

## Commercial Reimbursement Policy

<b>Subject: 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 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 a Wellpoint 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, Wellpoint 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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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

Wellpoint allows reimbursement for services provided by Nurse Practitioner (NP) and Physician Assistant (PA) providers unless provider, state, 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.

<b>Related Coding</b>
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 09/01/2020

### References and Research Materials

This policy has been developed through consideration of the following: <ul style="list-style-type: none"> <li>• 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

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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