	Reimbursement Policy	
Subject: Scope of Practice		
Effective Date: **04/01/13**	Committee Approval Obtained: **08/01/16**	Section: **Administration**

*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to **https://mediproviders.anthem.com/nv**.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. 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, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy	Anthem 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 in or hold a license recognized in the jurisdiction where the patient encounter occurs. Anthem allows reimbursement for:

	• Telemedicine performed within the provider's scope of practice as regulated by state law. • Qualified mental health associates when operating within the scope of practice of a licensed clinical supervisor. Scope of practice is determined by: • Advanced practice education in a role and specialty. • Legal implications. • Scope of practice statements as published by national professional specialty and advanced organizations. • State medical licensure requirements. • Federal regulations. Services provided outside of a practitioner's scope of practice are not covered or reimbursable. Anthem allows reimbursement for providers with nonresidency but who have advanced training performing services in a medically underserved area as allowed by state law. Anthem allows reimbursement for providers when no board-certified physicians are available to meet local requirements as allowed by state law. Anthem does not require individual provider certification when transesophageal echo services are performed.
History	• Effective **02/01/18**: Policy template updated • Biennial review approved **08/01/16**: Policy template updated • Biennial review approved **08/18/14**: Language updated • Review approved and effective **04/01/13**: Nevada exemption added; template updated • Initial committee approval **06/18/12** with effective date of **04/09/12**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • State contracts • 42 CFR §440.2 — Federal Regulations on Scope of Practice

Definitions	• **Scope of Practice** refers to:
	  ○ 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 [AMA] Glossary of Terms).
	• **General Reimbursement Policy Definitions**

Related Policies	• Locum Tenens Physicians • Professional Anesthesia Services • Reimbursement of Sanctioned and Opt-Out Providers
Related Materials	• None