

Nonphysician Health Care Professionals Billing Evaluation & Management, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents**. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

**CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

*** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

Table of Contents

- [Applications](#)
- [Policy](#)
- [Overview](#)
- [Reimbursement Guidelines](#)
- [Definitions](#)
- [Resources](#)
- [History](#)

Application

This reimbursement policy applies to all Medicare Advantage products and for services reported using the 1500 Health Insurance Claim Form (a/k/a CMS 1500) or its electronic equivalent or its successor form. This policy applies to all network physicians and other qualified health care professionals,

Policy

Overview

This policy describes reimbursement for Evaluation and Management (E/M) services (99202–99499) reported by nonphysician health care professionals.

Reimbursement Guidelines

The Current Procedural Terminology (CPT®) book has specific guidelines that give the following instruction: "Select the name of the procedure or service that accurately identifies the service performed." CPT guidance instructs that E/M (CPT codes 99202-99499) should only be reported by Physicians or specific non-physician practitioners (NPP).

In accordance with CMS guidelines, UnitedHealthcare Medicare Advantage will only pay for E/M services for nurse practitioners (NP), clinical nurse specialists (CNS), and certified nurse midwives (CNM) provided they are allowed to bill for those services. Physician assistants (PA) are also allowed to provide the service as long as the physician collaboration and general supervision rules are applied. UnitedHealthcare Medicare Advantage will not reimburse E/M services (CPT codes 99202-99499) when reported by nonphysician health care professionals not listed above.

The National Correct Coding Initiative Policy Manual gives the following instruction: "Procedures should be reported with the most comprehensive CPT code that describes the services performed."

There are a wide variety of CPT and Health Care Common Procedure Coding System (HCPCS) codes that specifically and accurately identify and describe the services and procedures performed by nonphysician health care professionals not listed above.

Definitions

Physician	Doctor of Medicine (MD) or Doctor of Osteopathy (DO).
Nonphysician Practitioners (NPP)	Nonphysician practitioners refer to physician assistants, clinical nurse specialists, certified nurse midwife, and nurse practitioners, who may, if state and local laws permit it, and when appropriate rules are followed, provide, certify, or supervise therapy services.

Resources

www.cms.gov

Medicare Benefit Policy Manual - Chapter 12 - Comprehensive Outpatient Rehabilitation Facility (CORF) Coverage

Medicare Benefit Policy Manual - Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services

Medicare Benefit Policy Manual - Chapter 15 – Covered Medical and Other Health Services: Section 220, 230

Medicare Benefit Policy Manual - Chapter 16 - General Exclusions from Coverage



Medicare Claims Processing Manual - Chapter 12 - Physicians/Nonphysician Practitioners: Section 30.6

Medicare Claims Processing Manual - Chapter 26 - Completing and Processing Form CMS-1500 Data Set: Section 10.8.3

History	
10/1/2024	Policy Version Change History Section: Entries prior to 10/1/2022 archived.
10/1/2023	Policy Version Change Logo: Updated History Section: Entries prior to 10/1/2021 archived.
10/1/2022	Policy Version Change Updated Application Section History Section: Entries prior to 10/4/2020 archived.
9/10/2014	New Policy (KS)