

## Commercial Reimbursement Policy

**Subject: Nurse Practitioner and Physician Assistant Services - Professional**

**Policy Number: C-20001**

**Policy Section: Administration**

**Last Approval Date: 09/06/2024**

**Effective Date: 02/01/2025**

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem Blue Cross and Blue Shield (Anthem) member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

The Health Plan allows reimbursement for services provided by Nurse Practitioner (NP) and Physician Assistant (PA) providers unless provider, state, federal contracts and/or mandates indicate otherwise.

The Health Plan allows reimbursement when the following criteria are met:

- The service is considered a physicians' service.
- The service is within the NP or PA provider's scope of practice.
- A payment reduction consistent with CMS reimbursement.

The below physician's services are not considered for the payment reduction:

- Drugs
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- Laboratory Services and Laboratory Screening Tests

Services furnished by the NP or PA should be submitted with their own NPI as the rendering provider.

### Related Coding

Standard correct coding applies
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### Exemptions

Georgia	Anthem Blue Cross and Blue Shield: applies a payment reduction for Durable Medical Equipment, Laboratory Services, and Screening Tests.
Kentucky	Anthem Blue Cross and Blue Shield reimburses NP's and PA's using the applicable established fee schedule.
Maine	Anthem Blue Cross and Blue Shield does not apply a payment reduction to Nurse Practitioner services.
New Hampshire	This market is not subject to this policy.
Wisconsin	Anthem Blue Cross and Blue Shield only applies a reduction to the following codes: 0001F-36410, 36430-69990, 90749, 90752-99607

### Policy History

09/06/2024	<p>Review approved 09/06/2024 and effective as follows</p> <ul style="list-style-type: none"> <li>• Effective 02/01/2025: clarified services not eligible for payment reduction to a stand-alone statement; removed Preventive and Radiology services; added Kentucky and Wisconsin exemptions</li> <li>• Effective 03/01/2025 for Nevada</li> <li>• Effective 04/01/2025 for Maine</li> </ul>
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04/11/2022	Review approved: added language for clarity in policy body under Physician Services; removed SA modifier from Related Coding section; added exemptions for Georgia, Indiana, and New Hampshire
04/24/2020	Initial approval 04/24/2020 and effective 09/01/2020

**References and Research Materials**

This policy has been developed through consideration of the following:

- CMS

**Definitions**

General Reimbursement Policy Definitions

**Related Policies and Materials**

Modifiers 80, 81, 82 and AS: Assistant at Surgery – Professional
Incident to Services and Billing - Professional
Modifier Usage - Professional
Scope of License - Professional

**Use of Reimbursement Policy**

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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