**Advanced Practice Provider Evaluation and Management Procedures Policy, Professional**

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<tr>
<th>Policy Number</th>
<th>Annual Approval Date</th>
<th>Approved By</th>
<th>Reimbursement Policy Oversight Committee</th>
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<tbody>
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<td>2019R5009A</td>
<td>11/14/2018</td>
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**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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**Application**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

The purpose of this policy is to ensure physicians reporting evaluation and management (E/M) services on behalf of their employed Advanced Practice Health care Providers are reporting the services correctly to denote that the services were provided in collaboration with a physician.

This policy impacts all providers identified as an Advanced Practice Health care Providers: Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS).

**Reimbursement Guidelines**

Physician Assistants (PA), Nurse Practitioners (NP), and Certified Nurse Specialists (CNS) are recognized by CMS as Advanced Practice Healthcare Providers who practice either in collaboration with or under the supervision of a physician and typically provide incident-to or shared services, or provide support to the physician for the services listed below:
- Physical exams
- Diagnosing and treating illnesses
- Ordering and interpreting tests
- Counseling on preventive health care
- Assist in surgery, and
- Prescribing medications

Advanced Practice Health care Providers will be reimbursed for E/M services that are typically furnished by a physician, but rendered under a physician’s supervision and/or direction.

**“Incident to” Services**

“Incident to” services are services provided by Advanced Practice Health care Providers under the physician’s direct supervision. “Incident to” services are usually delivered by Physician Assistants (PA), Nurse Practitioners (NP), and Certified Nurse Specialists (CNS), and others employed by the physician.

“Incident to” services include medical services and supplies furnished “incident to” a physician’s professional services and are commonly furnished in physician’s offices. “Incident to” services are commonly rendered without charge and are included in the physician’s bills. These services should be billed under the provider’s ID and name.

Advanced Practice Health care Providers are considered for reimbursement for covered services at the lesser of the actual charge or 100% of the allowed amount, assuming “incident to” and reporting requirements are met.

**Split/Shared E/M Services**

When an E/M service is a shared/split encounter between a physician and an Advanced Practice Health care Provider, the service is considered to have been performed “incident to” if the requirements for “incident to” are met and the patient is an established patient. If “incident to” requirements are not met for the shared/split E/M service, the service must be billed under the Advanced Practice Health care Provider’s number and payment will be made at the appropriate rate.

**Procedures with SA Modifier**

The SA modifier is a payable modifier and should be used by the supervising physician on behalf of the Advanced Practice Health care Providers.

Modifier SA should be reported with evaluation and management (E/M) procedures rendered in collaboration with a physician that are submitted under the supervising physician provider’s NPI number, presuming that physician provided direct on site supervision.

Reimbursement for services provided with the SA modifier will be allowed and the modifier will be used for documentation purposes.

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<th>Definitions</th>
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<td><strong>Collaboration</strong></td>
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<td><strong>SA Modifier</strong></td>
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<th>Questions and Answers</th>
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<tr>
<td><strong>Q:</strong> What happens when a patient sees an Advanced Practice Health care Provider and a physician at the same encounter?</td>
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<td><strong>A:</strong> When an E/M service is a shared/split encounter between a physician and an Advanced Practice Health care Provider, the service is considered to have been performed “incident to” if the requirements for “incident to” are met and the patient is an established patient. If “incident to” requirements are not met for a Shared/Split E/M service.</td>
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| 2 | **Q:** Does the physician actually have to see the patient or actively participate in each service in order for “incident to” services to apply?  
**A:** No, services provided by Advanced Practice Health care Providers who are employed by a physician may be covered as “incident to” the physician’s service if the physician is on the premises when the service is provided, even when the patient does not see the physician. |
| 3 | **Q:** If an Advanced Practice Health care Provider does not have their own provider number and they bill under their supervising physician provider number, are they subject to a reimbursement reduction regardless of whether the services are “Incident to” or Shared/Split E/M?  
**A:** No, they are not subject to a reimbursement reduction. |

**Attachments**

This list contains the E/M Procedure Codes for services that are reimbursed when submitted by Advanced Practice Health care Providers.

**Resources**

- Health care Common Procedure Coding System (HCPCS)
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

**History**

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<th>Date Range</th>
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| 1/1/2019 | Policy Version Change  
Application Section: Removed pathway to policies for other lines of business  
Attachments Section: Updated |
| 11/14/2018 – 12/31/2018 | Annual Policy Approval Date and Version change  
Added the word “Professional” to policy title  
Policy Number Corrected: Changed from 6004 to 5009 |
| 1/1/2018 – 11/13/2018 | Annual Policy Version Change  
Attachments Section: Updated |
| 9/1/2017 – 12/31/2017 | Policy implemented by UnitedHealthcare Employer & Individual |
| 5/10/2017 | Policy approved by the Reimbursement Policy Oversight Committee |