SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

Updated January 25, 2021
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UPDATED: "INCIDENT TO" FREQUENTLY ASKED QUESTIONS

As communicated in the UPDATED: Mid-Level Reimbursement eBulletin published on **November 5, 2020**, Advanced Practice Providers (APPs) are required to bill "Incident to" during certain circumstances (as outlined in the eBulletin, Reimbursement Policy 010, and Medical Policy Z-27).

Below are some answers to the most frequently asked questions on "Incident To" billing.

FREQUENTLY ASKED QUESTIONS

Q: Who must be enumerated?
A: Professionals licensed to render a diagnosis and develop a plan of care but are ineligible to participate in Highmark's networks must be enumerated.

Q: Do APPs need to be separately enumerated?
A: Yes, it is required for an APP to be enumerated when an APP independently bills for services (not under "incident to" guidelines). Failure to enumerate will result in a denial of the independently billed claim.

Q: Whose services are billed as incident to?
A: Professionals who can render treatment (within the scope of their license/certification) only under the direction of an APP or Physician.

Q: When does a modifier need to be appended to codes submitted for services?
A: The SA modifier should be appended on "Incident To" claims rendered by an APP on each line where "Incident To" billing occurs.

Q: What does direct supervision mean?
A: Highmark follows the Centers for Medicare and Medicaid Services (CMS) definition of supervision which states:

> The supervising physician or other eligible health care provider must be physically in the office suite to provide immediate care of the patient when required.

Q: Does the supervising physician need to sign off when an Advanced practice provider (APP) bills "incident to" for administering an injection?

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A: No, if the injection is billed under the supervising physician's NPI the supervising physician must be *in the office* at the time of the dx injection and must have *established the treatment plan, to include the injection(s) administered by the APP* but they are not required to be in the room at the time of the administration. The APP's documentation must show a reference to the supervising physician's treatment plan.

When the APP is billing under **his or her own** NPI, it is not necessary for the supervising physician to be in the office – unless it is required by state law.

Q: When a patient visits the office as a "new" patient, may the APP bill the visit as "incident to" the physician who is on-site but seeing other patients?

A: No, the patient must always have their first encounter with a new patient with the supervising physician to qualify for "incident to" billing because the supervising physician must establish the treatment plan. In this case, the claim would be billed with the APP as the performing provider.

Q: What is the definition of a "New condition"?

A: Patients that do not have an established diagnosis for their condition.

Q: When an established patient presents with a new medical condition, and sees the APP, would the claim qualify as "incident to" billing?

A: No, the supervising physician must first personally meet with the patient to establish a new plan of care and document this plan in the patient's medical record to qualify as "incident to." In this scenario, the APP must independently bill by submitting their own NPI as the rendering provider.

Q: Should "incident to" services be billed for outpatient or other institutional visits?

A: Yes, "Incident to" can be billed for **commercial plans** when the member's benefit plan is eligible. To check the member's eligibility use the Eligibility and Benefits transaction in NaviNet®.

Q: Is it possible for an APP to supervise another APP in the same office?

A: No, APPs may only supervise Registered Nurses/Licensed Practical Nurses (RN/LPN's), medical assistants and other auxiliary personnel.

Q: Is it possible for any APP to bill "incident to" within a multi-specialty group?

A: Yes, if the supervising physician is a member of the multi-specialty group.

Q: Would it be appropriate to bill an "incident to" claim for an emergency department (ED) visit?

A: In most instances this would inherently not be applicable to this place of service based on the emergent nature of services rendered in this type of setting. For more information on required eligibility criteria please refer to Reimbursement Policy 010.

Q: What is the proper billing protocol when the APP sees patients, but the supervising physician does not comment on the documentation, and they do not share face-to-face encounters?

A: If the all requirements for "incident to" billing were met, the services provided by the APP may be billed under the physician's NPI. If the provided services do not qualify as "incident to" the service would be billed under the APP's NPI.

For more information please reference the Provider Manual Chapter 3 and Medical Policy Z-27 for additional details on eligible provider information.