

Nurse Practitioner and Physician Assistant Professional Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting nurse practitioners (NPs) and physician assistants (PAs), as well as noncontracting NPs and 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.

Contracting NPs and PAs

NPs and PAs who are contracting 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 PCPs.

Noncontracting NPs and PAs

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

Senior Products (Tufts Medicare Preferred HMO and Tufts Health Plan SCO): Noncontracting NPs and PAs may render services independently, in accordance with the Medicare Benefit Policy Manual, Chapter 15 §190-200.

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.

SA Modifier

The SA modifier must be present on claims submitted by the collaborating provider. 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.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

Behavioral Health Services Performed by New Hampshire Psychiatrist-Supervised PAs

Effective for dates of service on or after September 17, 2019, and per [NH Senate Bill 225](#), behavioral health services may be provided by psychiatrist-supervised PAs treating Tufts Health Freedom Plan members in New Hampshire. Services must be billed by the collaborating psychiatrist with the SA modifier appended to indicate that services were provided by a PA.

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 the secure Provider [website](#) or by contacting [Commercial Provider Services](#) or [Senior Products Provider Relations](#).

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. For more information refer to the [Professional Services and Facilities Payment Policy](#).

- Include the SA modifier on claims submitted by a collaborating/supervising practitioner that are not "incident to" services

Commercial products

- Contracting NPs and PAs should submit claims with their NPI in Box 33 of the professional claim form
- Noncontracting NPs and PAs must submit claims with the collaborating/supervising practitioner's NPI in Box 33 of the professional claim form

Senior Products

- Both contracting and noncontracting NPs and PAs who render services independently should submit claims with their NPI in Box 33 of the professional claim form
- NPs and PAs who render services under a collaborating/supervising practitioner should submit claims with the collaborating/supervising practitioner's NPI in Box 33 of the professional claim form

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

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. "Incident to" services are compensated at 100 percent of the applicable fee schedule when billed without the SA modifier.

ADDITIONAL RESOURCES

[Anesthesia Payment Policy](#)
[Evaluation and Management Payment Policy](#)

DOCUMENT HISTORY

- November 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 September 17, 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
- 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 to separate document; moved RNCS MH provider information to Outpatient MH and SA 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 CNM 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 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.