

## Scope of Practice

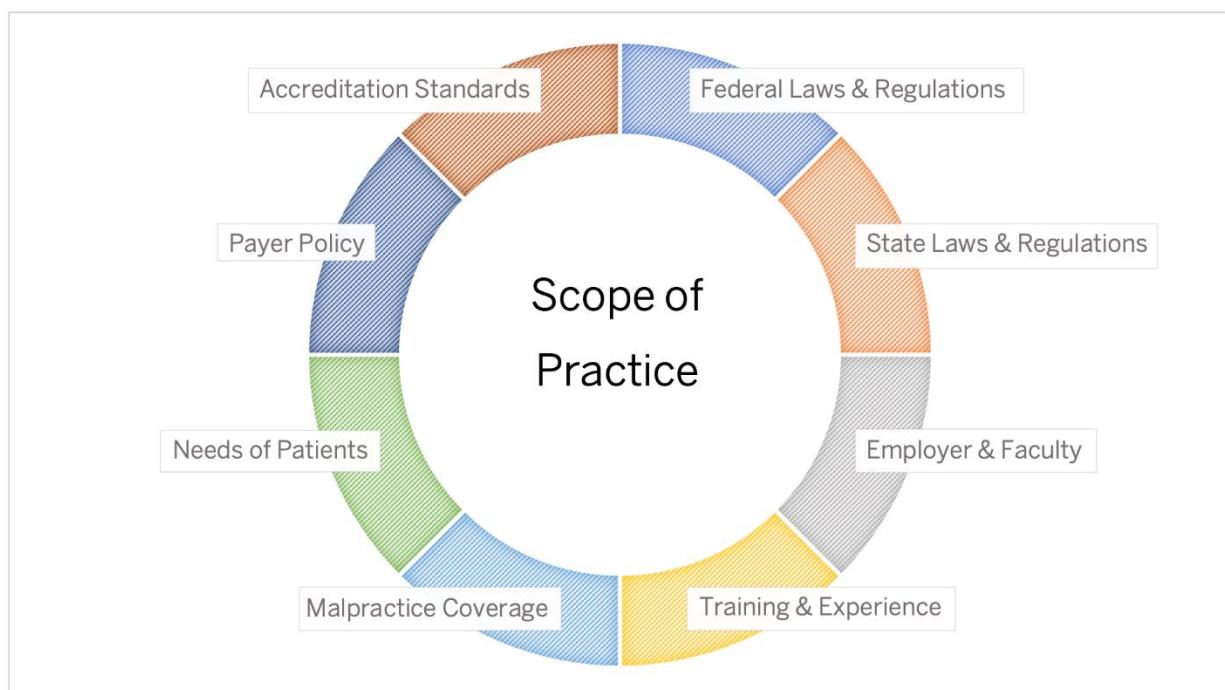
A *scope of practice* comprises the services, procedures, and tasks a practitioner is capable and authorized to perform. A healthcare practitioner’s scope of practice varies by state, employer, medical specialty, setting, facility, and other factors.

### Determinants of Scope of Practice

Scope of practice is determined by various factors, including education and experience, federal laws and regulations, state laws and regulations, employer policies, hospital and facility policies, the needs of patients, and available healthcare resources. In hospitals and facilities, a scope of practice is also determined by institutional bylaws and policies, accreditation standards, and is limited to those procedures and services for which a PA, like other healthcare practitioners, has been granted clinical privileges. Scope of practice is also governed by what is covered by a practitioner’s medical malpractice coverage and is often limited to those services for which federal and commercial payers will reimburse.

See *Figure 2. Factors that Determine a PA’s Scope of Practice* for details regarding factors that determine a PA’s scope of practice.

Figure 2. Factors that Influence a PA’s Scope of Practice



## State Laws and Regulations

PA practice authority is governed primarily by state laws and regulations. The rules for PA practice are contained in a state's PA Practice Act, but the following often also influence what a PA is authorized to do:

- Hospital, pharmacy, home health agency, and hospice agency laws and regulations
- Workers' compensation laws and regulations
- Disability laws and regulations
- Department of Motor Vehicles and Department of Transportation regulations and policies
- Ionizing radiation and medical laser laws and regulations
- Public health code
- Disaster preparedness policies
- Advanced directive laws and regulations
- Insurance laws and regulations

## Federal Laws and Regulations

Although PAs are authorized to practice based on state authority, federal laws and regulations also govern PA practice in certain situations. For example, federal rules regulate the prescription of controlled substances, PAs practicing in the armed forces and military facilities (e.g., Veterans Affairs and Indian Health Service), and Medicare and Medicaid payment. Some federal rules that affect a PA's scope of practice include:

- The Social Security Act, the Affordable Care Act, the Controlled Substance Act, and Emergency Medical Treatment and Labor Act
- The Code of Federal Regulations
- Federal workers' compensation laws
- Drug Enforcement Administration, Department of Veterans Affairs, and other federal agencies' policies
- Medicare Conditions of Participation, Conditions for Coverage, policy manuals, and interpretive guidelines
- Federal Employees Health Benefits Program and TRICARE

## Other Considerations

Some laws and regulations may inadvertently omit PAs from being expressly authorized to perform certain services. When a rule states that physicians are authorized to do something but does not explicitly authorize PAs to do the same, it cannot be assumed that a PA may perform the task by virtue of it being delegated to them by a physician. Therefore, all laws, regulations, policies, manuals, and

other documents should list PAs as being explicitly authorized to perform the same services, when appropriate, as physicians.

PA practice is often determined at the practice level based on patient needs, employer policies, hospital or facility bylaws, accreditation standards, and payer policies. A PA's scope of practice depends on all these factors. At times, rules and regulations may conflict. State law may authorize a task that a facility does not, or Medicare payment policy may permit a service that state law prohibits. In all circumstances, the most restrictive of any laws, regulations, or policies limits what a PA is authorized to do. It is the responsibility of PAs and their employers to determine the appropriate scope of practice in any given location, setting, and circumstance.

### Authorized Services

PAs are authorized to perform many of the same services and procedures as physicians. The Social Security Act and the Centers for Medicare and Medicaid Services (CMS) specifically recognize PAs as performing *physician-services*. If authorized by state law, facility policy, and other regulatory factors, PAs may furnish physician-services billed under “all levels of CPT [Current Procedural Terminology] evaluation and management codes and diagnostic tests”.<sup>1</sup>

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*If authorized by state law, PAs may furnish all levels of CPT evaluation and management codes and diagnostic tests.*

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Federal statute and regulations authorize PAs to perform and be paid for the following face-to-face and telehealth, when applicable, services:

- New and Established Patient Office Visits (CPT® 99201-99205& 99212-99215), including all levels of complexity and medical decision-making
- Hospital Inpatient and Observation Care (CPT® 99221-99223 and 99231-99239) including all levels of complexity and medical decision-making
- Discharge Day Management (CPT® 99238-99239)
- Critical Care (CPT® 99291, 99292)
- Emergency Department Visits (CPT® 99281-99285)
- Chronic Care Management (CPT® 99490, 99491, 99487, 99489)
- Preventive Visits (CPT® 99381-99397)
- Diagnostic Tests, including ordering, performing, interpreting, and supervising
- Fracture Care
- Minor Surgical Procedures
- Assistant-At-Surgery Services

See the section on [Reimbursement](#) for more information.

1. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services. Rev. 10639 & Rev. 10573. Accessed December 6, 2022. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

## PAs and Prescribing

PAs are authorized to prescribe medications in all 50 states, the District of Columbia, U.S. territories, and other jurisdictions where they are licensed.<sup>1</sup> PAs may provide written, electronic, and verbal prescriptions and give written, electronic, and verbal orders for medications, biologicals, and other items and services, as authorized by state law and facility policy. PAs may also authenticate verbal orders made by themselves, physicians, and other practitioners who are a part of their group when involved in a patient's care.<sup>2</sup>

PAs are educated and certified in all aspects of pharmacology and medication management. National accreditation standards require PA programs to include instruction in pharmacology, pharmacotherapeutics, and drug utilization. Also, these topics are tested on the national certifying examination required of all PAs for state licensure.<sup>3-4</sup>

## Controlled Substances

Where PAs have prescriptive authority, that authority includes controlled medications. In many states, PAs may prescribe all *schedules* of controlled substances in a manner consistent with medical necessity. In some states, laws may limit prescriptions based on the quantity or schedule of the controlled medication.<sup>5</sup>

The prescribing, administering, and dispensing of controlled medications are regulated under the Controlled Substances Act by the U.S. Drug Enforcement Administration (DEA).<sup>6</sup> DEA registration is required of prescribers, dispensers, distributors, and manufacturers of controlled substances. In most circumstances, PAs prescribing controlled substances should have their own DEA Controlled Substances Registration. PAs and other prescribers of controlled medications *may* be exempt from the requirement of DEA registration when all the following criteria are met<sup>7</sup>:

- The prescriber is an employee or an agent of a hospital or facility that is registered with the DEA.
- The prescriber is acting in accordance with state law, hospital or facility policy, and within the scope of their employment.
- The hospital or institution authorizes the practitioner to prescribe under their registration.
- The hospital or institution designates a specific internal code number consisting of numbers and/or letters, and the code is affixed to the institution's DEA registration number with a hyphen (e.g., APO123456-10 or APO123456-A12).
- The hospital or institution keeps a list of internal codes and the corresponding practitioners that is made available to law enforcement agencies upon request.