



Physician Assistant Services

Reimbursement Policy

Policy

Independent / Directly Contracted

Community 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 Community Health Options policies and authorization requirements; and
- Provider is credentialed with Community Health Options and has a signed direct contract

Contracted PAs should submit claims using the CMS-1500 claim form, or electronic equivalent.

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

*This does not apply to facility-based contracts and requires the PA to be directly contracted.

Non-contracted PA for Medical Services

Services are required to be billed on the CMS-1500

Paper Claims: the supervising physician's National Provider Identifier (NPI) in box 24J and supervising physician's name in box 31.

Electronic Claims (837p, version 5010): Rendering Provider Loop 2310B; enter the supervising physician's NPI in segment NM109 with XX qualifier in NM108.

Assist at Surgery

Services required to be billed on the CMS-1500:

Paper Claims: PA's National Provider Identifier (NPI) in box 24J along with modifier AS and *supervising physician's name in box 31.

Electronic Claims (837p, version 5010): Rendering Provider Loop 2310B; enter the *supervising physician's NPI in segment NM109 with XX qualifier in NM108 along with AS modifier.

AS	PA rendering service; assistant at surgery
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"AS" modifier is required in the first modifier field with the rendering physician NPI; either contracted or non-contracted. Primary surgeon and assistant surgeon CMS-1500 claims are required to be submitted separately for appropriate reimbursement to each provider following the above billing standards.

*Supervising physician needed for non-contracted PAs only

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.

CMS-1500 claim form fields

Form Locator Number	Name	Notes
24J	Rendering Provider ID number	<p>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.</p> <p>The shaded portion of 24J is not to be reported.</p>
31	Signature of physician or supplier and date	<p>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.</p> <p>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 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>

Table Reference: Medicare Claims Processing Manual, Chapter 26 -Completing and Processing Form CMS-1500 Data Set

Resources/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/>

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

8/18/2023 Annual Review: update dates on resources/references
7/29/2022 Update: 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
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.