

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	Reimbursement of Services Performed by Allied Health Professional
POLICY NUMBER	NR-30.021

Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company[®], Capital Advantage Assurance Company[®] and Keystone Health Plan[®] Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

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Most Recent Review Date (Revised):	09/28/2022
Effective Date:	12/01/2022

DESCRIPTION/BACKGROUND	DEFINITIONS	POLICY
EXCLUSIONS	VARIATIONS	<u>REFERENCES</u>

I. DESCRIPTION/BACKGROUND

This policy documents the payment methodology applied to physician services when performed by Allied Health Professionals (AHP).

II. DEFINITIONS

<u>Allied Health Professional</u> – For purposes of this policy, an individual nonphysician professional health care provider duly licensed in the Commonwealth of Pennsylvania, including, without limitation, a physician assistant, certified registered nurse practitioner, optometrist, physical therapist, occupational therapist, licensed dietitian-nutritionist, speech language pathologist, audiologist, or other applicable non-physician provider of health services approved by the Plan.

III. POLICY

Capital Blue Cross utilizes the National Physician Fee Schedule published by the Centers for Medicare and Medicaid Services (CMS) to identify physician services.

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Those services, when performed by AHPs are eligible for reimbursement consideration at eighty-five percent (85%) of the Plan allowance.

Capital Blue Cross will consider reimbursement of services performed by AHPs when performed in conjunction with applicable requirements under Pennsylvania law. When the AHP meets those requirements, services should be reported representing the AHP as the performing provider. A licensed AHP must bill for all services they perform under their own name and NPI number. Services furnished by different providers, including AHP's, are required to be reported on separate claims.

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

Please refer to the following Professional Network Reimbursement Policies for additional information:

NR-10.005 Anesthesia and Pain Management Services (including information pertaining to Certified Registered Nurse Anesthetist CRNA)

NR-30.009 Reimbursement of Mental Health Services

NR-30.003 Reimbursement of Services Rendered by Certified Nurse Midwives (CNM)

IV. EXCLUSIONS

N/A

V. VARIATIONS

This policy is applicable to all programs and products administered by Capital Blue Cross unless otherwise indicated below.

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VI. REFERENCES

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Specific information pertaining to requirements (i.e. supervision, collaborative agreements) of Allied Health Professionals can be located by accessing the Pennsylvania Code on the Commonwealth of Pennsylvania website.

Current and historical versions of the RVU File can be located by accessing the CMS website.