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| <b>Reimbursement Policy</b>   |                                       |
| Subject: <b>Nurse Practitioner and Physician Assistant Services</b> |                                       |
| Policy Number: <b>G-20002</b>                                       | Policy Section: <b>Administration</b> |
| Last Approval Date: <b>09/06/2024</b>                               | Effective Date: <b>11/01/2024</b>     |

\*\*\*\* 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 [providers.anthem.com/va](https://providers.anthem.com/va). \*\*\*\*

**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 member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural 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, we 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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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**

HealthKeepers, Inc. 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. HealthKeepers, Inc. allows reimbursement when the following criteria are met:

- The service is considered a physician’s service:
- The service is within the scope of practice.
- A payment is consistent with the physician’s contracted rates.

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

| Related Coding                  |  |
|---------------------------------|--|
| Standard correct coding applies |  |

| Policy History |  |
|----------------|--|
| 09/06/2024     | Review approved and effective: moved services not eligible for payment reduction to a stand-alone statement; added <i>Laboratory to screening tests</i>  |
| 12/19/2023     | Review approved 12/19/2023 and effective 11/01/2024: removed <i>Preventive and Radiology services</i> ; updated durable medical equipment to Durable medical equipment Prosthetics, Orthotics, and Supplies (DMEPOS) |
| 04/11/2022     | Review approved: removed definition of SA modifier; added language for clarity in policy body under Physician Services: policy template updated  |
| 04/24/2020     | Initial approval and effective   |

| References and Research Materials  |
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| This policy has been developed through consideration of the following: <ul style="list-style-type: none"> <li>• CMS</li> <li>• State contract</li> <li>• State Medicaid</li> </ul> |

| Definitions                              |
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| General Reimbursement Policy Definitions |

| Related Policies and Materials                     |
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| Modifiers 80, 81, 82, and AS: Assistant at Surgery |
| Modifier Usage                                     |