Clinical Policy: Physician Extenders

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Effective Date: 04/01/2012
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CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99224, 99231, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99307-99309, 99315, 99316, 99324-99327, 99334-99336, 99341-99344, 99347-99349
Document: BI344:00

Public Statement

Effective Date:

a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.

Medical services rendered by Physician Extenders (licensed Advanced Practice Nurses (APN) and Physician Assistants (PA)) will be covered within their legal scope of practice, based on specific contract terms. While APNs can practice independently with a collaborating physician agreement, some APNs, instead of practicing independently, choose to practice as Physician Extenders with a supervising physician, PAs cannot practice independently and can only practice with a supervising physician.

1) Covered medical services provided by APNs or PAs must be concordant with the specialty of the collaborative/supervising physician.

2) Services provided by Physician Extenders to outpatients are limited to presenting problems of low to moderate severity, and requiring medical decision making of similar level. Patients with more severe problems must be referred to a physician.

3) Services provided by Physician Extenders to inpatients are limited to:
   a) Follow up services provided to patients who are substantially recovering, and
   b) Discharge services.

4) Assistant surgeon services provided when the supervising/collaborating physician is the primary surgeon are also covered.

5) Covered Medical Services provided by APNs or PAs incident to physician services must meet CMS standards for incident to services.

6) Services provided by Physician Extenders in the Emergency Department are not eligible for incident to billing. Such services may be eligible for billing as split services when the

supervising physician has a face-to-face encounter with the patient. In that case, the services may be billed either by the physician or by the Physician Extender, though not both. If a patient seen in the Emergency Department by a Physician Extender is not seen by the supervising physician, only the Physician Extender may bill for the visit.

Medical Statement

QualChoice reimburses services provided by Physician Extenders based on CMS standard methodologies, AR state law, QualChoice contract terms, and the appropriate QualChoice fee schedule.

Direct Billing: An APN eligible to bill QualChoice directly will be reimbursed for Covered Medical Services at the contracted rate. A group employing a PA eligible to bill QualChoice directly will be reimbursed for Covered Medical Services at contracted rates.

Incident-to services: Physician Extenders may under certain circumstances bill for their services as "incident-to" physician services, under the NPI of the supervising/collaborating physician. These services will be reimbursed at the physician fee schedule only if ALL the following are met:

i) Physician Extender is an employee of the supervising/collaborating physician or the entity that employs the physician.

ii) The physician is present in the immediate patient care area and available to provide immediate assistance and direction throughout the time the Physician Extender is providing care. This does not imply that the physician must be in the same room, but does mean the physician must be within the office suite and not engaged in activities that would prevent the physician from *immediately* going to the patient's room.

iii) Only services rendered in a private physician office or clinic are eligible to be considered as "incident to" services – services provided in a hospital ER, hospital clinic, home, or to a patient who is a resident in a hospital, convalescent hospital, nursing home, rehabilitation facility, or other residential facility may not be billed as "incident to" services. The only exception would be a home visit at which both the physician and the physician extender are in attendance on the patient at the same time.

iv) The physician is actively involved in the decision-making process for care of the patient. The Physician Extender must document in the patient's medical record the active involvement of the physician in the decision-making process. *Actively involved* means that the physician is sufficiently aware of the patient's current condition to endorse or intervene in the patient's care in a timely manner, and that the physician must have initiated the care for the particular injury or illness for which the patient is being treated. Thus, a Physician Extender may bill "incident to" for a follow up visit for a particular condition, but not for an initial visit for that condition. Additionally, there must be subsequent services by the physician of a frequency that reflects the physician's continuing active participation in and management of the course of treatment.

v) The physician provides documentation/attestation of the collaboration/supervision in the patient's medical record by co-signing and dating the patient's medical record *on the date the service is rendered*.

vi) The supervising/collaborating physician is credentialed by QualChoice or another entity to which QualChoice delegates credentialing.

Assistant Surgeon Services: QualChoice will reimburse for assistant at surgery services when:

1) The procedure is one of the procedure codes approved by QualChoice to be payable to an assistant surgeon; AND
2) The Physician Extender is employed by a physician or physician group and not by the hospital; AND
3) Assistant surgeon services are billed under the Physician Extender's provider identification/NPI number with the appropriate modifier.

Codes Used In This BI:

99201	(*code deleted eff 01-01-2021*)
99202	Ofc or other outpt vst for the eval/mgt of a new pt, which requires a medically appropriate history and/or exam and straightforward mdm. When using time for code selection, 15-29 min of total time is spent on the date of the encounter. (code revised eff 01-01-2021)
99203	Ofc or other outpt vst for the eval/mgt of a new pt, which requires a medically appropriate history and/or exam and low level of mdm. When using time for code selection, 30-44 min of total time is spent on the date of the encounter. (code revised eff 01-01-2021)
99204	Ofc or other outpt vst for the eval/mgt of a new pt, which requires a medically appropriate history and/or exam and moderate level of mdm. When using time for code selection, 45-59 min of total time is spent on the date of the encounter.(code revised eff 01-01-2021)
99205	Ofc or other outpt vst for the eval/mgt of a new pt, which requires a medically appropriate history and/or exam and high level of mdm. When using time for code selection, 60-74 min of total time is spent on the date of the encounter. (code revised eff 01-01-2021)
99211	Ofc or other outpt vst for the eval/mgt of an est pt, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. (code revised eff 01-01-2021)
99212	Ofc or other outpt vst for the eval/mgt of an est pt, which requires a medically appropriate history and/or exam and straightforward mdm. When using time for code selection, 10-19 min of total time is spent on the date of the encounter. (code revised eff 01-01-2021)
99213	Ofc or other outpt vst for the eval/mgt of an est pt, which requires a medically appropriate history and/or exam and low level of mdm. When using time for code selection, 20-29 min of total time is spent on the date of the encounter. (code revised eff 01-01-2021)
99214	Ofc or other outpt vst for the eval/mgt of an est pt, which requires a medically appropriate history and/or exam and moderate level of mdm. When using time for code selection, 30 - 39 min of total time is spent on the date of the encounter. (code revised eff 01-01-2021)
99215	Ofc or other outpt vst for the eval/mgt of an est pt, which requires a medically appropriate history and/or exam and high level of mdm. When using time for code selection, 40-54 min of total time is spent on the date of the encounter (code revised eff 01-01-2021)

99217	Observation care discharge
99218	Initial observation care
99224	Subsequent observation care
99231	Subsequent hospital care
99238	Hospital discharge day
99239	Hospital discharge day
99281	ER visit
99282	ER visit
99283	ER visit
99284	ER visit
99285	ER dept vst for the eval/mgt of a pt, which requires these 3 key components within the constraints imposed by the urgency of the patient`s clinical condition and/or mental status: A comprehensive history; A comprehensive exam; and Mdm of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the pt`s and/or family`s needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99315	Nursing fac discharge day
99316	Nursing fac discharge day
99324	Domicil/r-home visit new pat
99325	Domicil/r-home visit new pat
99326	Domicil/r-home visit new pat
99327	Domicil/r-home visit new pat
99334	Domicil/r-home visit est pat
99335	Domicil/r-home visit est pat
99336	Domicil/r-home visit est pat
99341	Home visit new patient
99342	Home visit new patient
99343	Home visit new patient
99344	Home visit new patient
99347	Home visit est patient
99348	Home visit est patient
99349	Home visit est patient

Limits

1. Physician Extenders are not eligible for reimbursement of higher level (level 5) EM codes (99205, 99215, 99285). For this level of complexity, direct physician involvement is expected.
2. Physician Extenders are not eligible for reimbursement of inpatient admissions or for higher level inpatient care.

Reference

Addendums:

1) **Effective 04/01/2020**: Language added to more clearly distinguish between practice settings for APNs and PAs.

2) **Effective 01-01-2021: Updated deleted code 99201 replaced by 99202**. Updated revised codes 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215. Added codes 99205, 99215 & 99285 to the search box as well as their descriptions to the codes used in this BI since they were listed in the claims statement.

Application to Products

This policy applies to all health plans and products administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) or Certificate of Coverage (COC) for those plans or products insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC or COC, the SPD, EOC, or COC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.