Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-068

Subject: Mid-Level Practitioners and Advanced Practice Providers

Effective Date: September 25, 2023 End Date:

Issue Date: September 25, 2023 Revised Date: September 2023

Date Reviewed: June 2023

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV DE NY Applicable Claim Type

PA WV DE NY DE NY

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Plan 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).

REIMBURSEMENT GUIDELINES:

The following services billed by an advanced practice provider (APP) or mid-level practitioner will be reimbursed at 100 percent of the fee schedule allowance when covered:

- Laboratory services
- Injected or infused drugs
- Supplies
- After-hours services
- Diagnosis tests

Additionally, mid-level providers with specific rates in their contract and providers contracted through a third-party vendor will supersede and not apply to this policy direction. Services rendered by Certified Registered Nurse Anesthetists (CRNA) also do not apply to this policy.

Payment for assistant-at-surgery shall follow the same rules for eligible procedures as for physicians following the direction in RP-001: Assistant at Surgery Services.

The Plan will consider medical services provided by a Mid-Level practitioner or APP 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.

Note: If the APP has not received confirmation from the Plan that enumeration within the Plan's system has been completed, the claim will be rejected.

The following reimbursement reductions apply to services rendered or billed by enumerated / credentialed APP's regardless of where the services are provided.

Note: For New York region only, applicable to all products, mid-level reductions will apply to provider unique pricing unless specified otherwise in the provider's contract.

Commercial and Medicare Advantage Reductions (Asterisk denotes not applicable to New York Region)		
Practitioner	Reimbursement (% of fee schedule)	
Social Worker* (grandfathered only)	65%	
Master Level Therapists*		
Licensed Clinical Social Workers (LCSWs)*	750/	
Marriage and Family Therapists*	75%	
- Social Worker*		
Certified Registered Nurse Practitioner		
CRN Clinical Nurse Specialist – Mental Health*		
CRN Clinical Nurse Specialist		
Physician Assistants (where allowed by law)		
Physician Assistant PCP		
Clinical Registered Nurse Practitioner (CRNP) PCP	050/	
Certified Registered Nurse	85%	
Below are applicable to New York Region ONLY		
Certified Nurse Midwife		
Registered Nurse First Assistant (RNFA)		

^{*} Not applicable to New York Region

Note: The Plan follows standard CMS APPs fee schedule reductions for Medicare recognized practitioners when processing Medicare Advantage (MA) Claims.

Note: In Pennsylvania, social workers with license type CW are grandfathered but no longer accepted as new credentialing applicants.

DEFINITIONS:

Term or Acronym	Definition
APP	Advanced Practice Provider
CMS	Centers for Medicare and Medicaid Services
CNM	Certified Nurse Midwife
CNS	Clinical Nurse Specialist
COMM	Commercial
CRNA	Certified Registered Nurse Anesthetist
CRNP	Clinical Registered Nurse Practitioner
CRN	Clinical Registered Nurse
Credentialed	Successfully completing the process if having education, training, and professional experience verified to meet the internal requirements of the Plan for serving as an in-network provider
Enumerated	The assignment of a specific identifying number to a provider for submission on claims
LCSW	Licensed Clinical Social Workers
MA	Medicare Advantage
NM	Nurse Midwife
NP	Nurse Practitioner
PA	Physician Assistant
PCP	Primary Care Physician
RNFA	Registered Nurse First Assistant

RELATED POLICIES:

Refer to the following Medical Policies for additional information:

• Commercial Policy Z-27: Eligible Providers

Refer to the following Reimbursement Policies for additional information:

- RP-001: Assistant Surgery
- RP-010: Incident-To Services
- RP-035: Correct Coding Guidelines
- RP-041: Services Not Separately Reimbursed
- RP-044: Medication Therapy Management Services

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

 Provider Billing Manual; Chapter 6, Unit 4: Reporting Mid-level Provider Services for Medicare Advantage (Pennsylvania and West Virginia Only)

REFERENCES:

- Centers for Medicare and Medicaid Services; MLN Matters SE0441, issued August 23, 2016.
- Medicare Physicians Fee Schedule Final Rule Calendar Year (CY) 2021, 2023
- West Virginia Legislature; (2020) Senate Bill 787
 http://wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=SB787%20SUB1%20enr.htm&yr=2020&sesstype=RS&i=787
- New York Insurance Law Section 4303 https://www.nysenate.gov/legislation/laws/ISC/4303

POLICY UPDATE HISTORY INFORMATION:

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9 / 2023	l Implementation
0 / 2020	The formation