



# Mid-Level Practitioner Reimbursement Policy (Commercial)

Effective Date: 1/01/2021

Number: RP20210011

**Reimbursement Guideline Disclaimer:** EmblemHealth has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth’s policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by EmblemHealth due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to; CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how EmblemHealth handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

## Overview:

EmblemHealth has based this reimbursement policy on the guidelines established by the Centers for Medicare and Medicaid Services (CMS) regarding the reimbursement of “Mid-Level”, non-physician providers; including but not limited to Physician Assistants (PA), Nurse Practitioners (NP) and Clinical Nurse Specialists (CNS).

This policy applies to services provided by Mid-Level providers within a medical or other healthcare practice and applies to both in-network and out of network providers.

## Policy Statement:

EmblemHealth recognizes licensed, Mid-Level practitioners as a separate provider type when working under the supervision of a participating physician.

## Definitions:

Term	Description
Mid-Level Practitioner	An “Advanced Practice Health Care Provider”, other than a physician, licensed by the state in which they practice, to assist or act in the place of a physician, who may bill directly under applicable state law. For the purposes of this policy, a Mid-Level practitioner includes, but is not limited to, Physician Assistants (PA), Nurse Practitioners (NP) and Clinical Nurse Specialists.



## Mid-Level Practitioner Reimbursement Policy (Commercial)

### Reimbursement Guidelines:

Consistent with CMS, EmblemHealth reimburses Mid-level practitioners at 85% (15% reduction) to the applicable fee schedule or allowed amount, regardless of the location where services are provided.

EmblemHealth will consider medical services provided by Mid-Level practitioner for reimbursement under the following criteria:

- The service(s) provided is/are considered a physicians' service and is a covered service under the member's benefit plan
  - Services that traditionally have been reserved to physicians, such as physical examinations, minor surgery, setting casts for simple fractures, interpreting x-rays and other activities that involve an independent evaluation or treatment of the patient's condition.
- The service(s) provided is/are within the Mid-Level practitioner's scope of practice
- Claims include assigned individual Mid-Level practitioner NPI Number
- Mid-Level Providers must be credentialed

*Please visit our website for more details on credentialing,  
<https://www.emblemhealth.com/providers/resources/join-our-network>*

### Incident-To Services Rendered by Mid-Level:

Consistent with CMS, EmblemHealth will reimburse "incident-to" services rendered by a Mid-Level practitioner at 100% only if the Mid-Level practitioner is ineligible for their own NPI Number and all the "incident-to" below criteria are met.

- Services must be an integral ("incidental") part of the physician's services
- Commonly rendered without charge or included in the physician's bill;
- Only applies in the office or clinic—does not apply in the hospital inpatient or outpatient setting;
- The physician must have personally treated the patient on his or her initial visit for the particular medical problem and established the diagnosis and treatment plan;
- Services must be provided under direct physician supervision
  - To meet the direct personal supervision requirements, the supervising physician or Mid-Level practitioner must be associated with the same practice and the supervising physician must be present in the location of service and immediately available to provide assistance and direction throughout the time the Mid-Level is performing services
- The physician must have some ongoing participation in the patient's care;
- This physician involvement must be documented in the medical record; *and*
- Services that meet the "incident-to" criteria above should be reported under the supervising physician's NPI number

*For criteria on billing Assistant-at-Surgery, including use of modifier "AS" (Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist services for assistant at surgery); please visit our website at <https://www.emblemhealth.com/providers/claims-corner/reimbursement-policies> and download our complete policy.*

## Mid-Level Practitioner Reimbursement Policy (Commercial)

### References

1. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
2. American Medical Association, Current Procedural Terminology (CPT<sup>®</sup>) and associated publications and services

### Revision history

DATE	REVISION
4/2021	<ul style="list-style-type: none"><li>• Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number</li></ul>