Advanced Practice Registered Nurse/Physician Assistant (APRN/PA)

I. Policy

UHA recognizes the role of Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) as integral to the provider network and care team. For the purpose of this policy, APRNs refer to licensed nurse practitioners, clinical nurse specialists, nurse-midwives, and nurse anesthetists. PAs refer to Physician Assistants who are licensed to practice in the same state as their supervising physician.

University Health Alliance (UHA) will reimburse for covered services provided by APRNs and PAs who are participating through a contracted entity and who provide services within their legal scope of practice and their demonstrated clinical expertise.

II. Licensure

A. To qualify for reimbursement of services provided to UHA members, all APRNs and PAs:

1. Must have a valid state license;
2. Must be appropriately credentialed by their employer
3. Must provide services within their scope of practice and experience and consult, refer, or transfer the care of patients to a qualified physician immediately when clinical circumstances dictate.
4. APRNs and PA-Cs may be UHA par providers.
    a. A PA may be a UHA par provider only if his/her supervising physician is a UHA par provider.

III. Employment/Supervision/Billing

A. UHA requires APRN and PA Provider claims to be billed under the name and National Provider Identifier (NPI) of the provider who actually rendered the service.

B. Services may be billed under the supervising physician's NPI when billing under the "incident to" provision, providing all Medicare and UHA criteria for "incident to" billing are met. These criteria include the following:

1. "Incident to" provision applies to outpatient office visits only.
2. The supervising physician has participated personally in the key components of evaluation and medical decision making. Documentation must include an attestation of physical and meaningful participation in the clinical encounter by the physician.
3. The APRN or PA must be an employee of the physician.
4. The initial visit (for any condition) must be performed by the physician. This does not mean that on each occasion of an incidental service performed by an APRN or PA that the patient must also see the physician. It does mean there must have been a direct, personal, professional service furnished by the physician to initiate the course of treatment of which the services being performed by the APRN or PA are an incidental part.
    a. Note: When non-physician practitioners make independent treatment decisions, they are no longer just following the physician's plan of treatment and services must now be billed under the PA or APRN's name and NPI.

5. The physician must be physically present in the same office suite and be immediately available to render assistance if it becomes necessary.
6. The physician has an active part in the ongoing care of the patient. Subsequent services by the physician must be of a frequency that reflects his/her continuing active participation in and management of the course of the treatment.
7. It is the responsibility of the physician to be in compliance with state regulations governing the licensing requirements of APRNs/PAs to provide specific services and limitations on the number of APRNs/PAs that can be adequately supervised.
8. *Note: Due to the inherent difficulty in monitoring compliance with the requirements of "incident to" billing, UHA may periodically request documentation of services to retrospectively determine if the above criteria are met. Corrective action will be taken in all instances of erroneous or fraudulent billing practices.*

C. APRNs and PAs may bill under the physician's NPI for inpatient services for "shared visits" within the following guidelines:

1. Shared visits apply to hospital inpatient or hospital outpatient settings only.
2. If the APRN or PA who is an employee of the group sees the patient and documents the service and the physician sees the patient on the same day, the physician can bill for the combination of both services.
    a. If the physician does not see the patient on the same day, the service must be billed under the APRN or PA provider number.
    b. Inpatient consultations cannot be shared.
3. For shared visit billing, the supervising hospital or ER physician must review the notes of the APRN or PA and concur with the findings. Documentation of this must be attached to the APRN or PA note on the same date of service.
4. The supervising physician must document an attestation that they actively participated in the care of the patient (personally performed a substantive portion of an E/M visit face-to-face with the same patient on the same date of service – a substantive portion of an E/M visit involves all or some portion of the history, exam, or medical decision-making components of an E/M service).

    The attestation must include documentation of the portion of the E/M visit performed by the physician and must be written and signed by the physician.

D. PAs practicing in Hawaii must meet all statutory, regulatory, and (when applicable) medical staff standards and requirements including, but not limited to, physician review of all notes within seven days of the clinical encounter. PAs in states outside of Hawaii must meet all regulatory and legal requirements of their state and must provide care in alignment with the statutory definition of "medical necessity" as defined in Hawaii Revised Statutes.

E. UHA requires that the supervising physician understands and oversees compliance with these requirements and standards. A physician who does not supervise APRN and PA services at the degree required by state law shall be deemed to have engaged in professional misconduct and payment for all services will be denied.

IV. Scope of Service

A. It is the responsibility of the supervising physician to delineate the duties for which the APRN or PA, by virtue of formal training or experience, is capable of performing in a safe and efficient manner and to ensure those duties meet standards of medical necessity.

B. An APRN or PA not employed by a facility or a physician that delineates his/her scope of practice is limited to services within his/her formal training, specialty education and/or certification, and experience

C. Independent APRNs shall limit their scope of practice to services, procedures and communications to those activities for which they have documented training and demonstrated proficiency. UHA may require an attestation addressing current practices in patient care in specified setting

D. UHA covered benefits are often limited to providers who, by their board certification or specialty training, are qualified to provide the level of care or expertise required for specific procedures or diagnostic testing. PA or APRN provider claims that are billed independently may be denied if the scope of service provided is incongruous with the provider's level of training.

  1. UHA requires a clear "standard of care" approach and, as such, circumstances allowing for PAs and APRNs to perform operative procedures independently may not be covered, and under no circumstance can even simple procedures be performed without immediate supervision if there lies a material probability of unforeseen risk.

     The delineation between simple procedures and more complex surgery is often difficult to ascertain, but it is UHA's belief that even "simple" operative procedures can become complicated as a result of anatomic location, disease process, or anomalies. Such procedures include, but are not limited to, the following:

     a. Any body cavity procedures, anything deep to platysma, any excision of what is likely to be lymph node, soft tissue lesion deep to fascia, any lesion over 5 cm, any periorbital or any lesion overlying superficial cartilage, any scalp lesions over 2.5 cm;
     b. Any arterial procedures and any venous procedures requiring the exposure or possible exposure of the saphenofemoral junction or ablation of the greater or lesser saphenous veins or communicator vessels;
     c. Any osseous or cartilaginous procedures and any tendon, joint, or other complex repairs requiring attention to more than skin, subcutaneous, and superficial fascia repairs

  2. Independent billing may be accepted for APRN/PA services for specialty care. However, immediate supervision (on site physician) or shared visit/incident to oversight may be required for the initial evaluation and diagnostic testing of any medical condition of sufficient complexity to require expertise beyond basic APRN/PA training or specialty certification.

E. APRNs and PAs must comply with the requirements of their governing bodies, recognize limits of their knowledge and experience, and plan for the management of situations that exceed their scope of authorized practice.

F. UHA may request the basis for the assignment of duties and responsibilities to an APRN or PA, and may deny payment if an APRN or PA is found to practice outside of his/her scope of practice or experience or if medical necessity concerns arise. Specific denials may include, but are not limited to, any of the following:

  1. Failure to comply with state laws and regulations for practice
  2. Failure to refer to other health care providers when patient management exceeds the scope of practice or experience of the provider
  3. Inappropriate ancillary testing and/or specialty referrals
  4. Inappropriate prescribing
  5. Failure to practice within the limits set forth in a formal credentialing and institutional privileging process, when applicable.

V. Payment

A. Claims submitted under the **APRN's or PA's personal provider identification number are subject to the following limitations and guidelines:**

  1. Par and Non Par APRN and PA services billed under their own NPI are reimbursed at 85% of

the current UHA fee schedule for physicians (except as contractually allowed).

2. The APRN's or PA's name must be listed as the servicing provider when filing claims for services he/she provides. UHA reserves the right to take appropriate action for any violation of policy.

VI. Policy History

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