



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health  
Services

# NEWSLETTER

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**TO:** All Providers – **For Action**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** **Recognizing Physician Assistants as ‘Non-Billing’ Providers**

**EFFECTIVE:** Claims with service dates on or after January 1, 2013

**PURPOSE:** To notify all billing providers of a change in the State’s decision regarding the enrollment of physician assistants as ‘non-billing’ providers.

**BACKGROUND:** On January 1, 2013, new Affordable Care Act requirements for New Jersey Charity Care (NJCC)/Medicaid/NJ FamilyCare (NJFC) fee-for-service (FFS) beneficiaries went into effect. The Patient Protection and Affordable Care Act (PPACA) of 2010 (42 CFR 455 Subpart E) requires that State Medicaid Programs utilize federally-approved databases to screen their provider files to identify ineligible providers of NJCC/Medicaid/NJFC FFS-covered healthcare services.

In the Medicaid/NJFC Newsletter, Volume 22, No. 20, dated December 2012, the New Jersey Division of Medical Assistance and Health services (DMAHS) announced its decision to not enroll physician assistants as ‘non-billing’ providers. A ‘non-billing’ provider may prescribe a Medicaid/NJFC-covered service, such as a medication; complete a physician order for the beneficiary’s care; or act as a referral source for a beneficiary. A ‘non-billing’ provider is not eligible to receive Medicaid/NJFC FFS payments; nor required to provide medical care to Medicaid/NJFC beneficiaries. However, a provider rendering a healthcare service must report the National Provider Identifier (NPI) of the ‘non-billing’ practitioner who referred, ordered or prescribed the service to be eligible for Medicaid/NJFC reimbursement.

Since physician assistants were not, and are still not, recognized as billing providers in the Medicaid/NJFC program, supervising physicians were requested to report their National Provider Identifier (NPI) on healthcare claims for those services provided by a physician assistant. Since implementing the PPACA of 2010 requirements, the Division has learned that some existing billing practices do not support the reporting of a supervising physician’s NPI on claims for services provided by a physician assistant. In many situations, the reporting of a supervising physician’s NPI is not acceptable since

the individual referring, ordering or prescribing a healthcare service is a physician assistant and not a physician.

**ACTION: Effective for claims with service dates on or after January 1, 2013, for services referred, ordered or prescribed by a physician assistant, the NPI of the physician assistant may be reported on healthcare claims.** In addition to not being recognized by the Medicaid/NJFC program as a billing provider, physician assistants cannot assume the role of an attending or operating practitioner.

The following statements are intended to clarify billing procedures for billing providers to report the NPI of a physician assistant on healthcare claims:

- For hospital claims billed using the UB-04 claim form, the hospital should continue to report the NPI of the supervising physician in field 76 (attending) or field 77 (operating) with the appropriate qualifier when services are provided by a physician assistant. **Hospital claims billed reporting the NPI of a physician assistant in these fields will be denied payment.**
- For claims billed using the CMS-1500 claim form, the NPI of the physician assistant may be reported in field 17b when services are referred, ordered or prescribed by a physician assistant.
- For pharmacy claims, the NPI of the physician assistant may be reported by a pharmacy for those prescriptions prescribed by a physician assistant.
- For nursing facility claims billed using the Long-Term-Care Turnaround Document (TAD), the facility **must** report the NPI of the supervising physician in field 39 (attend NPI) when services are provided by a physician assistant.

Physician assistants may complete an abbreviated provider enrollment application, referred to as the ***Prescribing/Ordering/Referring/Attending Physician or Other Professional Application (Form FD-20B)*** that is available on the web at [www.njmmis.com](http://www.njmmis.com) (See Provider Enrollment Application). The Application is *also* available through a link under the Announcement Section of the home page. A 'non-billing' provider may also call Molina Medicaid Solutions Provider Enrollment Unit at 609-588-6036 to request that a FD-20B 'non-billing' provider application form be mailed to them.

As with all enrolled 'non-billing' Medicaid/NJFC providers, a physician assistant cannot independently bill the Medicaid/NJFC program; nor are they required to see Medicaid/NJFC beneficiaries. 'Non-billing' physician assistants will not be listed on any public website as a Medicaid/NJFC billing provider. Access to a 'non-billing' provider directory will be provided only to those enrolled Medicaid/NJFC providers who need to bill the program for payment. The directory may be found through a secure portal on the State Fiscal Agent website, [www.njmmis.com](http://www.njmmis.com).

To minimize possible disruptions in pharmacy services due to a physician assistant prescribing medications not being enrolled as a 'non-billing' provider, the Division provides a fifteen (15) day "grace period" for Medicaid/NJFC beneficiaries to receive medications. FFS beneficiaries are eligible to receive up to a 30-day supply of any medications prescribed during the 15-day grace period. The pharmacy may request that physician assistants contact the Molina Medicaid Solutions Provider Enrollment Unit at 609-588-6036 to determine the status of their enrollment application or to request a copy of the ***Prescribing/Ordering/Referring/Attending Physician or Other Professional Application (Form FD-20B)***.

Pharmacies or physician assistants not yet enrolled as 'non-billing' providers may also request prior authorization for any prescriptions in which (1) a drug quantity greater than 30 days is medically necessary; or (2) a prescription needs to be dispensed outside the 15-day grace period and the prescriber has not completed the enrollment process. The pharmacy or prescriber may contact the Molina Medical Exception Process (MEP) Unit at 877-888-2939 for prior authorization.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions (formerly Unisys) Provider Services at 800-776-6334.

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