

SPECIAL eBULLETIN

FOR PROFESSIONAL PROVIDERS

JUNE 25, 2021

ATTN: ADVANCED PRACTICE PROVIDERS

REMINDER! DELAWARE ADVANCE PRACTICE PROVIDER REIMBURSEMENT

Highmark began requiring all Advanced Practice Providers (APPs) to [enumerate in our reimbursement systems](#) on **January 1, 2021**. APPs had until July 1, 2021 to complete the requirements to become enumerated. Once enumerated, APPs may independently bill when treating new patients or problems.

Failure of APPs to enumerate by July 1, puts them in non-compliance.

APPs will begin receiving the new reimbursement rates for their claims with dates of service of **August 1, 2021 or later**.

INDEPENDENT BILLING

All APPs must report their individual NPI in the rendering provider field when independently seeing new patients or treating new conditions. If billing INCIDENT TO the supervising physician, the supervising practitioner's NPI is reported in the rendering provider field on the claim along with the use of the SA modifier (see below) on each line where INCIDENT TO billing is appropriate.

APPs must act within the scope of their license and/or certification, in accordance with state law in which the license/certification is held. Services of unlicensed clinicians who are training under the supervision of a licensed clinician cannot be billed.

USING THE SA MODIFIER

"Incident To" services are relevant to services performed by APPs and auxiliary personnel working within the scope of license (nurses, technicians, and therapists) and supervised by certain physician and non-physician practitioners (APPs) such as physician assistants, nurse practitioners, clinical nurse specialists, clinical psychologists, and others. These mid-level supervised services are subject to the same requirements as physician-supervised services.

To qualify as "Incident To," services must be part of the patient's normal course of treatment, during which a physician personally reviewed, and signed off on, an initial service and remains actively involved in the course of treatment. Any new problems will require physician review and sign-off.



The physician does not have to be physically present (direct supervision) in the patient’s treatment room while these services are provided but must be available on site to provide supervision to render immediate assistance, if necessary (general supervision).

The SA modifier should be appended on “Incident To” claims rendered by any of the APPs listed below. The use of this modifier should occur on each line where INCIDENT TO billing occurs.

- Physician Assistant (PA)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- All Master’s prepared behavioral health therapists, including Licensed Clinical Social Workers (LSCWs)
- Licensed Social Workers (LSW)
- Licensed and Associate Marriage and Family Counselors,
- Licensed Professional Counselors,
- Certified Register Nurse Practitioner PCP and Specialist (CRNP)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Registered Nurse Psychiatric Mental Health Nurse

NOTE: The SA modifier must be appended to all "Incident To" services filed for Highmark commercial business. This should always be used when services are rendered by an APP or axillary personnel, billing “Incident To” claims. The licenses held by these professionals may be recognized as different names for each state.

USING OTHER MODIFIERS

The following information pertains to both Facility (UB) Outpatient Behavioral Health Services and professional services: the appropriate modifier must be reported to receive the proper reimbursement rate for each provider level.

Modifier	Provider Level
AJ	Master Level Therapist and LCSWs
AH	Psychologist
AM/HA	Psychiatrist or other Physician
GF	CRNP

NOTE: This does not include Intensive Outpatient (IOP) and Partial Hospitalization (PHP).

Each CPT/HCPCS code must have the appropriate modifier added when APP’s bill “Incident To” the supervising physician. Modifiers AJ, AH, AM, HA and GF are also eligible modifiers for professional services and can be reported in addition to modifier SA.

FURTHER GUIDANCE ON “INCIDENT TO” BILLING

For more information on “Incident To” billing, see [Reimbursement Policy 010: Incident To Billing](#) and the [Incident To Frequently Asked Questions](#).

IMPORTANT: Information has been added to the APP Reductions for PA and DE (not applicable to WV) section of RP-10 since we originally communicated this change. Please review carefully when you begin billing “Incident To.”