

Policy

Community Health Options (“Health Options”) allows reimbursement for Physician Assistant (PA) professional services based on all the following:

- The service is performed by a person who meets all the PA qualifications;
- The PA is legally authorized to perform the services in the state in which they are performed;
- The service is within the scope of PA provider’s scope of practice; and
- The service is not otherwise precluded from coverage based on Member eligibility, benefits or Health Options policies and authorization requirements

PA applied payment reduction consistent with Center for Medicare & Medicaid Services (CMS) or 85% of Health Options Fee Schedule or contract allowable.

Services are required to be billed on the CMS-1500 with the supervising physician’s National Provider Identifier (NPI) in box 24j.

Modifier:

AS	PA rendering service assistant at surgery
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Exceptions would fall under specific provider contract language, state, or federal regulations. This policy does not apply to the state of New Hampshire and Massachusetts.

Resources/References

Centers for Medicare & Medicaid Services (CMS). (2019, November 01). *Medicare Benefit Processing Manual: Chapter 15-Covered Medical and Other Health Services*. Retrieved from <https://www.cms.gov>

Centers for Medicare & Medicaid Services (CMS). (2019, November 01). *Medicare Claims Processing Manual: Chapter 12-Physicians/Nonphysician Practitioners*. 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/>

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

Document Publication History

12/28/2021 Annual Review: removed unrelated modifier and added more excluded states
11/9/2020 Initial publication, Effective date 1/1/2021

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.