Advanced Practice Registered Nurse/Physician Assistant (APRN/PA)

I. Policy

UHA recognizes the role of Advance Practice Registered Nurses (APRNs) and Physician Assistants (PAs) in the care of patients in the medical community. For the purpose of this policy, APRNs refer to licensed nurse practitioners, clinical nurse specialists, nurse-midwives, and nurse anesthetists. PAs refer to Physician Assistants who hold current certification from the National Commission for Certification of Physician Assistants and are licensed to practice in the same state as their supervising physician.

University Health Alliance (UHA) will reimburse for covered services provided by APRNs and PAs who are participating through a contracted entity and provide services within their legal scope of practice.

II. Licensure

A. To qualify for reimbursement of services provided to UHA members, all APRNs and PAs:
   1. Must have a valid state license
   2. Must be appropriately credentialed
   3. Must provide services within their scope of practice and experience, and consult, refer or transfer the care of patients to their supervising physician when anything within the patient evaluation suggests the patient would benefit from such action.
   4. May be a UHA par provider
      a) PA’s may be a UHA par provider only if his/her supervising physician is a UHA par provider.

III. Employment/Supervision/Billing

A. UHA requires APRN and PA Provider claims to be billed under the name and National Provider Identifier (NPI) of the provider who actually rendered the service.

B. Services may be billed under the supervising physician’s NPI when billing under the “incident to” provision, providing all Medicare and UHA criteria for “incident to” billing are met. These criteria include the following:
   1. “Incident to” provision applies to outpatient office visits only.
   2. The supervising physician has participated personally in the key components of evaluation and medical decision making. Documentation must include an attestation of physical and meaningful participation in the clinical encounter by the physician.
   3. The APRN or PA must be an employee of the physician;
   4. The initial visit (for that condition) must be performed by the physician. This does not mean that on each occasion of an incidental service performed by an APRN or PA that the patient must also see the physician. It does mean there must have been a direct, personal, professional service furnished by the physician to initiate the course of treatment of which the services being performed by the APRN or PA is an incidental part.
   5. The physician must be physically present in the same office suite and be immediately available to render assistance if that becomes necessary;
6. The physician has an active part in the ongoing care of the patient. Subsequent services by the physician must be of a frequency that reflects his/her continuing active participation in, and management of, the course of the treatment.

7. It is the responsibility of the physician to be in compliance with state regulations governing the licensing requirements of APRNs/PAs to provide specific services and limitations on the number of APRNs/PAs that can be adequately supervised.

8. Note: Due to the inherent difficulty in monitoring compliance with the requirements of “incident to” billing, UHA will not recognize “incident to” billing in the outpatient setting and will require that all services be billed under the NPI of the provider providing the service commencing with the 2016 UHA contracting fee schedule.

C. APRNs and PAs may bill under the physician’s NPI for inpatient services for “shared visits” within the following guidelines:

1. Shared visits apply to hospital inpatient or hospital outpatient setting only
2. If the APRN or PA who is an employee of the group sees the patient and documents the service, and the physician sees the patient on the same day, the physician can bill for the combination of both services.
   a) If the physician does not see the patient on the same day, the service must be billed under the APRN or PA provider number.
   b) Inpatient consultations cannot be shared.

D. PAs practicing in Hawaii must meet all statutory, regulatory and (when applicable) medical staff standards and requirements including, but not limited to, physician review of all notes within seven days of the clinical encounter.

E. UHA requires that the supervising physician understand and oversee compliance with these requirements and standards. A physician who does not supervise APRN and PA services at the degree required by state law shall be deemed to have engaged in professional misconduct and payment for all services will be denied.

IV. Scope of Service

A. It is the responsibility of the supervising physician to delineate the duties for which the APRN or PA, by virtue of formal training or experience, is capable of performing in a safe and efficient manner and to insure these duties meet standards of medically necessary.

B. An APRN or PA not employed by a facility or physician that delineates his/her scope of practice is limited to services within his/her formal training, specialty education and/or certification, and experience.

C. An APRN or PA must comply with the requirements of their governing body; recognize limits of their knowledge and experience, and plan for the management of situations that exceed their scope of authorized practice.

D. UHA may deny payment if an APRN or PA is found to practice outside of his/her scope of practice or experience, or if medical necessity concerns arise. Specific denials may include, but are not limited to any of the following:
   1. Failure to comply with state laws and regulations for practice,
2. Failure to refer to other health care providers when patient management exceeds the scope of practice or experience of the provider,

3. Inappropriate ancillary testing and/or specialty referrals,

4. Inappropriate prescribing.

V. Payment

A. Claims submitted under the APRN or PA’s personal provider identification number are subject to the following limitations and guidelines:

1. Par and Non Par APRN and PA services billed under their own NPI are reimbursed at 85% of the Medicare provider fee schedule (except as contractually allowed).

2. The APRN or PA’s name must be listed as the servicing provider when filing claims for services they provide. UHA reserves the right to take appropriate action for any violation of policy.

VI. Policy History

Policy Number: M.MIS.23.150101
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Previous Revision Dates: Replaced the Physician Assistant payment policy