

**Bulletin Number:** MSA 18-31

**Distribution:** All Providers

**Issued:** August 31, 2018

**Subject:** Update to the Coverage of Physician Assistant Services

**Effective:** October 1, 2018

**Programs Affected:** Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), Children's Special Health Care Services (CSHCS), MI Health Link

This bulletin updates information related to the coverage of professional services provided by a physician assistant (PA) as defined in Public Act 368 of 1978 as amended. The information in this bulletin is effective for dates of service on and after October 1, 2018.

### **General Information**

The Medicaid program covers medically necessary services provided by a Medicaid-enrolled PA when all of the following requirements are met:

- The services are the type that are considered physician's services if furnished by a Doctor of Medicine or Osteopathy (MD/DO);
- The services are performed by a person who is licensed as a PA under state law;
- The PA is legally authorized to perform the service in compliance with state law;
- The services are performed under the terms of a valid practice agreement with a Medicaid-enrolled MD/DO; and
- The services are not restricted to physicians or otherwise excluded by Medicaid program policy or federal and state statutes.

### **Enrollment of Physician Assistants**

PAs who provide professional services to Medicaid beneficiaries are required to be enrolled providers in the Medicaid program and uniquely identified on claims to be eligible for reimbursement. To enroll, the PA must complete an online application in the Community Health Automated Medicaid Processing System (CHAMPS) with an Individual (Type 1) National Provider Identifier (NPI) as a Rendering/Service-Only provider. Refer to [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> CHAMPS>> Register for MILogin Account for access to CHAMPS >> Accessing CHAMPS.

## **Participating Physician**

Physician assistant professional services will be covered when provided under the terms of a valid practice agreement with a participating physician that is compliant with state law requirements. A group of physicians practicing other than as sole practitioners may designate one or more physicians in the group to enter into a practice agreement.

During enrollment and enrollment revalidation, the PA must report the NPI of their Medicaid-enrolled participating physician by including the participating physician's NPI on the checklist and associate to the participating physician in the "Associate to Billing Provider/Other Association" step in CHAMPS. Disenrollment of the participating physician from the program may prompt disenrollment of the PA. To avoid interruption in enrollment, the PA must ensure his or her CHAMPS enrollment information reflects current participating physician information.

Practitioners who wish to provide services to Medicaid Health Plan (MHP) enrollees are encouraged to contact the individual MHP for additional enrollment, credentialing, and contract requirements.

## **Practice Agreement**

As part of the enrollment process, the PA must attest to having a valid practice agreement with a participating physician that complies with state law requirements. Determination of medical necessity and appropriateness of services is the responsibility of the PA and participating physician based on the terms of the practice agreement. The participating physician does not have to be physically on the premises where the services are provided. The PA shall maintain the practice agreement at his or her primary place of practice and provide the agreement to the Michigan Department of Health and Human Services (MDHHS) upon request.

## **Billing and Reimbursement**

### **Claim Completion**

Professional claims must include the NPI of the PA in the Rendering Provider field and the participating or supervising physician in the Supervising Provider field as applicable. Refer to the Medicaid Provider Manual, Billing & Reimbursement for Professionals and/or the Billing & Reimbursement for Institutional Providers Chapters for additional information. The Medicaid Provider Manual can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Reimbursement

As a Rendering/Servicing-Only provider, PAs are not eligible to receive direct reimbursement. Payment for PA services will be issued to the participating physician, physician group or billing provider. Professional services are only covered when the PA has personally performed the service and no other provider or entity has been paid for the service. Services provided jointly by the PA and participating physician are covered for a single practitioner only. Fee-for-Service reimbursement for PA services is based upon the limits and rates associated to physician professional services. Michigan Medicaid's fee schedule for services provided by the PA is published at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing & Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics >> Practitioner.

MHPs are responsible for reimbursing contracted providers or subcontractors for their services according to the conditions stated in the subcontract established between the practitioner and the MHP. Noncontracted providers must comply with all applicable authorization requirements of the MHP and uniform billing requirements.

Refer to the Medicaid Provider Manual for additional guidelines and information associated to coverage of services, program enrollment, billing and reimbursement. The Medicaid Provider Manual can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

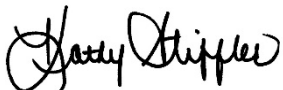
## Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved



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Medical Services Administration