



PROVIDER REIMBURSEMENT GUIDANCE

Non-Physician Providers

Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date
11/01/2021	11/01/2022	11/01/2022	05/25/2022

Scope: Commonwealth Care Alliance (CCA) Product Lines

<input checked="" type="checkbox"/> Senior Care Options MA	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*
<input checked="" type="checkbox"/> One Care MA	<input checked="" type="checkbox"/> Medicare Value - (PPO) RI*
<input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*	<input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*
<input checked="" type="checkbox"/> Medicare Value - (PPO) MA*	

PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance® (CCA) covers medically necessary services provided by Nurse Practitioners (NP), Physician Assistants (PA) and other non-physician providers (NPP) within the scope of their practice within the guidelines of the state in which the services are performed.

Note: This policy is a renaming/replacement of the Nurse Practitioner/Physician Assistant Policy. CCA pays Non-Physician Providers at a reduced rate in accordance with industry standard.

Definitions

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 physician assistant (PA) 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)

AUTHORIZATION REQUIREMENTS:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

NPs and PAs are reimbursed at 85% of the fee schedule applicable to the service rendered. 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 reimbursed as a PA or NP service.

REIMBURSEMENT GUIDELINES (cont.):

Services billed as Incident-to a physician's service may be reimbursed when 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 service.

All services that do not meet the Medicare incident-to provision, must be billed by the NPP directly.

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

- within the scope and privileges of NP, PA, CNS;
- the risk of performing the procedure would be acceptable when provided by a nonphysician practitioner; and;
- includes their 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.

Non-Physician Health Care Professionals Billing E&M Codes:

CPT guidance instructs that E/M (CPT codes 99202-99499) should only be reported by Physicians or other qualified health care professionals. In accordance with CMS guidelines, the only qualified health care professionals that may report E/M services are nurse practitioners (NP), clinical nurse specialists (CNS), certified nurse midwives (CNM) and Physician assistants (PA), of which are considered nonphysician health care professionals for purposes of this policy.

CCA will not reimburse E/M services (CPT codes 99202-99499) when reported by nonphysician health care professionals reporting under their own individual or group tax identification number (TIN).

There is a wide variety of CPT and HCPCS codes that specifically and accurately identify and describe the services and procedures performed by nonphysician health care professionals.



BILLING and CODING GUIDELINES:

Refer to the current coding guidelines for a complete list of ICD, CPT/HCPSCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider service agreements and applicable fee schedules.

NPP Modifiers

Modifier	Description
AS	Assistant at surgery services provided by a physician's assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS).
SA	Nurse practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician that were performed by a certified nurse practitioner employed by the physician (the physician employer must be practicing as an individual and not practicing as a professional corporation or as a member of a group practice). A certified nurse practitioner billing under his/her own individual provider number, or a group practice, should not use this modifier.).

RELATED SERVICE POLICIES:

- Bilateral Procedures Payment Policy
- Evaluation and Management Services Payment Policy
- Global Days Payment Policy
- Modifier Payment Policy
- Outpatient Rehabilitation Payment Policy

AUDIT and DISCLAIMER:

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, 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:

- 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
- Provider Manuals: [Massachusetts](#) / [Rhode Island](#)
- Prior Authorization Forms: [Massachusetts](#) / [Rhode Island](#)

POLICY TIMELINE DETAILS:

1. Effective: Original Date 11/1/2021
2. Revised: March 2022, updated Reimbursement Guidelines, Modifiers
3. Revised: May 2022, policy name change, update to include Nonphysician Health Care Professional Billing E&M Codes