

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

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

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I. DESCRIPTION/BACKGROUND

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

The payment methodology contained herein replaces:

- NR-30.002 Supervision and Reimbursement of Certified Registered Nurse Practitioners (CRNP)
- NR-30.005 Supervision and Reimbursement of Physician Assistants (PA)

II. DEFINITIONS

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Allied Health Professional – For purposes of this policy, an individual non-physician 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

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Capital BlueCross utilizes the National Physician Fee Schedule published by the Centers for Medicare and Medicaid Services (CMS) to identify physician services. Those services, when performed by AHPs are eligible for reimbursement consideration at eighty-five percent (85%) of the Plan allowance.

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In general, Capital BlueCross 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.

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

NR-10.005 *Anesthesia Services (includes 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)*

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

IV. EXCLUSIONS

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N/A

V. VARIATIONS

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

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.