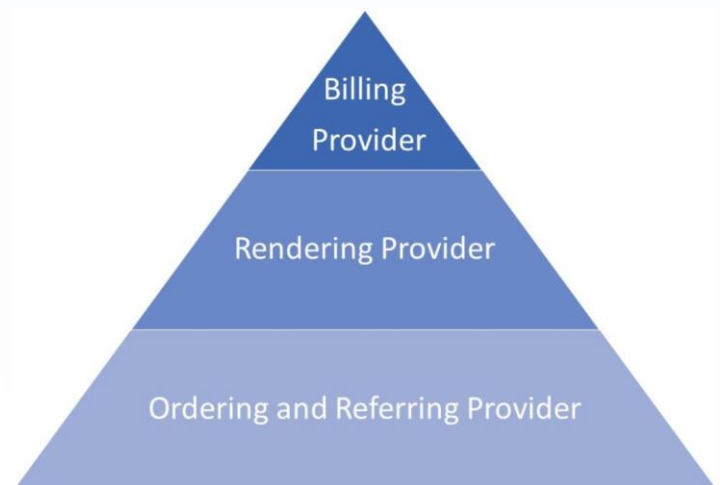


## The Levels of PA Enrollment

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 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 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 provided the care. It is the second most common type of enrollment. Under Medicare, PAs enrolled as rendering providers are expected to use their names and NPIs on the Centers for Medicare and Medicaid Services (CMS)-1500 claim form (except when using “incident to” or shared visit billing). Under fee-for-service Medicaid, 48 states and DC authorize PAs to enroll as rendering providers (Medicaid managed care plans vary in whether PAs are given this status). Most large insurance companies also enroll PAs as rendering providers under their 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 ability to receive direct reimbursement for the services they deliver.

The terms “rendering provider” and “billing provider” are both found on the CMS1500 claim form, identifying sections on the form where one would indicate the health professional who delivered the service (24J) and the entity to whom payment is to be made (33).

**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

Authorized by Medicare (subject to state law), permitted by some Medicaid programs, infrequent for commercial payers

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