

Nurse Practitioner as Primary Care Provider and Specialist Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Together – Includes MassHealth Tufts Health Unify – OneCare Plan
Plan and Accountable Care Partnership Plans

The following payment policy applies to Tufts Health Plan contracting nurse practitioners who render services for Tufts Health Public Plans products.

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

Nurse practitioners who are credentialed with Tufts Health Plan may be listed as either a primary care provider (PCP) or a specialist. Tufts Health Plan covers medically necessary services provided by nurse practitioners who are contracted with Tufts Health Plan.

DEFINITION

State law governs the specific services nurse practitioners may perform. The nurse practitioner or the supervising provider where applicable, must ensure full compliance with Massachusetts or Rhode Island state law.

AUTHORIZATION REQUIREMENTS

A nurse practitioner recognized as a PCP or specialist must follow the same prior authorization and referral rules as an in-network PCP or specialist.

Tufts Health Plan requires members to obtain referrals in accordance with the member's benefits, including nonemergent specialty services provided by a nurse practitioner.

Tufts Health Plan does not require prior authorization for primary care services rendered by a nurse practitioner assigned as a member's PCP, a nurse practitioner within a member's assigned practice who shares the same practice or tax identification number, or a covering provider.

Prior authorization is required for:

- All elective inpatient admissions
- Selected outpatient services
- All out-of-network and nonpreferred in-network services

Prior authorization is required for primary care services rendered by any other provider not described previously, including services provided by nonpreferred in-network and out-of-network nurse practitioners.

Tufts Health Plan requires notification for urgent admissions.

BILLING INSTRUCTIONS

Tufts Health Plan reimburses nurse practitioners in accordance with contracted rates for covered services. Tufts Health Plan requires all providers to bill using appropriate CPT, HCPCS codes and modifiers.

Tufts Health Plan does not reimburse a nurse practitioner recognized as a PCP or specialist for services rendered (without prior authorization or referral when required) to members who are not in Tufts Health Plan's records as part of the nurse practitioner's panel, or if the nurse practitioner is not an approved covering provider. Nurse practitioners cannot bill members for PCP services rendered if the

nurse practitioner is not the member's PCP of record, part of the assigned PCP's practice, or an approved covering provider.

DOCUMENT HISTORY

- March 2018: Template updates
- September 2017: Updated to include RITogether
- February 2017: Template updates

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 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.