

SPECIAL SERVICES GUIDELINES

The general guidelines and modifiers found in the 2012 CPT®-4 were adopted by reference by the Industrial Commission and are applicable when utilizing Arizona's Physicians' Fee Schedule. To the extent that a conflict may exist between the adopted portions of the CPT®-4 and a code or guideline unique to Arizona, the Arizona code or guideline shall control.

The Industrial Commission of Arizona has retained unique codes that deal with the Arizona workers' compensation program. These services involve administrative and billing procedures and are identified by a "Δ".

Certified Registered Nurse Anesthetists ("CRNA's") are reimbursed at 85% of the fee schedule. Physician Assistants and Nurse Practitioners are reimbursed at 85% of the fee schedule except if services are provided "incident to" a physician's professional services. In that instance, reimbursement is required to be at 100% of the fee schedule. The following criteria were identified as establishing the "incident to" exception:

- a. The Physician Assistant and Nurse Practitioner must work under the direct supervision of a physician,
- b. The Physician must initially see that patient and establish a plan of care for that patient ("treatment plan"),
- c. Subsequent service provided by the Physician Assistant and Nurse Practitioner must be a part of the documented treatment plan, and
- d. The Physician must always be involved in the patient's treatment plan and see the patient often enough to demonstrate that the Physician is actively participating in and managing the patient's care.

For purposes of the Arizona Fee Schedule, the Commission recognizes that direct supervision of a Physician Assistant or Nurse Practitioner by a Physician can be accomplished through the use modern technology and telecommunications (telemedicine) and may not require the on-site presence of the Physician when the Physician Assistant or Nurse Practitioner sees the patient. In all instances, however, and regardless of the extent to which telemedicine is used, the Physician must actively participate in and manage the patient's care if services provided by a Physician Assistants or Nurse Practitioner are billed at 100% of the fee schedule under the "incident to" exception.

It is the responsibility of the Physician to document if the services provided by a Physician Assistant and Nurse Practitioner are "incident to" the Physician's professional service. If either the incident to criteria is not met, or the documentation submitted fails to support the "incident to" criteria, the reimbursement should be made at 85% of the fee schedule.

1. In the text of the Fee Schedule, we utilize * and ** to denote “add-on” codes and those codes that are exempt from the multiple procedure rule.

- a. * Denotes Add-On Codes

(List separately in addition to code for primary procedure)

Note: This code is an add-on procedure and as such is valued appropriately. Multiple procedure guidelines for reduction of value are not applicable.

- b. ** Denotes Codes Exempt from Modifier “-51”

Note: Multiple procedure guidelines for reduction of value are not applicable for this code.