	<b>JOHNS HOPKINS HEALTHCARE</b>	<b>Policy Number:</b> RPC.009 Effective Date: 9/1/2017 Revision Date: 10/1/2020
	<b>Subject:</b> Scope of Practice  <b>Department:</b> Provider Relations  <b>Lines of Business:</b> EHP, PPMCO, USFHP, AdvantageMD	Page 1 of 3

**ACTION**

- New Policy
- Repealed Policy Date: \_\_\_\_\_
- Superseded Policy Number: \_\_\_\_\_

The most current version of the reimbursement policies can be found on [www.jhhc.com](http://www.jhhc.com).


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 Johns Hopkins HealthCare (JHHC) 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 must be billed with ICD-10 codes, 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, Johns Hopkins HealthCare (JHHC) may:

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

JHHC reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state or commercial client contracts, or state, federal or CMS contracts and/or requirements.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, JHHC strives to minimize these variations.

JHHC reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy on [www.jhhc.com](http://www.jhhc.com).

 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTHCARE</p>	<p><b>JOHNS HOPKINS HEALTHCARE</b></p>	<p><b>Policy Number:</b> RPC.009 Effective Date: 9/1/2017 Revision Date: 10/1/2020</p>
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**POLICY:**

Johns Hopkins HealthCare LLC allows reimbursement for 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 be licensed in or hold a license recognized in the jurisdiction where the patient encounter occurs.

Scope of practice is determined by:

- Advanced practice education in a role and specialty
- Legal implications
- Scope of practice statements as published by national professional specialty and advanced organizations
- State medical licensure requirements
- Federal regulations


JHHC does not prohibit, or otherwise restrict, a provider acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient, for the following:

- The enrollee's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
- Any information the enrollee needs to decide among all relevant treatment options.
- The risks, benefits, and consequences of treatment or non-treatment.
- The enrollee's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

Services provided outside of a practitioner’s scope of practice are not covered or reimbursable. JHHC allows reimbursement for providers with non-residency but who have advanced training performing services in a Medically Underserved Area (MUA) as allowed by state law.

JHHC allows reimbursement for providers when no board-certified physicians are available to meet local requirements as allowed by state law.

JHHC allows reimbursement for telemedicine performed within the provider’s scope of practice as regulated by state law.

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**DEFINITIONS:**

Scope of Practice refers to:

- The extent to which providers may render health care services and the extent they may do so independently
- The type of diseases, ailments and injuries a health care provider may address (American Medical Association Glossary of Terms).

**EXCLUSIONS**

N/A

**EXEMPTIONS**

N/A

**REFERENCES:** This policy has been developed through consideration of the following:

- Federal Regulation 42 CFR § 438.102
- CMS Guidelines
- State Medicaid: COMAR 10.09.36.02
- CY 2020 Maryland MCO Systems Performance Standards and Guidelines (SPR) 5.11
- Tricare: TRICARE Policy Manual 6010.57-M, February 1, 2008, Chapter 11, Section 3.2 State Licensure and Certification
- JHHC Credentialing Policy PCR.002- Criteria for Practitioner Participation, Review & Decision Process, Ongoing Monitoring

**APPROVALS**

Reimbursement Policy Committee      Date: 9/28/2020

Review/Revision Dates: 8/1/2017, 9/1/2019, 10/1/2020