



Network Notification

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To: Ohio & Michigan Providers

From: CareSource

Subject: APN Medicare Pricing / CMS Methodology

Modifiers: SA and SB

Effective: December 1, 2009

This outlines CareSource's policy regarding reimbursement for our Advanced Practice Nurse (APN) providers based on CMS Methodology.

Policy

CareSource will reimburse for procedures rendered by an APN to a Medicare patient as follows:

Nurse Practitioner and Clinical Nurse Specialist:

The payment for a Physician Assistant (PA), Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS) is 80% of the lesser of either the actual charge or 85 percent of the Medicare Physicians Fee Schedule (MPFS) amount.

For assistants to surgery services, payment equals 80% of the lesser of either the actual charge, or 85% of the Medicare Physician Fee Schedule paid to a physician serving as an assistant at surgery.

A physician serving as an assistant at surgery receives 16% of the MPFS amount. The PA, NP and CNS allowance is 85% of the 16% (e.g., 13.6% of the MPFS amount) and subject to all applicable Medicare Rules. (Pub 100-04, C12, S110, 120).

Nurse Midwife:

Billing for Certified Nurse Midwife services does not have to flow through a physician or facility. Payment for most nurse-midwife services is equal to 65% of the physician fee schedule.

However, covered drugs furnished by nurse midwives are paid according to the drug payment methodology.

Covered clinical diagnostic lab services are paid according to the clinical diagnostic lab fee schedule. (Pub 100-04, C12, S130.1)

CRNA:

Services furnished by CRNAs are subject to the Part B deductible and coinsurance. If the Part B deductible has been satisfied, the CRNA fee schedule for anesthesia is 80% of:

- The actual charge
- The applicable CRNA conversion factor multiplied by the sum of allowable base and time units

OR

- The applicable locality participating anesthesiologist's conversion factor multiplied by the sum of allowable base and time units. (Pub 100-04, C12, S140.3.4)