

PAYMENT REIMBURSEMENT POLICY



Title: PRP-09 Advanced Practice Providers and Mid-Level Practitioners

Category: Compliance

Related Medical Policy: None

Effective Date: 07/02/2020

Physicians Health Plan
PHP Insurance Company
PHP Service Company

1.0 Guidelines:

This policy does not guarantee benefits. Benefits are determined and/or limited by an individual member Certificate of Coverage (COC). Reimbursement is not solely determined on this policy, Health Plan reserves the right to apply coding edits to all medical claims through coding software and accuracy of claim submission according to industry billing standards. Prior approval does not exempt adherence to the following billing requirements. This policy applies to all network and non-network physicians and other qualified health care professionals, including but not limited to, percent of charge contract physicians and other qualified health care professionals.

2.0 Description:

The purpose of this reimbursement policy is to define reimbursable services and billing guidelines for Advanced Practice Providers (APP) and Mid-Level Practitioners (MLP).

The following are considered APP/MLPs:

1. Certified Clinical Nurse Specialist (CNS).
2. Psychiatric and mental health (PMH) nurse clinical specialist.
3. Certified Nurse Practitioner (NP).
4. Physician Assistant (PA).
5. Certified Registered Nurse First Assistant (RNFA).
6. Certified Nurse Midwife (CNM).
7. Certified registered nurse anesthetist (CRNA).

3.0 Terms & Definitions:

Certified Clinical Nurse Specialist (CNS): An advanced practice nurse with a graduate-level degree in nursing and competence in a specialized area of nursing, such as gerontology, pediatrics, or psychiatric nursing. Functions of the clinical nurse specialist include providing direct patient care, teaching patients and their families, guiding and planning care with other personnel, and conducting research. These skills are made directly available through the provision of nursing care to clients and indirectly available through guidance and planning of care with other nursing personnel. Clinical nurse specialists hold a master's degree in nursing, preferably with an emphasis in a specific clinical area of nursing.

Psychiatric and Mental Health (PMH) Nurse Specialist: Psychiatric mental health nursing is a specialty within nursing. Psychiatric mental health registered nurses work with individuals, families, groups, and

communities, assessing their mental health needs. The PMH nurse specialist develops a nursing diagnosis and plan of care, implements the nursing process, and evaluates it for effectiveness.

Certified Nurse Practitioner (NP): A registered nurse with advanced education in nursing (a Master of Science in nursing) and clinical experience in a specialized area of nursing practice.

Physician Assistant (PA): A health care professional trained, certified, and licensed to perform history taking, physical examination, diagnosis, and treatment of commonly encountered medical problems, and certain technical skills, under the supervision of a licensed physician, and who thereby extends the physician's capacity to provide medical care.

Certified Registered Nurse First Assistant (RNFA): A registered nurse who provides immediate, hands-on assistance to a surgeon during an operation. The RNFA may use surgical instruments to handle or incise tissues or organs, cauterize bleeding points, and suture wounds under the direction of the surgeon.

Certified Nurse-Midwife (CNM): A registered state-licensed nurse who, by virtue of added knowledge and skill gained through an organized program of study and clinical experience, is qualified to manage the care of women and/or newborns during the antepartum, intrapartum, and postpartum periods, and to provide expressly limited well-woman health care.

Certified Registered Nurse Anesthetist (CRNA): An advanced practice nurse who provides anesthetics to patients in practice settings for all types of surgeries and procedures. The CRNA has completed post-graduate education and passed a national certification examination.

4.0 Policy:

Services performed by network APP/MLPs are reimbursed at the contracted proportion of the contracted fee schedule. Non-network APP/MLPs are reimbursed at the standard non-network fee schedule.

The following services billed by APP/MLPs are reimbursed at 100 percent of the physician fee schedule allowance when covered.

CATEGORY	CPT/HCPCS
<i>Category II Codes</i>	<i>0001F-9007F</i>
Multianalyte Assay	0002M-0013M
<i>Category III Codes</i>	<i>0042T-0542T</i>
Laboratory Analyses	0001U-0083U
<i>All HCPC Codes</i>	<i>A0021-V5364</i>
Delivery Services(by a CNM)	59400-59410, 59610-59614
Radiology Services	7XXXX-79999
Pathology & Laboratory services	80047-89398
Immune Globulins	90281-90399
Immunization Administration for Vaccines/Toxoids	90460-90474
Vaccines	90476-90756

CATEGORY	CPT/HCPCS
After hour Services	99050-99051

5.0 Coding and Billing:

Modifier(s)

APP/MLPs acting as assistant surgeons must bill with the AS modifier.

Incident to Billing

To qualify as “incident to,” services must be part of a patient’s normal course of treatment, during which a MD/DO personally performs the initial service, determines the plan of care and remains actively involved in the course of treatment. Subsequent services provided by the APP/MLP must be related to the established plan of care. Services provided by the mid-level practitioner that qualify for “incident to billing” as defined in this policy should be billed under the supervising physician’s NPI.

If there is a change in the plan of care, the service would no longer meet the requirement for incident to billing and the patient must be re-evaluated by the MD/DO and services should be billed under the MD/DO’s NPI number.

Physician Assistants (PA) and Nurse Practitioners (NP)

PA/NPs are required to meet “incident to” billing guidelines in an office and outpatient setting when billing under the supervising physician. The services may be rendered by a PA/NP and considered reimbursable as long as the following requirements are met:

1. Supervising physician does not have to be physically present in the patient’s treatment room, but must be readily available to render assistance, if necessary
2. Qualifying “incident to” services must be provided by a PA/NP whom the MD/DO directly supervises, and who represents a direct financial expense to the MD/DO’s practice (such as a “W-2” or leased employee, or an independent contractor).
3. For new patients the MD/DO must personally review history, examine the patient and make medical decisions regarding the patient’s treatment and drug protocols.
4. The PA must be licensed to render the services.
5. The PA must bill under supervising physician’s NPI number.
6. The NP must have a master’s degree in nursing.
7. The NP must be a registered professional nurse, authorized by the state in which their services are furnished to practice as a nurse practitioner, in accordance with state law.
8. The NP must be certified as a nurse practitioner by the American Nurses Credentialing Center (ANCC) or other recognized national certifying entities that have established standards for nurse practitioners.

6.0 Documentation Requirements:

Signature

The supervising physician is not required to co-sign the patient's record when a PA or NP provides the service, however the supervising physician must remain actively involved in the course of treatment and documentation must support review and involvement in the oversight of the patient's care.

For example, the patient's record must indicate that the supervising physician reviewed and agreed with the course of diagnosis or treatment of an injury or illness.

7.0 Verification of Compliance

Claims are subject to audit, prepayment and post payment, to validate compliance with the terms and conditions of this policy.

8.0 References, Citations, Resources & Associated Documents:

Centers for Medicare and Medicaid Services, CMS Manual and other CMS publications.

American Medical Association (AMA), Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and associated publications.

Michigan Scope of Practice Policy.

Michigan Legislature Public Health Code Act 368 of 1978 Section 333.16215 & Section 333.17047.

9.0 Revision History:

Original Effective Date: 06/01/2019

Next Revision Date: 07/02/2021

Revision Date	Reason for Revision
3/19	Policy created
6/20	Annual review; formatting updated, approved at 6/30/20 CCSC meeting