

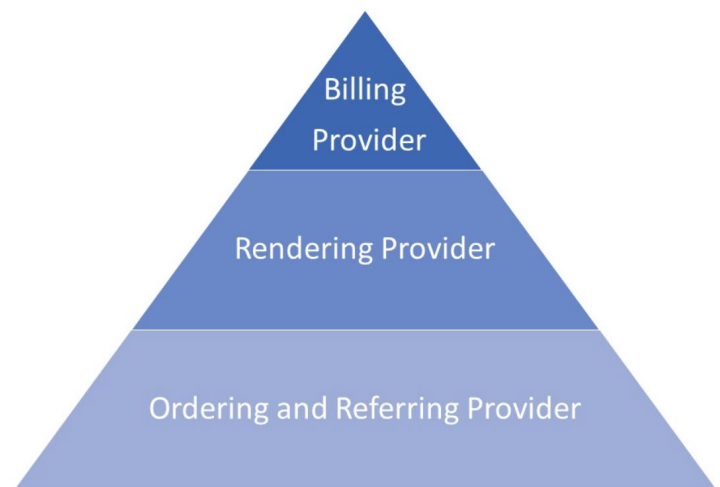


The Levels of PA Enrollment

Enrollment is the process of a qualified health professional meeting a set of licensing and other requirements and requesting the ability to deliver care to patients who are covered under a particular health insurance plan. Generally, there are three types of enrollment categories: 1) billing, 2) rendering and 3) ordering and referring.

The different types of provider enrollment with insurance companies and third-party payers is a concept that often confuses health professionals and other stakeholders. To best conceptualize this issue, one can think of there being three enrollment “tiers” under which a payer will enroll a health professional.

Enrolling as an ordering and referring provider means that a payer requires that a PA’s name and National Provider Identifier (NPI) be included with any orders and referrals made for services such as laboratory diagnostic tests, imaging services and durable medical equipment. It is the most common enrollment status and is required by both Medicare and all state Medicaid programs.



Rendering and billing provider status may appear to be similar, especially when payers use vague terminology such as “bill the PA’s services under the physician”, but they have distinctly different meanings. Enrollment as a rendering provider means that, in most instances, the PA’s name and NPI are to be included on a claim form to identify the PA as the health professional who provided a service. This is in contrast to submitting the claim under the physician’s name, attributing the service to the physician and effectively “hiding” the PA. The goal of this status is transparency and being able to properly identify who actually provided the care. It is the second most common type of enrollment. Under this tier, it is expected that a PA put his or her name and NPI on a claim form for Medicare (except when using “incident to” or shared visit billing), under 44 states and DC for fee-for-service Medicaid (Medicaid managed care may vary), and for most of the large insurance companies for commercial plans (Medicare Advantage and Medicaid managed care plans may vary).

Enrollment as a billing provider means a health professional’s name may be placed on a claim form in a section that identifies who can receive the payment. Many billing providers who are paid a salary by their employer reassign reimbursement to their employers. However, as a billing provider a health professional has the option to receive direct reimbursement for the services they deliver.

The terms “rendering provider” and “billing provider” are both found on the Centers for Medicare and Medicaid Services 1500 claim form, identifying sections on the form where one would indicate the health professional who delivered the service (24J) and the entity whom payment is to be made to (33), respectively.

Rendering Provider: Identifying the PA on the claim as the health professional who provided the service

Outcome: Improved transparency

In contrast to: Attributing the service to the collaborating physician

Authorized under Medicare, most Medicaid programs and many commercial payers

VS.

Billing Provider: The option for the PA to directly receive payment and full transparency as having delivered the care.

Outcome: The ability to receive direct payment or reassign payment to an employer or another entity

In contrast to: Only a PA's employer can receive payment, which limits PA flexibility

Not allowed by Medicare, permitted by some Medicaid programs, rare for commercial payers

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