	Johns Hopkins Health Plans Provider Relations and Network Innovation Reimbursement Policy	<i>Policy Number</i>	RPC.036
		<i>Effective Date</i>	12/30/2023
		<i>Approval Date</i>	10/11/2023
	<i>Subject</i> Advanced Practice Providers	<i>Supersedes Date</i>	N/A
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This document applies to the following Participating Organizations:

Advantage MD

EHP

Priority Partners

US Family Health Plan

Keywords: Clinical Nurse Specialist, CRNA, Nurse Practitioner, Physician Assistant

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I. ABOUT OUR REIMBURSEMENT POLICIES

The most current version of the reimbursement policies can be found on www.hopkinsmedicine.org.

Johns Hopkins Health Plan LLC (JHHP) reimbursement policies serve as a guide to assist in accurate claim submissions and outline the basis for reimbursement of services covered by a member's JHHP benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a guarantee that you will be reimbursed. Services must meet prior authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Providers are expected to and must follow proper billing and submission guidelines. Providers are required to use industry standard, compliant codes on all claim submissions. Services must be billed with valid ICD-10 diagnosis codes, Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes, place of service (POS) codes, and/or revenue codes as defined by the Centers for Medicare & Medicaid Services (CMS) and in the American Medical Association's (AMA's) "CPT Manual". The codes billed should denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the patient's medical record and/or office notes and JHHP reserves the right to request the records. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

JHHP policies apply to all providers (e.g., practitioners, hospitals, suppliers, non-physician providers, etc.) eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act (SSA) of 1965, the Code of Federal Regulations (CFR), and Medicare rules. JHHP reimbursement policies are developed based on nationally accepted industry standards, coding principles, and follows the CMS guidelines, and the CMS developed National Correct Coding Initiative (NCCI) program to prevent inappropriate payment of services that should not be reported together. These policies may be superseded by regulatory mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. If appropriate, when coding/billing guidelines or current reimbursement policies are not followed, JHHP may:

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

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JHHP reserves the right to modify policies at any time and publish new versions when necessary. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHP strives to minimize these modifications. When there is an update, policies will be published on our website.

II. PURPOSE


To provide basic billing and reimbursement guidance for when a participating and non-participating Advanced Practice Providers (APPs), that is a Physician Assistant (PA) and/or a Nurse practitioner (NPs—including the services of specialized nurse practitioners and nurse midwives) who is legally authorized to perform in accordance with state law and submits a claim for their professional services, in accordance with state law.

III. POLICY STATEMENT

This policy applies to all CPT/HCPCS codes reported on CMS-1500 or UB-04 claim forms or their electronic equivalent, to a JHHC product, from network and non-network physicians, providers, and suppliers. JHHP requires that Advanced Practice Providers must meet the qualifications they are legally authorized to furnish in accordance within CMS guidelines and State law (or State regulatory mechanism established by State law), in the state where the services are performed and who may bill directly under applicable state law. Each line of business possesses its own unique contract and guidelines for benefit and payment purposes. As such, there could be various factors that may impact reimbursement, including but not limited to legislative mandates, provider contracts, and/or the member's benefit coverage, including provisions addressing services rendered by non-participating providers, which may supplement, modify, or supersede this policy.

IV. GENERAL BILLING GUIDELINES AND PAYMENT METHODOLOGY

1. All claims for Advanced Practice Provider services must be made on an assignment basis in order to receive direct payment for their services.
2. JHHP requires all APPs to bill for their services using their own National Provider Identifier (NPI) when they have not met "incident-to" billing requirements.
3. Services and supplies incident to a physician's services, in accordance with CMS guidelines are:
 - i. Nurse practitioner and physician assistant services (including the services of specialized nurse practitioners and nurse midwives) that would be covered if furnished by a physician, provided the nurse practitioner or physician assistant is legally permitted to perform the services by the State in which they are performed;
 - ii. Services and supplies incident to the services of nurse practitioners and physician assistants that would be covered if furnished incident to a physician's services; and
 - iii. Visiting nurse services to the homebound
4. JHHP considers the services "physician services" if a medical doctor or doctor of osteopathy had provided them.
5. Consistent with CMS reimbursement guidelines, JHHP will reimburse Advanced Practice Providers, unless a state mandate exists or the provider is otherwise contracted, as follows:
 - i. Services are paid at 80 percent of the lesser of the actual charge or 85 percent of what a physician is paid under the Medicare Physician Fee Schedule (MPFS).
 - ii. Providers who furnish covered assistant-at-surgery services are paid 13.6 percent of the allowable amount paid to physicians.
 - Refer to JHHP's [Assistant at Surgery](#) reimbursement policy for additional information.
6. Consistent with CMS, services that are not "reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member," routine foot care and routine physical checkups, are precluded from coverage even though they may be within the scope of practice under state law.

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7. Those procedures performed on patients during the emergency care encounter and are provided by hospital personnel employed by the facility (e.g., nurses, therapists, etc.) and are included in the facility charge. Services personally rendered by Advanced Practitioners should be reported separately by those providers, on a CMS-1500 if applicable.
8. At a minimum, Advanced Practice Providers must submit their claims on a CMS-1500 claim form or the electronic equivalent, in accordance to CMS guidelines for the services they render. However, there may be other data necessary also to be included, in order to process the claim.
9. Refer to the [Medicare Claims Processing Manual CH. 26- Completing and Processing Form CMS-1500 Data Set for additional information.](#)

V. EXCEPTIONS


1. A. **AMD & EHP:** JHHP will reimburse qualified Advanced Practice Providers in accordance with CMS, payment guidelines.
- B. **PPMCO:** Please consult the authoritative guidance found in the Maryland Medicaid Professional Services Provider Manual for specific requirements for Nurse Practitioner billing and reimbursement methodologies.
- C. **USFHP:** Please consult the authoritative guidance found in the TRICARE Manuals to obtain specific information on policy, benefits, and coverage, as well as the [TRICARE No Government Pay Procedure Code List](#) (NGPCL).

VI. EXCLUSIONS


N/A

VII. CODES, TERMS and DEFINITIONS

Term	Definition
Accredited Practitioner/Physician	For the purpose of this policy, an Accredited Practitioner/Physician refers to providers who are not an excluded, nor opt-out physician or practitioner, and who meet the criteria for participation outlined in the credentialing policy.
Advanced Practice Providers	This category of medical professionals includes, but not limited to: <ul style="list-style-type: none"> • Physician Assistants (PA) • Advanced Practice Nurse (APN) • Advanced Practice Registered Nurse (APRN) • Nurse Practitioners (NP) • Certified Nurse Midwives (CNM) • Certified Registered Nurse Anesthetists (CRNA)
Assignment	Assignment means the provider or supplier: <ul style="list-style-type: none"> • Accepts allowed amounts as payment in full; and • Cannot bill or collect any patient amount other than unmet copayments, deductibles, and coinsurance.

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Assistant-at-Surgery	An "Assistant at Surgery" is a physician or other Qualified Health Care Professional who is actively assisting the physician in charge of a case in performing a surgical procedure. The "Assistant at Surgery" provides more than just ancillary services.
Clinical Nurse Specialist (CNS)	Clinical Nurse Specialists are advanced practice registered nurses who have graduate preparation (Master's or Doctorate) in nursing.
CMS-1500/Professional Claim	The CMS-1500 Form is the prescribed form for claims prepared and submitted by physicians or suppliers, whether or not the claims are assigned. Professional claim means any claim submitted using the HIPAA mandated transaction ASC X12 837 professional claim or the CMS-1500 paper claim form.
Covered Service(s)	Covered service(s) may include, though are not limited to; physical exams, diagnosing and treating illnesses, ordering and interpreting tests, counseling on preventive health care, assist in surgery, and prescribing medications. These may be shared or split with, or performed incident to an accredited supervising physician.
Incident To	Incident to a physician's professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness. Services and supplies commonly furnished in physicians' offices are covered under the incident to provision. Where supplies are clearly of a type a physician is not expected to have on hand in his/her office or where services are of a type not considered medically appropriate to provide in the office setting, they would not be covered under the incident to provision.
Nurse Practitioner (NP)	A Nurse Practitioner is an Advanced Practice Nurse who has completed graduate-level education (either a Master's or a Doctoral degree). All Advanced Practice Nurses are Registered Nurses who sought additional training and education. To become licensed to practice, NP's hold certification in an area of specialty (e.g., family practice, anesthesia, obstetrics and gynecology, pediatrics, acute care), and are licensed through nursing boards rather than medical boards. The core philosophy of the field is individualized care.

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Physician Assistant (PA)	A medical professional who is licensed and clinically prepared to provide healthcare services either in collaboration with or under the supervision of a Doctor of Medicine (MD) or Doctor of Osteopathy (DO), and have satisfied all credentialing requirements.
Physician Services	Physician services include professional patient services a physician or physicians perform, including diagnosis, therapy, surgery, consultation, and care plan oversight.
Scope of Practice (<i>for PAs in the State of Maryland</i>)	According to the Maryland Department of Health (MDH) Board of Physicians, a Physician Assistant's scope of practice is limited to medical acts that are: <ul style="list-style-type: none"> • Delegated by the supervising physician; • Appropriate to the Physician Assistant's education, training, and experience; • Customary to the practice of the supervising physician

VIII. REFERENCES

This policy has been developed through consideration of the following:

- [COMAR- Maryland Department of Health- Maryland Medicaid Administration](#)
- CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association
- [Medicare Claims Processing Manual CH. 1- General Billing Requirements](#)
- [Medicare Claims Processing Manual CH. 12- Physician/Nonphysician Practitioners](#)
- [Medicare Benefit Policy Manual CH. 15- Covered Medical and Other Health Services](#)
- [Medicare Claims Processing Manual CH. 26- Completing and Processing Form CMS-1500 Data Set](#)
- [NCCI Policy for Medicare & Medicaid Services](#)
- [TRICARE Reimbursement Manual](#)

IX. REVISION HISTORY

Date	Review or Revision	Reason for Modification	Approved By
10/11/2023	New	N/A	Reimbursement Authorization and Coding (RAC) Committee