

SPECIAL eBULLETIN

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FOR PROFESSIONAL AND FACILITY PROVIDERS

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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](#)).

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

FREQUENTLY ASKED QUESTIONS

Q: Who must be enumerated?

A: APPs licensed to render a diagnosis and develop a plan of care who

- 1) are employed or contracted by a group contracted with Highmark but
- 2) have chosen not to individually participate in our networks (or are ineligible to participate)

Q: Do APPs need to be separately enumerated?

A: Yes, it is required for an APP to be enumerated if they are delivering services without direct supervision (not billing “Incident To” a supervising physician). Failure to enumerate by the July 1, 2021 deadline may result in a denial when the claim is submitted with a non-enumerated APP as the rendering provider.

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.

For purposes of limiting exposure related to the 2019 novel coronavirus, Highmark will follow the proposed rule from the Centers for Medicaid and Medicare Services (CMS) to allow direct supervision to include virtual presence of the supervising physician using real-time, interactive audio and video technology for the duration of the Public Health Emergency (PHE).



Q: Will the entire claim take a reduction when an APP provides and bills services?

A: No, reductions will apply to services rendered by an enumerated APP whose care delivery is determined by the practitioner's knowledge, skills and abilities. (Commodity services such as vaccines, drugs, labs, and other diagnostic services will not be subject to reduction when submitted on the same claim.)

Q: Does the supervising physician need to sign off when an APP bills "Incident To" for administering an injection?

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 submits the claim under **his or her own** NPI as the rendering provider, 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: Yes, provided the APP is providing services that fall within the scope of their license. The supervising physician must be onsite to qualify for "Incident To" billing. The supervising physician must review and sign the plan of care established by the APP.

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 for "incident to" billing?

A: Yes, provided the APP is providing services that fall within their scope of license. The supervising physician can review and sign the plan of care to qualify as "Incident To".

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 (RNs/LPNs), 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: May an APP provide "Incident To" services for an emergency department (ED) visit?

A: Yes, "Incident To" services can be provided if the emergency department supervising physician signs off on the plan of care that the APP establishes.

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 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 APP should list themselves as the rendering provider on the claim.

Q: When should APPs start billing as the rendering provider?

A: After they receive their letter confirming enumeration from Highmark. Enumeration is required by July 1, 2021.