Non-Physician Medical Practitioners (NMP)

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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 Midwifes (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 and subject to the following:

- Authority has been delegated by the supervising physician to provide the covered benefit or service pursuant to their scope of practice.
- The supervising physician and PA/NP/CNM are both enrolled as Medi-Cal providers pursuant to Article 1.3 (commencing with Section 14043) of Chapter 7, Part 3 of Division 9 of the *Welfare and Institutions Code* (W&I Code).

PAs, NPs or CNMs may not sign authorization forms for the following covered benefits and services due to restrictions in Title 42 of *Code of Federal Regulations Section* 440.70 for home health services, Section 418.00 for hospice care or any other federal restriction for Medicaid. Restrictions include the following benefits and services:

- For hospice care, a physician's authorization is required for patient certification (at the beginning of the first 90-day period) and recertification (at the beginning of each subsequent period of care) of terminal illness.
- For home health services, a physician's authorization is required for durable medical equipment, medical supplies, enteral nutrition and other medical services provided through home health agencies, such as physical therapy, occupational therapy, speech pathology and audiology services.

Physician Assistants

Physician Assistants (PAs) are Non-Physician Medical Practitioners (NMPs) that are approved by the Medical Board of California 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. 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 NMP in person or through electronic means to provide:

- Supervision to the extent required by California professional licensing laws
- Necessary instruction in patient management
- Consultation
- Referral for appropriate care by specialist physicians or other licensed health care professionals

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 NMP.

Physician/Practitioner Interface

Medi-Cal providers who employ or use the services of NMPs are required to develop a system of collaboration and physician supervision with each PA. The physician/practitioner interface document establishes the means by which medical treatment services provided by physicians and PAs 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 the Department of Health Care Services (DHCS).

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

- 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 collaboration between the physician and the PA
- All written standing orders of the physician

Number Limitation of PAs Physician May Supervise

A single physician is limited to supervising four PAs (full-time equivalents).

- The supervising physician and surgeon shall review, countersign and date a sample consisting of, at minimum, 5 percent of the medical records of patients treated by the PA functioning under the protocols within 30 days of the date of treatment by the PA.
- If the PA ordered Schedule II drugs, the medical records must be reviewed, countersigned and dated by a supervising physician and surgeon within seven days.

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*) 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 number must be entered as the rendering physician's 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

Covered services for PAs include services performed by a PA within the scope of practice when the services would be a covered benefit if performed by a physician and surgeon. PAs may not prescribe durable medical equipment (DME). DME items require a written prescription (or electronic equivalent) from a physician.

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**››

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 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 predominantly practice "primary care" after completing a clinical and didactic educational program of at least six months' duration, which is 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.

Primary Care Defined

Primary care is defined as health professional services provided in a continuing relationship established with an individual or family group. Primary care includes:

- Surveillance of health needs
- Access to comprehensive health care
- Referral to other health professionals
- Health counseling and patient education

Supervision Requirements

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

Physician Supervision

Services rendered by an NP 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
- Necessary instruction in patient management
- Consultation
- Referral for appropriate care by specialist physicians or other licensed health care professionals

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 NPs are required to develop a system of collaboration and physician supervision with each NP. The physician/practitioner interface document establishes the means by which 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

Number Limitation of NPs Physician May Supervise

There is no limit to the number of NPs that a single primary care physician may supervise, except as follows:

- For the purpose of 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.

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*) 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 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's 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.

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

99202 thru 99215	99347 thru 99349	99439
99221, 99222	99381 thru 99385	99460 thru 99463
99231, 99232	99391 thru 99395	99491 thru 99494
99281 thru 99284	99406	‹‹G0442››
99304 thru 99309	99407	‹‹H0049››
99334, 99335	99415 thru 99417	‹‹H0050››
99341, 99342	99429	

General Medicine

CPT Codes

92229	94011 thru 94013	96110
92273, 92274	94617 thru 94619	96360, 96361
92551, 92552	94644, 94645	96365 thru 96375
92650 thru 92653	94658 thru 94668	96377
93005	95000 thru 95012	96379
93050	95115	96450
93241 thru 93248	95117	96567
93264	95144	96573, 96574
93356	95170	97010 thru 97039
93793	95700 thru 95726	99151 thru 99153
93797, 93798	95836	99155 thru 99157
93985, 93986	95976, 95977	
94002, 94003	95983, 95984	

General Medicine (continued)

HCPCS Codes

G0088	G0500
G0089	G1020 thru G1023
G0422 thru G0424	G2086 thru G2088
G0492 thru G0496	M0243

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››

Surgery (includes contraceptive, obstetric, gynecology and maternal care services)

CPT Codes

10004 thru 10012	12051	29700	57150
10021	16000	29730	57160
10040	16020	29740	57170
10060	17000	30300	57420
10080	17003	30901	57452
10120	17106	31500	57454 thru 57456
10140	17107	36000	‹‹57465››
10160	17110	38220	57500
11102 thru 11402	17250	38221	57505
11420 thru 11422	20932 thru 20934	38230	57511
11440 thru 11442	21011	41010	58300
11720	22902	46600	58301
11721	26010	51701	59300
11730	29049	51702	59400
11732 thru 11750	29075	54050	59410
11976	29085	54065	59610
11981	29105	56420	59612
12001 thru 12004	29125	56501	62270
12011	29405	56515	65205
12031	29440	56605	69200
12032	29515	56820	69210
12041	29580	57061	
12042	29581	57065	

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

HCPCS Codes

Q4151

Contraceptive, Obstetric and Maternal Care Services

HCPCS Codes

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

Sign Language Interpretation

HCPCS Codes

T1013

Special Services

CPT Codes

99000	99070	

Subacute Care Services

CPT Codes

99221 thru 99223	99238, 99239	99251 thru 99255
99231 thru 99233	99241 thru 99245	

Injections/Vaccines

CPT Codes

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

Injections/Vaccines (continued)

HCPCS Codes

A9513	J0270	J0637	J1120
A9606	J0280	J0641	J1130
‹‹C9047››	J0282	J0642	J1165
C9066	J0291	J0691	J1190
C9067	J0295	J0692	J1200
C9078	J0364	J0697	J1201
C9079	J0401	J0699	J1205
C9082 thru C9084	J0470	J0706	J1212
C9460	J0485	J0713	J1230
C9462	J0500	J0714	J1240
C9482 thru C9485	J0515	J0717	J1300
C9488	J0517	J0741	J1301
C9489	J0565	J0742	J1303
J0121	J0567	J0744	J1305
J0122	J0570	J0780	J1322
J0130	J0583	J0791	J1324
J0153	J0584	J0841	J1325
J0179	J0588	J0850	J1327
J0185	J0592	J0875	J1335
J0202	J0593	J0883	J1428
J0205	J0594	J0884	J1429
J0207	J0596	J0896	J1438
J0215	J0599	J1050	J1439
J0222	J0606	J1071	
J0223	J0610	J1095 thru J1097	
J0224	J0630	J1110	

Injections/Vaccines (continued)

HCPCS Codes (continued)

J1442	J1800	‹‹J2406››	J3060
‹‹J1445››	J1815	J2407	J3090
J1447	J1817	J2440	J3105
‹‹J1448››	J1823	J2457	J3111
J1450	J1830	J2515	J3145
J1454	J1930	J2543	J3230
J1459	J1940	J2590	J3245
J1460	J1943	J2597	J3246
J1554 thru J1558	J1944	J2690	J3250
J1559 thru J1562	J1951	J2704	J3265
J1566	J1955	J2720	J3304
J1568 thru J1570	J1956	J2730	J3316
J1572	J2020	J2760	J3358
J1575	J2062	J2770	J3380
J1599	J2170	J2783	J3397
J1600	J2182	J2786	J3398
J1602	J2185	J2788	J3411
J1627	J2186	J2794	J3415
J1628	J2210	J2795	J3430
J1632	J2212	J2797	J3465
J1645	J2260	J2798	J3475
J1652	J2274	J2800	J3480
J1726	J2280	J2840	J3485
J1729	J2326	J2941	J3489
J1738	J2350	J2993	J7030
J1741	J2353 thru J2355	J2997	J7040
J1742	J2360	J3010	J7042
J1746	J2370	J3030 thru J3032	

Injections/Vaccines (continued)

HCPCS Codes (continued)

J7050
J7060
J7070
J7100
J7120
J7168
J7169
J7170
J7175
J7177
J7179
J7181
J7182
J7188
J7200
J7201
J7202
J7203
J7207 thru J7212
‹‹J7294 thru J7296››
J7311
J7313
J7314
J7316
J7320
J7322
J7327
J7328
J7331 thru J7333
J7352
J7501
J7505
J7516
J7525
J9015
J9022
J9023
J9032
J9034
J9037
J9039
J9042
J9047
J9057
J9065
J9098
J9119
J9144
J9145
J9151
J9153
J9173
J9176
J9177
J9178
J9198
J9203 thru J9205
J9210
J9212
J9214
J9218
J9223
J9227
J9228
J9229
‹‹J9245 thru J9247››
J9250
J9267 thru J9269
J9271
J9281
J9285
J9293
J9295
J9299
J9301
J9304 thru J9306
J9308
J9309
J9311 thru J9313
‹‹J9316 thru J9319››
J9325
J9348
J9349
J9352
J9353
J9354
J9357
J9358
J9371
J9600
M0244
M0247
M0248
Q0138
Q0139
Q2017
Q2041
Q2042
Q2047
Q5101
Q5103
Q5104
Q5107 thru Q5111
Q5116 thru Q5123

Injections/Vaccines (continued)

HCPCS Codes (continued)

Q9991	S0017
Q9992	X5501 thru X7899

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

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››

HCPCS Modifier	Definition
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 Speciality

Certified Nurse Practitioner Provider

Certified Nurse Practitioners (CNPs) 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.

Primary Care Defined

Primary care is defined as health professional services provided in a continuing relationship established with an individual or family group. Primary care includes:

- Surveillance of health needs
- Access to comprehensive health care
- Referral to other health professionals
- Health counseling and patient education

Supervision Requirements

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

Physician Supervision

Primary care services rendered by a CNM 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 CNM in person or through electronic means to provide:

- Supervision to the extent required by California professional licensing laws
- Necessary instruction in patient management
- Consultation
- Referral for appropriate care by specialist physicians or other licensed health care professionals

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 are required to develop a system of collaboration and physician supervision with each CNM. The physician/practitioner interface document establishes the means by which 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 protocols issued in collaboration between the physician and the CNM
- All written standing orders of the physician

Number Limitation of CNMs Physician May Supervise

There is no limit to the number of CNMs that a single primary care physician may supervise, except as follows:

- For the purpose of furnishing or ordering of drugs or devices by a CNM, no physician will supervise more than four at a time. The CNM 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 obstetrics and gynecology. 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 certified nurse midwives. CNMs must practice in collaboration with a physician and surgeon who have current practice or training in obstetrics and gynecology.

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 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.

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

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*).

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 supervising physician, hospital outpatient department or organized outpatient clinic 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.

Note: Although CNMs may bill Medi-Cal directly, they must work under a physician's supervision to be reimbursed (CCR, Title 22, Sections 51240 and 51241).

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

Contraceptive, Obstetric and Maternal Care Services

HCPCS Codes

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

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

81005	85014	86485 thru 86585
81025	85651	87210

HCPCS Codes

C9803	~S3620

Evaluation and Management

CPT Codes

96127	99385	99460 thru 99462
99202 thru 99215	99395	99465
99221 thru 99233	99406	‹‹G0442››
99281 thru 99283	99407	‹‹H0049››
99304 thru 99309	99415	‹‹H0050››
99341 thru 99394	99416	

Health and Behavior Assessment/Intervention

HCPCS Codes

G8431	G8510	Q9001 thru Q9003
T2047		

General Medicine

CPT Codes

90371	90691	95144
90378	90700 thru 90702	95170
90384	90707	95836
90385	90713	95976, 95977
90389	90716	95983, 95984
90471	90723	96360
90512	90732	96361
90581	90733	96365 thru 96368
90585	90740	96372
90632	90743	96377
90633	90746 thru 90748	96379
90636	92551	97010 thru 97039
90647	92552	97110 thru 97120
90648	92950	97123 thru 97145
90655 thru 90658	93005	99070
90670	93050	99151 thru 99153
90676	93264	99155 thru 99157
90680	94010	99199
90685	95000	99360
90686	95005	99491
90688	95115	
90690	95117	

General Medicine (continued)

HCPCS Codes

M0243	J1559 thru J1562	J1599
J1120	J1566	G0492 thru G0496
J1459	J1568	G0500
J1460	J1569	G1020 thru G1023
J1557	J1572	

Special Service

CPT Code

99000

HCPCS Codes

A4269U1	A4269U3	‹‹A4269U5››
A4269U2	A4269U4	X7706

Sign Language Interpretation

HCPCS Code

T1013

Injections/Vaccines

CPT Codes

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

Injections/Vaccines (continued)

HCPCS Codes

C9460	J0594	J1212	J1652
C9462	J0596	J1230	J1726
C9482 thru C9485	J0606	J1240	J1729
C9488	J0610	J1322	J1741
C9489	J0630	J1324	J1742
J0121	J0637	J1325	J1800
J0122	J0642	J1327	J1815
J0153	J0692	J1335	J1817
J0202	J0697	J1428	J1830
J0205	J0706	J1438	J1930
J0207	J0713	J1439	J1940
J0215	J0714	J1442	J1943
J0270	J0744	J1447	J1944
J0280	J0780	J1450	J1955
J0282	J0883	J1459	J1956
J0291	J0884	J1460	J2020
J0295	J0850	J1555 thru J1557	J2170
J0364	J0875	J1559 thru J1562	J2182
J0401	J1050	J1566	J2185
J0470	J1071	J1568 thru J1570	J2210
J0485	J1110	J1572	J2212
J0500	J1120	J1575	J2260
J0515	J1130	J1599	J2274
J0565	J1165	J1600	J2280
J0570	J1190	J1602	J2326
J0583	J1200	J1627	
J0592	J1205	J1645	

Injections/Vaccines (continued)

HCPCS Codes (continued)

J2350	J3010	J7100	J9032
J2353 thru J2355	J3030	J7120	J9034
J2360	J3031	J7175	J9039
J2370	J3060	J7179	J9042
J2407	J3090	J7181	J9047
J2440	J3105	J7182	J9098
J2457	J3145	J7188	J9145
J2515	J3230	J7200	J9151
J2543	J3246	J7201	J9176
J2590	J3250	J7202	J9178
J2597	J3265	J7203	J9203
J2690	J3358	J7204	J9205
J2704	J3380	J7207 thru J7212	J9212
J2720	J3411	‹‹J7294 thru J7296››	J9214
J2730	J3415	J7313	J9218
J2760	J3430	J7316	J9250
J2770	J3465	J7320	J9267
J2783	J3475	J7322	J9268
J2786	J3480	J7327	J9271
J2788	J3485	J7328	J9285
J2795	J3489	J7501	J9293
J2800	J7030	J7505	J9295
J2840	J7040	J7516	J9299
J2941	J7042	J7525	J9301
J2993	J7050	J9015	J9305
J2997	J7060	J9022	J9306
J2798	J7070		

Injections/Vaccines (continued)

HCPCS Codes (continued)

J9308	J9371	Q0247
J9325	J9600	Q2017
J9352	‹‹M0244››	Q5101
J9354	‹‹M0247››	S0017
J9357	‹‹M0248››	X5501 thru X7899

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

Health and Behavior Assessment/Intervention

CPT Codes

96156 thru 96159	96164 thru 96171

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 obstetrical 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.

Limitations

LMs are restricted from the following:

- Prescribing contraceptive medications and/or prescription drugs
- Inserting intrauterine contraceptive devices
- Inserting subdermal contraceptive implants
- Prescribing contraceptive hormonal patches

These contraceptive options require a prescription written by an appropriately licensed health care practitioner.

Billing and Reimbursement

LMs can bill for services only within their scope of practice as non-physician 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

Modifiers

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

‹‹Legend››

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

Symbol	Description
‹‹	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 *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* section of the appropriate Part 2 provider manual for further information regarding reference laboratories and modifier 90.