Nurse Practitioner and Physician Assistant Professional Payment Policy

Applies to the following Tufts Health Plan products:

☒ Tufts Health Plan Commercial
☒ Tufts Medicare Preferred HMO (a Medicare Advantage product)
☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Applies to the following Tufts Health Public Plans products:

☒ Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
☒ Tufts Health RITogether (a Rhode Island Medicaid Plan)
☒ Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to nurse practitioners (NPs) and physician assistants (PAs) who provide medically necessary covered services to members.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

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, in accordance with the member’s benefits.

Noncontracting NPs and PAs
NPs and PAs who are not contracting with Tufts Health Plan may still render medically necessary covered services under a collaborating contracting 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 their supervision as well as maintaining proof of appropriate professional malpractice liability insurance coverage for all NPs or PAs under their supervision.

GENERAL BENEFIT INFORMATION
Services and subsequent payment are pursuant to the member’s benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Provider Services.

Contracting NPs and PAs
NPs and PAs who are contracting with Tufts Health Plan are listed in the Find a Doctor search 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 PCPs.

1 Commercial products include HMO, POS, PPO, and CareLink when Tufts Health Plan is the primary administrator.
2 Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.
3 State law governs the specific services NPs and PAs may perform. The NP, PA or the supervising provider where applicable, must ensure full compliance with applicable state laws.
Behavioral Health Services Performed by New Hampshire Psychiatrist-Supervised PAs

Per NH Senate Bill 225, behavioral health services may be provided by psychiatrist-supervised PAs treating Tufts Health Freedom Plan members in New Hampshire.

**Note:** There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

**REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS**

A NP or PA recognized as a PCP or specialist must follow the same referral and prior authorization rules as an in-network PCP or specialist. For more information, refer to the Referral, Prior Authorization and Notification Policy.

**BILLING INSTRUCTIONS**

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

**SA Modifier**

The SA modifier must be present on claims submitted by the collaborating/supervising provider. The SA modifier should not be present when billing for services that are “incident to” professional services.

**“Incident to” 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.

Contracting and noncontracting NPs and PAs should submit claims with the collaborating/supervising practitioner’s NPI in Box 24j of the professional claim form. For Senior Products, Noncontracting NP and PA claims must be submitted under by collaborating provider.

**COMPENSATION/REIMBURSEMENT INFORMATION**

NPs and PAs are compensated at 85 percent of the applicable fee schedule, unless otherwise noted in their provider agreements, regardless of the address where the service is rendered.

For additional information, refer to the Professional Services and Facilities Payment Policy.

**Tufts Health Public Plans only**

Effective for dates of service on or after November 1, 2021, Tufts Health Plan has added the following provider categories to be compensated at 85% of the applicable fee schedule, unless otherwise noted in a provider agreement:

- Clinical Nurse Specialists (CNS)
- Certified Registered Nurse Anesthetist (CRNA) for services other than anesthesia services (00100-01999) billed with modifier QX (qualified non-physician anesthetist with medical direction by a physician)
- Anesthesiologist Assistant

**ADDITIONAL RESOURCES**

- Anesthesia Payment Policy
- Evaluation and Management Payment Policy

**DOCUMENT HISTORY**

- March 2022: Annual review; clarified SA modifier and “incident to” services
• Jan 2022: Clarified compensation amounts for CRNAs billing for Tufts Health Public Plans members
• September 2021: Effective for dates of service on or after November 1, 2021, added additional provider categories to compensation rate for Tufts Health Public Plans
• April 2021: Reviewed by committee; added Tufts Health Public Plans content to combine policies; clarified billing and compensation information
• October 2019: Clarified existing claim submission requirements for noncontracting NPs and PAs for Tufts Health Plan Senior Products
• September 2019: Added coverage for NH PAs rendering services in NH for Tufts Health Freedom Plan members, effective for dates of service on or after November 1, 2019
• November 2018: Policy reviewed by committee; clarified billing instructions for NPs and PAs; added Tufts Medicare Preferred HMO and Tufts Health Plan SCO information to combine policies
• June 2018: Template updates
• January 2017: Policy reviewed; template updates; added compensation information regarding SA modifier; combined Nurse Practitioner and Physician Assistant payment policies
• September 2015: Template conversion

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 a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan’s audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication 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 requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in 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. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.