

Nurse Practitioner Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus HMO
- MassHealth ACO
- NaviCare HMO SNP
- Summit ElderCare (PACE)
- Fallon Health Weinberg PACE
- Community Care (Commercial/Health Connector)

Policy

The Plan may contract with Nurse Practitioners (NPs) to function as as primary care providers (PCPs) provided certain credentialing requirements are met. The Plan may also contract with Nurse Practitioners as physician extenders or as non-panel bearing providers.

NPs may elect to be listed as a PCP in Plan print and on-line directories, provided their credentialing confirms the following specialties: Pediatrics, Geriatrics, Internal Medicine, and\or and/or Family Practice. Nurse Practitioners credentialed in Obstetrics/Gynecology may only be listed in the Plan's MassHealth programs. If the Nurse Practitioner participates as a physician extender or non-panel bearing provider, they will not be listed in any Plan print and on-line directories.

The Plan will reimburse for covered services provided by an NP who has an employment arrangement through a Plan-participating provider entity or through a stand-alone Plan Health Services Agreement.

Covered services provided must be within the legal scope of the NP's practice. Each state is responsible for mandating and enforcing specific requirements for licensure and for defining the legal scope of NP practice.

Definitions

Advanced Practice Registered Nurse (APRN). An APRN is a registered nurse who is licensed by the Massachusetts Board of Registration in Nursing with the qualifications outlined by 244 CMR 4.00 (Massachusetts Code of Regulations). An APRN may include the following clinical categories: Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), Certified Nurse Practitioner (CNP), Certified Nurse Specialist (CNS) and Psychiatric Nurse Mental Health Clinical Specialist (PCNS).

Nurse Practitioner. A registered nurse who holds an advanced nursing degree (master's or doctoral) and practices under M.G.L. c. 112, §§ 80B and 80E, 244 CMR 4.00, and other applicable regulations. NPs are licensed by the state in which they practice, and may carry a 'certified' designation (CNP, or NP-C) upon achieving certification through a national board, for example the American Nurses Credentialing Center or American Academy of Nurse Practitioners.

Physician Extender. A licensed healthcare professional, such as a physician assistant or nurse practitioner, who participates in a patient's treatment, procedure, or other medical interventions under direct physician supervision. A physician extender is further defined as a person authorized by the health care facility to participate in a procedure, intervention or treatment and who is directly supervised by the attending physician (243 CMR 2.07 (26)).

Primary Care Provider (PCP). A Practitioner who is responsible for the supervision, coordination, and provision of primary care services to members who have selected or have been assigned to that provider. Such primary care services may include the coordination of the member's health care needs in addition to the initiation and monitoring of referrals for specialty care.

Collaborating Physician. A plan participating physician or certified nurse practitioner with whom an NP has a written agreement specifying the scope of services which will be provided by the NP. When a collaborating physician agreement is required, the NP may be asked by the Plan to provide it for documentation. The Nurse Practitioner delivers the services with medical direction and appropriate supervision as required by State law. Should State law not reference terms of collaboration explicitly, then the collaboration is documented by the Nurse Practitioner indicating their scope of practice and indicating the relationship in place with the physician/s for issues outside of the scope of the Nurse Practitioner's practice. For Medicare, the Collaborating Physician does not need to be present with the Nurse Practitioner when covered services are rendered or to make an independent evaluation of each patient seen by the Nurse Practitioner.

Supervising Physician. May also be the Collaborating Physician; who oversees and actively participates in the patient's plan of care. The Supervising Physician also is legally responsible for rendered covered services by the Nurse Practitioner.

Incident To Services. Covered services that are rendered as part of a normal course of treatment, during which the Plan-participating physician, and/or the Nurse Practitioner perform and are actively involved in the course of treatment. The Plan-participating physician may provide direct supervision for the services, and only the Plan-participating physician who supervises the incident to services may bill the Plan for such services.

Direct Supervision Services. Covered services are rendered with the Plan-participating physician present in the office suite (immediate patient care area) and available to provide assistance and direction throughout the time the nurse practitioner is providing care. Note that telephone or beeper access does not constitute direct supervision.

Actively Involved Services. Covered Services are rendered by the nurse practitioner with the Plan-participating physician made sufficiently aware of the patient's current condition to endorse or intervene in the patient's care in a timely manner. This is in conjunction with incident to services.

Independently-Provided Services. Covered Services are exclusively rendered by the nurse practitioner, with no direct supervising Plan-participating physician involvement, and which are not incident to a Plan-participating physician specified plan of care.

The following table describes the plan-participating collaborative agreement requirements for a Nurse Practitioner practicing in Massachusetts:

Product	Plan-Participating Physician and Nurse Practitioner Collaborative Agreement Required?
MassHealth ACO	NO , if the following criteria is met: 2. The NP holds a. a valid Registered Nurse license in good standing issued by the Board; and b. advanced practice authorization issued by the Board that it is in the same clinical category as the person being supervised or advanced practice authorization in an area appropriately related to the practice of the person being supervised; and • a controlled substance registration issued by the U.S. Drug Enforcement Administration, or the Department of Public Health, or both, for a minimum of one year; and

	<ul style="list-style-type: none"> either: <p>a combination of supervised practice for a minimum of two (2) years plus independent practice authority for a minimum of one year; or three (3) years of independent practice authority.</p> <p>Note, if the Nurse Practitioner has less than the required supervised practice or independent practice authority, then a Plan Participating Physician Collaborative Agreement will be required.</p> <p><i>Source: Massachusetts 244 CMR 4.00: ADVANCED PRACTICE REGISTERED NURSING</i></p>
Community Care	<p>NO, if the following criteria is met:</p> <p>2. The NP holds</p> <ul style="list-style-type: none"> a. a valid Registered Nurse license in good standing issued by the Board; and b. advanced practice authorization issued by the Board that it is in the same clinical category as the person being supervised or advanced practice authorization in an area appropriately related to the practice of the person being supervised; and • a controlled substance registration issued by the U.S. Drug Enforcement Administration, or the Department of Public Health, or both, for a minimum of one year; and • either: <p>a combination of supervised practice for a minimum of two (2) years plus independent practice authority for a minimum of one year; or three (3) years of independent practice authority.</p> <p>Note, if the Nurse Practitioner has less than the required supervised practice or independent practice authority, then a Plan Participating Physician Collaborative Agreement will be required.</p> <p>Note, if the Nurse Practitioner has less than the required supervised practice or independent practice authority, then a Plan Participating Physician Collaborative Agreement will be required.</p> <p><i>Source: Massachusetts 244 CMR 4.00: ADVANCED PRACTICE REGISTERED NURSING</i></p>
Medicare HMO	<p>YES.</p> <p>Services. Medicare Part B covers nurse practitioners' services in all settings in both rural and urban areas, only if the services would be covered if furnished by a physician and the nurse practitioner—</p> <ul style="list-style-type: none"> (1) Is legally authorized to perform them in the State in which they are performed; (2) Is not performing services that are otherwise excluded from coverage because of one of the statutory exclusions; and (3) Performs them while working in a collaboration with a physician. The collaborating physician does not need to be present with the nurse practitioner when the services are furnished or to make an independent evaluation of each patient who is seen by the nurse practitioner. <p><i>Source: Federal 42 CFR §410.75(a-f)</i></p>
NaviCare	YES.

	<p>Services. Medicare Part B covers nurse practitioners' services in all settings in both rural and urban areas, only if the services would be covered if furnished by a physician and the nurse practitioner—</p> <p>(1) Is legally authorized to perform them in the State in which they are performed;</p> <p>(2) Is not performing services that are otherwise excluded from coverage because of one of the statutory exclusions; and</p> <p>(3) Performs them while working in a collaboration with a physician. The collaborating physician does not need to be present with the nurse practitioner when the services are furnished or to make an independent evaluation of each patient who is seen by the nurse practitioner.</p> <p><i>Source: Federal 42 CFR §410.75(a-f)</i></p>
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Reimbursement

Coverage is limited to those services that a Nurse Practitioner is legally authorized to perform in accordance with state law and applicable federal regulations.

Incident-to services

Covered services provided by a participating Nurse Practitioner may be billed as incident-to under the supervising physician's NPI number. Services will be reimbursed at 100% of the applicable professional fee schedule only if all of the following conditions are met:

- The NP is considered an employee, leased or contracted with a supervising physician and/or provider group (defined as 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 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 must document in the patient's medical record the active involvement of the physician in the decision-making process.
- The Plan-participating 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 an NP is contracted with the Plan as a PCP or is rendering independently-provided services, the NP must bill under his/her NPI number for covered services.
- In this case, the supervising physician does not need to be on-site when the care is rendered. The supervising 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 Nurse Practitioner is 85% of the applicable physician fee schedule amount. Ancillary services, such as laboratory and radiology services, are paid at 100% of the Plan allowed amount.

Community Health Centers.

Covered services rendered by a nurse practitioner in a Community Health Center setting are eligible for payment in accordance with applicable MassHealth, State and Federal regulations as outlined in the **Community Health Centers Payment Policy**.

Referral/notification/prior authorization requirements

Nurse Practitioners must abide by the same prior authorization requirements as Plan-participating physicians. In cases where an NP'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 specialty visits for most products. For a description of services requiring a PCP referral, please refer to the Fallon Health Provider Manual under “Managing Patient Care” section: ***Fallon Health Provider Manual / Managing Patient Care***.

The ordering NP or supervising physician is required to obtain prior authorization for:

- Unlisted CPT codes, and
- Services identified as requiring Plan authorization as referenced in the Plan’s Procedure Code Look-up Tool: ***Fallon Health Procedure code look-up***.

PACE Program Prior Authorization Process

Each PACE participant is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the Interdisciplinary Team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE participants must be authorized by the Interdisciplinary Team.

Billing/coding guidelines

Direct payment may be made to the NP or to their respective employer or contractor, or to the supervising physician, as applicable.

When independently provided covered services are rendered, NPs must submit claims with their own NPI number.

Incident To services are billed with the supervising Physician's NPI number, with the inclusion of the -SA modifier to indicate nurse practitioner services.

NP assistant at surgery claims will be paid according to the ***Assistant Surgeon Payment Policy***.

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.

Connection date & details:

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.
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.
January 2026 – Under Definitions, added table clarifying when a Plan-Participating Collaborative Agreement is required.

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.