



Physician Assistant Payment Policy

Policy

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

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

Definitions

A *collaborating physician* is the physician with whom a PA has an agreement specifying the scope of services which will be provided by the PA.

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 PA 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 PA is legally authorized to perform in accordance with state law.

Incident-to services

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

- 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 group (an entity that employs the physician).
- 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. The physician must be present in the office suite (immediate patient care area) and available to provide assistance and direction throughout the time the PA 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 PA 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 PA is rendering independently provided services as a physician extender, the PA 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 rendered by a PA is 85% of the applicable physician fee schedule amount. Ancillary services, such as laboratory and radiology, are paid at 100% of the applicable physician fee schedule amount.

Referral/notification/prior authorization requirements

A PA must abide by the same prior authorization requirements as FCHP contracted physicians.

PCP referrals are required for all specialty visits. 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 Preauthorization Process.

The ordering physician is required to obtain preauthorization 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 Prior Authorization Process.

Billing/coding guidelines

Direct payment may be made to the PA or to the employer or contractor of the provider.

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

Incident-to services are billed under the supervising physician's NPI number.

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 PA's 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 which are rendered in the office or clinic setting.

Independently provided services

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

Policy history

Origination date:	09/01/09
Previous revision date(s):	N/A
Connection date & details:	January 2012 – Updated to clarify that payment for covered professional services independently-provided by a PA 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.