



<b><u>Payment Policy:</u> Nurse Practitioner/Physician Assistant Policy</b>		
<b><u>Original Date Approved:</u></b>	<b><u>Effective Date</u></b> 11/01/2021	<b><u>Date Revised:</u></b> <u>N/A</u>
<b><u>Scope:</u> Commonwealth Care Alliance (CCA) Product Lines:</b> <input checked="" type="checkbox"/> <u>Senior Care Options</u> <input checked="" type="checkbox"/> <u>One Care</u> <input checked="" type="checkbox"/> <u>CCA Medicare Preferred – (PPO) MA</u> <input checked="" type="checkbox"/> <u>CCA Medicare Preferred – (PPO) RI</u> <input checked="" type="checkbox"/> <u>CCA Medicare Value - (PPO) MA</u> <input checked="" type="checkbox"/> <u>CCA Medicare Value - (PPO) RI</u> <input checked="" type="checkbox"/> <u>Medicare Maximum – (HMO DNSP) RI</u>		

**PAYMENT POLICY SUMMARY:**

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Commonwealth Care Alliance covers medically necessary services provided by Nurse Practitioners (NP) and Physician Assistants (PA) within the scope of their practice within the guidelines of the state in which the services are performed.

**DEFINITIONS:**

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Nurse Practitioner- a registered nurse (RN) with advanced clinical training beyond the scope of their RN certification, typically a Master of Science degree in nursing.

Physician Assistant- a medical professional certified to provide basic medical services usually under the supervision of a licensed physician.

Direct Supervision- The physician is present in the office suite to provide immediate assistance if necessary.

Incident-to Services- Services that are billable under a supervising physician, when the supervising physician has personally performed the initial service on the member and remains actively involved in the member’s care. (Being available by telephone/pager is not acceptable)

**REIMBURSEMENT REQUIREMENTS:**

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NP’s and PA’s are reimbursed at 85% of the fee schedule applicable to the service rendered, unless billed incident-to a physician’s service, or otherwise outlined in their provider agreement.

A nonphysician practitioner (NPP) such as a physician assistant or a nurse practitioner may be licensed under State law to perform a specific medical procedure and may be able (see §§190 or 200, respectively) to perform the procedure without physician supervision and have the service separately covered and paid for by Medicare as a physician assistant’s or nurse practitioner’s service. However, in order to have that same service covered



as incident to the services of a physician, it must be performed under the direct supervision of the physician as an integral part of the physician's personal in-office service.

Direct supervision does not require the physician to be present in the same room as the NPP, but they must be immediately available within the office/suite to provide assistance if necessary.

NPP's may report established Evaluation & Management (E/M) services incident-to a physician. All services that do not meet the Medicare incident-to provision, must be billed by the NPP. The NPP and the physician must be employed by the same entity.

Minor surgical procedures (10-day global period) are covered for NPP's when:

- To be within the usual training of NP, PA, CNS
- that the risk of performing the procedure would be acceptable when provided by a nonphysician practitioner; and
- the usual training includes expertise required to make the decision to perform the procedures

Major surgical procedures (90-day global period) are generally not covered when provided by an NPP. If an NPP assists during a surgical procedure it is reported by the physician and the modifier AS is appended.

#### **REFERRAL/NOTIFICATION/PRIOR AUTHORIZATION REQUIREMENTS:**

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All in-network and out-of-network NP's and PA's are required to follow the PA requirements outlined in Section 4 of the Commonwealth Care Alliance provider manual

#### **RELATED SERVICE POLICIES:**

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[Assistant at Surgery Policy](#)

[Evaluation & Management Services Policy](#)

[Modifier Policy](#)

#### **DISCLAIMER:**

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As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.



## REFERENCES:

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100-04, Medicare Claims Processing Manual Chapter 12–30.6.1, 30.6.13E, 30.6.4, 120, 120.1, 130.1, 130.2

100-02, Medicare Benefit Policy Manual Chapter 15–50.3, 60–60.4.1, 180, 190, 200, 210

[Medicare NGS Massachusetts & Rhode Island](#)

Current Year AMA CPT

Current Year HCPCS

## POLICY TIMELINE DETAILS

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1. Drafted July/August 2021