

**514F.6 Credentialing — retrospective payment.**

1. The commissioner shall adopt rules to provide for the retrospective payment of clean claims for covered services provided by a physician, advanced registered nurse practitioner, or physician assistant during the credentialing period, once the physician, advanced registered nurse practitioner, or physician assistant is credentialed.

2. For purposes of [this section](#):

a. “Advanced registered nurse practitioner” means a person currently licensed as a registered nurse under [chapter 152](#) or [152E](#) who is licensed by the board of nursing as an advanced registered nurse practitioner.

b. “Clean claim” means the same as defined in [section 507B.4A, subsection 2](#), paragraph “b”.

c. “Credentialing” means a process through which a health insurer makes a determination based on criteria established by the health insurer concerning whether a physician, advanced registered nurse practitioner, or physician assistant is eligible to provide health care services to an insured and to receive reimbursement for the health care services provided under an agreement entered into between the physician, advanced registered nurse practitioner, or physician assistant and the health insurer.

d. “Credentialing period” means the time period between the health insurer’s receipt of a physician’s, advanced registered nurse practitioner’s, or physician assistant’s application for credentialing and approval of that application by the health insurer.

e. “Physician” means a licensed doctor of medicine and surgery or a licensed doctor of osteopathic medicine and surgery.

f. “Physician assistant” means a person who is licensed to practice as a physician assistant under the supervision of one or more physicians.

[2008 Acts, ch 1123, §28](#); [2010 Acts, ch 1121, §16](#); [2013 Acts, ch 90, §155](#); [2015 Acts, ch 56, §24](#)