution
- Taxes
  - Tracking Payments - Medicare
  - No Surprise Act
  - Contracts with insurance/hospitals
  - Residents

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### Medicare Assisting at Surgery

- Bill the surgical code followed by the AS modifier.
- Use PA's NPI as rendering provider for the first assist.
- Reimbursement 13.6% of primary surgeon's allowable fee.
- Note that PAs are authorized to personally perform certain minor surgical procedures.
- There's a 'restricted list' of surgeries for which Medicare will not reimburse – applies to all health professionals.
- Surgical procedures are bundled services (a 'global period') and generally cover the pre-op H&P and follow-up care.

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### Medicare Assisting at Surgery

- No payment is made for a PA assisting at surgery when it is provided in a teaching hospital that has an approved, accredited training program related to the specialty required for the particular surgical procedure, unless:
  - Resident not available.
- Surgeons that have an across-the-board policy of not including residents in the care of patients.
  - Trauma surgery.

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### Medicare Allowables

- Be aware and know what your reimbursements should be
- <https://www.cms.gov/medicare/physician-fee-schedule/search>

HCPCS Code	Modifier	Short Description	Mac Locality	Non-Facility Price	Facility Price	Non-Facility Limiting Charge	Facility Limiting Charge	GPCI Work	GPCI PE	GPCI MP
27120		Total hip arthroplasty	0910200	NA	51223398	NA	5134145	1.000	0.975	0.85

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- Services rendered for assistant at surgery by non-physician providers (PA, NP, or CNS) are reimbursed at 85 percent of 16 percent (i.e., 13.6 percent) of the MPFSDB amount. \*<https://www.novitasolutions.com/webcenter/portal/Medicare?Lpagebyid&contentId=00144579>
- THA - 27130 \$1233.36 physician
- $\$1233.36 \times 13.6\% = \$167.74$

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### Medicare Exclusion list

- Know what is payable and what isn't
- Do you stay or do you go
- Planning your day/Discussion with scheduler and Doctor

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- Payable procedures as defined by Medicare
- Status definitions ([cms.gov](#))
  - 0 = Payment restrictions for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.  
 Note: Supporting documentation must be submitted at the time of claim submission to established medical necessity and should clearly document the assistant surgeon's role during the operative session.
  - 1 = Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid.
  - 2 = Payment restrictions for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid.
  - 9 = Concept does not apply

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PROs	CONs
No Clinic	No patient contact
No charting	Reimbursement
No pt phone calls/emails	Turnover
No Paperwork	Unpredictable
No drug dealing	Inconsistent income
Write offs	No Benefits
	Pay additional taxes

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## Other

- *Influencer*
- *Podcasts - orthoPAc Podcast*
- *Associations*
- *Wellness coach*

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*4th and 31*  
*Always Opportunity*  
**ROLL TIDE!!**

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