The most current version of the reimbursement policies can be found on www.jhhc.com.

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Johns Hopkins HealthCare (JHHC) benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services must be billed with ICD-10 codes, CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current Reimbursement Policies are not followed, Johns Hopkins HealthCare (JHHC) may:
- Reject or deny the claim
- Recover and/or recoup claim payment

JHHC reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHC strives to minimize these variations.

JHHC reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy on www.jhhc.com.
POLICY

It is the policy of Johns Hopkins HealthCare (JHHC) to reimburse Physician Assistants (PAs) that meet the criteria outlined herein.

This policy applies to Physician Assistants contracted and credentialed within the JHHC provider network for Employer Health Programs (EHP), US Family Health Plan (USFHP), and Priority Partners MCO (PPMCO).

It is the responsibility of the Provider Relations Department to contract with Physician Assistants as appropriate and within the guidelines outlined within this policy. It is the responsibility of the Credentialing Department to credential the PA following appropriate guidelines outlined within this policy.

1. **PPMCO and EHP:** The Physician Assistant must meet the applicable state requirements governing the qualifications for Physician Assistants
   a. Is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians.
   b. The Physician Assistant must be licensed by the State to practice as a Physician Assistant.
   c. The services rendered must meet all other standards of medical coverage.

2. **USFHP:** Physician Assistant (PA) may provide covered services under general supervision of a physician. The physician assistant must meet the applicable state requirements governing the qualifications for physician assistants and at least one of the following conditions:
   a. Is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians, or
   b. Has satisfactorily completed a program for preparing physician assistants that was at least one academic year in length and consisted of supervised clinical practice and at least 4 months (in the aggregate) of classroom instruction directed toward preparing students to deliver health care; and was accredited by the American Medical Association’s (AMA’s) Committee on Allied Health Education and Accreditation; or
   c. Has satisfactorily completed a formal educational program for preparing physician assistants that does not meet the requirements of section (b) and assisted primary care physicians for a minimum of 12 months during the 18-month period immediately preceding January 1, 1987.
   d. If state licensure is available, it is required even if the state offers licensure on a voluntary basis.
PAYMENT METHODOLOGY FOR EMPLOYER HEALTH PROGRAMS & PRIORITY PARTNERS (Effective 7/1/11), US FAMILY HEALTH PLAN (Effective 11/1/11):

1. Payment Methodology for Physician Assistants for Services Rendered:
   a. The PA must have their individual “practitioner” National Provider Identifier (NPI).
   b. Physician Assistant services are paid at the lesser of the actual charge then in effect or an amount equal to Eighty-Five percent (85%) of the physician fee schedule.

2. Payment Methodology for Physician Assistants Assisting in Surgery:
   a. It is the policy of Johns Hopkins HealthCare to follow the procedure logic in code review and/or claim check which dictates (by code) what procedures qualify for reimbursement to an assistant surgeon. Any exceptions (an extraordinarily complicated patient for example) will be dealt with individually upon written appeal.
   b. JHHC shall compensate provider for covered services rendered by PAs at Sixteen-Percent (16%) of the Physician Assistants allowable fee, with the Physician Assistants allowable fee defined as Eighty-Five percent (85%) of the Physician Fee Schedule.
   c. The AS modifier must be used when submitting claims when PAs are assisting in surgeries.

DEFINITIONS

1. Physician Assistants (PAs) are academically and clinically prepared to provide healthcare services under the supervision of a Doctor of Medicine (MD) or Doctor of Osteopathy (DO).

2. Coverage is limited to the services a PA is legally authorized to perform within their scope of practice and in accordance with the state regulatory mechanism provided by state law.
   a. According to the Maryland Department of Health and Mental Hygiene, Board of Physicians, a Physician Assistant’s scope of practice is limited to acts:
      - Delegated by the supervising physician;
      - Appropriate to the Physician Assistant’s education, training, and experience;
      - Customary to the practice of the supervising physician;
EXCLUSIONS
N/A

EXEMPTIONS
N/A

CROSS REFERENCE (with other relevant policies, procedures, and/or workflows)

This policy has been developed through consideration of the following:

1. PCR.002 Criteria for Practitioner Participation
2. TRICARE Policy Manual 6010.57-M, February 1, 2008 Chapter 11, Section 3.13
3. RPC.009 Scope of Practice
4. Physician Assistant – COMAR Regulations, 10.32.03.01 – 10.32.03.18, at: https://www.mbp.state.md.us/resource_information/res_pro/resource_practitioner_regs.aspx

APPROVALS

Steering Committee Approval Date:

Last Review Dates: 11/1/2017