



## Physician Assistant Services

### Reimbursement Policy

#### Policy

#### **Physician Assistants scope of practice**

A physician assistant may provide any medical service for which the physician assistant has been prepared by education, training and experience and is competent and licensed to perform. The scope of practice of a physician assistant is determined by practice setting, including, but not limited to, a physician employer setting, physician group practice setting or independent private practice setting, or, in a health care facility setting, by a system of credentialing and granting of privileges.

#### **Independent / Directly Contracted Physician Assistants**

- Community Health Options allows reimbursement for Physician Assistant (PA) professional services based on all the following:
- Practitioners who are licensed, certified or registered by the state to practice independently (without direction or supervision);
- Practitioners who have an independent relationship with Health Options
  - An independent relationship exists when Health Options directs its Members to see a specific practitioner or group of practitioners, including all practitioners whom a Member can select as primary care practitioners; and
- Practitioners who provide care to Members under Health Options medical benefits, including medical benefits administered but not insured by Community Health Options.

#### **Credentialing is not required for the following**

- Physician Assistants who practice exclusively in an inpatient setting and provide care for organization members only because Members are directed to the hospital or another inpatient setting.
- Physician Assistants who practice exclusively in free-standing facilities and provide care for organization members only because Members are directed to the facility.
- Rental network Physician Assistants who provide out-of-area care only, and Members are not required or given an incentive to seek care from them.

Claims for Physician Assistant services should be submitted using the CMS-1500 claim form, or its electronic equivalent and will be subject to an applied payment reduction consistent with Center for Medicare & Medicaid Services (CMS) or 85% of Community Health Options Fee Schedule or contract allowable amount for Covered Services.

#### **For any PA in the process of being credentialed or enrolled, who is not yet approved**

- Services are required to be billed on the CMS-1500 under a Supervising Physician
- Paper Claims: the supervising physician's National Provider Identifier (NPI) in box 24J
  - Supervising physician's name in box 31.
- Electronic Claims (837p, version 5010): Rendering Provider Loop 2310B
  - Supervising physician's NPI in segment NM109 with XX qualifier in NM108.

Claims should continue to be billed under the supervising NPI until the PA is enrolled and has received a welcome letter with their effective date.

**Physician Assistants, Assistant at Surgery**

- Services required to be billed on the CMS-1500:
- Paper Claims: PA’s National Provider Identifier (NPI) in box 24J
  - Included AS (Assistant Surgeon) Modifier and
  - Supervising physician’s name in box 31.
- Electronic Claims (837p, version 5010): Rendering Provider Loop 2310B
  - Include AS (Assistant Surgeon) modifier and
  - Supervising physician’s NPI in segment NM109 with XX qualifier in NM108

Primary surgeon and assistant surgeon CMS-1500 claims must be submitted separately for appropriate reimbursement to each provider following the above billing standards.

Exceptions follow specific provider contract language, state, or federal regulations.

**CMS-1500 claim form fields**

Form Locator Number	Name	Notes
24D	Modifier	Enter the procedures, services, or supplies using the CMS Healthcare Common Procedure Coding System (HCPCS) code. When applicable, show HCPCS code modifiers with the HCPCS code. The CMS-1500 claim form can have up to four modifiers.
24J	Rendering Provider ID number	Enter the rendering provider’s NPI number in the lower unshaded portion. In the case of a service provided incident to the service of a physician or non-physician practitioner, when the person who ordered the service is not supervising, enter the NPI of the supervisor in the lower unshaded portion. The shaded portion of 24J is not to be reported.
31	Signature of physician or supplier and date	Enter the signature of provider of service or supplier, or his/her representative, and either the 6-digit date (MM   DD   YY), 8-digit date (MM   DD   CCYY), or alphanumeric date (e.g., January 1, 1998) the form was signed.  In the case of a service that is provided incident to the service of a physician or nonphysician practitioner, when the ordering physician or non-physician practitioner is directly supervising the service, the signature of the ordering physician or non-physician practitioner shall be entered in item 31. When the ordering physician or non-physician

		<p>practitioner is not supervising the service, then enter the signature of the physician or non-physician practitioner providing the direct supervision in item 31.</p> <p>NOTE: This is a required field; however, the claim can be processed if the following is true: if a physician, supplier, or authorized person's signature is missing, but the signature is on file; or if any authorization is attached to the claim or if the signature field has "Signature on File" and/or a computer-generated signature.</p>
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Table Reference: Medicare Claims Processing Manual, Chapter 26 -Completing and Processing Form CMS-1500 Data Set

## References

Centers for Medicare & Medicaid Services (CMS). (2023, March 16). Medicare Benefit Processing Manual: Chapter 15-Covered Medical and Other Health Services. Retrieved from <https://www.cms.gov>

Centers for Medicare & Medicaid Services (CMS). (2023, February 9). Medicare Claims Processing Manual: Chapter 12-Physicians/Nonphysician Practitioners. Retrieved from <https://www.cms.gov>

Centers for Medicare & Medicaid Services (CMS). (2022, May 27). Medicare Claims Processing Manual: Chapter 26-Completing and Processing Form CMS-1500 Data Set. Retrieved from <https://www.cms.gov>

Maine State Legislature. (2020, March 18). Chapter 627, S.P. 537- LD 1660. An Act To Improve Access to Physician Assistant Care. Retrieved from <http://legislature.maine.gov/>

New Hampshire State Legislature Chapter 328-D Physician Assistants (Aug. 6, 2022)  
328-D:3-b Physician Assistant Scope of Practice. Retrieved from <https://www.gencourt.state.nh.us>

Vermont State Legislature. (2020, July 1). Chapter 26, V.S.A § 1735b, Act 123. Physician assistant as primary care provider. Retrieved from <http://legislature.vermont.gov/>

## Related Policies

Modifier Reference Guide  
Outpatient & Professional Services  
Professional Services

## Document Publication History

- 07/23/2024 Updated credentialing and billing requirements per NCQA and State requirements
- 08/18/2023 Annual Review: update dates on resources/references
- 07/29/2022 Added sections for transparency of various billing for contracted, non-contracted, and assist at surgery with claim form billing guidelines. Added CMS-1500 claim form table.
- 12/28/2021 Annual Review: removed unrelated modifier and added more excluded states

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This policy provides information on Community Health Options' 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. Community Health Options reserves the right to amend a payment policy at its discretion. Policies are enforced unless underpinning direction stated otherwise.