

ADVANCED PRACTICE PROVIDER EVALUATION AND MANAGEMENT PROCEDURES POLICY

Policy Number: ADMINISTRATIVE 267.1 TO

Effective Date: August 1, 2019

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Related Policies
None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

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.

OVERVIEW

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

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

REIMBURSEMENT GUIDELINES

Physician Assistant (PA), Nurse Practitioner (NP), and Certified Nurse Specialist (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, shared services, or provide support to the physician with the services listed below:

- Physical exams
- Diagnosing and treating illnesses
- Ordering and interpreting tests
- Counseling on preventive health care
- Assist in surgery
- Prescribing medications

Advanced Practice Healthcare 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare 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.

DEFINITIONS

Collaboration: 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 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.

SA Modifier: Nurse Practitioner rendering service in Collaboration with a physician.

QUESTIONS AND ANSWERS

1	Q:	What happens when a patient sees a PA and a physician at the same encounter?
	A:	When an E/M service is a shared/split encounter between a physician and an advanced practice healthcare 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. Those services must be billed under the advanced practice healthcare provider's number.
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 healthcare 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 Healthcare 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

Evaluation and Management Procedure Code List

A list of E/M Procedure Codes for services that are reimbursed when submitted by Advanced Practice Providers



Evaluation and
Management Codes

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2019R5009A]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

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

Healthcare Common Procedure Coding System (HCPCS)

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
08/01/2019	<ul style="list-style-type: none">New Reimbursement Policy