

Certified Nurse Midwives, Certified Professional Midwives, Nurse Practitioners and Physician Assistants

Policy

Harvard Pilgrim reimburses professional services rendered by certified nurse midwives (CNM), certified professional midwives (CPM), nurse practitioners (NP) and physician assistants (PA) based on specific contract terms and state requirements.

Policy Definition

State law governs the specific services that may be performed by certified nurse midwives (CNM), certified professional midwives (CPM), nurse practitioners (NP), and physician assistants (PA). It is the responsibility of the practitioner or the supervising physician, where applicable, to assure full compliance with state law in the state where the services are provided.

Harvard Pilgrim contracts with and offers a unique individual Harvard Pilgrim provider number as follows:

| Practitioner | MA | ME | NH | RI | CT | VT |
|--------------------------------|-----|-----|-----|-----|-----|-----|
| Certified Professional Midwife | N/A | N/A | Yes | Yes | N/A | Yes |
| Certified Nurse Midwife | Yes | Yes | Yes | Yes | Yes | Yes |
| Nurse Practitioner | Yes | Yes | Yes | Yes | Yes | Yes |
| Physician Assistant | Yes | Yes | Yes | Yes | Yes | Yes |

Certified Professional Midwife and Certified Nurse Midwife: cannot be PCPs

Nurse Practitioner: PCP in MA, ME, NH, RI, CT and VT if trained/certified in areas of family practice, gerontology, adult, and pediatrics. Specialist in MA, ME, NH, RI, CT, and VT.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to [Referral, Notification and Authorization](#) for more information.

HMO/POS/PPO

- A referral is required for specialist services for HMO and in-network POS members.
- A referral is not required if the clinician is designated as the member's PCP. Referral is required by product for all states when the clinician is acting as a specialist.

Open Access HMO and POS

For [Open Access HMO and Open Access POS](#) products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- Services provided by participating CNMs, CMs, NPs, and PAs, based on Harvard Pilgrim standard methodologies, Harvard Pilgrim contract terms, and the appropriate Harvard Pilgrim fee schedule.
- Non-physician practitioner claims are reimbursed at a rate equal to 85% of the supervising physicians reimbursement rate.

- Assistant surgeon services when the assistant at surgery is a physician, a physician assistant, or a nurse practitioner, consistent with CMS' determination of approved procedure codes payable to an assistant surgeon.
 - Assistant surgeon services are reimbursed at 16% of the applicable allowable rate when modifier 80, 81 or 82 is appended.
 - Secondary surgical services are reimbursed at 8% of the applicable allowable rate when modifier 80, 81 or 82 is appended.
 - Assistant surgeon services are reimbursed at 14% of the applicable allowable rate when modifier AS is appended.
 - Secondary surgical services are reimbursed at 7% of the applicable allowable rate when modifier AS is appended.

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

A surgical first assistant or a registered nurse first assistant (RNFA) as an assistant at surgery unless required by state mandate.

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., co-payment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

- When Harvard Pilgrim does not contract directly with the non-physician practitioner submit claims by appending modifier SA and using the supervising physician's name in box 31 of the paper CMS-1500, and supervising physician's National Provider Identifier (NPI) in box 24j of the CMS-1500 form for paper submitters. For electronic submitters send supervising physician's National Provider Identifier (NPI) in data element NM109 with XX qualifier in NM108 in the rendering provider loop 2310B of the electronic 837P.
- Modifier SA is required.
- When Harvard Pilgrim contracts directly with the non-physician practitioner submit claims using the non-physician practitioner's name and National Provider Identifier (NPI) without modifier SA.
- Bill non-physician assistant surgeon services with an AS modifier in the first modifier field; this applies even if the claim is submitted under the contracted supervising physician's National Provider Identifier (NPI).

| Modifier | Description | Comments |
|----------|---|--|
| AS | Physician billing for non-physician practitioner for assistant at surgery | Reimbursed at 14% of the applicable fee schedule/allowable rate |
| SA | Physician billing for non-physician practitioner | Reimbursed at 85% of the supervising physicians reimbursement rate |

Related Policies

Payment Policies

- Evaluation and Management
- Surgery

Billing and Reimbursement

- Claims Submission Guidelines

Network Operations & Care Delivery Management

- Clinical Credentialing and Recredentialing Policy

PUBLICATION HISTORY

07/01/03 original documentation

PAYMENT POLICIES

| | |
|----------|---|
| 04/01/05 | annual review; removed incident-to and independent services requirements |
| 01/31/06 | annual review; MA NP contract exception language added |
| 04/30/07 | annual review; minor edits for clarity |
| 04/30/08 | annual review; policy title change; edits for clarity |
| 11/10/08 | added MA NP as PCP—effective January 01, 2009 |
| 01/31/09 | updated NPI info for clarity |
| 03/15/09 | annual review, added clinical midwives, updates to assistant surgery modifiers |
| 04/15/10 | annual review; no changes |
| 11/15/10 | policy update, CMS standard methodology replaced with Harvard Pilgrim standard methodology |
| 04/15/11 | annual review; update to Harvard Pilgrim contracting for certified midwives in Maine |
| 01/01/12 | removed First Seniority Freedom information from header |
| 04/15/12 | annual review; no changes |
| 11/15/12 | updated physician assistant contracting grid to align with MA mandate |
| 04/15/13 | annual review; added info re: NPs |
| 06/15/14 | added <i>Connecticut Open Access HMO</i> referral information to Prerequisites |
| 08/15/14 | annual review; added CT as a state in Policy Definition section; administrative edits for clarity |
| 03/15/15 | annual review; no changes |
| 03/15/16 | annual review; updated Practitioner grid to include contracts with MA Certified Nurse Midwives; added Vermont to Practitioner grid; added EDI information for clarification; administrative edit |
| 01/15/17 | updated Policy Definition section, footnote 3, to include Vermont NP's able to practice as PCP's |
| 03/15/17 | annual review; no changes |
| 01/01/18 | updated Open Access Product referral information under Prerequisites |
| 03/01/18 | annual review; no updates |
| 11/01/18 | added modifier SA billing guidelines; updated NP in Rhode Island |
| 03/01/19 | annual review; updated electronic billing guideline |
| 05/01/19 | added reimbursement change to modifier AS and SA as of 07/01/19 dates of service |
| 04/01/20 | annual review; revised credentialing and enrollment standards for Mid-level practitioners effective 04/01/20; updated the Provider Billing Guidelines and Documentation section; administrative edits |
| 06/01/20 | added RI to Nurse Practitioner Specialist list; administrative edits |
| 03/01/21 | annual review; administrative edits |
| 02/01/23 | removed April 2020 language |
| 03/31/23 | annual review; no changes |
| 04/01/24 | annual review; no changes |

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.