

CHILDREN'S HOSPITAL LOS ANGELES MEDICAL GROUP
COMPLIANCE POLICY MANUAL

POLICY	Billing for Allied Health Practitioners (NP/PA)
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PURPOSE

The purpose of this policy is to establish guidelines for Allied Health Practitioners (AHP) including Certified Family Nurse Practitioners (CFNP), Certified Pediatric Nurse Practitioners (CPNP) and Physician Assistants (PA) to bill Medi-Cal and other payors for professional services practitioners provide in the hospital or clinic setting.

DEFINITIONS

Billing Components: When physicians and allied health practitioners including nurse practitioners (NP) and physician assistants, (PA), render services in a hospital or hospital-based clinic, federal and state regulations require the institutional provider and practitioner to bill for service by dividing the charge into two components: a professional component and a facility component.

Certified Family Nurse Practitioner (“CFNP”): The California Board of Registered Nursing awards a CFNP with a license to practice as a nurse and certification as a Nurse Practitioner. The Board considers CFNP’s to be qualified to work as a Family Nurse Practitioner. The Medi-Cal program and commercial insurance plans require CFNPs to enroll as a CHLAMG billing provider. Those in the healthcare industry may also refer to a CFNP as an NP.

Certified Pediatric Nurse Practitioner (“CPNP”): The California Board of Registered Nursing grants a CPNP with a license to practice as a nurse and certification as a Nurse Practitioner. The Board considers CPNPs to be qualified to work as a Pediatric Nurse Practitioner. The Medi-Cal program and commercial insurance plans require CPNPs to enroll as a CHLAMG billing provider. Those in the healthcare industry may commonly refer to a CPNP as a P-NP.

Consent for Treatment by Non-Physician Practitioners (NP, P-NP, PA): Medi-Cal providers who employ or use the services of NPs, P-NPs, or PAs must inform patient that a nurse practitioner or physician assistant will render treatment to him or her. Personnel should note a patient’s verbal consent in the medical record.

Facility-Based Clinic: Hospital-based (or Facility-based) clinics are clinics operating under the license of a hospital. Clinics that do not meet this criterion are freestanding clinics.

Direct Supervision: The physician must be present in the room when another practitioner provides a service.

General Supervision (Available): A practitioner provides services under the physician’s overall direction and control, but general supervision does not require the physician’s presence during the performance of the procedure or service. The physician must be available either in person, electronically, or by telephone within 30 minutes.

Indirect Supervision: The physician must be present in the hospital, office, or clinic suite and immediately available.

Nurse Practitioner (NP): A registered nurse who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health illness in primary care and who has completed a program that conforms to those education standards set forth in 16 CCR § 1484.

Physician Assistant (“PA”): An individual who meets the requirements of the Physician Assistant Practice Act (CA B & P Code §§ 3500 et seq.). The Physician Assistant Committee must grant a license to the PA.

Physician-Practitioner Interface: The system of collaboration and physician supervision that integrates and makes medical treatment services that physicians and non-physician practitioners provide consistent with accepted medical practice. (22 CCR § 51171)

Schedule of Medi-Cal Physician Rates: Sets forth the maximum rates for physician services that the Department of Health Services determined, consistent with the requirements that the State of California set forth in 22 CCR § 51503.

“Shared Visit” Billing: Allows a qualified NP or PA and physician to “team up” to provide a complete Evaluation and Management service, provided: (i) the services are an exclusively Evaluation and Management service; (ii) the setting is hospital-based; (iii) there are two separate notes or notations; and (iv) the physician has a face-to-face interaction with the patient. The physician’s note must support the medical decision-component of the Evaluation and Management service. Bill shared visits under the supervising physician’s name/NPI.

Supervising Physician: For the purposes of these guidelines, “supervising physician” refers to a physician with a full license who is not participating in an American College of Graduate Medical Education (ACGME) approved graduate medical education (GME) program or an American Board of Medical Specialties (ABMS) recognized program.

BILLING ELIGIBILITY AND CONDITIONS

Nurse Practitioners

- A. In order to bill Medi-Cal or Medicare as a CHLAMG provider for professional services, an NP must meet the following conditions:
 - a. Be a registered professional nurse who the State of California has authorized to practice as a nurse practitioner in accordance with California law and achieved certification as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; or
 - b. Be a registered professional nurse who the State of California has authorized to practice as a nurse practitioner. Medicare and Medi-Cal recognize the following organizations as national certifying bodies for NPs at the advanced practice level:
 - i. American Academy of Nurse Practitioners;
 - ii. American Nurses Credentialing Center;
 - iii. National Certification Corporation for Obstetric, Gynecologic, and Neonatal Nursing Specialties;
 - iv. Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses);
 - v. Oncology Nurses Certification Corporation;
 - vi. AACN Certification Corporation; and
 - 1. National Board on Certification of Hospice and Palliative Nurses

Physician Assistants

- A. In order to bill Medi-Cal as CHLAMG member for professional services, a PA must meet the following conditions:
 - a. Have graduated from a physician assistant educational program that the Accreditation Review Commission on Education for the Physician Assistant (or its predecessor agencies: the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Committee on Allied Health Education and Accreditation (CAHEA)) has accredited; or
 - b. Have passed the national certification examination that the National Commission on Certification of Physician Assistants (NCCPA) administers; and
 - c. The State of California must grant a PA to practice as a physician assistant.

BILLING PROCEDURES

Nurse Practitioners

A. Medi-Cal

- i. A nurse practitioner (NP) is a non-physician medical practitioner that is a licensed registered nurse legally entitled to use the title of NP. NPs predominantly practice “primary care” after completing a clinical and didactic educational program of at least six months duration, which is appropriate to the scope and function of the practitioner’s area of practice.
- ii. A pediatric nurse practitioner is a non-physician medical practitioner that is a licensed registered nurse legally entitled to use the title of P-NP. P-NPs have completed a clinical and didactic education program focused on the health services needs of children ranging from neonatal through adolescence and young adulthood. The California Children’s Service (CCS) Medi-Cal program requires a pediatric nurse practitioner to have the P-NP license to bill.
- iii. Payors will directly reimburse the CHLAMG division under the name/NPI of the supervising physician for services that an NP renders.
- iv. Medi-Cal will reimburse the CHLAMG division in accordance with the Schedule of Medi-Cal Physician Rates (i.e. 100% of physician’s maximum allowable rate) for services that a Certified Family Nurse Practitioner or a Certified Pediatric Nurse Practitioner provides, pursuant to 22 CCR § 51503.
- v. The California Children’s Services (CCS) of Medi-Cal limits reimbursements for services to the Pediatric Nurse Practitioner designation
 1. Include the following for all claims for payment for services an NP renders pursuant to (i):
 - i. The name and license or certificate number of the NP Rendering the service.
 - ii. The location where the NP rendered the service
 - iii. The name of the supervising physician or the attending physician
- vi. Medi-Cal limits reimbursement for NP services to those that:
 1. Statutes and regulations define as Medi-Cal reimbursable services.
 2. Statutes and regulations governing the activities of licensed nurse practitioners permit within the scope of services.
 3. 22 CCR § 51171 defines within the scope of the Physician-Practitioner Interface
 4. The Medi-Cal Manual Non-Physician Medical Practitioner lists the HCPCS, CPT-4, and Medi-Cal only codes that describe primary care physician services that Medi-Cal covers when, an NP performs them, to the extent applicable professional licensing statutes and regulations as the Physician/Practitioner Interface permits. Personnel may use the HCPCS and CPT-4 modifier codes that Medi-Cal has approved with these procedures, as applicable.
 5. Include the supervising physician’s nine-digit Medi-Cal number (on each applicable claim line) as the rendering provider. Do not identify the nurse practitioner as the rendering provider on the claim line. Instead, include the nurse practitioner name, California license number, and type of non-physician provider (NP, P-NP) in the Remarks area/Reserved (Box 19 of the CMS-1500-12 claim form).
 6. Assign the appropriate modifier to the line item CPT. Use the modifier -SA to identify a nurse practitioner service with physician. Identify multiple modifiers with 99.

B. Other Carriers

- i. Given the large volume of commercial payers that contract with CHLAMG, it is not feasible for CHLAMG to define an individual claims submission standard for each commercial payer. For this reason, CHLAMG uses a single standard to define the participation and claims submission for CHLAMG NPs.
 1. When the NP is billing as a “licensed independent practitioner,” enter supervising physician’s name and provider number for the rendering provider (on each applicable claim line). Do not identify the NP as the

rendering provider on the claim line. Instead, include the NP name, California license number, and type of non-physician provider (NP, P-NP) in the Remarks area/Reserved for Local Use field (Box 19 of the CMS-1500-12 claim form).

C. Other Clinical Practice Protocol Requirements

- i. To furnish covered NP services, the NP must meet the conditions as follows:
 1. Have completed a successful course of study which meets the California Board of Registered Nursing standards
 2. Hold active licensure as a registered nurse in California; and
 3. Have active CHLA (or PTMC, Miller Children’s, BMH, etc.) medical staff privileges. The division and/or designated supervising physician will work with the appropriate medical staff office to ensure that the NP meets all criteria for initial and reappointed privileges.
- ii. To establish an NP as a billing provider, the division must ensure that all requirements as set forth below have been met:
 1. The Committee on Interdisciplinary Practice, or similarly organized oversight committee must approve clinical protocols for the NP.¹ Note: Standardized protocols are specific to the individual practitioner and practice area. If an NP practices in more than one area, an oversight committee must approve clinical protocols for each practice. The division and NP are to maintain copies of the clinical protocols in accordance with standard record retention policies. Each protocol will specify a level of supervision (e.g., available by telephonic contact for most NP services or physically present in the facility and immediately available in the case of emergency).
 2. An NP needs a National Provider Identification (NPI) number.
 3. The division must ensure the NP completes the CHLAMG credentialing application for enrollment in the Medi-Cal, Medicare, and commercial insurance plans. Contact the PMG Provider Enrollment department.
 4. The division must acknowledge and attest that the NP and designated supervising physician perform a face-to-face discussion and review of scope of service on a regular basis and according to hospital policy. In addition, the CHLAMG compliance department will include periodic audits of NP/supervising physician protocols for documentation and billing of services that the NP performs under the scope of practice.
 5. Upon completion of these requirements, the division should notify the CHLAMG compliance department to schedule mandatory compliance training on documentation, coding, and billing procedures for NPs prior to the activation of billing rights.

D. Clinical Practice Guidelines – Charge Entry/Billing

- i. The staff that a division’s clinical practice assigns must ensure NPs follow billing and charge entry operational procedures for correct routing of the NP’s charge. The staff the division’s clinical practice assigns must ensure compliance with the following procedures prior to submitting the NP service for charge entry:
 1. The NP will enter outpatient charges into Cerner and inpatient charges into ECC at CHLA. Use ECC charge entry for other hospital locations (PTMC, Miller Children’s, BMH, etc.).
 2. For services the NP performs and documents within his/her scope of practice with or without the assistance of the supervising physician, the NP will:
 - a. Enter charges into the appropriate system identifying him/herself as the “rendering provider”; and
 - b. Enter the name of the attending physician that was available that day as the “supervising physician” regardless of whether the physician provided any supervision.
 - c. Provide the correct date of service
 - d. Assign the correct ICD-9 or ICD-10 diagnosis code(s) in the appropriate order

¹ Interdisciplinary Practice Committees are hospital/medical staff based committees that address standard treatments and protocols for health care providers of different specialties. Each hospital should have such a standing committee, although they may not include these services in their scope.

- i. Primary diagnosis – first
 - ii. Secondary diagnoses – second through fourth
 - iii. Do not add more than four (4) diagnoses per visit
 - e. Assign the correct CPT code(s)
- ii. The CHLA IS team for Cerner and ECC (or the pertinent IS staff for PTMC, Miller Children’s, BMH, etc.) will provide specific instructions for charge entry in Cerner and ECC.
- iii. If utilizing a paper charge ticket, identify the name of both NP and the supervising physician on the ticket before submitting to PMG for charge entry.

E. Supervision of NPs

- i. There is no limit to the number of NPs that a single physician may supervise, except as follows:
 - 1. For the purpose of furnishing or ordering of drugs or devices by an NP, physician will not supervise more than four (4) at a time. The NP furnishes or orders drugs or devices in accordance with standardized procedures or protocols under the supervision of a physician who has current practice or training in the relevant field. Such supervision does not require the physical presence or the co-signature or countersignature of the physician.
 - 2. The Medi-Cal program does not require a physician’s co-signature or countersignature for care that an NP provides.
 - 3. Payors can only reimburse the supervising CHLAMG physician for services that an NP renders. Insurance carriers will make payment at 100 percent of the amount payable to a physician for the same service. Payors will not provide separate reimbursement for physician supervision of a nurse practitioner.

F. Relationship with Medical Education Programs

- i. As an academic medical center, CHLAMG has responsibility for residents and fellows who may practice in the same clinic as the NP. To ensure the integrity of the teaching programs:
 - 1. NPs must not supervise resident care in any capacity.
 - a. NPs may not have residents or fellows (including Non- ACGME, Non-ABMS) act as supervising physicians on their protocol.

Physician Assistant

A. Medi-Cal

- i. Physician Assistants (PAs) are non-physician medical practitioners that the Medical Board of California approves to perform direct patient care services under the supervision of a licensed physician. CHLAMG employs PAs, and PAs never practice as independent Medi-Cal providers:
 1. Payors will directly reimburse CHLAMG under the name/NPI of the supervising physician for services that a PA renders.
- ii. Payors will reimburse CHLAMG in accordance with the Schedule of Medi-Cal Physician Rates, or 100 percent of the physician's maximum allowable rate for services a PA provides, pursuant to 22 CCR § 51503.
- iii. All claims for payment for PA services rendered pursuant to (i) shall include:
 1. The name and license or certificate number of the PA rendering the service
 2. The location at which the service was rendered
 3. The name of the supervising physician
- iv. Reimbursement for services rendered by PAs shall be limited to those that are:
 1. Statutes and regulations define as Medi-Cal reimbursable services.
 2. Within the scope of services the statutes and regulations governing the activities of licensed physician's assistants permit.
 3. Within the scope of the Physician-Practitioner Interface.
- v. Carriers provide coverage for services a PA performs within the scope of practice if the carrier would cover the same benefit if a physician and surgeon performed the service. Unlike reimbursement for NPs, carriers do not restrict the codes that PAs can use to bill.
- vi. The rendering provider number entered on the claim must be the supervising physician's nine-digit Medi-Cal number (on each applicable claim line). Do not identify the physician assistant as the rendering provider on the claim line. Instead, include the PA's name, California license number, and type of non-physician provider (PA) in the Remarks area/Reserved for Local Use field (Box 19 of the CMS-1500-12 claim form).
- vii. Assign the appropriate modifier to the line item CPT. Use the -U7 modifier to identify a physician assistant service. 99 identifies multiple modifiers.

B. Other Carriers

- i. Given the large volume of commercial payers that contract with CHLAMG, it is not feasible for CHLAMG to define an individual claims submission standard for each commercial payer. For this reason, CHLAMG uses a single standard to define the participation and claims submission for CHLAMG PAs.
 1. When the PA is billing as a "licensed independent practitioner", enter the supervising physician's name and provider number as the rendering (on each applicable claim line). Do not identify the PA as the rendering provider on the claim line. Instead, include the PA name, California license number and list the type of non-physician provider (PA) in the Remarks area/Reserved For Local Use field (Box 19 of the CMS-1500-12 claim form).

C. Other Clinical Practice Protocol Requirements

- i. To establish a PA as a billing provider, the division must ensure that the PA meets all requirements set forth below:
 1. The PA must have active CHLA (or PTMC, Miller Children's BMH, etc) Medical Staff Privileges. The division and/or designated supervising physician will work with the appropriate medical staff office to ensure that the PA meets all criteria for initial and reappointed privileges.

2. The Committee on Interdisciplinary Practice or a similar organized oversight committee must approve clinical protocols for the PA.² Note: The oversight committee must approve and standardized protocols specific to the individual practitioner and practice area. If a PA practices in more than one area, the oversight committee must approve clinical protocols for each practice. The division and PA are to maintain copies of the clinical protocols in accordance with standard record retention policies. Each protocol will include a specified level of supervision (e.g., available by telephonic contact for most PA services or physically present in the facility and immediately available in the case of emergency.)
3. The PA must have a National Provider Identification (NPI) number.
4. The PA must complete the CHLAMG credentialing application for enrollment in the Medi-Cal, Medicare, and commercial insurance plans. Contact the PMG Provider Enrollment Department.
5. The division must acknowledge and attest that the PA and designated supervising physician perform a face-to-face discussion and review of scope of service on a regular basis and according to hospital policy. In addition, the CHLAMG compliance department will include periodic audits of PA/supervising physician protocols for documentation and billing of services the PA performs under the PA's stated scope of practice.
6. Upon completion of these requirements, the division should notify the CHLAMG compliance department to schedule mandatory compliance training on documentation, coding, and billing procedures for PAs prior to the commencement of activating billing rights.

D. Clinical Practice Guidelines – Charge Entry/Billing

- i. Follow billing and charge entry operational procedures to ensure the correct routing of the PA's charge. The division's clinical practice should assign staff to ensure compliance with the following procedures prior to submitting the PA service for charge entry:
 1. The PA will enter outpatient charges into Cerner and inpatient charges into ECC at CHLA. Use ECC charge entry system for other hospital locations (PTMC, Miller Children's, BMH, etc.).
 2. For services the PA performs and documents within his/her scope of practice with or without the assistance of the supervising physician, the PA will:
 - a. Enter charges into the appropriate system by identifying him/herself as the "rendering provider"; and
 - b. Enter the name of the attending physician that was available that day as the supervising physician regardless of whether the physician provided any supervision;
 - c. Provide the correct date of service
 - d. Assign the correct ICD-9 or ICD-10 diagnosis code(s) in the appropriate order:
 - i. Primary diagnosis – first
 - ii. Secondary diagnoses – second through fourth
 - iii. Do not add more than four (4) diagnoses per visit
 - iv. Assign the correct CPT code(s)
 - ii. The CHLA IS team for Cerner and ECC (or pertinent IS staff for PTMC, Miller Children's, BMH, etc.) will provide specific instructions for charge entry in Cerner and ECC.
 - iii. If utilizing a paper charge ticket, identify the name of both PA and the supervising physician before submitting to PMG for charge entry.

E. Supervision of PAs

² Interdisciplinary Practice Committees are hospital/medical staff based committees that address standard treatments and protocols for health care providers of different specialties. Each hospital should have such a standing committee, although they may not include these services in their scope.

- i. A single physician may not supervise more than four PA full-time equivalents (FTE).
 1. The supervising physician and surgeon shall review, countersign, and date a sample consisting of, at minimum, 5 percent of the medical records of patients the PA treats according to the protocols within 30 days of the date of treatment by the PA.
 - a. If the PA ordered Schedule II drugs, a supervising physician and surgeon must review, countersign, and date the medical records within seven days.

F. Relationship with Medical Education Programs

- i. As an academic medical center, CHLA has responsibility for residents and fellows who may practice in the same clinic as the Physician Assistant. To ensure the integrity of the teaching programs:
 1. Physician assistants must not supervise resident care in any capacity.
 2. Physician Assistants may not have residents or fellows (including Non-ACGME, Non-ABMS) act as supervising physicians on their protocol.

REFERENCES

Federal Regulations

- PL 105-33, sub Ch. B, § 4511 – Balanced Budget Act – 1997
- 42 CFR § 414.52 – Payment for Nurse Practitioners’ and Clinical Nurse

Specialists’ Services

- 42 CFR § 440.166 – Definitions, Education Requirements & Reimbursement

Stipulations

- DHHS CMS Manual, Transmittal 178, Req. 2321 5/2004 – Shared Visits

State of California Regulations

- California Business & Professions Code §§ 2834 – 2837
- 22 CCR §§ 51503.1 & 51503.2 – Reimbursement for Services Rendered by a

Non-physician Medical Practitioner, and Reimbursement for Services Rendered by a Nurse Midwife, a Certified Family Nurse Practitioner, or a Certified Pediatric Nurse Practitioner

- 16 CCR § 1480 Standards for Nurse Practitioners
- 16 CCR § 1474 Standardized Procedures
- 22 CCR § 51170 et Seq. – Non-physician Medical Practitioners
- 22 CCR § 51171 – Physician – Practitioner Interface
- CA Medi-Cal Medical Services Manual, Non-Physician Medical Practitioners pp 1 – 15, 10/2008