SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.17 INCIDENT-TO

INCIDENT-TO

For Provider Types Eligible for Network Participation

Effective June 1, 2019, Blue Cross updated its "Incident-to" reimbursement rules for provider types that are eligible to participate in our networks as follows:

1. If network participation is available for a provider type, then that provider type is required to file claims under their own provider number. Services should not be billed under a supervising provider.

2. Only provider types that are not offered network participation are eligible to bill incident-to services and be reimbursed under a supervising provider's Blue Cross contract number.

Under this updated policy, provider types that are required to file claims under their own provider number include (but may not be limited to) nurse practitioner, physician assistant, dietitian, audiologist, certified nurse anesthetist and behavior analyst. These provider types are eligible to participate in our networks.

If you are one of these provider types, you should bill your services directly to Blue Cross. Claims will periodically be reviewed to ensure billing by the appropriate provider type.

For more information, refer to the Split/Shared billing guidelines in the Evaluation and Management Services section of this manual.

For Provider Types Not Eligible for Network Participation

For provider types that are not eligible for network participation, Blue Cross follows CMS Incident-to Guidelines for processing incident-to claims.

"Incident-to" means that services performed must be furnished as an integral, although incidental, part of a physician's personal professional services in the course of diagnosis or treatment of an injury or illness. Services billed directly (not part of the physician's personal professional services) are not "incident-to."

General requirements for services to be considered incident-to are as follows:

- The service provided must be reasonable and medically necessary, must be within practitioner's scope of practice as defined in state law where they are licensed to practice, and performed in collaboration with a physician
- The practitioner must be an employee or independent contractor to the physician, physician's group or physician's employer
- Supervising physician must be physically present in the same office suite and be immediately available to render assistance if that becomes necessary
- An office/clinic must have identifiable boundaries when part of another facility and services must be furnished within the identifiable boundary; where this office is one room, the physician must be in it to supervise

- Physician has performed initial service and subsequent services of a frequency that reflect his/her active participation in and management of the course of treatment
- The professional identity of the staff furnishing the service must be documented and legible

Note: a counter signature alone is not sufficient to show that the incident-to requirements have been met.