blue of california

Payment Policy

Scope of Practice	
Original effect date:	Revision date:
01/01/2018	08/03/2018

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This information is intended to serve only as a general reference regarding Blue Shield's payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member's programs benefits.

Application

This policy serves as a guide to assist in accurate claims submissions and to outline the basis for reimbursement by Blue Shield of California. The claim must follow proper billing and submission guidelines, as well as, industry standard. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, the policy applies to both participating and nonparticipating providers and facilities.

Blue Shield of California may reject or deny any claim if appropriate coding/billing guidelines or payment policies are not followed.

Policy

Blue Shield of California allows reimbursement for services that are within the provider's scope of practice under state law in accordance with CMS guidelines unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

The provider shall be licensed/certified in or hold a license/certificate recognized in the jurisdiction where the patient encounter occurs.

Scope of practice is defined as:

- The extent to which providers may render health care services and the extent they may do so independently
- The type of diseases, ailments and injuries a health care provider may address (American Medical Association) Scope of practice is determined by:
- Advanced practice education in a role and specialty.
- Scope of practice statement as published by California Business and Professional Code and advanced organizations.
- State medical licensure or certification requirements as defined in the California Business and Professional Code.
- Federal regulations.

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

Rationale

Blue Shield of California's scope of practice policy will identify when procedures or diagnosis are billed inappropriately based on specialty and industry standards and applicable scope of practice guidelines. The claims processing solution will be to deny the providers scope of practice and no reimbursement will be made.

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Resources
• **California Business and Professions Code-Legislative Information https://leginfo.legislature.ca.gov/** • **American Medical Association http://www.ama-assn.org/ama** • **Centers for Medicare & Medicaid Services http://www.cms.gov/**

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
01/01/2018	New Policy Adoption	Payment Policy committee
3/15/2018	Maintenance	Payment Policy committee
08/03/2018	Maintenance	Payment Policy committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.