Nurse Practitioners and Physician Assistant Professional Payment Policy

Applies to the following CarePartners of Connecticut products:

- ☒ CareAdvantage Premier
- ☒ CareAdvantage Prime
- ☒ CareAdvantage Preferred
- ☒ CarePartners Access

The following payment policy applies to nurse practitioners (NPs) and physician assistants (PAs) who render services to members of the CarePartners of Connecticut plans selected above.

In addition to the specific information contained in this policy, providers must adhere to the policy information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers medically necessary covered services performed by NPs and PAs, in accordance with the member's benefits.

NPs may render services and bill independently. PAs are required to have a collaborating provider. .

Collaborating Providers Who Submit Claims for NPs and PAs

It is the responsibility of the collaborating provider to educate the NP or PA on all CarePartners of Connecticut policies, procedures and guidelines. The collaborating provider is responsible for maintaining appropriate state licensing information for all NPs or PAs under their supervision as well as maintaining proof of appropriate professional malpractice liability insurance coverage for all NPs or PAs under their supervision.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Contracting NPs and PAs

NPs and PAs who are contracting with CarePartners of Connecticut are listed in the Find a Doctor search with a designation of primary care providers (PCPs) or specialists. NPs and PAs with a PCP designation are allowed to have a member panel and can be chosen by members as PCPs.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

No referrals are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the

procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

Use of labs not participating in the member's applicable network(s) may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, CarePartners of Connecticut may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

SA Modifier

The SA modifier must be present on claims submitted by the collaborating provider.

"Incident to" Services

The SA modifier should **not** be present when billing for services that are "incident to" professional services.

For services to qualify as "incident to," the services must be part of the member's normal course of treatment, during which a contracting collaborating provider personally performed an initial service and remains actively involved in the member's course of treatment. The collaborating provider does not have to be present in the member's treatment room while these services are rendered. However, the collaborating provider must provide direct supervision and must be present in the office suite at the time services are rendered to provide assistance, if necessary. The member's medical record should document the essential requirements for "incident to" services.

- Contracting NPs and PAs should submit claims the collaborating/supervising practitioner's NPI in Box 24j of the professional claim form
- Noncontracting NPs and PAs claims must be submitted under the collaborating provider.

Compensation/Reimbursement Information

NPs and PAs are compensated at 85 percent of the applicable fee schedule, unless otherwise noted in their provider agreements, regardless of the address where the service is rendered. For more information, refer to the Professional Services and Facilities Payment Policy.

Additional Resources

- Anesthesia Payment Policy
- Evaluation and Management Payment Policy

Document History

- March 2022: Annual review; clarified SA modifier and "incident to" services
- April 2021: Reviewed by committee; clarified billing and compensation information
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- November 2019: Clarified existing claim submission requirements for noncontracting NPs and PAs
- January 2019: Document created

Audit and Disclaimer Information

CarePartners of Connecticut 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 a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's audit policies, refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut 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 CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.