Nurse Practitioner and Physician Assistant Professional Payment Policy

The following payment policy applies to nurse practitioners (NPs) and physician assistants (PAs) who are contracted with Tufts Health Plan, as well as noncontracting NPs and PAs who provide medically necessary covered services to members. This policy applies to Commercial1 products (including Tufts Health Freedom Plan). For information on Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options, click here.

In addition to the specific information contained here, providers must adhere to the policy information outlined in the professional payment policies for Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO products, located in the Provider Resource Center or on the Payment Policies page.

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary covered services performed by NPs and PAs.

Contracting NPs and PAs

NPs and PAs who are contracted with Tufts Health Plan are listed in the Provider Directory with a designation of primary care provider (PCP) or specialist. NPs and PAs with a PCP designation are allowed to have a member panel, and can be chosen by members as primary care providers (PCPs).

Noncontracting NPs and PAs

NPs and PAs who are not contracted with Tufts Health Plan may still render medically necessary covered services under a collaborating contracting provider. Claims must be submitted by a collaborating provider. Noncontracting NPs and PAs may not be chosen as PCPs.

Collaborating Providers Who Submit Claims for NPs and PAs

It is the responsibility of the collaborating provider to educate the NP or PA on all Tufts Health Plan policies, procedures and guidelines. The collaborating provider is responsible for maintaining appropriate state licensing information for all NPs or PAs under his or her supervision. The collaborating provider must maintain proof of appropriate professional malpractice liability insurance coverage for all NPs or PAs under his or her supervision.

SA Modifier (NPs only) The SA modifier must be present on claims submitted by the collaborating provider. Effective for dates of services on or after January 1, 2017, the SA modifier should not be present when billing for services that are “incident to” professional services.

For services to qualify as “incident to,” the services must be part of the member's normal course of treatment, during which a contracting collaborating provider personally performed an initial service and remains actively involved in the member's course of treatment. The collaborating provider does not have to be present in the member's treatment room while these services are rendered. However, the collaborating provider must provide direct supervision and must be present in the office suite at the time services are rendered to provide assistance, if necessary. The member's medical record should document the essential requirements for “incident to” services.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are based on the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to our secure Provider website or by contacting Provider Services.

BILLING INSTRUCTIONS

Nurse Practitioners

- Contracted NPs should submit claims using the NP's name and NPI in Box 33.
Collaborating Providers Submitting Claims for NPs
- Submit claims using the collaborating provider’s name and NPI in Box 33. Claims billed without this information will deny.
- Include the SA modifier on claims that are not “incident to” services. Effective for dates of services on or after January 1, 2017, “incident to” professional services should not be billed with the SA modifier.

Physician Assistants
- Contracted PAs should submit claims using his/her NPI in Box 33
- Collaborating providers submitting claims for PA services should use the collaborating provider’s name and NPI in Box 33. Claims billed without this information will deny.

COMPENSATION INFORMATION
Collaborating Providers Submitting Claims for NPs
Services that are not “incident to” are compensated at 85 percent of the applicable fee schedule when billed with the SA modifier. Effective for dates of services on or after January 1, 2017, “incident to” services will be compensated at 100 percent of the applicable fee schedule when billed without the SA modifier.

ADDITIONAL RESOURCES
Anesthesia Payment Policy

DOCUMENT HISTORY
- January 2017: Template updates, added compensation information regarding SA modifier
- December 2016: Policy reviewed; combined Nurse Practitioner and Physician Assistant payment policies
- September 2015: Template conversion, template updates
- November 2014: Updated policy statement and description, template updates.
- May 2013: Template conversion
- January 2013: Template updates.
- October 2012: Added information regarding PAs who have signed a contract and are credentialed with Tufts Health Plan.
- July 2012: Policy reviewed, Moved CNM information to its own document and moved information on RNCS mental health providers to the Outpatient Mental Health and Substance Abuse Payment Policy.
- April 2012: Template updates
- March 2012: Updated CareLink disclaimer language
- October 2011: Template updates, no content changes
- February 2011: Added links to the nurse practitioner payment policy
- May 2009: Moved nurse practitioner information to its own document
- August 2008: Added information on RNCS mental health providers
- March 2008: Removed Massachusetts, Rhode Island and New Hampshire references
- February 2008: Revised general benefit information with self-service channels information
- July 2007: Billing information-updated post NPI implementation, added Certified Nurse Midwife information

AUDIT AND DISCLAIMER INFORMATION
Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan’s audit policies, refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures and claims editing logic.

This policy does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options, Tufts Health Public Plans or the Private Health Care Systems (PHCS) network (also known as Multiplan). This policy applies to CareLink for providers in the Massachusetts and Rhode Island service
areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members.