

Office of Origin: UCSF Clinical Enterprise Compliance Program

I. PURPOSE

To establish guidelines for UCSF Nurse Practitioners (NP) and Physician Assistants (PA) to bill Medicare, Medi-Cal and other payors for professional services provided in UCSF clinics. Certified Registered Nurse Anesthetists and Certified Nurse Midwives are not impacted by this policy.

II. REFERENCES

Federal Regulations

- PL 105-33, sub ch. B, § 4511 – Balanced Budget Act – 1997
- 42 CFR § 414.52 – Payment for Nurse Practitioners' and Clinical Nurse Specialists' Services
- 42 CFR § 440.166 – Definitions, Education Requirements & Reimbursement Stipulations
- DHHS CMS Manual, Transmittal 178, Req. 2321 5/2004 – Shared Visits

State of California Regulations

- California Business & Professions Code. §§ 2834 – 2837
- 22 CCR §§ 51503.1 & 51503.2 – Reimbursement for Services Rendered by a Non-physician Medical Practitioner, and Reimbursement for Services Rendered by a Nurse Midwife, a Certified Family Nurse Practitioner, or a Certified Pediatric Nurse Practitioner
- 16 CCR § 1480 Standards for Nurse Practitioners
- 16 CCR § 1474 Standardized Procedures
- 22 CCR § 51170 et. Seq. – Non-physician Medical Practitioners
- 22 CCR § 51171 – Physician – Practitioner Interface
- CA Medi-Cal Medical Services Manual, Non-Physician Medical Practitioners, pp 1 – 15, 10/2008

III. DEFINITIONS

Billing Components: When services are rendered in a hospital or hospital-based clinic, under federal regulations, charges for services rendered by physicians and other physician-extenders, including NPs must be divided into two components: a professional component and a use-of-facility component.

Certified Family Nurse Practitioner (“CFNP”): Licensed as a nurse and certified as a Nurse Practitioner by the California Board of Registered Nursing. Qualified by the board as a Family Nurse Practitioner. Able to enroll as an independent provider in the Medi-Cal program.

Certified Pediatric Nurse Practitioner (“CPNP”): Licensed as a nurse and certified as a Nurse Practitioner by the California Board of Registered Nursing. Qualified by the board as a Pediatric Nurse Practitioner. Able to enroll as an independent provider in the Medi-Cal program.

Direct Supervision: The physician must be present in the room when the service is provided.

Facility-based clinic: Hospital-based (or Facility-based) clinics are clinics operating under the license of a hospital. Clinics which do not meet this criterion are free-standing clinics. “Incident-to” billing, as defined below, is not permitted in facility-based clinics.

General Supervision (Available): Services are under the physician’s overall direction and control, but the physician’s presence is not required during the performance of the procedure or service. The Physician must be available either in person, electronically, or by telephone within 30 minutes.

“Incident-to” Billing: Medicare Part B covers various categories of services, including “medical and other health services.” Social Security Act § 1861(s). “Medical and other health services” include services and supplies furnished “incident to” a physician’s professional services, of kinds that are commonly furnished in physician’s offices and that commonly either are rendered without charge or are included in the physician’s bills. “Incident to” billing is not permitted in a hospital-based clinic. 42 C.F.R. § 410.26.

Indirect Supervision: The physician must be present in the hospital, office or clinic suite and immediately available.

Licensed Independent Practitioner: Nurse Practitioners, Certified Family and Certified Pediatric NPs (CFNP/CPNP) are permitted to bill under their own name in a facility-based clinic provided that the salary expense for the NP and PA is not included on the

cost report. The following policy statements define the process to qualify at UCSF Medical Center for independent billing.

Nurse Practitioner (NP): A registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment and management of health illness in primary care and who has been prepared in a program which conforms to those education standards set forth in 16 CCR § 1484.

Physician Assistant (“PA”): An individual who meets the requirements of the Physician Assistant Practice Act (CA B & P Code §§ 3500 *et seq.*) and is licensed by the Physician Assistant Committee.

Physician-Practitioner Interface: The system of collaboration and physician supervision by which medical treatment services provided by physicians and non-physician practitioners are integrated and made consistent with accepted medical practice. 22 CCR § 51171.

Schedule of Medi-Cal Physician Rates: Sets forth the maximum rates for physician services as determined by the Department of Health Services, consistent with the requirements set forth in 22 CCR § 51503.

“Shared Visit” Billing: Allows a qualified NP or PA and physician to “team up” to provide a complete Evaluation and Management service, provided: (i) the services are exclusively Evaluation and Management services; (ii) the setting is hospital-based; (iii) there are two separate notes; and (iv) the physician has a face-to-face interaction with the patient. The physician’s note must support the medical decision-component of the Evaluation and Management service.

Supervising Physician: For the purposes of these guidelines, “supervising physician” refers to a fully licensed physician who is not participating in an American College of Graduate Medical Education (ACGME) approved graduate medical education (GME) program or an American Board of Medical Specialties (ABMS) recognized program.

IV. POLICY

It is the policy of UCSF that both NPs and PAs who bill do so consistent with all applicable federal and state regulatory requirements and other relevant guidance. UCSF School of Medicine departments are responsible for determining which NPs and PAs will be billing providers in their clinical practices, for assuring that NPs and PAs are current with appropriate license renewal requirements, that the appropriate documentation is kept on file and is current with the Medical Staff Office, and for attesting that NP and PA scope of service reviews are performed. In addition, NPs and PAs who bill independently must meet all criteria for Medical Staff Privileges at UCSF Medical Center as defined by the Medical Staff Office and Committee on Interdisciplinary Practices

(CIDP) as well as applicable enrollment criteria set forth by the Medicare and Medi-Cal programs.

V. BILLING ELIGIBILITY CONDITIONS

A. Nurse Practitioners

1. In order to bill Medicare and/or Medi-Cal as an independent provider for professional services, an NP must meet the following conditions:
 - a. Be a registered professional nurse who is authorized by California to practice as a nurse practitioner in accordance with California law *and* be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; or
 - b. Be a registered professional nurse who is authorized by California to practice as a nurse practitioner by December 31, 2000.

The following organizations are recognized national certifying bodies for NPs at the advanced practice level:

- American Academy of Nurse Practitioners;
- American Nurses Credentialing Center;
- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
- Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses);
- Oncology Nurses Certification Corporation;
- AACN Certification Corporation; and
- National Board on Certification of Hospice and Palliative Nurses.

B. Physician Assistants

1. In order to bill Medicare and/or Medi-Cal as an independent provider for professional services, a PA must meet the following conditions:

- a. Have 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 (CAAHEP); or the Committee on Allied Health Education and Accreditation (CAHEA)); *or*
- b. Have passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants (NCCPA); *and*
- c. Be licensed by California to practice as a physician assistant.

VI. PROCEDURES

A. Nurse Practitioners

1. Medicare
 - a. NPs must secure a Medicare provider number, regardless of areas of employment.
 - b. NP billing is to be submitted under the NP's own provider number unless using the Shared Visit reporting methodology, in which case the NP may bill for services at 100% provided the Shared Visit billing requirements are satisfied.
 - c. NPs are reimbursed at the rate of 80% of the lesser of the actual charge or 85% of the fee schedule amount for physicians.
 - d. New patients or established patients with new problems may be attended by the NP when reporting under his/her own provider number.
 - e. The majority of ambulatory practices at UCSF Medical Center are defined as Facility Based Clinics which are also known as hospital-based clinics. Incident-To billing is not permitted in hospital-based clinics.
2. Medi-Cal

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- a. Reimbursement for services rendered by an NP shall be made directly to the physician, organized ambulatory practice or hospital outpatient department utilizing the NP.
 - b. Reimbursement for services rendered by a Certified Family Nurse Practitioner, or a Certified Pediatric Nurse Practitioner shall be made in accordance with the Schedule of Medi-Cal Physician Rates.
 - c. Reimbursement shall be the lesser of the billed amount or the rates established pursuant to Section 51503.
 - d. All claims for payment for NP services rendered shall include:
 - (i) The name and license or certificate number of the NP rendering the service.
 - (ii) The location at which the service was rendered.
 - (iii) The name of the supervising physician or the attending physician.
 - e. Reimbursement for services rendered by NPs shall be limited to those which are:
 - (i) Defined by statutes and regulations as Medi-Cal reimbursable services.
 - (ii) Within the scope of services permitted by the statutes and regulations governing the activities of licensed physician's assistants, nurse midwives, and nurse practitioners.
 - (iii) Within the scope of the Physician-Practitioner Interface as defined in Section 51171.
 - f. The Rendering Provider Number entered on the claim must be the supervising physician's nine-digit Medi-Cal number (on each applicable claim line). Do not identify the nurse practitioner as the rendering provider on the claim line. Instead, include the nurse practitioner name, California license number and type of nonphysician provider (for example, PA, NP) in the Remarks area/Reserved For Local Use field (Box 19) of the claim.

- g. The appropriate modifier must be assigned to the line item CPT. The modifier "SA" would be used to identify a nurse practitioner service with physician. Multiple modifiers are identified with "99."

3. Other Carriers

- a. Given the large volume of commercial payers that contract with UCSF Medical Center, it is not feasible to define an individual claims submission standard for each commercial payer. For this reason, a single standard is used to define the participation and claims submission for UCSF NPs.
- (i) When the NP is billing as a "Licensed Independent Practitioner", the Rendering Provider name and number entered on the claim must be the supervising physician's (on each applicable claim line). The NP is not identified as the rendering provider on the claim line. Instead, include the NP name, California license number and type of non-physician provider (for example, PA, CNM, NP) in the Remarks area/Reserved For Local Use field (Box 19) of the claim.
 - (ii) The supervising physician's name will appear as the "Referring Physician" for subsequent ancillary invoices that are submitted related to the original service ordered by the NP.
 - (iii) When the NP is billing as a "Share/Split (E/M) service, the Rendering Provider name and number entered on the claim must be the supervising physician's (on each applicable claim line).

4. Other Requirements

- a. To establish an NP as a billing provider, the Department must ensure that all requirements as set forth below have been met:
- (i) The NP must have active UCSF Medical Center Medical Staff Privileges. The Department and/or designated supervising physician will work with the Medical Staff Office to ensure that the NP meets all criteria for initial and reappointed privileged. Refer to

<http://www.ucsfmedicalcenter.org/medstaffoffice/AHPProcess.htm>.

- (ii) The NP must have clinical protocols approved by the Committee on Interdisciplinary Practice (CIDP). Note: Standardized Protocols are specific to the individual practitioner and practice area. If an NP practices in more than one area there must be approved clinical protocols for each practice. The Department and NP are to maintain copies of the clinical protocols in accordance with standard record retention policies. Each protocol will include a specified level of supervision (e.g., available by telephonic contact for most NP services or physically present in the facility and immediately available in the case of emergency for performing a procedure such as a cervical biopsy) appropriate to the procedure or service, and as determined by the NP and designated supervising physician.
- (iii) A National Provider Identification (NPI) number must have been obtained.
- (iv) The UCSF Medical Group credentialing application for enrollment in the Medicare and Medi-Cal programs must be complete. Refer to website http://www.medschool.ucsf.edu/medgroup/credentialing/credentialing_process/np/acrobatnp.aspx for copies of the credentialing application form.
- (v) The department must acknowledge and attest that the NP and designated supervising physician perform a face-to-face discussion and review of scope of service on an annual basis at minimum. In addition, the Department must submit a documented plan and attestation for the periodic scope of service reviews. The attestation must be submitted on an annual basis to the Medical Staff Office. At a minimum, the plan and attestation must address the manner in which ordering patterns and treatment practices will be reviewed as well as the frequency of reviews if the reviews are to be conducted more frequently than on an annual basis. This plan and attestation will serve as a basis for determining the Department's compliance with ongoing review of scope of practice and supervision. In addition, the Clinical Enterprise Compliance Program will conduct

periodic audits and risk assessment of the NP protocol, CIDP process, supervising physician and NP scope of practice reviews and billing processes.

- (vi) Upon completion of the requirements the Department can submit the NP Request Form to MGBS to have the “Y” flag set for the NP. The request form needs to be completed and appropriate signatures obtained.

5. Clinical Practice Requirements

- a. There are also clinical practice operational procedures that must be followed to ensure the correct routing of the NP charge. The Administrative Director of the clinical practice utilizing NPs as billing providers must ensure practice staff compliance with the following procedures prior to submitting the NP service for charge entry:

- (i) The Department and the NP will review the Medi-Cal Non-physician Medical Practitioners (NMPs) procedure found at the following url:

<http://files.medical.ca.gov/pubsdoco/DocFrame.asp?wURL=publications%2Fmasters%2Dmtp%2Fpart2%2Fnonph%5Fm00o03o11%2Edoc>

Particular attention needs to be paid to the list of approved codes for NMP billing. If there are services identified on the protocol that are not listed on the Medical NMP approved list, the department and the NP must identify these services and ensure that they will be billed in the manner required by Medi-Cal for all patient populations.

- (ii) If utilizing a charge encounter form, the name of both the supervising physician and NP must be on the encounter form before submitting the form for charge entry.

6. Supervision of NPs

- a. There is no limit to the number of NPs that a single physician may supervise, except as follows:

- (i) For the purpose of furnishing or ordering of drugs or devices by an NP, no physician will supervise more than four (4) at a time. The NP furnishes or orders drugs or

- devices in accordance with standardized procedures or protocols under the supervision of a physician who has current practice or training in the relevant field. Such supervision does not require the physical presence or the co-signature or countersignature of the physician.
- (ii) A physician's co-signature or countersignature is not required for care provided by certified nurse midwives or NP under the Medi-Cal program.
 - (iii) Reimbursement for services rendered by a NP can be made only to the employing physician, organized outpatient clinic or hospital outpatient department. Payment is made at the lesser of the amount billed or 100 percent of the amount payable to a physician for the same service. No separate reimbursement is made for physician supervision of a nurse practitioner.
7. Relationship with Medical Education Programs
- a. As an academic medical center, UCSF Medical Center has responsibility for Residents and Fellows who may practice in the same clinic as the NP. To ensure the integrity of the teaching programs:
 - (i) NPs must not supervise Resident care in any capacity.
 - (ii) NPs may not have Residents or Fellows (including Non-ACGME, Non-ABMS) act as supervising physicians on their protocol.

B. Physician Assistant

- 1. Medicare
 - a. PAs must have their own "practitioners" national provider identification number (NPI). Specialty code 97 applies.
 - b. PA billing is to be submitted under the PA's own provider number unless using the Shared Visit reporting methodology.
 - c. PAs are reimbursed at the lesser of the actual charge or 85% of the fee schedule amount for physicians. For services performed in a

hospital, carriers limit the payment to 75 percent of the fee schedule amount or the lesser of the actual charge for the service.

- d. PAs who have their own billing provider number and who provide shared visits with physicians in the hospital/clinic may bill for services at 100% as long as the physician has seen the patient the same day in a face-to-face encounter and has personally documented that service; billing is completed under the physician's provider number.
- e. The majority of Clinics at UCSF are defined as Facility Based Clinics which are also known as hospital based clinics. Incident-To billing is not permitted in hospital-based clinics.
- f. New patients or established patients with new problems may be attended by the PA when reporting under his/her own provider number.
- g. Carriers do not pay for the services of assistants at surgery furnished in a teaching hospital which has a training program related to the medical specialty required for the surgical procedure and has a qualified resident available to perform the service. Exceptions are listed in the Medicare Claims Processing Manual.
- h. Physician Assistant as assistant at surgery should be identified with a modifier AS. Billers must identify PA assistant-at-surgery services with the following modifiers as applicable:
 - (i) Assistant surgeon services billed with modifier "-80";
 - (ii) Minimum assistant surgeon services with modifier "-81";
 - (iii) Assistant surgeon services (when assistant resident surgeon not available) with modifier 82.

2. Medi-Cal

- a. Physician Assistants (PAs) are Non-Physician Medical Practitioners (NMPs) that are approved by the Medical Board of California to perform direct patient care services under the supervision of a licensed physician. PAs are employed by a Medi-Cal provider, but are never an independent Medi-Cal provider:

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- (i) Reimbursement for services rendered by a PA shall be made directly to the physician, organized outpatient clinic or hospital outpatient department utilizing the PA.
 - (ii) Reimbursement shall be the lesser of the billed amount or the rates established pursuant to Section 51503.
 - (iii) All claims for payment for PA services rendered pursuant to (i) shall include:
 - (a) The name and license or certificate number of the PA rendering the service.
 - (b) The location at which the service was rendered.
 - (c) The name of the supervising physician or the attending physician.
 - (d) The supervising physician's provider number must be entered as the rendering physician's on each applicable claim line. Do not identify the PA as the rendering provider on the claim line. Instead, include the PA name, provider number and type of NMP-PA in the Remarks field (Box 80)/Reserved for Local Use field (Box 19) of the claim.
 - (iv) Reimbursement for services rendered by PAs shall be limited to those which are:
 - (a) Defined by statutes and regulations as Medi-Cal reimbursable services.
 - (b) Within the scope of services permitted by the statutes and regulations governing the activities of licensed physician's assistants, nurse midwives, and nurse practitioners.
 - (c) Within the scope of the Physician-Practitioner Interface.

- (v) 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 a physician and surgeon. Unlike NPs, there is no restriction on the codes reimbursed to Physician Assistants.
 - (a) The Rendering Provider Number entered on the claim must be the supervising physician's nine-digit Medi-Cal number (on each applicable claim line). Do not identify the nurse practitioner as the rendering provider on the claim line. Instead, include the nurse practitioner name, California license number and type of nonphysician provider (for example, PA, CNM, NP) in the Remarks area/Reserved For Local Use field (Box 19) of the claim.
 - (b) The appropriate modifier must be assigned to the line item CPT. The modifier U7 would be used to identify a physician assistant service. Multiple modifiers are identified with 99.
3. Other Carriers
- a. Given the large volume of commercial payers that contract with UCSF, it is not feasible to define an individual claims submission standard for each commercial payer. For this reason, a single standard is used to define the participation and claims submission for UCSF PAs.
 - b. In order to for PAs to participate in independent billing, they must:
 - (i) Meet all criteria for Medical Staff Privileges at UCSF as defined by the Medical Staff Office and Committee on Interdisciplinary Practices (CIDP) as defined below.
 - (ii) Meet the enrollment criteria for the Medicare and Medi-Cal programs.
4. Clinical Practice Guidelines

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- a. To furnish covered PA services, the PA must meet the conditions as follows:
- (i) Have graduated from a physician assistant educational program that is accredited by the Accreditation Review Commission on Education for the Physician Assistant (its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Allied Health Education and Accreditation (CAHEA)); or
 - (ii) Have passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants (NCCPA); and
 - (iii) Be licensed by the State to practice as a physician assistant.
- b. To establish a PA as a billing provider, the Department must ensure that all requirements as set forth below have been met:
- (i) The PA must have active UCSF Medical Staff Privileges. The Department and/or designated supervising physician will work with the UCSF Medical Staff Office to ensure that the PA meets all criteria for initial and reappointed privileged. Refer to <http://www.ucsfmedicalcenter.org/medstaffoffice/NewappProcess.htm>.
 - (ii) The PA must have Clinical Protocols approved by the Committee on Interdisciplinary Practice (CIDP). Note: Clinical Protocols are specific to the individual practitioner and practice area. If an PA practices in more than one area there must be approved clinical protocols for each practice. Include protocol template. The Department and PA are to maintain copies of the clinical protocols in accordance with standard record retention policies. Each protocol will include a specified level of supervision (e.g., available by telephonic contact for most PA services or physically present in the facility and immediately available in the case of emergency for performing a procedure such as a cervical biopsy) appropriate to the procedure or service, and as determined by the PA and designated supervising physician.

- (iii) A National Provider Identification (NPI) number must have been obtained.
- (iv) The UCSF Medical Group credentialing application for enrollment in the Medicare and Medi-Cal programs must be complete. Refer to website http://www.medschool.ucsf.edu/medgroup/credentialing/credentialing_process/np/acrobatnp.aspx for copies of the credentialing application form.
- (v) The department must acknowledge and attest that the PA and designated supervising physician perform a face-to-face discussion and review of scope of service on an annual basis at minimum. In addition, the Department must submit a documented plan and attestation for the periodic scope of service reviews. The attestation must be submitted to on an annual basis. At a minimum, the plan and attestation must address the manner in which ordering patterns and treatment practices will be reviewed as well as the frequency of reviews if the reviews are to be conducted more frequently than on an annual basis. This plan and attestation will serve as a basis for determining the Department's compliance with ongoing review of scope of practice and supervision. In addition, the Clinical Enterprise Compliance Program will conduct periodic audits and risk assessment of the PA protocol, CIDP process, supervising physician and PA scope of practice reviews and billing processes.
- (vi) Upon completion of the requirements the Department can submit the PA Request Form to the Medical Staff Office to have the "Y" flag set for the PA. The request form needs to be completed and appropriate signatures obtained.

5. Supervision of PAs

- a. If utilizing a charge encounter form, the name of both the supervising physician and PA must be on the encounter form before submitting the form for charge entry.
- b. A single physician is limited to supervising four PAs (full-time equivalents).

- (i) The supervising physician and surgeon shall review, countersign and date a sample consisting of, at minimum, 5 percent of the medical records of patients treated by the PA functioning under the protocols within 30 days of the date of treatment by the PA.
- (ii) If the PA ordered Schedule II drugs, the medical records must be reviewed, countersigned and dated by a supervising physician and surgeon within seven days.

6. Relationship with Medical Education Programs

- a. As an academic medical center, UCSF has responsibility for Residents and Fellows who may practice in the same clinic as the Physician Assistant. To ensure the integrity of the teaching programs:
 - (i) Physician Assistants must not supervise Resident care in any capacity.
 - (ii) Physician Assistants may not have Residents or Fellows (including Non-ACGME, Non-ABMS) act as supervising physicians on their protocol.

VII. RESPONSIBILITY

Questions about the implementation of this policy should be directed to the UCSF Compliance program at 415-502-2790. Questions regarding billing should be directed to the UCSF Medical Group Credentialing Department at 415-476-4109.

VIII. HISTORY

Reviewed February 2009 by David Rein, Neal Cohen, Michael Hindery, Ken Jones, Charlotte Canari, Derek Howes, Ann Sparkman, and Kevin McLaren

Reviewed February 2009 UCSF Medical Center Policy Committee

Reviewed March 2009 UCSF Clinical Enterprise Compliance Committee

Approved April 2009 by Executive Medical Board, Governance Advisory Council and Chancellor J. Michael Bishop

Revised April 2011 by David Rein, Director of Finance & Operations

Reviewed and Approved May 2011 by Legal Affairs and Risk Management

Reviewed and Approved May 2011 by Policy Steering Committee

Reviewed and Approved May 2011 by Executive Medical Board, Governance Advisory Council
and Chancellor Susan Desmond-Hellman, MD, MPH.

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