Reimbursement Policy

Subject: Scope of Practice

Effective Date:	Committee Approval Obtained:	Section:
04/20/20	**04/20/20**	**Administration**

*****The most current version of the 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://providers.amerigroup.com**. Under Quick Tools, select Reimbursement Policies > Medicaid. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. 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, Amerigroup may:

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

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Amerigroup strives to minimize these variations.

Amerigroup 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	Amerigroup allows reimbursement for the performance of covered 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: • Satisfy state and federal requirements for the performance of such service or procedure. • Be licensed to perform the particular service or procedure by the state where the patient encounter occurs. • Perform the service and procedure legally authorized to provide under his/her professional scope of license. Services provided outside of a practitioner's scope of practice are not covered or reimbursable.
History	• Biennial review approved 04/20/20: Policy language updated and aligned, Scope of Practice definition updated • Biennial review approved 07/13/18: Policy template updated • Biennial review approved 08/01/16: Policy template updated • Biennial review approved 08/18/14: State law language added • Review approved and effective 04/01/13: Policy template updated • Initial policy approved 06/18/12 and effective 04/09/12
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • Amerigroup state contracts • Federation of State Medical Boards of the United States, Inc.

Definitions	• **Scope of Practice**: activities that an individual health care practitioner is permitted to perform within a specific profession, based on education, training, and experience, which is determined by:
	  ○ Federal requirements
	  ○ Licensing board requirements
	  ○ National professional specialty and advanced organization rules
	• **Reimbursement Policy Definitions**

Related Policies	• Locum Tenens Physicians/Fee-for-Time Compensation • Professional Anesthesia Services • Reimbursement of Sanctioned and Opt-Out Providers
Related Materials	• None