

## Commercial Reimbursement Policy

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

**Policy Number: C-20001**

**Policy Section: Administration**

**Last Approval Date: 04/24/2020**

**Effective Date: 09/01/2020**

### Disclaimer

*These 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 a member's Anthem Blue Cross and Blue Shield (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. Unless otherwise noted within the policy, our policies apply to both participating and non-participating 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*These policies may be superseded by provider or state contract language, or state, federal requirements or mandates. 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. Anthem reserves the right to review and revise these policies periodically 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 contract language or state or federal contracts and/or mandates indicate otherwise, reimbursement is based upon:

- 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.

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

### Related Coding

Code	Description	Comments
Modifier SA	Nurse practitioner rendering service in collaboration with a physician	This modifier does not apply to surgical procedures.

## Exemptions

Maine	This market does not apply a payment reduction to Nurse Practitioner services.
New Hampshire	This policy does not apply to this market.

## Policy History

04/24/2020	Initial policy approved and effective 09/01/2020
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## 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> <li>• Optum 360 EncoderPro 2019</li> </ul>
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## Definitions

General Reimbursement Policy Definitions
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## Related Policies and Materials

Assistant Surgeon Services
“Incident To” Services
Modifier Rules
Scope of License

### 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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