

	<b>POLICY AND PROCEDURES</b>		
	POLICY NUMBER:		CHLAMG-CI-1019
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DEPARTMENT: Compliance	APPROVED BY: Carl Grushkin, MD and Chief Compliance Officer		
<b>POLICY TITLE: Medi-Cal Documentation and Billing for Non-Physician Practitioners (NP/PA)</b>			

- I. **PURPOSE:** To provide documentation and billing guidance for Medical Group Non-Physician Practitioners (NP/PA) who are eligible to bill professional services under Medi-Cal.
- II. **DEFINITIONS:**
- A. **Direct Supervision:** The physician must be immediately available to furnish assistance and direction for the performance of the service, but the physician does not have to be physically present in the same room.
- B. **General Supervision:** Services are provided under a physician's overall direction and control, but the physician's presence is not required during the performance of the service. Under Medi-Cal regulations, general supervision means the physician must be available in person or through electronic means to provide:
1. Supervision to the extent required by California professional licensing laws;
  2. Necessary instruction and management;
  3. Consultation;
  4. Referral for appropriate care by specialist physicians or other licensed health care professionals.
- C. **Nurse Practitioner (NP):** A registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care and who meets the education standards set forth in 16 CCR § 1484.
- D. **Non-Physician Practitioners (NPPs):** Used in this policy when guidance applies to both Nurse Practitioners (NPs) and Physician Assistants (PAs). Referred to in Medi-Cal as Non-Physician Medical Practitioners (NMPs).
- E. **Physician Assistant (PA):** An individual who meets the requirements of the Physician Assistant Practice Act (Business & Professions Code §§ 3500 et seq.) and is licensed by the California Physician Assistant Board.
- F. **Physician-Practitioner Interface:** The system of collaboration and physician supervision by which medical treatment services provided by non-physician medical practitioners are integrated and made consistent with accepted medical practice. (22 CCR § 51171). NPs must have a standardized procedure or protocol in place that is developed and approved by the supervising physician. PAs must have a Delegation of Services Agreement signed by the supervising physician(s) and available on site for review by the California Department of Health Care Services (DHCS).
- III. **SCOPE:** Divisions with CHLAMG and Medi-Cal enrolled Nurse Practitioners (NP) and Physician Assistants (PA).
- IV. **POLICY:**
- A. Medi-Cal generally pays 100% of the physician fee schedule for medical services rendered by Nurse Practitioners and Physician Assistants when these non-physician practitioners are enrolled in Medi-Cal and meet Medi-Cal's billing and documentation requirements as defined in this policy. While Medi-Cal does not

recognize Medicare's incident-to guidelines, shared services between a physician and NPP may meet Medi-Cal requirements when documentation requirements are met as defined in this policy.

- B. Billing and documentation requirements for commercial payers are excluded from this policy as commercial payers establish their own rules. Specific requirements are based on contract. These payers may or may not discount NPP services.
- C. NPPs can never supervise care provided by residents and may not have residents or fellows act as supervising physicians on their protocols. Teaching rules do not apply to NPPs.

#### V. PROCEDURE:

- A. **Eligibility to Bill Medi-Cal.** To bill for the services of a NP or PA, the NP and PA must be enrolled in Medi-Cal and be employed by the CHLA Medical Group.
  - 1. A NP must meet the following conditions to bill Medi-Cal as a CHLAMG provider:
    - a. Be a registered nurse who is authorized by California to practice as a nurse practitioner.
    - b. Is certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners.
    - c. Is a registered nurse authorized by California to practice as a nurse practitioner by December 31, 2000.
    - d. Has a DEA number if furnishing or ordering drugs.
  - 2. A PA must meet the following conditions to bill Medi-Cal as a CHLAMG provider:
    - a. Has graduated from a physician assistant educational program that is accredited by the Accreditation Review Commission on Education for the Physician Assistant (or its predecessor agencies: The Commission on Accreditation of Allied Health Education Programs; or the Committee on Allied Health Education and Accreditation); or,
    - b. Has passed the national certifying examination that is administered by the National Commission on Certification of Physician Assistants (NCCPA);
    - c. Is licensed by California to practice as a physician assistant; and,
    - d. Has a DEA number if furnishing or ordering drugs.
- B. **Medi-Cal Billing Procedures.** The following procedures apply to billing the services of Medi-Cal enrolled NPs and PAs.
  - 1. **General.** CHLAMG may not bill for the services of a hospital-employed NP or PA unless there is an agreement in place between CHLA and CHLAMG where CHLAMG pays for some portion of their compensation. If CHLAMG pays for only a portion of an NP's or PA's compensation, CHLAMG may only bill for those services commensurate with the portion of time compensable by CHLAMG.
  - 2. **Nurse Practitioners.**
    - a. Services must always be performed under the general supervision of a physician. If the NP is furnishing or ordering drugs, a physician may not supervise more than four NPs at one time and the physician must be available by telephone at the time of the patient exam by the NP.
    - b. The physician/practitioner interface document must contain standardized procedures; all

written protocols issued in collaboration between the physician and the NP; and, all written standing orders of the physician.

- c. Reimbursement for services rendered by an NP can only be made to the physician, organized outpatient clinic, or hospital outpatient department.
- d. Payment for NP services is made at the lesser of the amount billed or 100 percent of the amount payable to the physician for the same service.
- e. There is no separate payment made for the physician supervision of an NP.
- f. Reimbursement for services rendered by NPs shall be limited to those which are:
  - (1) Defined by statutes and regulations as Medi-Cal reimbursable services.
  - (2) Within the scope of services permitted by the statutes and regulations governing activities of nurse practitioners.
  - (3) Within the scope of standardized procedures and written protocols.
- g. On claims, the supervising physician's provider number must be entered as the rendering physician on each applicable claim line. This rule applies even if the services were rendered solely by the NP. The NP's name, provider number and type of NPP are entered in the Remarks field/Additional Claim Information field on the claim.
- h. The appropriate NP modifier (SA) and other applicable modifier codes must be added when the service is performed by a NP (99 = SA + (Other Modifier)).

### 3. **Physician Assistants.**

- a. Services must always be performed under the general supervision of a physician. A single physician is limited to supervising four FTE PAs.
- b. The physician/practitioner interface document must contain all written protocols issued in collaboration between the physician and the PA; and all written standing orders of the physician.
  - (1) The interface document must be current and kept on file in the clinic/outpatient department office and available for review by the Department of Health Care Services (DHCS) at any time.
- c. Reimbursement for PA services can only be made to the physician, organized outpatient clinic or hospital outpatient department.
- d. Payment for PA services is made at the lesser of the amount billed or 100% of the amount payable to a physician for the same service.
- e. There is no separate payment made for physician supervision of a PA.
- f. Reimbursement for services rendered by PAs shall be limited to those which are:

- (1) Defined by statutes and regulations as Medi-Cal reimbursable services.
  - (2) Within the scope of services permitted by the statutes and regulations governing activities of physician assistants.
  - (3) Within the scope of the physician/practitioner interface.
- g. Covered services for PAs include services performed by a PA within the scope of practice when the services would be a covered benefit if performed by the physician and surgeon. There is no restriction on the codes reimbursed to PAs.
- h. On claims, the supervising physician's provider number must be entered as the rendering physician on each applicable claim line. This rule applies even if the services were rendered solely by the PA. The PA's name, provider number and type of NPP are entered in the Remarks field/Additional Claim Information field on the claim.
- i. The appropriate PA modifier (U7) and other applicable modifier codes must be added when the service is performed by a PA (99 = SA + (Other Modifier))
- C. Documentation.** NPP documentation will comply with the requirements of applicable CPT codes for services they provide within their scope of practice. The following additional guidance applies:
1. Documentation by non-CHLAMG NPs or PAs may not be used to support physician services.
  2. An NPP's note must indicate the name of the supervising physician for the services provided or the supervising physician may countersign the note. The supervising physician must meet the general supervision requirements on the date and time the services were provided.
  3. Under Medi-Cal, a supervising physician's co-signature or countersignature is not required for care provided by NPs. However, CHLA's Medical Staff Rules & Regulations require the following entries by NPs to be co-signed:
    - a. History and physicals
    - b. Discharge, Transfer Summaries and Death Notes
    - c. Pre-surgical notes, pre-sedation or pre-anesthesia histories & physicals
    - d. Operative Reports (including high-risk procedures)
    - e. All procedures requiring consent beyond those covered by the general admission consent form
  4. For PAs, Medi-Cal requires the supervising physician or surgeon to review, countersign and date a sample consisting of a minimum of 5% of the medical records of patients treated by the PA functioning under the protocols within 30 days of the date of treatment. CHLA's Medical Staff Rules and Regulations additionally require the supervising physician to countersign the following PA entries within the timeframes indicated:
    - a. Verbal medication orders within 48 hours
    - b. Schedule II drug orders within 7 days
    - c. Outpatient clinic visit progress notes, within 30 days

- d. Discharge and Transfer Summaries
  - e. Daily inpatient progress notes within 30 days
  - f. Operative Reports (including high-risk procedures)
  - g. All procedures requiring consent beyond those covered by the general admission consent form.
5. There is no requirement for a “physician attestation statement” on services provided by an NP or PA.
6. *If E/M Services are provided jointly by the Physician and NPP on same date of service.* Unlike teaching physician services, there is no “combining language” requirement for when an NPP and a physician each separately document their performance of an E/M visit on the same day.<sup>1</sup> Both notes, when taken together, must support the billed service.<sup>2</sup> Documentation for a service provided by both the physician and the NPP shall include:
- a. Physician documentation that supports the face-to-face encounter with the patient and provides enough detail to indicate that the physician’s participation was substantive and describes the nature of the service provided. Substantive means all or some portion of the history, exam and medical decision-making is performed by the physician. Note: *This is not a teaching physician attestation—an attestation only or a physician signature without substantive documentation will not support physician billing of the E/M service.*
  - b. A statement that the service was provided jointly service with the NPP on the same calendar day and a reference to the NPP with whom the service was performed.
  - c. The physician’s signature.
  - d. The NPP’s documentation will include a similar reference to the physician with whom the service is being performed.
  - e. Only one claim may be submitted for the service.
- D. Auditing.** Compliance auditing will consider both notes in support of the billed service. If the physician’s and/or NPP’s note does not meet the above requirements, or a note is missing or not referenced, an audit finding may result in a non-billable service or the service should be billed at a lower level depending on the documentation.
- E. California Children’s Services (CCS).** An NPP can bill for services provided to a CCS patient as long as the NPI number of the provider that received the approved Service Authorization Request (SAR) is on the claim in the rendering, billing or referring/ordering physician field. Medical services provided to CCS patients must be supervised by a CCS-paneled physician. The supervising CCS-paneled physician should co-sign NPP documentation to ensure payment for services.

#### REFERENCES:

Business and Professions Code § 2725  
Title 16 CCR §§ 1399.540, 1399.545(e) and 1470  
Title 22 CCR §§ 51240, 51476

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<sup>1</sup> Medi-Cal is silent on whether shared services are permitted. This guidance, which was reviewed by legal counsel, reflects requirements to ensure all elements of the E/M CPT Code are met when the documentation of more than one qualified healthcare professional is used to provide the service.

<sup>2</sup> Critical care services may never be shared services between a physician and an NPP.



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Medi-Cal Manual, Non-Physician Medical Practitioners (NMP)

**POLICY OWNER:** CHLAMG Compliance Director