



**EFFECTIVE DATE:** 02|02|2006

**POLICY LAST UPDATED:** 10|01|2013

### OVERVIEW

This policy documents the services covered when rendered by a BCBSRI credentialed Mid-level practitioners (MLP) functioning in a collaborative relationship with a physician or as an independent practitioner.

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

Coverage and Contracting:

- **Certified Nurse Specialists:**

This describes a registered nurse with Master's or PhD preparation in one of the following areas: medical-surgical nursing; adult psychiatric-mental health nursing; child or adolescent psychiatric health and mental health nursing. BCBSRI does not contract with or credential medical-surgical clinical nurse specialists. Therefore, this section of the policy addresses psychiatric and mental health clinical nurse specialists.

Under Rhode Island state law, clinical nurse specialists may have prescriptive privileges and are required to have a collaborative agreement with a participating physician when using prescriptive privileges.

BCBSRI contracts with Psychiatric and Mental Health Clinical Nurse Specialists (CNS) who meet credentials requirements to provide covered mental health services. CNS providers with prescriptive privileges must have a collaborative agreement conforming to BCBSRI credentials policy and procedures.

The State of Rhode Island mandates coverage in accordance with RIGL 27-20-5:

§ 27-20-5 Contracts with subscribers. – Each nonprofit medical service corporation may contract with its subscribers for any medical service as may be provided under any nonprofit medical service plan adopted by the corporation; provided, that:

2) If any medical service as may be provided for shall include service which may be lawfully performed or rendered by a certified registered nurse practitioner or psychiatric and mental health nurse clinical specialist, the contract will provide for the payment for the service performed or rendered by a certified registered nurse practitioner or psychiatric and mental health nurse clinical specialist to subscribers. No nonprofit medical service corporation may require supervision, signature, or referral by any other health care provider as a condition of reimbursement to a certified registered nurse practitioner; provided, that no nonprofit medical service corporation may be required to pay for duplicative services actually rendered by both a certified registered nurse practitioner and any other health care provider.

Provider restrictions apply please see Behavioral Health Policy.

- **Registered Nurse Practitioners (RNP):**

The RNP describes a registered nurse with a minimum of a Master's preparation from an educational program which includes both didactic and clinical components. They are certified by exam after completing required clinical practice hours. They practice in an expanded role utilizing independent knowledge of physical assessment and management of health care and illness. This practice includes prescriptive privileges and collaboration with other health care professionals. The following credentialing agencies validate, based on predetermined standards, an individual registered nurses knowledge, skills and abilities in a defined, functional area of nursing:

- American Academy of Nurse Practitioners (AANP)
- American Association of Critical Care Nurses (AACN) Certification Program
- American Nurses Credentialing Center
- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties
- National Board on Certification of Hospice and Palliative Care Nurses (NBCHPN)
- Oncology Nurses Certification Corporation
- Pediatric Nursing Certification Board (PNCB)

The State of Rhode Island mandates coverage in accordance with RIGL 27-18-34:

§27-18-34. Health insurance contracts - Certified registered nurse practitioners and psychiatric and mental health nurse clinical specialists.

a) Every health insurance contract, plan, or policy delivered, issued for delivery, or renewed in this state shall provide coverage for the services of a certified registered nurse practitioner, practicing collaboratively, or in the employ of a physician licensed under chapter 37 of title 5, and psychiatric and mental health nurse clinical specialists, to subscribers if the services are within the certified registered nurse practitioner's or psychiatric and mental health nurse clinical specialist's area of professional competence as established by education and certification, and are currently reimbursed when rendered by any other licensed health care provider. No insurer or hospital, medical service corporation, or health maintenance organization may require the signature, by any other health care provider as a condition of reimbursement. No insurer or hospital, medical service corporation, or health maintenance organization may be required to pay for duplicative services actually rendered by both a certified registered nurse practitioner and any other health care provider.

(c) Every health insurance contract, plan, or policy delivered, issued for delivery, or renewed in this state shall provide coverage for certified registered nurse practitioners to provide primary care, intermediate, home, long-term and inpatient care as primary care providers, when said certified registered nurse practitioner is a participating provider, consistent with, and practicing within, the scope of his/her professional license.

(d) Notwithstanding any law to the contrary, all insurers, nonprofit medical service corporations, nonprofit hospital service corporations and health maintenance organizations shall provide subscribers with an opportunity to select a certified registered nurse practitioner, who is a participating provider, as a primary care provider.

(e) Notwithstanding any law to the contrary, all insurers, nonprofit medical service corporations, nonprofit hospital service corporations and health maintenance organizations shall insure that all participating primary care provider certified registered nurse practitioners are included on any publicly accessible list of participating providers for the respective organization.

BCBSRI contracts with RNPs who meet credentialing requirements to provide covered health services. All RNPs have prescriptive privileges and must have a collaborative agreement conforming

to BCBSRI credentialing policy and procedures. RNPs scope of practice includes but is not limited to; providing or arranging services for patients may order referrals to specialists, diagnostic tests (laboratory, machine tests and imaging studies), home care, durable medical equipment (DME), supplies and as allowed by their prescriptive privileges, medications including injected or infused drugs and biologics.

Members may designate RNPs credentialed as primary care professionals to be their primary care professional. RNPs affiliated with a specialist cannot be chosen as an RNP-PCP. As a temporary measure due to claims system limitations, members are instructed to select the collaborating PCP as proxy for the RNP.

- **Physician Assistants (PA):**

A physician's assistant is a graduate of an approved PA program, usually Master's prepared level after completion of a Bachelor's prepared degree and experience in a health care setting. They work under the supervision of a physician with a written agreement that delineates their scope of practice. These responsibilities often include, but are not limited to; physical examinations, diagnosing and treating illnesses, ordering and interpreting tests, and limited prescribing privileges. Certification is by the National Commission of Certification of Physician Assistants.

BCBSRI contracts with PAs who meet credentialing requirements to provide covered health services. All PAs must have a supervisory/collaborative agreement conforming to BCBSRI credentialing policy and procedures. PAs providing or arranging services for patients may order referrals to specialists, diagnostic tests (laboratory, machine tests and imaging studies), home care, durable medical equipment (DME), supplies and as allowed by their prescriptive privileges, medications including injected or infused drugs and biologics.

- **Certified Registered Nurse First Assistants (CRNFA):**

The CRNFA is a registered nurse with a minimum of five years of clinical/didactic education, certification, and experience. These five years would include at least two in the operating room milieu and achievement of CNOR status (Certification in Operating Room Nursing), and one academic year of tertiary education. Responsibilities may include preoperative, intraoperative, and post-operative duties. Most typically, the CRNFA's role is as first assistant, intraoperatively handling tissue, providing exposure, using instruments, suturing, and providing hemostasis.

The State of RI mandates coverage in accordance with RIGL 27-20-35.1

§ 27-20-35.1 Third party reimbursement for services of registered nurse first assistants. – a) Every individual or group health insurance contract, plan or policy delivered, issued or renewed by an insurer or nonprofit or for profit health service corporation which provides benefits to individual subscribers and members within the state, or to all group members having a principal place of employment within the state, shall provide benefits for services rendered by a registered nurse first assistant, provided, that the following conditions are met:

(1) The registered nurse first assistant provides certain health care services under the supervision of a licensed physician; is currently licensed as a registered nurse in Rhode Island; has successfully completed a course in preparing the registered nurse as a first assistant in accordance with the Association of Operating Room Nurses core curriculum guide for the registered nurse first assistant and includes a minimum of one academic year in a college or university with didactic instruction and clinical internship programs; and is certified in perioperative nursing by the Certification Board of Perioperative Nursing (minimum of two years perioperative experience);

(2) The policy or contract currently provides benefits for identical services rendered by a provider of health care licensed by the state; and

(3) The registered nurse first assistant is not a salaried employee of the licensed hospital or facility for which the nonprofit hospital service corporation has an alternative contractual relationship to fund the services of a registered nurse first assistant.

(b) It remains within the sole discretion of the nonprofit medical service corporation as to which registered nurse first assistant in surgery it contracts with. Reimbursement is provided according to the respective principles and policies of the nonprofit medical service corporation: provided, that no nonprofit medical service corporation is required to provide direct reimbursement, or pay for duplicative services actually rendered by a registered nurse first assistant and any other health care provider. Nothing contained in this section precludes the nonprofit medical service corporations from conducting managed care, medical necessity or utilization review.

BCBSRI contracts with CRFNAs who are not employees of facilities and who meet credentialing requirements for the provision of covered assistant-at-surgery services.

- **Certified Nurse Midwives:**

Midwives must have completed an educational program in midwifery that is accredited by the American College of Nurse-Midwives and possess documentation of supervised clinical practice of at least one year's duration.

The license to practice midwifery authorizes the holder to attend cases of normal childbirth, to provide prenatal, intrapartum and postpartum care, including the immediate care of the newborn and well woman gynecological care with evidence of prearranged provision for collaboration with a physician in accordance with the American College of Nurse-Midwives and the American College of Obstetrics and Gynecology.

The State of RI mandates coverage in accordance with RIGL 27-20-5 :

**§ 27-20-5 Contracts** with subscribers. – Each nonprofit medical service corporation may contract with its subscribers for any medical service as may be provided under any nonprofit medical service plan adopted by the corporation; provided, that:

3) If any medical service as may be provided for shall include service which may be lawfully performed or rendered by a licensed midwife, the contract delivered, issued for delivery, or renewed in this state shall provide for the payment for the service performed or rendered by a licensed midwife in accordance with each health insurers' respective principles and mechanisms of reimbursement credentialing and contracting if those services are within the licensed midwives' area of professional competence as defined by regulations promulgated pursuant to § 23-13-9, and are currently reimbursed when rendered by any other licensed health care provider. No nonprofit medical service corporation may require supervision, signature, or referral by any other health care provider as a condition of reimbursement except when the requirements are also applicable to other categories of health care providers; provided, no insurer or hospital or medical service corporation or patient may be required to pay for duplicate services actually rendered by both a licensed midwife and any other health care provider. Direct payment for **licensed midwives** will be contingent upon services rendered in a licensed health care facility and for services rendered in accordance with rules and regulations promulgated by the department of health; provided, that this provision shall not prohibit payment for services pursuant to § 42-62-26 or for other services reimbursed by third party payors.

BCBSRI contracts with CNMs who meet credentialing requirements to provide covered health services. CNMs providing or arranging services for patients may order referrals to specialists, diagnostic tests (laboratory, machine tests and imaging studies), home care, durable medical equipment (DME), supplies and as allowed by their prescriptive privileges, medications including injected or infused drugs and biologics.

- **Certified Registered Nurse Anesthetists (CRNA):**

This practitioner is a registered nurse who has graduated from an education program accredited by the American Association of Nurse Anesthetists Council on Accreditation of Nurse Anesthesia Education Programs. They provide certain services under the supervision of anesthesiologists, licensed physicians, or licensed dentists, in accordance with the state law which requires substantial specialized knowledge, judgment and skill related to the administration of anesthesia including: preoperative and post-operative patient assessments,, monitoring patients during anesthesia, management of fluid intravenous therapy and respiratory care.

State of RI mandates coverage in accordance with RIGL 27-20-35:

§ 27-20-35 Third party reimbursement for services of certain health care workers. – (a) Every individual or group health insurance contract, plan or policy delivered, issued or renewed by an insurer or nonprofit or for profit health service corporation which provides benefits to individual subscribers and members within the state, or to all group members having a principal place of employment within the state, shall provide benefits for services rendered by a certified registered nurse anesthetist designated as a certified registered nurse anesthetist by the board of nurse registration and nursing education; provided, that the following conditions are met:

(1) The certified registered nurse anesthetist provides certain health care services under the supervision of anesthesiologists, licensed physicians or licensed dentists in accordance with § 5-34.2-2(c), which requires substantial specialized knowledge, judgment and skill related to the administration of anesthesia, including preoperative and post-operative assessment of patients; administering anesthetics; monitoring patients during anesthesia; management of fluids in intravenous therapy and management of respiratory care;

(2) The policy or contract currently provides benefits for identical services rendered by a provider of health care licensed by the state; and

(3) The certified registered nurse anesthetist is not a salaried employee of the licensed hospital or facility for which the nonprofit medical service corporation has an alternative contractual relationship to fund the services of a certified registered nurse anesthetist.

(b) It shall remain within the sole discretion of the nonprofit medical service corporation as to which certified registered nurse anesthetists it shall contract with. Reimbursement shall be provided according to the respective principles and policies of the nonprofit medical service corporation; provided, that no nonprofit medical service corporation may be required to pay for duplicative services actually rendered by a certified registered nurse anesthetist and any other health care provider. Nothing contained in this section shall preclude the nonprofit medical service corporation from conducting managed care, medical necessity or utilization review.

BCBSRI contracts with CRNA's meeting credentialing requirements who are not hospital employees for the provision of covered anesthesia services.

**Payment:**

- **"Incident-to"** services: BCBSRI does not follow Medicare and **does not** pay physicians for services of mid-level providers "incident-to." Mid-level providers must be individually credentialed by BCBSRI and filed under their own provider number.
- **Shared Visits:** BCBSRI allows shared visit billing, so long as the service is allowed by regulation, facility policy and scope of practice. BCBSRI defines a "shared visit" is when a physician and an MLP both see the patient on the same date and the physician bills for the combined service. In such cases both are involved in the assessment and medical decision-making processes in a meaningful way. Both have direct (i.e. face-to-face) patient contact. The selection of the Evaluation and Management (E/M) code level is based upon the combined documentation of the two professionals. Time-based reporting will only be allowed based upon physician time. The Centers for Medicare and Medicaid Services (CMS) limits "shared visits" to specific CPT codes (for example, the concept does not apply for nursing facility services). BCBSRI does not apply the CMS restrictions. In no case are both professionals practicing in the same discipline (as defined by the specialty of the collaborating physician) allowed to each report services on the same date. For example, if an RNP sees a patient and feels the collaborating physician should also see the patient that day and arranges for this to occur, the "shared visit" principle applies and only one service is reported. However, if a primary care practice RNP refers a patient to a specialist on the same date, the RNP and specialist are not sharing the visit.

**Exception:** A physician may report pharmacologic treatment/evaluation, on the same date a CNS without prescribing privileges reports psychotherapy services.

- **Acute Hospital Inpatient Services:** During an acute hospital inpatient stay a MLP may provide services. E/M services in the inpatient setting may be shared visits but are not otherwise eligible for payment to the MLP. In order for any inpatient services to be medically necessary (including the inpatient stay or those of the MLP) the attending physician must daily document the need for continued stay. Concurrent care services are only medically necessary when provided by a specialist physician with distinct expertise from that of the attending physician. Time based services (e.g., critical care, prolonged services) must be performed by physicians. Acute inpatient care requires daily physician attendance. If the only clinician representing the attending physician is a MLP, the hospital is ineligible to receive acute inpatient reimbursement for the day in question as no physician has documented the continued need for inpatient level of care. Discharge day services are exempt from this requirement. Admission services may be claimed on the day rendered by a MLP without physician face-to-face contact on that day, so long as the physician contact occurs within the next 24 hours (e.g., a single day after admission physician contact with two distinct days of shared services being reported, an admission and a single subsequent care service, is acceptable). Surgical global periods apply and MLPs may not bill for services within the global period when providing post-operative care.

**Exception:** NPs and PAs that are working with a hospital facility based inpatient practice may be given exception to the restriction on reporting any E/M services. In such cases, the physician must be readily available on-site throughout routine business hours. It is expected that there is routine communication with the physician(s) in caring for the patient, even if the physician does not personally see the patient. It is preferred that the physician periodically see the patient on work rounds with the inpatient team during the stay. The MLP must be working within the scope of privileges granted by the hospital.

Behavioral health MLPs (Psychiatric and Mental Health Clinical Nurse Specialists) may provide E/M or psychiatric diagnostic interview services to patients on medical/surgical units. For behavioral units or behavioral health facilities there is no exception.

- Skilled Nursing Facility (SNF)/Nursing Facility (NF) Services:**  
 Only physicians may complete the admission assessment by regulation. However, BCBSRI allows the physician to utilize information collected by the MLP in a shared visit methodology for the admission assessment. A single claim is submitted by the physician. The MLP may provide medically necessary services prior to the admission assessment. BCBSRI will not allow a shared visit for the admission assessment when this occurs if the MLP reports those urgent initial services. The physician may only report the admission services personally performed when the MLP reports a service performed prior to the admission assessment. Only physicians nurse practitioners, clinical nurse specialist or physician assistants that are not facility employees may certify skilled level of care. The physician may delegate interval visits to the MLP so long as the physician sees the patient again by day 60 and again by day 120.
- Inpatient Rehabilitation Services :**  
 MLPs that have been granted clinical privileges by the facility may perform admission assessment so long as they are confirmed by the physician within 72 hours. Only one admission assessment is allowed per stay, e.g., the MLP and physician may not both bill for the admission assessment. On no date shall the physician and the MLP both bill for subsequent care services when the two are acting as attending physicians and support for the attending service or when in the same coverage group. There shall be an attending physician assigned to every patient and the MLP shall be clearly associated with the attending physician. MLPs may not provide consultant services in this setting except as a shared visit.
- Home and Domiciliary Care:**  
 MLPs may perform home care and domiciliary care for covered health services when providing care in a manner consistent with their collaborative/supervisory agreement. The MLP shall bill using their individual provider number.
- Assistant-at-Surgery:**  
 Payment for assistant-at-surgery shall follow the same rules for eligible procedures as for physicians. Assistant-at-surgery services are eligible for payment when rendered by a CRNFA, PA, NP or CNS. Assistant at surgery claims for PAs, NPs and CNSs must be submitted with the AS modifier.
- Anesthesia services:**  
 BCBSRI requires the use of anesthesia modifiers to report the services of the CRNA and physician, when applicable.
- Moderate (Conscious) Sedation**  
 Conscious sedation codes 99148-99150 are allowed by CRNA, NP or PA.

**Certifying Services and Ordering Diagnostic Studies:**

For purposes of determining eligibility for payment of services RNP, PA and CNM may order diagnostic studies (e.g., lab, imaging, machine tests) using their individual provider identifier. RNP, PA, CNM and CNS with prescriptive privileges may order medications as allowed by licensure laws. RNP, PA, and CNM may certify home care and DME. Only physicians and RNPs which are not facility employed may certify SNF care.

**Referrals from PCP to Specialists:**

CNM, PA and RNP professionals that are contracted with BCBSRI as part of a PCP collaborative practice may make specialist referrals for those products that require PCP referral for the member to receive maximum benefits.

**MEDICAL CRITERIA**

None

## **BACKGROUND**

Mid-level practitioner is a term used to describe professional, licensed personnel who function either in a collaborative relationship with a physician or as an independent practitioner to provide covered health care services to patients. An advanced level of academic preparation; specific training and certification by exam is required. There are legal and regulatory definitions of the types of services that each of the practitioners may perform within the scope of their license and practice. Also, BCBSRI has practice standards for contracting and credentialing mid-level practitioners (BCBSRI Policy CR 2.3 Credentialing) for the following professionals:

- Certified Nurse Specialists (CNS) with or without prescriptive privileges
- Registered Nurse Practitioners (RNP)
- Physician Assistants (PA)
- Certified Registered Nurse First Assistants (CRNFA)
- Certified Nurse Midwives (CNM)
- Certified Registered Nurse Anesthetists (CRNA)

## **COVERAGE**

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable covered services/benefits/coverage.

## **CODING**

Coding and Reimbursement for Mid-Level Practitioners:

Mid-level practitioners must bill using their individual provider identification number provided by the Plan, except as noted for "shared visit" billing.

Mid-level practitioner when acting as an assistant-at-surgery must bill using an AS modifier.

Services performed by mid-level practitioners are paid at a contracted proportion of the physician fee schedule.

The following services billed by a mid-level practitioner will be reimbursed at 100 percent of the physician fee schedule allowance when covered:

- Laboratory services
- Injected or infused drugs
- Supplies
- After-hours services
- Diagnostic tests

## **RELATED POLICIES**

None

## **PUBLISHED**

Provider Update, August 2011

Provider Update, August 2008

Provider Update, May 2006

## **REFERENCES**

None



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