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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/EPSDT (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.

The following list of procedure codes require the AS modifier to report non-physician assistant-at-surgery services:

Procedure Codes that Require the AS Modifier									
12018	23462	24635	27052	27332	27487	27828	29888	31611	49492
20937	23465	24665	27054	27333	27488	27829	29889	31634	49495
22325	23470	24666	27059	27334	27495	27832	29891	31750	49496
22326	23473	24685	27067	27335	27506	27846	29892	31755	49500
22327	23474	24802	27070	27337	27507	27848	29894	31760	49501
22328	23485	25135	27071	27339	27511	27870	29895	31766	49505
22595	23490	25136	27075	27345	27513	27871	29897	31770	49505
22600	23515	25170	27076	27347	27514	27880	29898	31775	49507
22610	23530	25215	27077	27350	27519	27881	29899	31780	49520
22612	23532	25320	27078	27356	27524	27888	29904	31781	49521
22614	23550	25332	27090	27357	27535	28420	29905	31785	49525
22800	23552	25370	27091	27358	27536	28445	29906	31786	49540
22802	23585	25375	27122	27360	27540	28446	29907	31805	49550
22804	23615	25390	27125	27364	27556	28555	29914	32035	49553

22808	23616	25391	27130	27365	27557	28585	29915	32036	49555
22810	23630	25393	27132	27380	27558	28615	29916	32096	49557
22812	23660	25405	27134	27381	27566	28705	30125	32097	49591
22830	23670	25420	27137	27385	27590	28715	30160	32098	49592
22840	23680	25425	27138	27386	27612	28725	30410	32100	49593
22842	23800	25426	27140	27396	27620	28730	30430	32110	49594
22843	23802	25440	27146	27397	27625	28735	30435	32120	49595
22844	24006	25441	27147	27400	27626	28737	30450	32124	49596
22845	24134	25442	27151	27403	27632	28740	30460	32140	49600
22846	24138	25443	27156	27405	27634	28760	30462	32141	49605
22847	24140	25444	27158	27407	27637	28800	30540	32150	49606
22849	24149	25446	27161	27409	27638	29804	30545	32151	49610
22850	24150	25447	27170	27418	27645	29820	31075	32160	49611
22852	24152	25490	27181	27420	27646	29821	31080	32200	49613
22853	24155	25491	27187	27422	27647	29822	31081	32215	49614
22854	24341	25492	27226	27424	27650	29823	31084	32220	49615
22855	24342	25515	27227	27427	27654	29824	31085	32225	49616
22856	24361	25525	27228	27428	27676	29825	31086	32310	49617
22858	24362	25526	27236	27429	27698	29826	31087	32320	49618
22859	24363	25545	27244	27438	27702	29827	31205	32440	49621
22861	24366	25574	27245	27440	27703	29828	31225	32442	49622
22864	24370	25575	27248	27441	27705	29834	31230	32445	49623
22867	24371	25607	27253	27442	27709	29835	31295	32480	49650
22868	24400	25608	27254	27443	27712	29836	31296	32482	49651
22869	24410	25609	27258	27445	27715	29837	31300	32484	50250
23145	24420	25628	27259	27446	27720	29843	31360	32486	57295
23150	24430	25645	27267	27447	27722	29844	31365	32488	
23155	24435	25670	27268	27448	27724	29845	31367	32491	
23172	24470	25676	27269	27450	27725	29847	31368	32503	
23174	24498	25685	27280	27454	27740	29851	31370	32504	
23182	24515	25695	27282	27455	27742	29855	31375	32900	
23184	24516	25800	27284	27457	27745	29856	31380	33507	
23410	24545	25805	27286	27465	27758	29860	31382	33926	
23412	24546	25810	27290	27466	27759	29861	31390	35011	
23420	24575	25820	27295	27468	27814	29862	31395	44346	
23440	24579	25825	27303	27470	27822	29863	31400	46710	
23450	24586	25830	27310	27472	27823	29884	31420	46712	
23455	24587	27036	27329	27479	27826	29885	31590	47563	
23460	24615	27045	27331	27486	27827	29887	31601	49491	

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.

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
25	Birthing 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