

**Advanced Practice Health Care Provider Policy: New Jersey, 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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.*

**Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan New Jersey Medicaid products.**

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 and 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 the reimbursement calculation for Advanced Practice Health Care Providers: Physician Assistant (PA), Nurse Practitioner (NP), and Advanced Practice Nurse (APN). The reimbursement applies to services submitted by Advanced Practice Health Care Providers or by the supervising physician and designated as having been performed by the Advanced Practice Health Care Provider by the use of the SA modifier.

**Reimbursement Guidelines**

Physician Assistants (PA), Nurse Practitioners (NP), and Advanced Practice Nurse (APN) are recognized by CMS as Advanced Practice Healthcare Providers who may practice in collaboration with or under the supervision 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 services that are typically furnished by a physician, but rendered under a physician's supervision and/or direction.

UnitedHealthcare Community Plan applies a 15% reduction to the reimbursement of Advanced Practice Health Care Providers consistent with the Centers for Medicare and Medicaid Services (CMS).

### 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.

A 15% reduction will be applied for services billed with the SA modifier.

### Definitions

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| <b>Collaboration</b> | A physician works with a Nurse Practitioner (NP) or Certified Nurse Specialist (CNS) 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 NPs or CNSs documenting their scope of practice and indicating the relationships that they have with physicians to deal with issues outside their scope of practice. The collaborating physician does not need to be present with the NP or CNS when the services are furnished or to make an independent evaluation of each patient who is seen by the NP or CNS. |
| <b>SA Modifier</b>   | Nurse Practitioner rendering service in collaboration with a physician.  |

### Questions and Answers

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| <b>1</b> | <p><b>Q:</b> What happens when a patient sees an Advanced Practice Provider and a collaborating physician at the same encounter?</p> <p><b>A:</b> When an E/M service is a shared/split encounter between a collaborating physician and an Advanced Practice Health Care Provider, all services are considered to have been performed as a part of the single current encounter. If separate encounter requirements are not met for a shared/split E/M service, the service(s) should be reported under a single provider, not both. If separate encounter requirements are met, services may be reported separately with an appropriate CPT/HCPC modifier.</p> |
| <b>2</b> | <p><b>Q:</b> Does the physician actually have to see the patient or actively participate in each service to bill for services performed/provided by an employed APN?</p> <p><b>A:</b> No, services provided by Advanced Practice Health Care Providers, who are employed by a physician, may be covered if the physician provides direct on-site supervision/direction, when the service is provided, even when the patient does not see the physician.</p>   |

### Resources

New Jersey State Guidelines

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

#### History

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| <b>8/1/2025</b>  | Annual Version Change   |
| <b>1/1/2021</b>  | Annual Version Change   |
| <b>1/15/2020</b> | Policy Implemented by UnitedHealthcare Community Plan           |
| <b>8/27/2019</b> | Policy approved by the Reimbursement Policy Oversight Committee |