

# Nurse Practitioner / Advanced Practice Registered Nurse Payment Policy

## Policy

The Plan contracts with nurse practitioners/advanced practice registered nurses (NP/APRNs) as primary care providers (PCPs) when contracting criteria are met. NP/APRNs may elect to be listed in the Plan Provider Directory as a PCP for the areas which the Plan recognizes PCPs (pediatrics, geriatrics, internal medicine, and family practice). NP/APRNs may also elect to participate as physician extenders and they will not appear in the Provider Directory.

The Plan will reimburse for covered services provided by a NP/APRN who is participating through a Plan-contracted entity. NP/APRNs may participate with the Plan by signing individual Health Services Agreements or by participating with a Plan-contracted entity or through an employment arrangement with a Plan-contracted entity.

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

## Definitions

A nurse practitioner (NP) is a registered nurse who holds authorization in advanced nursing practice as a nurse practitioner under M.G.L. c. 112, § 80B and regulations promulgated thereunder. 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).

An advanced practiced registered nurse (APRN) is a registered nurse who is licensed in good standing in the state of New Hampshire as having specialized clinical qualifications under N.H. Rev. Stat. Ch. 326-B and regulations promulgated thereunder.

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, NP/APRNs who are PCPs with the Plan must have a signed collaborative agreement with a Plan-participating PCP.

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

## Reimbursement

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

Incident-to services:

Covered services provided by a participating NP/APRN 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 of the following are met:

- The NP/APRN is 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 Plan-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/APRN is providing care; telephone or beeper access does not constitute direct supervision.
- The physician is actively involved in the decision-making process for the care of the patient. The NP/APRN 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/APRN is contracted with the Plan as a PCP or is rendering independently-provided services as a physician extender, the NP/APRN 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.
- Reimbursement for covered professional services independently-provided by a NP/APRN 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.

In accordances with Masshealth regulations services rendered via a licensed Community Health Center will be reimbursed at 100% for Masshealth member's regardless of the NP/APRN status under a PCP panel.

If a supervising provider is billing on behalf of the NP/APRN, the SA modifier must be appended to the claim submission.

Federally Qualified Health Centers (FQHC) \ Community Health Centers (CHC):

In accordance with 101 CMR 304.00 issued by the Executive Office of Health and Human Services (EOHHS), covered medical services furnished by a licensed midlevel provider (i.e. nurse practitioner, physician assistant or advanced practice registered nurse) will be reimbursed at 100% of the applicable physician fee schedule for Masshealth member's, regardless if the services are billed incident-to or independently by the contracted FQHC\CHC.

## Referral/notification/prior authorization requirements

NP/APRNs must abide by the same prior authorization requirements as Plan-contracted physicians. In cases where a NP/APRN'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/APRN or physician is required to obtain prior authorization for:

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

Fallon Health Weinberg, and Navicare® models of care are based on patient care coordination; therefore, we encourage referring providers to contact the member’s designated navigator if there are questions or concerns prior to prescribing tests, supplying equipment, or any other additional appointments or services that may not routinely be authorized or require prior authorization.

Summit ElderCare® is based on member care coordination; therefore, the referring Summit ElderCare PACE site must be contacted for approval, prior to coordinating and/or rendering services.

## **Billing/coding guidelines**

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

When independently-provided professional services are rendered, NP/APRNs 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/APRN services which are submitted under the physician provider number.

NP/APRN 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/APRN 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.

Add modifier SA when a supervising provider is billing on behalf of the NP/APRN.

## **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 03/01/2012 - 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.

09/01/2014 - Removed statement that NPs cannot act as PCP for NaviCare members. Moved to Fallon Health logo and template.

09/01/2015 - Moved to new Plan template and updated to reflect addition of Advanced Practice Registered Nurse title.

Connection date & details:

September 2016 – Annual review.

November 2017 – Annual Review, no updates

July 2018 – Clarified MassHealth reimbursement when services rendered at a licensed Community Health Center.

October 2018 – Removed references to credentialing and added language regarding FQHC and CHC's.

October 2019 – Annual review, no updates.

January 2020 - Updated reimbursement and Billing/Coding sections.

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for the Plan. 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. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan 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.*