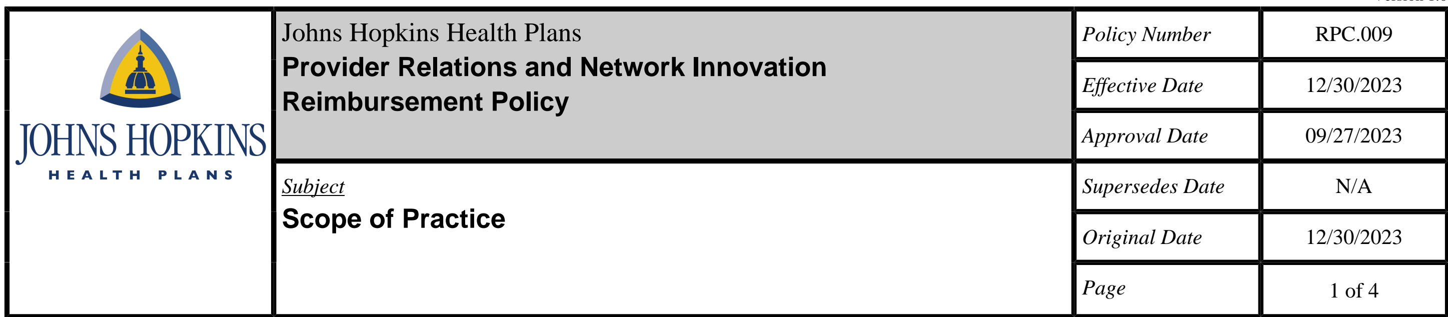

JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans **Provider Relations and Network Innovation Reimbursement Policy**	*Policy Number*	RPC.009
		Effective Date	12/30/2023
		Approval Date	09/27/2023
	Subject **Scope of Practice**	*Supersedes Date*	N/A
		Original Date	12/30/2023
		Page	1 of 4

This document applies to the following Participating Organizations:

Advantage MD　　EHP　　Priority Partners　　US Family Health Plan

Keywords: 390200000X, Interns, Medical Students, Residents

Table of Contents	**Page Number**
I. ABOUT OUR REIMBURSEMENT POLICIES	**1**
II. PURPOSE	**2**
III. POLICY STATMENT	**2**
IV. SCOPE OF PRACTICE GUIDELINES	**2**
V. EXCEPTIONS	**2**
VI. EXCLUSIONS	**3**
VII. CODES, TERMS and DEFINITIONS	**3**
VIII. REFERENCES	**3**
IX. REVISION HISTORY	**3**

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 practitioners, hospitals, providers, or suppliers 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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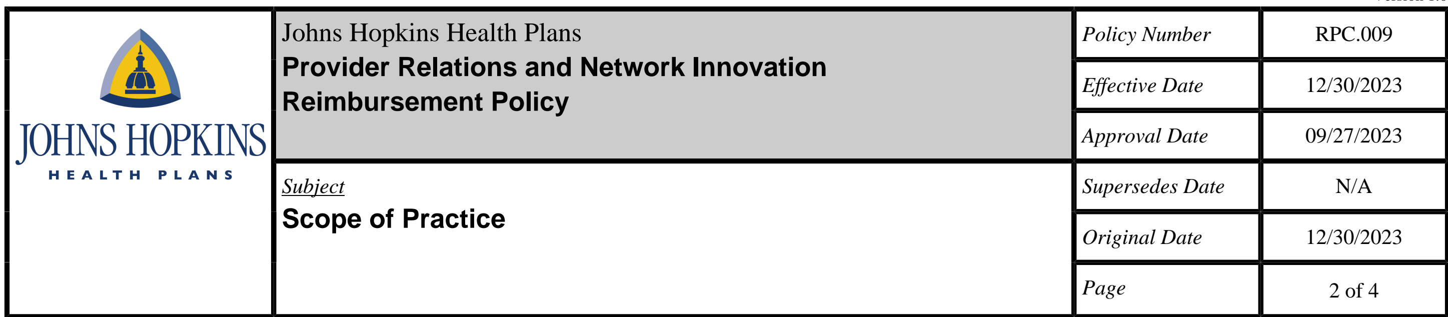

JHHP reserves the right to modify policies at any time and publish new versions when necessary. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHP strives to minimize these modifications. When there is an update, policies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

II. PURPOSE

To provide basic guidance on scope of practice of physician and non-physician services for participating and nonparticipating providers submitting claims to Johns Hopkins Health Plan LLC. Each line of business possesses its own unique guidelines for benefit and payment purposes, as such JHHP will align with regulatory, state and federal guidance to identify physician and non-physician services that are eligible as reimbursable or non-reimbursable, as applicable to the member's plan.

III. POLICY STATMENT

JHHP allows reimbursement for services that are within the provider's scope of practice under state law and in accordance with CMS guidelines unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. As such, JHHP requires providers to hold a valid license or certification to practice his or her profession, as allowed by law, in the state or jurisdiction where the patient encounter occurs.

IV. SCOPE OF PRACTICE GUIDELINES

A. Scope of practice is determined by:
- Advanced practice education in a role and specialty
- Legal implications
- Scope of practice statements as published by national professional specialty and advanced organizations
- State medical licensure requirements
- Federal regulations

B. JHHP does not prohibit, or otherwise restrict, a provider acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient, for the following:
- The enrollee's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
- Any information the enrollee needs to decide among all relevant treatment options.
- The risks, benefits, and consequences of treatment or non-treatment.
- The enrollee's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

C. Services provided outside of a practitioner's scope of practice are not covered or reimbursable.

D. JHHP may consider reimbursement, but does not guarantee payment, for:
- Providers with non-residency but who have advanced training performing services in a Medically Underserved Area (MUA), as allowed by state law.
- Providers when no board-certified physicians are available to meet local requirements as allowed by state law.
- Telemedicine performed within the provider's scope of practice as regulated by state law.

E. JHHP requires all healthcare providers to bill with the appropriate National Provider Identifier (NPI). Providers not using the appropriate NPI will receive a denied claim.
- Refer to JHHP's National Provider Identifier (NPI) Policy for additional information.

V. EXCEPTIONS

A. **PPMCO:** Refer to the Maryland Medicaid Professional Services Provider Manual for specific requirements for state licensure and certification and their associated reimbursement methodologies.

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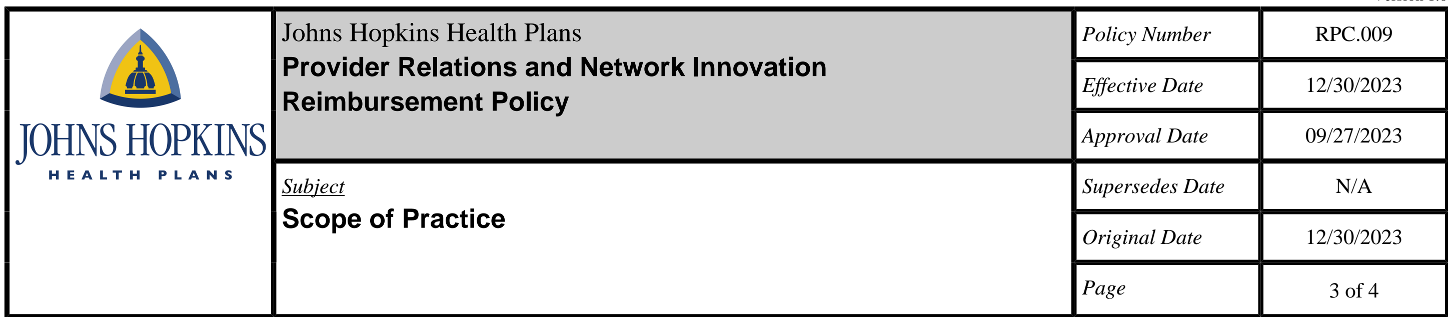

B. **USFHP**: Refer to the TRICARE Manuals for the specific requirements for state licensure and certification and their associated reimbursement methodologies.

VI. EXCLUSIONS

In alignment with CMS, JHHP will not reimburse services rendered by those providers who self-report taxonomy code (390200000X) on the claim form.

VII. CODES, TERMS and DEFINITIONS

Term	Definition
Scope of Practice	Scope of practice refers to those activities that a person licensed to practice as a health professional is permitted to perform, which is increasingly determined by statutes enacted by state legislatures and by rules adopted by the appropriate licensing entity.
Taxonomy Code(s)	Health Care Provider Taxonomy codes are self-selected by the provider. These codes are for health care providers that are enrolled with payers. Taxonomy codes are not used to define services rendered, but instead are used to define area of specialty.

Taxonomy Code

Code	Definition
390200000X	Student in an Organized Health Care Education/Training Program. An individual who is enrolled in an organized health care education/training program leading to a degree, certification, registration, and/or licensure to provide health care.

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 Chapter 1 - General Billing Requirements
- Medicare Claims Processing Manual Chapter 12- Physicians/Nonphysician Practitioners
- National Uniform Claim Committee (NUCC)

IX. REVISION HISTORY

Date	Review or Revision	Reason for Modification	Approved By

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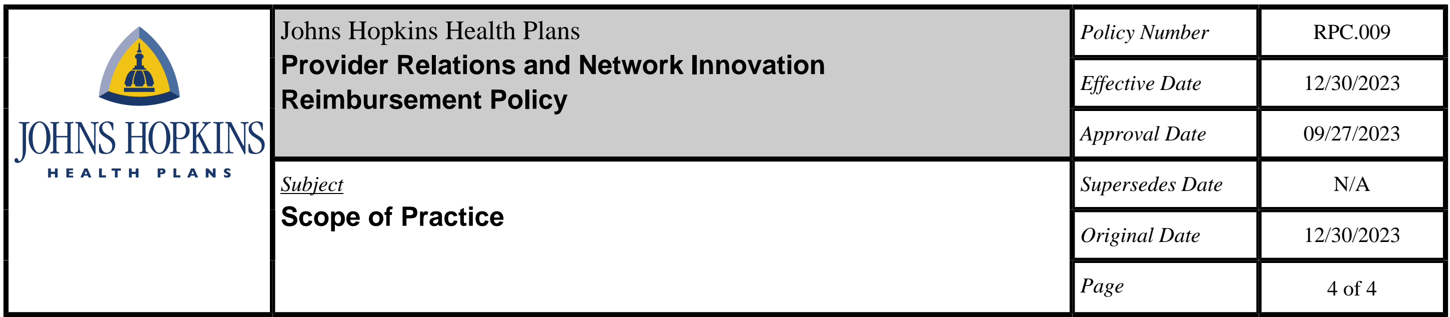

9/27/2023	Revision	Updated policy language and references. Included Codes, Terms, and Definition section	Reimbursement Policy Committee (RPC)

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