

Commercial Reimbursement Policy	
Subject: <b>Nurse Practitioner and Physician Assistant Services - Professional</b>	
Policy Number: <b>C-20001</b>	Policy Section: <b>Administration</b>
Last Approval Date: <b>04/11/2022</b>	Effective Date: <b>04/11/2022</b>

## Disclaimer

*These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross (Anthem) 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. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and nonparticipating professionals and facilities as indicated.*

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

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

*Anthem's reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, State, Federal or Centers for Medicare and Medicaid Services (CMS) contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.*

## Policy

The Health Plan allows reimbursement for services provided by Nurse Practitioner (NP) and Physician Assistant (PA) providers. Unless provider contract language or state or federal contracts and/or mandates indicate otherwise, reimbursement is based upon:

- The service is considered a physicians' service.
  - Excluding fees for the following:
    - Drugs
    - Durable Medical Equipment
    - Laboratory Services
    - Preventive Services and Screening Tests
    - Radiology Services
- The service is within the NP or PA provider's scope of practice.
- A payment reduction consistent with CMS reimbursement.

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

## Related Coding

Standard Correct Coding applies

## Policy History

04/11/2022	Biennial review approved: added language for clarity in policy body under Physician Services; removed SA Modifier from Related Coding section
04/24/2020	Initial policy approved 04/24/2020 and effective 01/01/2021

## References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>Centers for Medicare &amp; Medicaid Services (CMS)</li> </ul>
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## Definitions

General Reimbursement Policy Definitions
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## Related Policies and Materials

Assistant at Surgery (Modifiers 80, 81, 82, AS) - Professional
"Incident To" Services - Professional
Modifier Rules - 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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