



Nurse Practitioner Payment Policy

Policy

Fallon Community Health Plan (FCHP) contracts with nurse practitioners as primary care providers (PCPs) when contracting criteria are met. Nurse practitioners may elect to be listed in the FCHP Provider Directory as a PCP for the areas which FCHP recognizes PCPs (pediatrics, geriatrics, internal medicine, and family practice). Nurse practitioners may also elect to participate as physician extenders and they will not appear in the *Provider Directory*.

FCHP will reimburse for covered services provided by a credentialed nurse practitioner (NP) who is participating through an FCHP-contracted entity. All NPs must be credentialed by FCHP. NPs may participate with FCHP by signing individual Health Services Agreements or by participating with an FCHP-contracted entity or through an employment arrangement with an FCHP-contracted entity.

Services must be within the legal scope of NP practice. Each state is responsible for mandating and enforcing specific requirements for licensure and for defining the legal scope of NP practice.

Nurse Practitioners may not act as PCPs for NaviCareSM members, but may see these members as physician extenders.

Definitions

A *nurse practitioner* (NP) is a registered nurse who has completed specific advanced nursing education (generally a master's degree or doctoral degree) and training in the diagnosis and management of common as well as complex medical conditions. NPs are licensed by the state in which they practice, and have a national board certification (usually through the American Nurses Credentialing Center or American Academy of Nurse Practitioners).

A *primary care provider* (PCP) has the primary responsibility for managing and monitoring overall care and for providing the continuity of care for each member in his/her panel. In Massachusetts, NPs who are PCPs with FCHP must have a signed collaborative agreement with a participating FCHP PCP.

A *collaborating physician* is the physician with whom an NP has an agreement specifying the scope of services which will be provided by the NP. In Massachusetts, the NP and a participating FCHP physician must have a collaborative agreement signed between them which outlines the scope of service that the NP will provide.

Incident-to services are defined as services that are a part of a patient's normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment.

Direct supervision is when the physician is present in the office suite (immediate patient care area) and available to provide assistance and direction throughout the time the NP is providing care; telephone or beeper access does not constitute direct supervision.

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.

Independently-provided refers to services where there is no initial physician involvement and which are not incident-to a physician-specified plan of care.

Benefits application

- ☑ FCHP Direct Care/FCHP Select Care
- ☑ Commonwealth Care
- ☑ Companion Care
- ☑ FCHP MassHealth
- ☑ Fallon Preferred Care PPO
- ☑ Fallon Senior Plan HMO
- ☑ Fallon Senior Plan PPO
- ☑ Summit ElderCare®
- ☑ NaviCare®

Reimbursement

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

Incident-to services

Covered services provided by a participating NP may be billed as incident-to under a supervising or collaborating physician's NPI number. Services will be reimbursed at 100% of the physician fee schedule only if **all** the following are met:

- NP is a credentialed and participating FCHP provider and must be considered an expense to the physician such as an employee, leased or contracted with a supervising physician or collaborating physician and/or group (an entity that employs the physician).
- The FCHP participating physician must provide direct supervision. 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 is providing care; telephone or beeper access does not constitute direct supervision.
- The physician is actively involved in the decision-making process for care of the patient. The NP must document in the patient's medical record the active involvement of the physician in the decision-making process.
- 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.

Independently provided professional services

- When a NP is contracted with FCHP as a PCP or is rendering independently-provided services as a physician extender, the NP must bill under his/her NPI number for covered services.
- In this case, the physician does not need to be on-site when the care is rendered. The physician also does not need to supervise or document findings, nor co-sign the patient's medical record.
- FCHP's payment for covered professional services independently provided by a NP is 85% of the applicable physician fee schedule amount. Ancillary services, such as laboratory and radiology services, are paid at 100% of the applicable physician fee schedule amount.

Referral/notification/prior authorization requirements

NPs must abide by the same prior authorization requirements as FCHP contracted physicians. In cases where a NP's scope of practice does not allow him/her to refer to the specialty care provider, he/she must consult with and arrange for the specialty referral with the collaborating physician.

PCP referrals are required for all specialty visits for most products. For a description of services requiring a PCP referral, please refer to the PCP referral and prior authorization grid located in the Managing Patient Care section of the *Provider Manual* under "PCP Referral and Plan Prior Authorization Process."

The ordering NP or physician is required to obtain prior authorization for:

- Unlisted CPT codes.
- The applicable codes found on the List of Procedures Requiring Prior Authorization located in the Managing Patient Care section of the *Provider Manual* under "PCP Referral and Plan Prior Authorization Process."

Billing/coding guidelines

Direct payment may be made to the NP or to the employer or contractor of the provider or supervising physician as applicable.

When independently-provided professional services are rendered, NPs are required to submit claims with their own NPI number.

Incident-to services are billed under a supervising physician's NPI number. Add modifier -SA to all NP services which are submitted under the physician provider number.

NP 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 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

Incident-to services

This policy applies to incident-to services rendered in all settings.

Independently provided services

This policy applies to independently-provided services rendered in all settings.

Policy history

Origination date:	07/21/2004
Previous revision date(s):	06/06/2007, 12/05/2007, 09/01/2009 – Moved all information related to physician assistants into a separate Physician Assistant Payment Policy. Updated all sections to clarify distinctions between incident-to and independently-provided services, and added explanations/definitions when NPs act as PCPs. 09/01/2010 - Updated language in policy section about NPs acting as PCPs or as physician extenders
Connection date & details:	January 2012 – Updated to clarify that payment for covered professional services independently-provided by a NP is 85% of the applicable physician fee schedule amount but ancillary services are paid at 100% of the applicable physician-fee schedule amount.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries. FCHP routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.