

## Advanced Practice Health Care Provider Policy, Professional

### **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), 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 provide guidance for physicians reporting services on behalf of their employed Advanced Practice Health Care Providers, to ensure submitted claims identify that the services were provided in collaboration with a physician and to address services reported by Advanced Practice Health Care Providers.

This policy impacts all providers identified as an Advanced Practice Health Care Provider: Physician Assistants (PA), Nurse Practitioners (NP) or Clinical Nurse Specialists (CNS).

#### **Reimbursement Guidelines**

Physician Assistants (PA), Nurse Practitioners (NP), and Clinical Nurse Specialists (CNS) are recognized by CMS as Advanced Practice Healthcare Providers who may practice in collaboration with or under the supervision/direction of a physician, 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 covered services that are typically furnished by a physician, but rendered under a physician’s supervision/direction. UnitedHealthcare applies a reduction to the reimbursement of Advanced Practice Health Care Providers, consistent with the Centers for Medicare and Medicaid Services (CMS). Reductions are applied to network Advanced Practice Health Care Providers, through their contracts.

**“Incident-to” Services**

“Incident-to” services are services provided by Advanced Practice Health Care Providers under the physician’s direct supervision/direction. “Incident-to” services are usually delivered by Physician Assistants (PA), Nurse Practitioners (NP), and Clinical Nurse Specialists (CNS).

“Incident-to” services include medical services and supplies furnished “incident-to” a physician’s professional services and are commonly furnished in the physician’s office. “Incident-to” services are commonly rendered without charge and are accounted for in the physician’s professional charges. These services should be reported under the physician’s National Provider Identification (NPI) number.

Covered services, performed by Advanced Practice Health Care Providers, are reimbursed 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 a covered 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 covered shared/split E/M service, the service must be reported under the Advanced Practice Health Care Provider’s NPI number and payment will be made at the appropriate rate.

**Procedures with Modifier SA**

Modifier SA is a payable modifier and should be reported by the supervising physician, on behalf of the Advanced Practice Health Care Provider.

Modifier SA should be reported with covered evaluation and management (E/M) services, rendered in collaboration with a physician and billed under the supervising physician’s NPI number, presuming the physician provided direct on-site supervision/direction.

Covered services, billed with Modifier SA, will be considered for reimbursement and Modifier SA will be used for documentation purposes.

**Definitions**

**Collaboration**

A physician works with an Advanced Practice Health Care Provider to deliver health care services with medical direction and appropriate supervision, as required by the law of the state in which the services are furnished. In the absence of state law governing collaboration, collaboration is to be evidenced by the Advanced Practice Health Care Provider’s documentation of their scope of practice and indicating the relationship they have with the physician to deal with issues outside their scope of practice. The collaborating physician does not need to be present when the services are furnished and does not need to make an independent evaluation of each patient who is seen by the Advanced Practice Health Care Provider.

**Modifier SA**

Advanced Practice Health Care Provider who is rendering service in collaboration with a physician.

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> What happens when a patient sees an Advanced Practice Health Care Provider and a physician at the same encounter?</p> <p><b>A:</b> 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, those services should be reported under the Advanced Practice Health Care Provider’s NPI number.</p>
<b>2</b>	<p><b>Q:</b> Does the physician actually have to see the patient or actively participate in each service in order for “incident-to” services to apply?</p> <p><b>A:</b> 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 provides direct on-site supervision/direction, when the service is provided, even when the patient does not see the physician.</p>

<b>Resources</b>
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Health care Common Procedure Coding System (HCPCS)
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<b>History</b>	
<b>9/16/2019</b>	Policy Version Change Verbiage Change: Overview and Reimbursement Guidelines Sections Questions and Answers and Definitions Sections updated
<b>6/24/2019</b>	Policy Version Change Policy Title Change Policy Verbiage Change: Overview Section, Reimbursement Guidelines Section, Incident to” Services Section, Split/ Shared E/M Services Section, Procedures with SA Modifier Section, Questions and Answers Section updated Attachments Section: Removed
<b>1/1/2019</b>	Policy Version Change Application Section: Removed pathway to policies for other lines of business Attachments Section: Updated
<b>11/14/2018 – 12/31/2018</b>	Annual Policy Approval Date and Version change Added the word “Professional” to policy title Policy Number Corrected: Changed from 6004 to 5009
<b>1/1/2018 – 11/13/2018</b>	Annual Policy Version Change Attachments Section: Updated
<b>9/1/2017 – 12/31/2017</b>	Policy implemented by UnitedHealthcare Employer & Individual
<b>5/10/2017</b>	Policy approved by the Reimbursement Policy Oversight Committee