

## CERTIFIED PHYSICIAN ASSISTANT

Issue Date: July 9, 1990

Authority: [32 CFR 199.6\(c\)\(3\)\(iii\)\(H\)](#)

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### I. ISSUE

#### Certified Physician Assistant

### II. POLICY

A. **Provider Certification.** A physician assistant (PA) may provide covered services under general supervision of a physician. The physician assistant must meet the applicable state requirements governing the qualifications for physician assistants and at least one of the following conditions:

1. Is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians, or
2. Has satisfactorily completed a program for preparing physician assistants that:
  - a. Was at least 1 academic year in length;
  - b. Consisted of supervised clinical practice and at least 4 months (in the aggregate) of classroom instruction directed toward preparing students to deliver health care; and
  - c. Was accredited by the American Medical Association's Committee on Allied Health Education and Accreditation; or
3. Has satisfactorily completed a formal educational program for preparing physician assistants that does not meet the requirements of [paragraph II.A.2.](#) of this section and had been assisting primary care physicians for a minimum of 12 months during the 18-month period immediately preceding January 1, 1987.
4. If state licensure is available, it is required even if the state offers licensure on a voluntary basis.

B. **Physician Supervision.** Physician supervision may be remote and does not require direct contact between the physician and physician assistant at the time the care is rendered.

The employing physician must be immediately available to the PA for consultation purposes by telephone. Evidence of referral by the physician is not required.

C. Review of Claims. PA services covered are those within the scope of the PA's practice as provided by state law and [32 CFR 199.6](#) that are defined as authorized benefits when rendered by physicians. The employing physician must be an authorized provider (e.g., a physician under sanction by TRICARE/CHAMPUS also results in his or her physician assistant being placed in unauthorized TRICARE/CHAMPUS provider status). Examples of services performed by physician assistants include the following:

1. Services ordinarily performed by a physician's or institutional provider's nurse or other nonphysician assistant; such as giving injections, taking blood samples and changing dressings.

2. Services which traditionally have been reserved to physicians; such as physical examinations, minor surgery, assistance in major surgery, setting casts for simple fractures, interpreting x-rays, and other activities that involve an independent evaluation or treatment of the patient's condition (see [Chapter 13, Section 2.5](#) for reimbursement limitations).

D. Utilization Safeguards. Utilization safeguards are required to detect and disallow fragmentation of services for billing purposes, duplicate payments (including billing of the same or inclusive service by the employing physician), excessive utilization, and billing of PA services as if they were performed by the employing physician. The claims processor's data system must be able to identify the physician assistant with the physician, assure that the physician assistant is uniquely identified, maintain physician assistant allowed charge data separate from physician allowed charge data (to prevent contamination of the physician prevailing profile by the PA reduced charge data), and report physician assistant data to TRICARE Management Activity under the physician assistant individual provider number and specialty code.

### III. EFFECTIVE DATE

Coverage of physician assistant services is effective for services rendered on and after July 1, 1990.

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