Blue Cross Blue Shield of Massachusetts (Blue Cross®) reimburses medically necessary services provided by participating nurse practitioners (NPs) and nurse practitioner primary care providers (NP-PCPs). NPs may function as primary care providers in the state of Massachusetts when contracted as an NP-PCP. For more information please see the fee schedule for covered services.

At this time, Blue Cross does not recognize NPs and NP-PCPs as hospitalists. Blue Cross only reimburses physicians for hospitalist services rendered directly to members.

General benefit information

Covered services and payment are based on the member’s benefit plan and provider Agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our eTools page for information on member eligibility and benefits. Member liability may include, but is not limited to: copayments, deductibles, and co-insurance. Members’ costs depend on member benefits.

Certain services require prior authorization or referral.

Payment information

Blue Cross reimburses health care providers based on your contracted rates and member benefits.

Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses:

- Prior to 9/1/18: Nurse practitioners at the following percentage of the physician fee schedule amount:
  - 100% when billed under a physician’s national provider identifier (NPI) with an SA modifier appended to each procedure
  - 85% for most services when billed under the NP’s NPI for codes on the NP fee schedule
- Effective 9/1/18: Blue Cross reimburses 85% for most services when billed under the NP’s NPI for services the NP is licensed to provide under state and federal law. Nurse practitioners for assist-at-surgery services who have a Blue Cross designation of NP-SC (specialty care) and bill for assist-at-surgery services under their own NPI with AS modifier
- Nurse practitioner primary care providers at the following percentages of the physician fee schedule amount:
  - 85% for most services when billed under the NP-PCP’s NPI for services the NP-PCP is licensed to provide under state and federal law. Excluded services are indicated below and on the NP-PCP fee schedule

Blue Cross does not reimburse:

- Nurse practitioners (NP) or Nurse Practitioner primary care providers (NP-PCP) for the following services:
  - Assist at surgery services
  - Behavioral health services
  - Radiology services (70000-79999) for both the Professional Component and/or Technical Component
  - Services in the imaging modalities listed below for both the professional component and technical component:
    - Angiography
    - Bone densitometry
    - CT
    - Echocardiography
    - Mammography
    - MRI
    - Nuclear medicine
    - Ultrasound
    - Vascular ultrasound
Other ultrasound

General reimbursement information
- The Medicare “incident to” billing guidelines do not apply to billing for Blue Cross members. Unlike Medicare, Blue Cross policy requires that the NP/NP-PCP be credentialed and contracted for the services to be reimbursed regardless of the billing scenario. The NP/NP-PCP can render an initial exam.

Billing information

The list of codes below is included for informational purposes only. This may not be a complete list of all the codes related to this service. Whether or not a code is listed here does not guarantee coverage or reimbursement.

Specific billing guidelines:
- When the billing is under the NP-PCP’s NPI, the physician does not need to:
  - Be on-site when the care is rendered
  - Supervise the NP-PCP
  - Document findings or sign the patient’s chart
- When the billing is under the NP’s NPI, the physician does not need to:
  - Be on-site when the care is rendered
  - Supervise the NP
  - Document findings or sign the patient’s chart
- When NPs are billing for assist-at-surgery services they must:
  - Have a Blue Cross designation of NP-SC
  - Bill with modifier AS
- A physician may bill under his or her NPI for covered services provided by a contracted NP if all of the following apply:
  - NP is a credentialed and contracted Blue Cross provider
  - The physician is on-site when care is rendered. “On-site” means that the physician is present in the immediate patient care area and available to provide assistance and direction throughout the time that the NP is providing care
  - The physician is actively involved in the decision-making process for care of the patient. “Actively involved” means that the physician is sufficiently aware of the patient’s current condition to endorse or intervene in the patient’s care in a timely manner.
  - The NP or physician must document in the clinical record the active involvement of the physician in the decision-making process
  - The physician provides documentation and attestation of the collaboration in the medical record by signing and dating the patient’s chart within 30 days of the date that the service is rendered
- A physician cannot bill or be reimbursed under the physician’s NPI for an NP-PCP service

<table>
<thead>
<tr>
<th>Code</th>
<th>Service description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS</td>
<td>Nurse practitioner-specialty care, for assistant at surgery</td>
<td>Reimbursed at 16% of the fee schedule allowable.</td>
</tr>
<tr>
<td>SA</td>
<td>Physician billing for nurse practitioner under direct supervision</td>
<td>No impact on reimbursement</td>
</tr>
</tbody>
</table>

When submitting claims for reimbursement, report all services with:
- Up-to-date industry-standard procedure and diagnosis codes
- Modifiers that affect payment in the first modifier field, followed by informational modifiers

Related policies
General Coding and Billing

Policy update history
04/05/2010 Original documentation of policy
06/19/2014 Template update; edits for clarity
Payment policies are intended to help providers obtain Blue Cross Blue Shield of Massachusetts’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy development takes into consideration a variety of factors, including: the terms of the participating provider’s contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.