



April 21, 2017

Provider Memorandum

Physician Assistant Billing Guidelines

Managed Care Organizations (MCO) and the Illinois Department of Health and Family Services (HFS) have come together to provide clarification on Physician Assistant billing guidelines when Medicaid beneficiaries are enrolled into a managed care program.

In accordance with the Physician Assistant Practice Act of 1987 (225 ILCS 95/), Physician Assistants can perform procedures under the supervision of a physician in one of two ways as described below.

Managed Care Billing Requirements

The managed care contracts between HFS and each of the MCOs provides the organizations flexibility in contracting with healthcare service providers when coordinating care with patients.

With this flexibility, services supplied by Physician Assistants are allowed to be billed and either reimbursed 1) directly, or 2) under the supervising physician.

Physician Assistants Enrolled in the Illinois Medical Assistance Program

Physician Assistants are allowed to bill and receive reimbursement directly when serving as the rendering provider so long as the Physician Assistant is registered in the Illinois Medical Assistance Program.

To facilitate accurate Encounters submission in this scenario, MCOs require that performed services are to be billed with the enrolled Physician Assistant's name and NPI as the rendering provider in box 24J of the CMS - 1500 claim form / Loop 2310B on 837p electronic submission or in box 56 of the UB-04 claim form / Loop 2310D on 837i electronic submission.

*Physician Assistants **Not** Enrolled in the Illinois Medical Assistance Program*

If the Physician Assistant is not registered in the Illinois Medical Assistance Program, they will be able to perform procedures under the care of a supervision of a Physician enrolled in the Illinois Medical Assistance Program per 225 ILCS 95/.

To facilitate accurate Encounters submission in this scenario, MCOs require that performed services are to be billed with the enrolled supervising physician's name and NPI as the rendering provider in box 24J of the CMS - 1500 claim form / Loop 2310B on 837p electronic submission or in box 56 of the UB-04 claim form / Loop 2310D on 837i electronic submission.

"Physician assistant" means any person who has been certified as a physician assistant by the National Commission on the Certification of Physician Assistants or equivalent successor agency and performs procedures under the supervision of a physician as defined in this Act. A physician assistant may perform such procedures within the specialty of the supervising physician, except that such physician shall exercise such direction, supervision and control over such physician assistants as will assure that patients shall receive quality medical care.

"Supervising Physician" means, for the purposes of this Act, the primary supervising physician of a physician assistant, who, within his specialty and expertise may delegate a variety of tasks and procedures to the physician assistant. Such tasks and procedures shall be delegated in accordance with a written supervision agreement.

"Alternate supervising physician" means, for the purpose of 225 ILCS 95/, any physician designated by the supervising physician to provide supervision in the event that he or she is unable to provide that supervision.

Enrollment Requirements

As per the ACA requirement, Physician Assistants are required to register with HFS as a Medicaid Provider in order to render services to Illinois beneficiaries and receive reimbursement. These providers should follow HFS guidelines to register and certify in IMPACT. IMPACT.Illinois.gov. Once registered, Physician Assistants are identified as Provider Type 089 on the HFS Provider Affiliation File sent weekly to MCOs. Eligible Physician Assistants (in good standing as actively enrolled) will be represented with "H" which stands for an Encounter Only Provider Type.