

21 Certified Registered Nurse Practitioner (CRNP) and Physician Assistant (PA)

This chapter describes services for which Medicaid payment be made to a certified registered nurse practitioner (CRNP) or physician assistant (PA). The CRNP/PA who is licensed by the state and certified by the appropriate national organization may participate in the Alabama Medicaid Program.

For additional information regarding services performed by a physician-employed CRNP or PA, refer to section 28.2.1 in Chapter 28 of the Provider Billing Manual.

A nurse practitioner or physician assistant who is employed by and reimbursed by a facility that receives reimbursement from the Alabama Medicaid Program for services provided by the nurse practitioner (i.e. hospital, rural health clinic, etc.) may not enroll, if their services are already being paid through that facility's cost report.

The policy provisions for nurse practitioners can be found in the *Alabama Medicaid Agency Administrative Code*, Chapter 49 and for physician assistant, Chapter 6.

21.1 Enrollment

Gainwell enrolls nurse practitioners and physician assistants and issues provider contracts to applicants who meet the licensure and/or certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Agency Administrative Code*, and the *Alabama Medicaid Provider Manual*.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

Federal requirements mandate providers re-validate periodically with the Alabama Medicaid program. Providers will be notified when they are scheduled to re-validate. Failure to re-validate and provide appropriate documentation to complete enrollment will result in an end-date being placed on the provider file. Once a provider file has been closed for failure to timely re-validate, providers will have to submit a new application for enrollment.

National Provider Identifier, Type, and Specialty

A provider who contracts with Alabama Medicaid as an CRNP or PA is added to the Medicaid system with the NPI provided at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive reimbursements for CNRP or PA-related claims.

NOTE:

The 10-digit NPI is required when filing a claim.

CRNPs are assigned a provider type of 09 (Nurse Practitioner). Valid specialties for CRNPs include the following:

- EPSDT Screening (560)
- Family Practice (092)
- Geriatrics (320)
- Neonatology (730)
- Nurse Practitioner (093)
- QMB/EPSTD (600)
- Plan First (700)
- Pediatrics (090)
- SBIRT (911)
- Women's Health Care (091)
- Vaccines for Children (900)
- Telemedicine Service (931)
- CRNA (094)
- Midwife (095)
- Other (093)

For information on services performed by Certified Registered Nurse Anesthetists refer to Chapter 38 – Anesthesiology. For information on services performed by Certified Nurse Midwives, refer to Chapter 25 – Nurse Midwife.

PAs are assigned a provider type of 10 (Physician Assistant). Valid specialties for PA:

- Anesthesiology Assistant (101)
- Dental Prevention (274)
- EPSDT Screening (560)
- Plan First (700)
- Physician Assistant (100)
- SBIRT (911)
- Vaccines for Children (900)
- Telemedicine Service (931)

Enrollment Policy for CRNP Providers

To participate in the Alabama Medicaid Program, nurse practitioners must meet the following requirements:

- Proof of current Alabama registered nurse licensure

- Copy of current certification as a certified registered nurse practitioner in the appropriate area of practice from a national certifying agency recognized by Medicaid
- Copy of the certified registered nurse practitioner protocol signed by a collaborating physician

Please see Chapter 28 section titled Physician-Employed Practitioner Services for information related to **physician-employed nurse practitioners**.

- The **independent nurse practitioner's** collaborating physician is not required to be an actively enrolled Medicaid provider to participate in the Medicaid program, but the CRNP must be linked under an active billing group. The CRNP's collaborating physician must align with records from the Alabama Board of Medical Examiners (ALBME).

21.2 Benefits and Limitations

This section describes program-specific benefits and limitations.

- Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.
- Refer to Chapter 7, Understanding Your Rights and Responsibilities as a Provider, for general criteria on Medical Necessity/ Medically Necessary Care
- Refer to Chapter 13, section 13.2 for instructions on administering and billing dental varnishing procedures.
- Refer to Chapter 14 – Durable Medical Equipment (DME), supplies, Appliances, Prosthetics, Orthotics and Pedorthics (POP) for more information on the requirements for the initial written prescription/order for certain medical supplies, equipment, and appliances.
- Refer to Chapter 17 – Home Health for more information on the requirements for placing the initial written prescription/order for home health services.
- Refer to Chapter 40, Alabama Coordinated Health Network (ACHN), for general benefit information and limitations.
- Refer to Chapter 112, Telemedicine Service, for general benefit information and limitations.

CRNP and PA services are **limited** to the injectable drug codes referenced in Appendix H - Alabama Medicaid Physician Administered Drugs, all laboratory services, which are CLIA certified, and certain CPT codes or HCPCS codes.

Effective July 1, 2019, procedure codes that a CRNP/PA may bill have been updated. Please refer to the **Nurse Practitioner/Physician Assistant Fee Schedule** on the Alabama Medicaid website, www.medicaid.alabama.gov. Click on Providers, Fee Schedules, "I Accept" on the user agreement, Nurse Practitioner/Physician Assistant Fee Schedule. The fee schedule may not include all procedure codes covered for a CRNP/PA. For more specific information on coverage, you may call the Provider Assistance Center at 1 (800) 688-7989. The CRNP or PA is responsible for making sure the procedure code service being performed is within their scope of practice.

For a CRNP or PA that has a signed EPSDT Provider Agreement on file with the fiscal agent, CPT codes 99381-99385 EP and 99391-99395 EP may also be billable.

A CRNP/PA may be reimbursed at 100% for lab and injectable drugs. Lab codes allowed are based on CLIA certification.

In order to bill for the administration fee for Vaccines for Children, providers must be enrolled as a VFC provider.

Effective August 01, 2018, an initial prescription or order for home health services and certain medical supplies, equipment and appliances must be signed by a physician.

NOTE:

A CRNP/PA can make physician-required visits to nursing facilities. If a physician makes required inpatient visits to hospitals or other institutional settings, the service should be billed under the physician's NPI. If a CRNP/PA makes inpatient visits to hospitals or other institutional settings, the service should be billed under the CRNP/PAs NPI. A physician and a CRNP/PA may not bill for same services performed on the same day for the same recipient.

21.2.1 Assistant at Surgery Codes

Medicaid requires the use of modifier AS to report non-physician assistant-at-surgery services. When a CRNP/PA assists a surgeon, Medicaid requires that the claim be submitted under the CRNP/PA's name with his or her provider number and with modifier AS appended to the reported surgical code(s). In general, Medicaid recognizes modifier AS according to Medicare standards.

For more specific information on coverage, please review the Practitioner Fee Schedule at www.medicaid.alabama.gov or call the Provider Assistance Center at 1-800-688-7989.

21.2.2 Mental Health Services

Effective for dates of service on or after 7/1/2023, a CRNP/PA must be associated with a psychologist or psychiatrist in order to provide and file claims for the following services: 90791-90792, 90832-90834, and 90836-90838.

The CRNP/PA must enroll one of three ways to provide the listed services in a mental health setting:

- a. Enrolled under a billing group with an assigned provider type of 54 (Psychologist).
- b. Enrolled under a billing group with an assigned provider specialty of 339 (Psychiatrist).
- c. Collaborate with a Psychologist or Psychiatrist that is verified as an active provider according to the Alabama Board of Medical Examiners.

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21.3 Prior Authorization and Referral Requirements

CRNP and PA procedure codes generally do not require prior authorization. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines.

When filing claims for recipients enrolled in the ACHN Program, refer to Chapter 40.

Some procedure codes are limited as EPSDT-referred services only. Those services require an EPSDT referral form in the patient's medical record. Refer to Appendix A, EPSDT, for more information on obtaining a referral through the EPSDT Program. Refer to Appendix E, Medicaid Forms, for a sample of the Alabama Medicaid Agency Referral Form (form 362).

21.4 Cost Sharing (Copayment)

The copayment amount for office visit* including crossovers is:

- \$3.90 for procedure codes reimbursed \$50.01 and greater
- \$2.60 for procedure codes reimbursed between \$25.01 and \$50.00
- \$1.30 for procedure codes reimbursed between \$10.01 and \$25.00

* The following CPT codes are considered office visits and the copayment is based on Medicaid's allowed amount (fee schedule) for each procedure:

90847, 90849, 90853, 90865, 92002, 92004, 92012, 92014, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

If one of these CPT codes is applicable for your practice, then copay applies.

Copayment does not apply to services provided for pregnant women, nursing facility residents, recipients less than 18 years of age, emergencies, and family planning. Native American Indians that present an "active user letter" issued by Indian Health Services (IHS) will be exempt from the Medicaid required copayment.

The provider may not deny services to any eligible Medicaid recipient because of the recipient's inability to pay the cost-sharing (copayment) amount imposed.

21.5 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

CRNPs or PAs who bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When filing a claim on paper, a CMS-1500 claim form is required. Medicare-related claims must be filed using the Medical Medicaid/Medicare-related Claim Form.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

21.5.1 Time Limit for Filing Claims

Medicaid requires all claims to be filed within one year of the date of service. Refer to Section 5.1.4, Filing Limits, for more information regarding timely filing limits and exceptions.

21.5.2 Diagnosis Codes

The *International Classification of Diseases - 10th Revision - Clinical Modification* (ICD-10-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, AMA Plaza 330 North Wabash Ave, Suite 39300 Chicago, IL 60611-5885, or 1-800-621-8335.

NOTE:

ICD-9 codes should be used for claims submitted with dates of service prior to or equal to 09/30/2015.

ICD-10 codes should be used for claims submitted with dates of service on/after 10/01/2015.

21.5.3 Procedure Codes and Modifiers

Injectable drug codes referenced in Appendix H, Alabama Medicaid Physician Administered Drugs, and all laboratory services, which are CLIA certified.

Effective July 1, 2010, the NDC number will be mandatory on ALL physician-administered drugs in the following ranges: J0000-J9999, S0000-S9999, and Q0000-Q9999. Physician-administered drugs include any covered outpatient drug billed either electronically or on paper CMS-1500 or UB-04 claim forms. The 11-digit NDC submitted must be the actual NDC number on the package or container from which the medicine was administered.

21.5.4 Place of Service Codes

The following place of service codes apply when filing claims for CRNP services:

POS Code	Description
02	Telemedicine Services
11	Office
12	Home
21	Inpatient Hospital
19, 22	Outpatient Hospital
23	Emergency Room - Hospital

Added: 02
Telemedicine
Services

POS Code	Description
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility or Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
54	Intermediate Care Facility/Mentally Retarded
71	State or Local Public Health Clinic
72	Rural Health Clinic

21.5.5 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to the following circumstances:

- Claims With Third Party Denials

NOTE:

When an attachment is required, a hard copy CMS-1500 claim form must be submitted.

Refer to Section 5.8, Required Attachments, for more information on attachments.

21.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Chapter 5
Medical Medicaid/Medicare-related Claim Filing Instructions	Chapter 5
Medical Necessity/Medically Necessary Care	Chapter 7
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N

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