

Billing information for mid-level, or nonphysician, professional practitioners

Billing options for various mid-level, or nonphysician, professional practitioners

The services of various mid-level, or nonphysician, professional practitioners may be billed as outlined in the following table. In all cases, payment is made to the Tax ID number shown on the claim.

Note: Most of the practitioners listed below only provide non-behavioral health services, except for clinical nurse specialists and nurse practitioners. For information on billing options for practitioners providing behavioral health services, see the *Psychiatric Care Services* chapter of this manual.

Practitioner type	Billing/reimbursement option	
	“Incident to services”	As part of a contracted practice group or directly, through an individual contract
Acupuncturist	No ¹	Yes ²
Athletic trainer	No ¹	Yes ²
CNM, or certified nurse midwife	No	Yes ²
CNS, or clinical nurse specialist	No ¹	Yes ²
CRNA, or certified registered nurse anesthetist	No	Yes ²
Dietary manager/dietitian	Not applicable	Yes ²
Genetic counselor	No ¹	Yes ²
NP, or nurse practitioner	No ¹	Yes ²
PA, or physician assistant, not employed by a hospital	No ¹	Yes ²

¹Blue Cross commercial affiliated practitioners must bill directly. Only non-affiliated practitioners should bill “incident to services” when being supervised by an affiliated practitioner. When billing “incident to services,” report the supervising practitioner’s NPI in box 24j and the pay-to-provider information in box 33 of the CMS-1500 form. The name of the mid-level

practitioner is not shown on the claim and no modifiers are used. For electronic claims (837P), report the billing provider (supervising practitioner) in Loop 2010AA, NM109.

²When billing as part of a group on a paper CMS-1500 form, report the practitioner's NPI in box 24j, the servicing practitioner's name and degrees or credentials in box 31 and the group's NPI in box 33a of the CMS-1500 form. For electronic claims (837P), report the group practice billing NPI in the Loop 2010AA NM109 and report the rendering practitioner's NPI in Loop 2310B, **Note:** For CNSs, a physician must be part of the contracted practice group. For athletic trainers, a physical therapist must be part of the contracted practice group. Most practitioners are contracted at the group level, with the exception of primary care providers, including some nurse practitioners.

Overpayments and incorrect payments

If we overpay you on a claim

If we overpay you on a claim, you will receive two vouchers from us within three weeks after the overpayment:

- The first voucher ([Accounts Created](#)) advises you that a deduction will be taken on a future voucher. It shows the overpayment amount, your patient account number and an accounts receivable number.
- The second voucher ([Accounts Applied](#)) deducts the overpayment amount. It shows any accounts receivable balances from previous vouchers and the actual cash deductions that have been applied to correct overpayments.

After our notification, if you disagree that you were overpaid, you may appeal. For more information, see the *Appeals and Problem Resolution* chapter.

When should you send a check to Blue Cross Blue Shield of Michigan?

What is an AR? An AR, or *account receivable*, is a requested refund resulting from claims paid in error.

If you are receiving weekly income, the AR will automatically deduct from future payments (no further action is needed from you).

Exceptions:

- If the date of service is over two years old, you must submit a check to Blue Cross for the overpayment:
 - No accounts receivable will be set up.
 - Include patient name, document number, date of service and contract number. With that information, we can ensure that the money is properly applied.