

Reimbursement Policy

Subject: Nurse Practitioner and Physician Assistant Services

Policy Number: G-20002

Policy Section: Administration

Last Approval Date: 12/19/2023

Effective Date: 11/01/2024

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to

<https://www.anthem.com/medicareprovider>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Blue Cross and Blue Shield (Anthem) Medicare Advantage covered the service for the 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 Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem Medicare Advantage strives 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

Anthem Medicare Advantage allows reimbursement for services provided by nurse practitioner (NP) and physician assistant (PA) providers unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Anthem Medicare Advantage allows reimbursement when the following criteria is met:

- Service is considered a physician's service:
 - Excluding fees for the following:
 - Drugs
 - Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)
 - Laboratory services and Screening Tests
- Service is within the scope of practice
- A payment reduction consistent with CMS reimbursement

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

Related Coding

Standard correct coding applies

Policy History

12/19/2023	Review approved 12/19/2023 and effective 11/01/2024: removed <i>Preventive and Radiology Services</i> from Physician Services; updated Durable medical equipment to Durable medical equipment Prosthetics, Orthotics, and Supplies (DMEPOS)
04/11/2022	Review approved: added language for clarity in policy body under Physician Services; policy template updated
04/24/2020	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Modifier 80, 81, 82 and AS: Assistant at Surgery

Modifier Usage

Scope of Practice

NP and PA Services

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