
Medicare

Carriers Manual

Part 3 - Claims Process

Department of Health &
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Centers for Medicare &
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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
2154 - 2158	2-86.7 - 2-86.10 (4 pp.)	2-86.7 - 2-86.10 (4 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: April 1, 2002*
IMPLEMENTATION DATE: April 1, 2002

Section 2156, Physician Assistant Services, is being revised to update the physician assistant (PA) qualifications to recognize a name change of the accrediting body that accredits PA educational programs.

Revisions have been made to the "Employment Relationship" section of this instruction to allow a professional corporation that permits PA ownership in the corporation to bill the program for PA services providing the professional corporation is duly authorized and licensed under State laws and regulations. Additionally, the sentence under this section of the instruction that precluded ASCs from being considered as an appropriate employer of a PA has been removed.

DISCLAIMER: The revision date and transmittal number only applies to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

2154. NURSE-MIDWIFE SERVICES

A. General.--Effective on or after July 1, 1988, the services provided by a certified nurse-midwife or incident to the certified nurse-midwife's services are covered. Payment is made only under assignment. See §5257 for payment guidelines.

B. Certified Nurse-Midwife Defined.--A certified nurse-midwife is a registered nurse who has successfully completed a program of study and clinical experience in nurse-midwifery, meeting guidelines prescribed by the Secretary, or who has been certified by an organization recognized by the Secretary. The Secretary has recognized certification by the American College of Nurse-Midwives and State qualifying requirements in those States that specify a program of education and clinical experience for nurse-midwives for these purposes. A nurse-midwife must:

- o Be currently licensed to practice in the State as a registered professional nurse; and
- o Meet one of the following requirements:
 - Be legally authorized under State law or regulations to practice as a nurse-midwife and have completed a program of study and clinical experience for nurse-midwives, as specified by the State; or
 - If the State does not specify a program of study and clinical experience that nurse-midwives must complete to practice in that State, the nurse-midwife must:
 - + Be currently certified as a nurse-midwife by the American College of Nurse-Midwives;
 - + Have satisfactorily completed a formal education program (of at least one academic year) that, upon completion, qualifies the nurse to take the certification examination offered by the American College of Nurse-Midwives; or
 - + Have successfully completed a formal education program for preparing registered nurses to furnish gynecological and obstetrical care to women during pregnancy, delivery, and the post partum period, and care to normal newborns, and have practiced as a nurse-midwife for a total of 12 months during any 18-month period from August 8, 1976, to July 16, 1982.

C. Covered Services.--

1. General.--Effective January 1, 1988, through December 31, 1993, the coverage of nurse-midwife services was restricted to the maternity cycle. The maternity cycle is a period that includes pregnancy, labor, and the immediate post partum period.

Beginning with services furnished on or after January 1, 1994, coverage is no longer limited to the maternity cycle. Coverage is available for services furnished by a nurse-midwife that he or she is legally authorized to perform in the State in which the services are furnished and that would otherwise be covered if furnished by a physician, including obstetrical and gynecological services.

2. Incident To.--Services and supplies furnished incident to a nurse midwife's service are covered if they would have been covered when furnished incident to the services of a doctor of medicine or osteopathy, as described in §2050.

D. Noncovered Services.--The services of nurse-midwives are not covered if they are otherwise excluded from Medicare coverage even though a nurse-midwife is authorized by State law to perform them. For example, the Medicare program excludes from coverage routine physical checkups and services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.

Coverage of service to the newborn continues only to the point that the newborn is or would normally be treated medically as a separate individual. Items and services furnished the newborn from that point are not covered on the basis of the mother's eligibility.

E. Relationship With Physician.--Most States have licensure and other requirements applicable to nurse-midwives. For example, some require that the nurse-midwife have an arrangement with a physician for the referral of the patient in the event a problem develops that requires medical attention. Others may require that the nurse-midwife function under the general supervision of a physician. Although these and similar State requirements must be met in order for the nurse-midwife to provide Medicare covered care, they have no effect on the nurse-midwife's right to personally bill for and receive direct Medicare payment. That is, billing does not have to flow through a physician or facility.

See §2050.3 for coverage of services performed by nurse-midwives incident to the service of physicians.

F. Place of Service.--There is no restriction on place of service. Therefore, nurse-midwife services are covered if provided in the nurse-midwife's office, in the patient's home, or in a hospital or other facility, such as a clinic or birthing center owned or operated by a nurse-midwife.

2156. PHYSICIAN ASSISTANT SERVICES

Effective for services rendered on or after January 1, 1998, any individual who is participating under the Medicare program as a physician assistant for the first time ever, may have his or her professional services covered if he or she meets the qualifications listed below, and he or she is legally authorized to furnish PA services in the State where the services are performed. PAs who were issued billing provider numbers prior to January 1, 1998, may continue to furnish services under the PA benefit.

Payment for PA services is effective on the date of services, that is, on or after January 1, 1998, and payment is made on an assignment-related basis only.

A. Qualifications for PAs.--In order to furnish covered PA services, the PA must meet the conditions as follows:

1. Have graduated from a physician assistant educational program that is accredited by the Accreditation Review Commission on Education for the Physician Assistant (its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Allied Health Education and Accreditation (CAHEA); or

2. Have passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants (NCCPA); and

3. Be licensed by the State to practice as a physician assistant.

B. Covered Services.--Coverage is limited to the services a PA is legally authorized to perform in accordance with State law (or State regulatory mechanism provided by State law).

1. General.--The services of a PA may be covered under Part B, if all of the following requirements are met:

- o They are the types of services that are considered physician's services if furnished by a doctor of medicine or osteopathy (MD/DO);

- o The services are performed by a person who meets all of the PA qualifications (see subsection A); and

- o The PA is legally authorized to perform the services in the State in which they are performed;

- o The services are performed under the general supervision of a MD/DO (see subsection C) and

- o The services are not otherwise precluded from coverage because of one of the statutory exclusions. (See subsection B.4.)

2. Types of PA Services That May Be Covered.--State law or regulations governing a PA's scope of practice in the State where the services are performed applies. Consider developing lists of covered services based on State scope of practice.

Examples of the types of services that PAs may furnish include services that traditionally have been reserved to physicians, such as physical examinations, minor surgery, setting casts for simple fractures, interpreting x-rays, and other activities that involve an independent evaluation or treatment of the patient's condition. Also, if authorized under the scope of their State license, PAs may furnish services billed under all levels of CPT evaluation and management codes, and diagnostic tests if furnished under the general supervision of a physician.

3. Incident To.--If covered PA services are furnished, services and supplies furnished incident to the PA's services may also be covered if they would have been covered when furnished incident to the services of an MD/DO, as described in §2050.

See §2050.3 for coverage of services performed by PAs incident to the services of physicians.

4. Services Otherwise Excluded From Coverage.--PA services may not be covered if they are otherwise excluded from coverage even though a PA may be authorized by State law to perform them. For example, the Medicare law excludes from coverage routine foot care and, routine physical checkups, and services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Therefore, these services are precluded from coverage even though they may be within a PA's scope of practice under State law.

C. Physician Supervision.--The PA's physician supervisor (or a physician designated by the supervising physician or employer as provided under State law or regulations) is primarily responsible for the overall direction and management of the PA's professional activities and for assuring that the services provided are medically appropriate for the patient. The physician supervisor (or physician designee) need not be physically present with the PA when a service is being furnished to a patient and may be contacted by telephone if necessary, unless State law or regulations require otherwise.

D. Employment Relationship.-- Payment for services of a PA may be made only to the actual qualified employer of the PA that is eligible to enroll in the Medicare program under existing Medicare provider/supplier categories. If the employer of the PA is a professional corporation or other duly qualified legal entity (such as a limited liability company or a limited liability partnership), properly formed, authorized and licensed under State laws and regulations, that permits PA ownership in such corporation or entity as a stockholder or member, that corporation or entity as the employer may bill for PA services even if a PA is a stockholder or officer of the entity, as long as the entity is entitled to enroll as a "provider of services" or a supplier of services in the Medicare program. PAs may not otherwise organize or incorporate and bill for their services directly to the Medicare program, including as, but not limited to as sole proprietorships or general partnerships. Accordingly, a qualified employer is not a group of PAs that incorporate to bill for their services. Leasing agencies and staffing companies do not qualify under the Medicare program as "providers of services" or suppliers of services. (See §4112 for billing instructions.)

2158. NURSE PRACTITIONER SERVICES

Effective for services rendered after January 1, 1998, any individual who is participating under the Medicare program as a nurse practitioner (NP) for the first time ever, may have his or her professional services covered if he or she meets the qualifications listed below, and he or she is legally authorized to furnish NP services in the State where the services are performed. NPs who were issued billing provider numbers prior to January 1, 1998 may continue to furnish services under the NP benefit.

Payment for NP services is effective on the date of service, that is, on or after January 1, 1998, and payment is made on an assignment-related basis only.

A. Qualifications for NPs.-- In order to furnish covered NP services, a NP must meet the conditions as follows:

1. Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; and
 - Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; **or**
2. Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner by December 31, 2000.

The following organizations are recognized national certifying bodies:

- American Academy of Nurse Practitioners;
- American Nurses Credentialing Center;
- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;