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## **Non-Physician Medical Practitioners (NMP)**

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Page updated: March 2023

Services rendered by Non-Physician Medical Practitioners (NMPs) are covered by Medi-Cal. NMPs consist of Physician Assistants (PAs), Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs). The following information does not detract from the fact that CNMs and NPs (family and pediatric specialties) can enroll as free-standing individual providers and provider groups or as NMPs. For additional help, refer to the *Non-Physician Medical Practitioners (NMP) Billing Example* section of this manual.

### **Authorization Form Signatures**

PAs, NPs and CNMs may sign authorization forms required by the department for covered benefits and services that are consistent with applicable state and federal law.

### **Physician Assistants**

«Physician Assistants (PAs) are Non-Physician Medical Practitioners (NMPs) that are licensed by the Physician Assistant’s Board to perform direct patient care services under the supervision of a licensed physician. PAs are employed by a Medi-Cal provider but are never an independent Medi-Cal provider.»

### **Supervision Requirements**

The services of PAs may be billed to Medi-Cal only if the following criteria are satisfied.

#### **Physician Supervision**

«Services rendered by a PA must be performed under the general supervision of a physician(s). A practice agreement must be established. The practice agreement can be a collaboration among one or more physicians and one or more PAs. The practice agreement establishes policies, procedures and meets any other requirements set forth between these practitioners. The physician may be engaged in private practice or may be a member of the medical staff of a hospital outpatient department, an outpatient clinic with surgical facilities or a community clinic. The supervising physician need not be physically present, but the supervising physician must be available to the PA in person or through electronic means to provide supervision to the extent required by California professional licensing laws and as established in a practice agreement.»

#### **Patient Awareness**

«Medi-Cal providers who employ or use the services of PAs must ensure that each patient is initially informed that he/she may be treated by an PA.»

### «Physician/Practitioner Interface Practice Agreement

Medi-Cal providers who employ or use the services of PAs are required to establish a practice agreement and must be competent to perform the medical services in the agreement. This document must be kept on file at the provider's office, readily available for review by the Department of Health Care Services (DHCS).

The Medi-Cal program also has specific requirements for the practice agreement:

- In the case of PAs, guidelines are required by *Business and Professions Code*, Sections 3502, 3502.1, 3516 and 3516.5, and by *Welfare and Institutions Code* (W&I Code), Section 14132.966.
- All written protocols issued in the practice agreement between the physician and the PA.
- All written standing orders of the physician pursuant to the practice agreement.

### Number Limitation of PAs Physician May Supervise

A single physician is limited to supervising four PAs (full-time equivalents) except as otherwise provided by law.»

A physician, an organized outpatient clinic, or a hospital outpatient department must not use more PAs than can be supervised within the limits previously stated.

### **PA Enrollment**

PAs must be enrolled with the DHCS Provider Enrollment Division (PED) for Medi-Cal reimbursement. The PA and employing provider must enroll with PED via the Provider Application and Validation for Enrollment (PAVE) portal on the DHCS website ([www.dhcs.ca.gov](http://www.dhcs.ca.gov)) with the following information:

- Uploaded copy of license issued by the Medical Board of California for PAs
- Uploaded copy of the supervising physician's certificate issued by the Medical Board of California

## Billing and Reimbursement

Reimbursement for services rendered by a PA can be made only to the employing physician, organized outpatient clinic or hospital outpatient department. Payment is made at the lesser of the amount billed or 100 percent of the amount payable to a physician for the same service. No separate reimbursement is made for physician supervision of a PA.

«The supervising physician's provider national number (NPI) must be entered as the rendering physician on each applicable claim line». Do not identify the PA as the rendering provider on the claim line. Instead, include the PA name, provider number and type of NMP-PA in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim.

## Covered Services

«The physician or surgeon bills for the services provided pursuant to the practice agreement and within a PA's scope of practice.»

### Modifiers:

Providers must indicate the appropriate PA modifier in conjunction with the HCPCS or CPT® code when the service was performed by a PA. In addition to this PA modifier, the modifier codes in the *Modifiers: Approved List* section of this manual also may apply to PA services creating a multiple modifier condition.

The following modifiers identify PA services on the claims submitted.

### Modifiers for PA Services

HCPCS Modifier	Definition
U7	Medicaid level of care 7, as defined by each state. Used to denote services rendered by PA.
99	Multiple Modifiers

### Multiple Modifier Codes

If a multiple modifier code is needed to further define PA services, providers use the following modifier as appropriate to the type of PA service rendered.

#### **Multiple Modifier for PA Services Rendered**

<b>HCPCS Modifier</b>	<b>Definition</b>
99	Multiple Modifiers

This modifier is entered in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim, in addition to any applicable modifiers, including U7 for PA services.

#### Modifier 99 – Billing Examples

In this first example, a physician assistant bills for an initial comprehensive antepartum office visit (HCPCS code Z1032), which occurred within 16 weeks of the patient's last menstrual period. The provider enters code Z1032-99 in the *Procedures, Services or Supplies* field (Box 24D). In the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) section of the claim, document:

99 = U7 + ZL

In this second example, a physician assistant performs as an assistant surgeon in a total hip replacement, CPT code 27130. On the claim line, the provider bills code 27130-99. In the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) section of the claim, document:

99 = U7 + 80

### Nurse Practitioner

«A Nurse Practitioner (NP) is a Non-Physician Medical Practitioner (NMP) that is a licensed Registered Nurse (RN) legally entitled to use the title of NP. NPs practice after completing a clinical and didactic educational program appropriate to the scope and function of the practitioner's area of practice.»

**Note:** The clinical and didactic educational program must have been completed in a college or university that offers a baccalaureate or higher degree, or in a health care agency that has an academic affiliation with such a college or university.

The Certified Nurse Practitioner (CNP) that is an independent Medi-Cal provider is discussed under "Nurse Practitioner Board Certified Specialty" in this section.

## **Supervision Requirements**

«Physician Supervision is required for services rendered pursuant to Business and Professions Code, (BPC) Section 2725.

The requirements regarding physician supervisions for services rendered by NPs that may be billed to Medi-Cal are described below.

### Physician Supervision

Services rendered by an NP who functions pursuant to the standardized procedure described in BPC Section 2725(c), must be performed under the general supervision of a physician. The physician may be engaged in private practice or may be a member of the medical staff of a hospital outpatient department, an outpatient clinic with surgical facilities or a community clinic. The supervising physician must be available to the NP in person or through electronic means to provide supervision to the extent required by California professional licensing laws.

Physician supervision is not required for services rendered pursuant to BPC, Sections 2837.103 and Section 2837.104. Subject to certain limitations, certain classes of NPs, as described in BPC, Sections 2837.103 and 2837.104, may practice, in specified settings where physicians practice, without utilizing standardized procedures, or can work in a setting without a practicing physician if they possess a master's degree in nursing as well as three years of practice in good standing as a nurse practitioner, in addition to a "transition to practice" three-year requirement. Refer to BPC, Sections 2837.103 and 2837.104 and any implementing regulations for instructions about when supervision is not required.»

### Patient Awareness

Medi-Cal providers who employ or use the services of NP must ensure that each patient is initially informed that he or she may be treated by an NMP.

### Physician/Practitioner Interface

«Medi-Cal providers who employ or use the services of an NP who functions pursuant to a standardized procedure described in BPC Section 2725(c), are required to develop a system of collaboration and physician supervision with each NP. The physician/practitioner interface document establishes how medical treatment services provided by physicians and NPs are integrated and made consistent with accepted medical practice. This document must be kept on file at the provider's office, readily available for review by DHCS.»

The Medi-Cal program also has specific requirements for the physician/practitioner interface document:

- In the case of RNs, standardized procedures as required by *California Code of Regulations* (CCR), Title 16, Article 7, Chapter 14, commencing with Section 1470.
- All written protocols issued in collaboration between the physician and the NP.
- All written standing orders of the physician.

«The above requirements do not apply to any NP functioning pursuant to BPC, Sections 2837.103 or 2837.104.»

#### Number Limitation of NPs Physician May Supervise

«There is no limit to the number of NPs that a single physician may supervise, pursuant to BPC, Section 2725 except as follows:»

- For furnishing or ordering of drugs or devices by an NP, no physician will supervise more than four at a time. The NP furnishes or orders drugs or devices in accordance with standardized procedures or protocols under the supervision of a physician who has current practice or training in the relevant field. Such supervision does not require the physical presence of the physician.

A physician's co-signature or countersignature is not required for care provided by NPs. NPs must practice in collaboration with a physician who has current practice or training in the field in which the NP is practicing.

DHCS reserves the right to impose utilization controls and sanctions on NPs as authorized under applicable federal and state statutes and regulations. Nurses determined by DHCS to have abused the Medi-Cal program or furnished drugs or devices outside of the collaborating physician's field of expertise are subject to the utilization restrictions, which may include, but are not limited to, the requirement of a countersignature by a supervising physician.

«The above requirements do not apply to any NP functioning pursuant to BPC, Sections 2837.103 or 2837.104.»

## NP Enrollment

NPs must be enrolled with the DHCS Provider Enrollment Division (PED) for Medi-Cal reimbursement. The NP and employing provider must enroll with PED via the Provider Application and Validation for Enrollment (PAVE) portal on the DHCS website ([www.dhcs.ca.gov](http://www.dhcs.ca.gov)) with the following information:

- Uploaded copy of license issued by the California Board of Registered Nursing or NPs
- Uploaded copy of certification as an NP

## Billing and Reimbursement

«Reimbursement for services rendered by an NP who functions pursuant to a standardized procedure described in BPC, Section 2725 (c),» can be made only to the employing physician, organized outpatient clinic or hospital outpatient department. Payment is made at the lesser of the amount billed or 100 percent of the amount payable to a physician for the same service. No separate reimbursement is made for physician supervision of an NP.

The supervising physician's provider number must be entered as the rendering physician on each applicable claim line. Do not identify the NP as the rendering provider on the claim line. Instead, include the NP name, provider number and type of NMP-NP in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim.

«Reimbursement for services rendered by an NP who functions pursuant to BPC, Sections 2837.103 or 2837.104 can be made to the NP.»

## Covered Services

The following HCPCS, CPT and Medi-Cal-only codes describe primary care physician services that are covered by Medi-Cal when performed by an NP to the extent permitted by applicable professional licensing statutes and regulations as set forth in the Physician/Practitioner Interface. The HCPCS and CPT Medi-Cal-approved modifier codes may be used with these procedures as applicable.

### Evaluation and Management

#### CPT Codes

1494F	99232	99406	99454
96125	99281 thru 99284	99407	99457
98960 thru 98962	99304 thru 99309	99415 thru 99418	99458
99091	99341	99424 thru 99427	99460 thru 99463
99202 thru 99215	99342	99429	99483
99221	99347 thru 99349	99437	99491 thru 99494
99222	99381 thru 99387	99439	
99231	99391 thru 99397	99453	

#### HCPCS Codes

G0442	H0050
H0049	T1028

### Non-Specialty Mental Health Services

#### CPT Codes

90785	96105	96138	96170
90791	96110	96139	96171
90792	96112	96146	96202
90832 thru 90834	96113	96156	96203
90836 thru 90840	96116	96999	97129
90846	96121	96159	97130
90847	96127	96164	98978
90849	96130 thru 96133	96165	
90853	96136	96167	
90880	96137	96168	



**HCPCS Codes**

G0323	G9919	H0049, H0050
G0442	G9920	

General Medicine

**CPT Codes**

91113	93985, 93986	95806
92229	94002, 94003	95836
92273, 92274	94011 thru 94013	95919
92551, 92552	94617 thru 94619	95976, 95977
92650 thru 92653	94625, 94626	95983, 95984
93005	94644, 94645	96110
93050	94658 thru 94668	96360, 96361
93241 thru 93248	95000 thru 95012	96365 thru 96375
93264	95115	96377
93319	95117	96379
93356	95144	96450
93569	95170	96567
93573 thru 93575	<<95250, 95251>>	96573, 96574
93593 thru 93598	95700 thru 95726	97010 thru 97039
93793	95800	99151 thru 99153
93797, 93798	95801	99155 thru 99157

**HCPCS Codes**

G0088	G0492 thru G0496
G0089	G0500
G0398 thru G0400	G1020 thru G1023
G0422	G2086 thru G2088
G0423	

Pathology (includes immunology and hematology)

**CPT Codes**

80400 thru 80439	85048	87164
81000 thru 81005	85170	87177
81015	85345	87205, 87206
81025	85610	87210
81050	85651 thru 85660	87220
82270, 82271	86490 thru 86580	88150
82705	87040 thru 87070	89050
85007 thru 85018	87081	89125
85025 thru 85044	87088	

**HCPCS Code**

A9591	C9803	P9026
A9592	P9025	

Health and Behavior Assessment/Intervention

**CPT Codes**

96127	96164 thru 96171	97130
96156 thru 96159	97129	

**HCPCS Codes**

G0442 thru G0444	G8431	T2047
G2213	G8510	Q9001 thru Q9004

Dialysis

**HCPCS Codes**

S9335	S9339
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Surgery (includes contraceptive, obstetrics, gynecology and maternal care services)**CPT Codes**

10004 thru 10012	12031	29440
10021	12042	29515
10040	12051	29580
10060	16000	29581
10080	16020	29700
10120	17000	29730
10140	17003	29740
10160	17106	30300
11102 thru 11402	17107	30901
11420 thru 11422	17110	31500
11440 thru 11442	17250	36000
11720	20932 thru 20934	38220
11721	21011	38221
11730	22902	38230
11732 thru 11750	26010	41010
11976	29049	46600
11981	29075	51701
12001 thru 12004	29085	51702
12011	29105	54050
12032	29125	
12041	29405	

Surgery (includes contraceptive, obstetrics, gynecology and maternal care services, continued)

**CPT Codes**

54065	57065	57500	59610
55867	57150	57505	59612
56420	57160	57511	62270
56501	57170	58300	65205
56515	57420	58301	69200
56605	57452	59300	69210
56820	57454 thru 57456	59400	
57061	57465	59410	

**HCPCS Codes**

«A2022 thru A2025»	Q4236
L8678	Q4262 thru Q4278
Q4151	«Q4280 thru Q4286»
Q4158	

Contraceptive, Obstetric and Maternal Care Services

**HCPCS Codes**

J3490U5	J7300	± S0197	Z1038
J3490U6	J7304U1	Z1032	± Z6200 thru Z6500
J7297	J7304U2	± Z1032ZL	
J7298	T2101	* Z1034	

Sign Language Interpretation

**HCPCS Codes**

T1013

Special Services

**CPT Codes**

92066	99070
99000	

Subacute Care Services

**CPT Codes**

99221 thru 99223	99238, 99239	99252 thru 99255
99231 thru 99233	99242 thru 99245	

Injections/Vaccines

**CPT Codes**

90284 thru 90636	90707	90724	90759
90647 thru 90665	90709 thru 90711	90732 thru 90750	93569
90670 thru 90694	90713 thru 90717	90756	93573 thru 93575
90697 thru 90702	90723	90758	

**HCPCS Codes**

«90480	C9460	J0206	J0491
91318 thru 91322»	C9462	J0207	J0500
A9513	C9482 thru C9485	J0208	J0515
A9602	C9488	J0215	J0517
A9606	C9489	J0216	J0565
A9607	C9507	J0218	J0567
A9800	J0121	J0219	J0570
C9047	J0122	J0222 thru J0225	J0583
C9066	J0130	J0248	J0584
C9067	J0134	J0270	J0588
C9078	J0136	J0280 thru J0283	J0592
C9079	J0137	J0291	J0593
C9101	J0153	J0295	J0594
C9143 thru C9145	J0172	«J0349»	J0596
«C9152	«J0174»	J0364	J0599
C9153	J0179	J0401	J0606
C9155	J0185	J0457	J0612
C9157	J0202	J0470	J0613
C9158»	J0205	J0485	J0630

Injections/Vaccines (continued)

**HCPCS Codes**

J0637	J0877	J1325	J1611
J0641	J0883	J1327	J1627
J0642	J0884	J1335	J1628
J0665	J0896	J1411	J1632
J0689	J0879	J1428	J1643
J0691	<<J0889>>	J1429	J1645
J0692	J0891 thru J0893	J1438	J1652
J0697	J0898	J1439	J1738
J0699	J0899	J1440	J1741
J0701	J1050	J1442	J1742
J0703	J1071	J1445	J1746
J0706	J1095 thru J1097	J1447	J1747
J0713	J1110	J1448	J1800
J0714	J1120	J1449	J1805
J0717	J1130	J1450	J1806
J0736	J1165	J1454	J1811 thru J1814
J0737	J1190	J1456	J1815
J0739	J1200	J1459	J1817
J0741	J1201	J1460	J1823
J0742	J1205	J1551	J1830
J0744	J1212	J1554 thru J1558	J1836
J0780	J1230	J1559 thru J1562	J1920
J0791	J1240	J1566	J1921
<<J0801	J1300	J1568 thru J1570	J1930
J0802>>	J1301 thru J1303	J1572	J1932
J0841	J1305	J1574 thru J1576	J1940
J0850	J1306	J1599	J1941
<<J0874>>	J1322	J1600	J1943
J0875	J1324	J1602	J1944

Injections/Vaccines (continued)

**HCPCS Codes**

J1951	«J2359»	J2800	J3475
J1952	J2360	J2840	J3480
J1956	J2371	J2941	J3485
J1961	J2372	J2993	J3489
J2020	J2401	J2997	J7030
J2021	J2406	J2998	J7040
J2062	J2407	J3010	J7042
J2170	J2427	J3030 thru J3032	J7050
J2182	J2440	J3060	J7060
J2184	J2457	J3090	J7070
J2185	J2506	J3105	J7100
J2186	J2515	J3111	J7120
J2210	J2543	J3145	J7168
J2212	J2561	J3230	J7169
J2247	J2590	J3244 thru J3246	J7170
J2249	J2597 thru J2599	J3250	J7175
J2251	J2690	J3265	J7177
J2260	J2704	J3304	J7179
J2272	J2720	J3316	J7181
J2274	J2730	J3358	J7182
J2280	J2760	J3371	J7188
J2281	J2770	J3372	J7200
J2305	J2783	J3380	J7201
J2311	J2786	J3397	J7202
J2326	J2788	J3398	J7203
J2327	J2794	J3411	J7207 thru J7213
J2329	J2795	J3415	J7294 thru J7296
J2350	J2797	J3430	J7311
J2353 thru J2356	J2798	J3465	J7313

Injections/Vaccines (continued)

**HCPCS Codes**

J7314	J9063	J9245 thru J9247	J9371
J7316	<<J9064>>	J9250	J9380
J7320	J9065	J9259	J9381
J7322	J9071	J9267 thru J9269	J9393
J7327	J9098	J9271 thru J9274	J9394
J7328	J9119	J9281	J9600
J7331 thru J7333	J9144	J9285	Q0138
J7352	J9145	J9293 thru J9299	Q0139
J7501	J9151	J9301	Q2017
J7505	J9153	J9304 thru J9306	Q2047
J7516	J9173	J9308	Q5101
<<J7519>>	J9176	J9309	Q5103
J7525	J9177	J9311 thru J9314	Q5104
J9015	J9178	J9316 thru J9319	Q5107 thru Q5111
J9021 thru J9023	J9196	J9322	Q5116 thru Q5123
J9029	J9198	J9323	Q5125 thru
J9032	J9203 thru J9205	J9325	Q5127
J9034	J9210	J9331	Q5129 thru
J9037	J9212	J9332	Q5131
J9039	J9214	<<J9345>>	Q9991
J9042	J9218	J9347 thru J9350	Q9992
J9046 thru J9049	J9223	J9352	S0017
<<J9051>>	J9227	J9353	X5501 thru X7899
J9056 thru J9059	J9228	J9354	
J9061	J9229	J9357 thru J9359	

**Note:** Refer to the General Medicine, CPT codes listing on a following page in this section for codes within these ranges that are reimbursable to CNMs.



Non-Injectable Drugs

**HCPCS Codes**

A9589	J7518	J8501	J8670
A9590	J7520	J8510	J8700
C9407	J7527	J8520	J9031
J2545	J7608	J8521	Q0163
J7308	J7626	J8530	Q0165 thru Q0170
J7500	J7631	J8540	Q0180
J7507	J7644	J8560	Q5119
J7509	J7669	J8565	Q5121
J7510	J7674	J8600	
J7515	J7682	J8610	
J7517	J7686	J8650	

Drugs Administered Other than Oral Method (includes contraceptive implants)

**HCPCS Codes**

J7307	J7345
J7342	J7401

Radiology

**«CPT Codes**

0042T	0352T	0398T	0508T
0174T	0354T	0422T	0523T
0175T	0358T	0439T	0541T
0330T thru 0332T	0394T	0501T thru 0504T	0542T»
0348T thru 0350T	0395T	0507T	

«Radiology (continued)

**CPT Codes**

0554T thru 0557T	0623T thru 0626T	0689T thru 0691T	0700T
0559T thru 0562T	0633T thru 0642T	0693T	0701T
0602T	0648T	0694T	0710T thru
0603T	0649T	0697T	0713T»
0609T thru 0612T	0658T	0698T	

**HCPCS Codes**

«A9573	«C9156
A9603	C9788 thru C9791»
A9697»	
C9150	

The preceding covered services are the only physician service codes that are reimbursable when performed by an NMP within the scope and limitations of his or her practice. Services ordered by an NMP, with the exception of prescription drugs and durable medical equipment, are covered to the same extent as if ordered by a physician.

**Modifiers**

Providers must indicate the appropriate NP modifier in conjunction with the HCPCS or CPT code when the service was performed by an NP. In addition to these NP modifiers, the modifier codes in the *Modifiers: Approved List* section of this manual may also apply to NP services, creating a multiple modifier condition.

The following modifiers identify NP services on the claims submitted.

**Modifiers for NP Services on Claims Submitted**

<b>HCPCS Modifier</b>	<b>Definition</b>
SA	Nurse Practitioner rendering service in collaboration with a physician
99	Multiple modifiers

## Multiple Modifier Codes

If a multiple modifier code is needed to further define NP services, providers use the following modifier as appropriate to the type of NP service rendered.

### Modifier for Type of NP Service Rendered

HCPCS Modifier	Definition
99	Multiple modifiers

This modifier is entered in the *Remarks* field (Box 80)/ *Additional Claim Information* field (Box 19) of the claim, in addition to any applicable modifiers, including SA for Nurse Practitioner services.

### Modifier 99 – Billing Example

In this billing example, a nurse practitioner sees a patient for an initial comprehensive antepartum office visit (HCPCS code Z1032), which occurred within 16 weeks of the patient's last menstrual period. The provider enters code Z1032-99 in the *Procedures, Services or Supplies* field (Box 24D). In the *Remarks* field (Box 80)/ *Additional Claim Information* field (Box 19) section of the claim, document:

99 = SA + ZL

## **Nurse Practitioner Board Certified Specialty**

### **Certified Nurse Practitioner Provider**

Certified Nurse Practitioners (CNP) are permitted to render services as independent practitioners and become Medi-Cal providers.

#### **Participation Requirements**

To qualify as an independent practitioner, participants must be:

- Licensed as a nurse and certified as a Nurse Practitioner by the California Board of Registered Nursing
- Nationally board certified
- Enrolled as an independent provider in the Medi-Cal program

### **Provider Enrollment**

CNP participants must apply to the DHCS Provider Enrollment Division to bill Medi-Cal directly.

#### **Group Practice/ Rendering Provider Numbers**

CNPs involved in a group practice may bill Medi-Cal under a group practice provider number by enrolling in the CNP Group Practice Provider Program. One application is required for the group, and an additional application is required for each CNP wishing to be a member of the group. Photocopies of the application form can be used for additional practitioners.

Each member of the group practice must have an individual provider number. The rendering provider's provider number must be present in the *Operating* field (Box 77) on the *UB-04* claim form and in the *Rendering Provider ID Number* field (Box 24J) on the *CMS-1500* claim form.

Group members who have an additional office can bill with either their group practice or individual provider number. CNPs practicing at a group location only must bill through the group provider number.

To apply for an individual or group provider number, practitioners should contact:

Department of Health Care Services  
Provider Enrollment Division  
MS 4704  
P.O. Box 997413  
Sacramento CA 95899-7413  
(916) 323-1945

For additional information, refer to the *Provider Guidelines* section of the Part 1 manual.

## **Billing and Reimbursement**

CNP providers can bill only for services within their scope of practice and for services that would be covered by Medi-Cal if performed by a physician. All CNP services are reimbursed at 100 percent of the amount paid to physicians for the same service.

CNP services are billed on the *CMS-1500* claim form using physician procedure codes and modifiers.

### Modifier

CNP providers billing for services with their own provider numbers must not use nurse practitioner modifier SA. This modifier is reserved for physicians, hospital outpatient departments, or organized outpatient clinics that bill CNP services.

When billing for services with their own provider numbers, CNPs may use any modifier (except SA) appropriate to the procedure code billed.

## **Certified Nurse Midwife**

A Certified Nurse Midwife (CNM) is a Non-Physician Medical Practitioner (NMP) who is licensed as a Registered Nurse (RN) and certified as a nurse midwife by the California Board of Registered Nursing. A CNM may be employed by a Medi-Cal provider or be an independent Medi-Cal provider.

### **Supervision Requirements**

The service of CNMs may be billed to Medi-Cal only if the following criteria have been satisfied.

#### **Physician Supervision**

Physician supervision is not required for any CNM practicing pursuant to BPC, Section 2746.5. CNMs render services as independent providers for the scope of services delineated in BPC 2746.5(a). Pursuant to Business and Professions Code 2746.5(b), CNMs rendering care that is consistent with the CNM's educational preparation and training but not included in the scope of services outlined in BPC 2746.5(a), function pursuant to mutually agreed-upon policies and protocols with a physician, that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care.

A physician's co-signature or countersignature is not required for care provided by CNMs.

#### **Patient Awareness**

Medi-Cal providers who employ or use the services of CNMs must ensure that each patient is initially informed that he/she may be treated by an NMP.

### Physician/Practitioner Interface

Medi-Cal providers who employ or use the services of CNMs who function pursuant to mutually agreed-upon policies and protocols with a physician as described in BPC, Section 2746.5(b), specifically for rendering care not included in the scope of services described in BPC, Section 2746.5(a) are required to develop a system of collaboration and physician supervision with each CNM. The physician/practitioner interface document establishes how medical treatment services provided by physicians and CNMs are integrated and made consistent with accepted medical practice. This document must be kept on file at the provider's office, readily available for review by DHCS.

The Medi-Cal program also has specific requirements for the physician/practitioner interface document:

- In the case of RNs, standardized procedures as required by *California Code of Regulations* (CCR), Title 16, Article 7, Chapter 14, commencing with Section 1470.
- All written policies and protocols issued in collaboration between the physician and the CNM pursuant to BPC, Section 2746.5.

### Number Limitation of CNMs for the Purpose of Ordering Drugs or Devices

Pursuant to BPC 2746.51, all CNMs may furnish or order drugs or devices, without standardized procedures, consistent with the care and scope of services described in BPC 2746.5(a). There is no physician supervision requirement for CNMs for the purpose of furnishing or ordering of drugs or devices and no supervisory number limitation of CNMs that physicians may supervise.

Pursuant to BPC 2746.51, the furnishing or ordering of drugs or devices by a certified nurse-midwife for services that do not fall within the scope of services specified in subdivision (a) of Section 2746.5, or for Schedule IV or V controlled substances by a nurse-midwife for any condition, are in accordance with standardized procedures or protocols pursuant to BPC 2746.51(a)(2). As described in BPC 2746.51(a)(3), the furnishing or ordering of Schedule II or Schedule III drugs shall be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon. There is no limit to the number of CNMs for which a single physician may approve standardized procedures or patient specific protocols.

A physician's co-signature or countersignature is not required for care provided by certified nurse midwives.

DHCS reserves the right to impose utilization controls and sanctions on CNMs as authorized under applicable federal and state statutes and regulations. Nurses determined by DHCS to have abused the Medi-Cal program or furnished drugs or devices inconsistent with state law as described in BPC Section 2746.51 are subject to the utilization restrictions, which may include, but are not limited to, the requirement of a countersignature by a physician.

## **CNM Enrollment**

CNMs must be enrolled with the DHCS Provider Enrollment Division (PED) for Medi-Cal reimbursement. CNMs must enroll with PED via the Provider Application and Validation for Enrollment (PAVE) portal on the DHCS website ([www.dhcs.ca.gov](http://www.dhcs.ca.gov)).

All CNMs applying to be Medi-Cal providers must submit an uploaded copy of their nursing license issued by the California Board of Registered Nursing and a copy of their certification as a CNM.

## **Billing and Reimbursement**

The DHCS Provider Enrollment Division processes applications and enrolls CNMs so that they are able to obtain reimbursement from the Medi-Cal program, in response to P.L. 96-499, Section 965, *Omnibus Reconciliation Act of 1980*. Once CNMs are actively enrolled, the services of CNMs can be billed to Medi-Cal by one of two methods:

- CNM services can be billed by, and reimbursed to, the physician, hospital outpatient department or organized outpatient clinic which employs or utilizes the CMN pursuant to *California Code of Regulations (CCR)*, Title 22, Sections 51503.1 and 51503.2.
- CNM services can be billed to the Medi-Cal program directly by a CNM using the provider number issuance process defined in the *Provider Guidelines* section of the Part 1 manual.



## Assistant at Surgery

CNMs may be reimbursed as an “assistant at surgery” during cesarean section deliveries performed by a licensed physician and surgeon. Reimbursement is determined by the following:

- For “assistant at surgery” services performed by a CNM during a cesarean section (designated by modifier AS), reimbursement equals 85 percent of the fee paid to a licensed physician and surgeon serving as “assistant surgeon.”
- For “assistant surgeon” services performed by a licensed physician and surgeon or by a physician assistant (designated by modifier 80), reimbursement equals 20 percent of the surgeon’s fee paid to the licensed physician and surgeon performing the cesarean section.
- Only non-global cesarean section CPT codes 59514 (cesarean delivery only) or 59620 (cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery) are a reimbursable service when submitted with an appropriate assistant surgeon modifier (80).
- The licensed physician and surgeon performing the cesarean section must state on the operative report that the CNM performed the function of an “assistant at surgery.”
- The CNM will not be permitted to be reimbursed directly by both the surgeon performing the cesarean section and by the Department of Health Care Services (DHCS) Medi-Cal program.
- To be reimbursed directly by DHCS Medi-Cal program, the CNM (provider type 005) must be enrolled with the California Medi-Cal Provider Enrollment Division as an independently enrolled non-physician medical practitioner (NMP) and must bill independently using his or her own National Provider Identifier (NPI) number, and cannot be employed by the hospital or medical institution where the surgery is performed.
- The CNM must maintain his or her own professional medical/surgical liability insurance coverage delineating coverage to include liability protection while performing in the capacity of “assistant at surgery.”
- The licensed physician and surgeon performing the cesarean section must provide the CNM with a standard operating procedure delineating the duties, functions, skills and responsibilities that the CNM will perform during the cesarean section.
- The patient undergoing the cesarean section must be a currently enrolled Medi-Cal recipient eligible for services at the time of the surgery.

## Covered Services

Only the following HCPCS and CPT codes are reimbursable when performed by a CNM within the scope and limitations of his or her practice. Additionally, services ordered by a CNM, with the exception of prescription drugs, are covered to the same extent as if ordered by a physician.

### Surgery (includes contraceptives, obstetrics, gynecology and maternal care services)

#### CPT Codes

10060	29730	57500
10061	29740	57511
10120	30300	58300
11976	30901	58301
11981	31500	59300
12001	36000	59400
16000	38220	59409
16020	38221	† 59514
26010	41010	59610
29049	46600	59612
29075	51701	† 59620
29085	51702	62270
29105	56820	65205
29125	57160	69200
29405	57170	69210
29440	57420	
29700	57452	

### Contraceptive, Obstetric and Maternal Care Services

#### HCPCS Codes

J1050	J7303U1	Z1032
J7297	J7303U2	* Z1034
J7298	J7304U1	Z1038
J7300	J7304U2	
J7301	T2101	

Drugs Administered Other than Oral Method (includes contraceptive implants)

**HCPCS Code**

J7307

Comprehensive Perinatal Services Program (CPSP)

**HCPCS Code**

§ S0197

§ Z1032ZL

§ Z6200 thru Z6500

Pathology (includes immunology and hematology)

**CPT Codes**

<<80305>>

85014

87210

81005

85651

81025

86485 thru 86585

**HCPCS Codes**

C9803

~S3620

Evaluation and Management

**CPT Codes**

96127

99342

99453

98960 thru 98962

99344 thru 99394

99454

99091

99385

99457

99202 thru 99215

99395

99458

99221 thru 99233

99406

99460 thru 99462

99281 thru 99283

99407

99465

99304 thru 99309

99415

99341

99416

**HCPCS Codes**

G0442

H0050

H0049

T1028

Health and Behavior Assessment/Intervention

**HCPCS Codes**

G8431

G8510

T2047

Q9001 thru Q9003

General Medicine

**CPT Codes**

90371	90707	95170
90378	90713	95836
90471	90716	95976
90512	90723	95977
90581	90732	95983
90585	90733	95984
90632	90740	96360
90633	90743	96361
90636	90746 thru 90748	96365 thru 96368
90647	92551	96372
90648	92552	96377
90655 thru 90658	92950	96379
90670	93005	97010 thru 97039
90676	93050	97110 thru 97120
90680	93264	97123 thru 97145
90685	94010	99070
90686	95000	99151 thru 99153
90688	95005	99155 thru 99157
90690	95115	99199
90691	95117	99360
90700 thru 90702	95144	99491

General Medicine (continued)

**HCPCS Codes**

J1120	J1566	G0492 thru G0496
J1459	J1568	G0500
J1460	J1569	G1020 thru G1023
J1557	J1572	
J1559 thru J1562	J1599	

Special Service

**CPT Code**

99000

**HCPCS Codes**

A4269U1	A4269U3	A4269U5
A4269U2	A4269U4	X7706

Sign Language Interpretation

**HCPCS Code**

T1013

Injections/Vaccines

**CPT Codes**

90377	90682	90739
90619	90685	90750
90620	90686	90756
90621	90689	90759
90673	90694	
90674	90697	

Injections/Vaccines (continued)

**HCPCS Codes**

«90480	J0565	J1190	J1627
91318 thru	J0570	J1200	J1645
91322»	J0583	J1205	J1652
C9460	J0592	J1212	J1741
C9462	J0594	J1230	J1742
C9482 thru	J0596	J1240	J1800
C9485	J0606	J1322	J1815
C9488	J0610	J1324	J1817
C9489	J0630	J1325	J1830
J0121	J0637	J1327	J1930
J0122	J0642	J1335	J1940
J0153	J0692	J1428	J1943
J0202	J0697	J1438	J1944
J0205	J0706	J1439	J1955
J0207	J0713	J1442	J1956
J0215	J0714	J1447	J2020
J0248	J0744	J1450	J2170
J0270	J0780	J1459	J2182
J0280	J0883	J1460	J2185
J0282	J0884	J1555 thru J1557	J2210
J0291	J0850	J1559 thru J1562	J2212
J0295	J0875	J1566	J2260
J0364	J1050	J1568 thru J1570	J2274
J0401	J1071	J1572	J2280
J0470	J1110	J1575	J2326
J0485	J1120	J1599	
J0500	J1130	J1600	
J0515	J1165	J1602	

Injections/Vaccines (continued)

**HCPCS Codes (continued)**

J2350	J2997	J7070	J9032
J2353 thru J2355	J2798	J7100	J9034
J2360	J3010	J7120	J9039
J2371	J3030	J7175	J9042
J2372	J3031	J7179	J9047
J2407	J3060	J7181	J9098
J2440	J3090	J7182	J9145
J2457	J3105	J7188	J9151
J2515	J3145	J7200	J9176
J2543	J3230	J7201	J9178
J2590	J3246	J7202	J9203
J2597	J3250	J7203	J9205
J2690	J3265	J7204	J9212
J2704	J3358	«J7207 thru J7213»	J9214
J2720	J3380	J7294 thru J7296	J9218
J2730	J3411	J7313	J9250
J2760	J3415	J7316	J9267
J2770	J3430	J7320	J9268
J2783	J3465	J7322	J9271
J2786	J3475	J7327	J9285
J2788	J3480	J7328	J9293
J2790	J3485	J7501	J9295
J2791	J3489	J7505	J9299
J2795	J7030	J7516	J9301
J2800	J7040	J7525	J9305
J2840	J7042	J9015	J9306
J2941	J7050	J9022	
J2993	J7060		

Injections/Vaccines (continued)

**HCPCS Codes (continued)**

J9308	J9357	Q5101
J9325	J9371	S0017
J9352	J9600	X5501 thru X7899
J9354	Q2017	

Non-Injectable Drugs

**HCPCS Codes**

J2545	J7608	J8530
J7308	J7626	J8540
J7500	J7631	J8560
J7506	J7644	J8565
J7507	J7669	J8600
J7509	J7674	J8610
J7510	J7682	J8650
J7515	J7686	J8670
J7517	J8501	J8700
J7518	J8510	J9031
J7520	J8520	Q0163 thru Q0170
J7527	J8521	Q0180

Drugs Administered Other than Oral Method (includes contraceptive implants)

**HCPCS Codes**

J7342	J7345
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Health and Behavior Assessment/Intervention

**CPT Codes**

96156 thru 96159	96164 thru 96171
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### Multiple Modifier 99

If a multiple modifier is needed to further define CNM services, modifier 99 is entered in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim, in addition to any applicable modifiers, including SB for Certified Nurse Midwife services.

### Modifier 99 Billing Example

In this billing example, a certified nurse midwife sees a patient for an initial comprehensive antepartum office visit (HCPCS code Z1032), which occurred within 16 weeks of the patient's last menstrual period. The provider enters code Z1032-99 in the *Procedures, Services or Supplies* field (Box 24D). In the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim document:

99 = SB + ZL

## **Medicare/Medi-Cal-Eligible Recipients**

Services provided by an independent CNM are not benefits of the Medicare program. Services to recipients eligible for Medicare must be billed through the physician. Services billed by CNMs as individual providers must be submitted to Medi-Cal directly and not through Medicare as crossover claims.

### CMSP Eligible Recipients

Recipients of the County Medical Services Program (CMSP) lose their coverage under CMSP during pregnancy. The recipient must be referred to the county welfare office to establish eligibility under Medi-Cal. All services for the duration of the pregnancy must be billed directly to Medi-Cal.

## **Licensed Midwives**

### **Licensed Midwives**

«Licensed midwives (LMs) are authorized to become Medi-Cal providers and render midwifery services as independent practitioners.»

#### **Obstetrical Services**

LMs are authorized to perform obstetrical services without supervision of a licensed physician or surgeon and are permitted to bill directly for services rendered, excluding Comprehensive Perinatal Services Program services where LMs can only be employed as contract service providers.

### **Billing and Reimbursement**

«LMs can bill for services only within their scope of practice as licensed practitioners with established protocols, procedures and treatments authorized pursuant to *California Code of Regulations* (CCR), Title 16, Article 5, Chapter 4, commencing with section 1379.30.»

### **Covered Services**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), DHCS has authorized the use of modifier U9 as the exclusive modifier to identify services rendered by an LM. The following CPT and HCPCS codes may be submitted for reimbursement by an LM when billed with modifier U9.

#### **Codes Billable by an LM when Billed with Modifier U9**

##### **CPT Codes**

31500	59400	96361	99461
51701	59409	99070	99464
59300	96360	99460	99465

##### **HCPCS Codes**

Z1032	Z1034	Z1038
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#### **Modifiers**

LMs can bill directly using modifier U9 when performing obstetrical services without the supervision of a licensed physician or surgeon.

«CPSP

**HCPCS Codes**

S0197	Z6302	Z6406
Z6200	Z6304	Z6408
Z6202	Z6306	Z6410
Z6204	Z6308	Z6412
Z6206	Z6400	Z6414
Z6208	Z6402	Z6500»
Z6300	Z6404	

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	High-risk consultation services must be performed by a perinatologist
±	Nurse Practitioners may only provide services for codes S0197, Z1032ZL and Z6200 thru Z6500 as a CPSP contract service provider.
§	Only CNMs who are enrolled CPSP providers may bill using these codes.
†	The licensed physician and surgeon performing the cesarean section must list the CNM as “assistant at surgery” on the operative report for CNMs to be reimbursed.
~	This service, referred to an approved outside lab, should be billed with modifier 90. Refer to the <i>Pathology: An Overview of Enrollment and Proficiency Testing Requirements</i> section of the appropriate Part 2 provider manual for further information regarding reference laboratories and modifier 90.