

## ADVANCED PRACTICE HEALTH CARE PROVIDERS

### Scope

This policy applies to:

- |                                                                                       |                                                                                                     |                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente<br>Health Plan of<br>Washington | <input checked="" type="checkbox"/> Kaiser Permanente<br>Health Plan of Washington<br>Options, Inc. |                                   |
| <input checked="" type="checkbox"/> Commercial                                        | <input checked="" type="checkbox"/> Medicare                                                        | <input type="checkbox"/> Medicaid |

### Policy

**Original Effective Date: 11/01/2024**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse for services rendered by an Advanced Practice Provider (APP) when the APP has an NPI number and is eligible to bill directly for services rendered pursuant to applicable laws and regulations. Unless otherwise contracted with a non-physician fee schedule, Kaiser Permanente will reimburse 85% of the applicable physician fee schedule for covered services rendered by an APP.

APPs who do not have an NPI number (or are ineligible to bill directly with an NPI) should report non-surgical services appended with modifier SA when the services are submitted by a supervising physician on behalf of the APP using the physician's NPI number. Eligible services rendered by an APP and submitted with an SA modifier will be reimbursed at 85% of the supervising physician's fee schedule.

### Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Kaiser Permanente considers Advanced Practice Health Care Providers to include but not be limited to the following providers:

Provider	Acronym
Acute Care Nurse Practitioner	ACNP
Adult Gerontology Acute Care Nurse Practitioner	AGACNP
Adult Gerontological Nurse Practitioner Certified	AGNPC
Advanced Nurse Practitioner	ANP

Advanced Practice Nurse Practitioner	APNP
Advanced Practice Professional Nurse	APPN
Advanced Practice Registered Nurse	APRN
Advanced Registered Nurse Practitioner	ARNP
Certified Family Nurse Practitioner	CFNP
Certified Nurse Practitioner	CNP
Clinical Nurse Specialist	CNS
Certified Pediatric Nurse Practitioner	CPNP
Certified Registered Nurse Practitioner	CRNP
Family Nurse Practitioner	FNP
Gerontological Nurse Practitioner	GNP
Neonatal Nurse Practitioner	NNP
Nurse Practitioner	NP
Physician Assistant	PA
Physician Assistant Certified	PAC
Pediatric Nurse Practitioner	PNP
Registered Nurse Clinical Specialist	RNCS
Registered Nurse Practitioner	RNP
Women's Health Nurse Practitioner	WHNP

## Policy Definitions

**SA Modifier** – Append modifier SA when a nurse practitioner assists the provider in a procedure other than a surgery.

**Advanced Practice Health Care Provider** – A healthcare practitioner, other than a physician, licensed by the state in which they practice to assist or act in the place of a physician, who may bill directly under applicable state law. For the purposes of this policy, an Advanced Practice

Health Care Provider includes, without limitation, Physician Assistants (PA), Nurse Practitioners (NP) and Clinical Nurse Specialists (CNS).

**Supervising Health Care Provider Professional** – A physician or Advanced Practice Health Care Provider, who has their own NPI number, when responsible for supervising services rendered by an Advanced Practice Health Care or Nonphysician Provider.

### Prerequisite(s)

Not Applicable

### References

[Modifiers](#) – Kaiser Permanente Payment Policy

[Advanced Practice Registered Nurses \(APRNs\)](#), CMS

### Frequently Asked Questions

- Q1:** A nurse practitioner (NP) provides a supervised service. Should the modifier SA be appended?
- A1:** HCPCS Level II modifier SA should be appended if the APP who is performing the non-surgical services does not have a NPI and is billing under the supervising physicians NPI number.
- Q2:** A patient is seen by an Advanced Practice Provider (APP) that is supervised by a physician and provides a level three established patient Evaluation and Management service. Should modifier SA be appended to the E/M code?
- A2:** If the APP does not have their own NPI number and is not eligible to bill directly, modifier SA should be appended to the E/M code and submitted with the supervising physicians NPI number.

### Revision History

05/15/2024 – New Policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.