



nurse practitioner/physician assistant payment policy

description of procedure/service

This policy applies to the payment of covered services rendered by Nurse Practitioners (NP) or Physician Assistants (PA).

policy

Fallon Community Health Plan will reimburse for the covered services provided by a credentialed nurse practitioner or physician assistant who is participating through a contracted entity and which are within the legal scope of practice. The services must also be rendered in collaboration with or under the supervision of a physician.

Each state is responsible for mandating and enforcing specific requirements for licensure and for defining the legal scope of practice.

benefits application

- FCHP Direct Care / FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct / Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

coverage and reimbursement criteria

Coverage is limited to those services a NP or PA is legally authorized to perform in accordance with state law.

Reimbursement may be as follows:

- 1) The NP and PA may bill independently under his/her provider number for covered services. In this case, the physician does not need to be on-site when the care is rendered. They also do not need to supervise or document findings, nor co-sign the patient's medical record. Fallon Community Health Plan's payment for all covered services rendered by a NP or PA is 85 percent of the applicable physician fee schedule amount **or**;
- 2) A physician may bill incident-to services under his/her provider number for covered services provided by a participating NP or PA. Services will be reimbursed at 100% of the physician fee schedule only if **all** the following are met:
 - NP or PA is a credentialed and participating FCHP provider and must be considered an expense to the physician such as an employee, leased or contracted with the supervising physician and or his/her group (an entity that employs the physician);
 - NP or PA and a participating FCHP provider must have a collaborative agreement signed between them which outlines the scope of service which will be provided.

- NP or PA can evaluate only established problems, they can not render care to a new patient to address a new problem.
- The FCHP participating physician must provide direct supervision. Direct Supervision is defined as: The physician must be present in the office suite (immediate patient care area) and available to provide assistance and direction throughout the time the NP or PA is providing care; telephone or beeper access does not constitute direct supervision.
- *Direct Supervision is not required for the following covered services:*
 - Injections
 - Venipuncture
 - EKGs
 - Therapeutic Exercises
 - Insertion and sterile irrigation of a catheter
 - Changing of catheters and collection of catheterized specimen for urinalysis and culture.
 - Dressing changes
 - Replacement and/or insertion of nasogastric tubes
 - Removal of fecal impaction, including enemas
 - Sputum collection for gram stain and culture, and possible acid fast and/or fungal
 - Paraffin bath therapy for hands and/or feet in rheumatoid arthritis or osteoarthritis.
 - Teaching and training the patient for: care of colostomy and ileostomy; tracheostomy.
 - Testing urine and care of the feet (diabetic patient only)
 - Blood pressure monitoring
 - Educational Services only when they provide knowledge essential for the chronically ill patient's participation in his/her own treatment and only where they can be reasonably related to such treatment to diagnosis.
- Unless an NP is billing under his/her provider number, there is no coverage under incident to guidelines for consultations, pre-operative physicals, routine foot care, routine physical checkups along with services that are not reasonable and necessary for the diagnosis, treatment of an illness, or to improve the functioning of a malformed body member (e.g. preventive care, risk factor counseling in the absence of signs/symptoms).
- The physician is *actively involved* in the decision-making process for care of the patient. The NP or PA must document in the patient's medical record the active involvement of the physician in the decision-making process. *Actively involved* means that the physician is sufficiently aware of the patient's current condition to endorse or intervene in the patient's care in a timely manner.
- The physician provides documentation/attestation of the collaboration in the patient's medical record by co-signing and dating the patient's medical record on the date the service is rendered.

preauthorization requirements

A NP and PA must abide by the same preauthorization requirements as FCHP contracted physicians.

billing/coding guidelines

Direct payment may be made to the NP, PA or to the employer or contractor of the provider. A NP and PA are required to submit claims with their own billing identification numbers for their independent professional services rendered. Incident-to services are billed under the supervising physician. Add the modifier SA to all NP services only (excludes PA services) which are submitted under the physician provider number.

A NP and PA assistant at surgery claims will be paid to their employing physician or group. Add modifier AS to the surgery procedure code and indicate the NP/PA NPI number on the industry standard claim form. See Assistant Surgeon Payment Policy for payment guidelines for assistant surgery claims. Ordering and referral services are included in the payment for services performed. No separate payment is made for ordering or referring services.

place of service

Independent Services

This policy applies to services rendered in all places of service.

Incident-to Services

This policy applies to "incident-to" services which are rendered in the Office/Clinic Setting only. .

policy implementation

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