



**Mid-level Practitioners and Other Qualified Health Care Professionals Payment Policy**

<b>Policy Type:</b>	Revised
<b>Applies to:</b>	<ul style="list-style-type: none"> <li>Commercial and Medicare Advantage Products</li> <li>All participating and non-participating mid-level practitioners and other qualified health care professionals</li> </ul>
<b>Policy Implementation:</b>	Date of Service
<b>Policy Revision Date:</b>	<a href="#">Click Here</a>
<b>Last Review:</b>	October, 2023
<b>Next Review:</b>	October, 2024

Our payment policies ensure that we pay providers based on the code that most accurately describes the procedure performed. We include CPT/HCPCS, CMS or other coding methodologies in our payment policies when appropriate. Unless noted otherwise, payment policies apply to all professionals who deliver health care services. When developing payment policies, we consider coding methodology, industry-standard payment logic, regulatory requirements, benefits design and other factors.

This Payment Policy expresses Aetna's determination of whether or how certain services or supplies are reimbursed. Payment Policies include references to standard HIPAA compliant code sets to assist with search functions and to facilitate billing and payment for services. New and revised codes are added to the policies as they are updated. When billing, you must use the most appropriate code as of the effective date of the submission. Unlisted, unspecified and nonspecific codes should be avoided when a more specific code exists for the service. **Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply.** If there is a discrepancy between this payment policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the following website: <http://www.cms.hhs.gov/center/coverage.asp>. More stringent State requirements may supersede the requirements of this policy.

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**Overview**

This policy addresses reimbursement for mid-level practitioners such as Nurse Practitioners, Physician Assistants, Certified Nurse Midwives and Clinical Nurse Specialists (e.g., Nurse Practitioner or Registered Nurse).

This policy also addresses reimbursement for other qualified health care professionals such as Audiologists, Registered Dietitians, Genetic Counselors, Massage Therapists, Nutritionists and Respiratory Therapists, Clinical Social Workers, Psychiatric Nurses, Behavioral Health Nurse Practitioners and Behavioral Health Physician Assistants.

**Definitions/Glossary**  
N/A

**Payment Guidelines**



We pay the following mid-level practitioners at 85% of the recognized charge or negotiated fee for covered services for Commercial and Medicare Advantage members:

- Nurse Practitioners
- Physician Assistants
- Certified Nurse Midwives
- Clinical Nurse Specialists (e.g., Nurse Practitioner or Registered Nurse)

We apply a concurrency rate when more than one procedure is performed on the same date of service. We consider the Relative Value Unit (RVU) of each procedure in order to determine the appropriate concurrency rate. The procedure with the highest RVU receives the primary rate. The procedure with the second highest RVU receives the secondary rate. All other procedures receive the tertiary rate.

Procedure	Rate
Primary	85%
Secondary	42.5%
Tertiary	21.25%

We pay the following qualified health care professionals at 75% of the recognized charge or negotiated fee for covered services for Commercial members only:

- Audiologists
- Registered Dietitians
- Genetic Counselors
- Massage Therapists
- Nutritionists
- Respiratory Therapists

Note: Effective July 1, 2022, Qualified Health Professionals providing covered nutrition therapy received a reimbursement adjustment to ensure that their fee schedule was in alignment with market rates.

We apply a concurrency rate when more than one procedure is performed on the same date of service. We consider the Relative Value Unit (RVU) of each procedure in order to determine the appropriate concurrency rate. The procedure with the highest RVU receives the primary rate. The procedure with the second highest RVU receives the secondary rate. All other procedures receive the tertiary rate.

Procedure	Rate
Primary	75%
Secondary	37.5%
Tertiary	18.75%

We pay the following qualified health care professionals at 75% or 85% of the Medicare allowable for covered services for Medicare Advantage members only (non-participating only):

Qualified Health Care Professional	Rate
Clinical Social Workers	75%
Psychiatric Nurses	85%
Behavioral Health Nurse Practitioners	85%
Behavioral Health Physician Assistants	85%

These guidelines do not apply to:

- Certified registered nurse anesthetists or registered nurse first assistants



- Services billed with an assistant surgery modifier
- Covered DME, orthotics, prosthetics, supplies/devices, drugs, laboratory services, radiology services and immunizations
- Medicare primary
- Providers contracted through a third party or vendor
- Services billed in accordance with Centers for Medicare & Medicaid Services (CMS) Incident To and Split/Share Policy
- Facilities

**Questions and Answers**

N/A

**Additional References**

N/A

**Policy Revision Date**

- Effective 07/01/2022: Added reference to reimbursement adjustment for Qualified Health Professionals providing covered nutrition therapy.
- Effective 04/01/2022: Updated title and added information regarding the addition of other qualified health care professionals with applicable reimbursement rates
- Effective 01/01/2014: Independently practicing Oregon-based Nurse Practitioners and Physician Assistants are not subject to this policy.
- Effective 05/01/2014: Washington state participating mid-level provider claims are subject to surgical procedure reductions.