SPECIAL eBULLETIN

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FOR PROFESSIONAL AND FACILITY PROVIDERS **Updated November 5, 2020**

UPDATED: NEW! MID-LEVEL REIMBURSEMENT

Beginning on **January 1, 2021**, we are requiring all Advanced Practice Providers (APPs) to enumerate in our reimbursement systems. **APPs will have six months from January 1, 2021 to contact our Provider Information Management team to complete the requirements to become enumerated** and begin independent billing if treating new patients or problems)**.** Failure to enumerate prior to that date may result in any APP claims received for new patients or new conditions/diagnosis to deny for policy non-compliance.

Once enumerated, 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.

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.

INCIDENT TO BILLING

The intent of this bulletin is to clarify Highmark's requirements for billing "Incident To" services (services rendered by a licensed/certified professional but directed by and billed under the NPI of a supervising practitioner).

The implemented changes will include:

- Establishing policy guidelines for providers billing "Incident To" to their supervising provider,
- Requiring APPs treating new patients or new conditions/diagnosis to be enumerated and bill Highmark as the rendering provider for services beginning January 1, 2021 (APPs requiring enumeration will have 6 months to complete the requirements and begin independent billing if treating new patients or problems), and
- Standardizes "Incident To" for behavioral health mid-level practitioners

USING THE SA MODIFIER

"Incident To" services are also relevant to services performed by auxiliary personnel working within the scope of license (nurses, technicians, and therapists) and supervised by certain non-physician practitioners (APPs) such as physician assistants, nurse practitioners, clinical nurse specialists, clinical psychologists, and others. These 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 performed an initial service and remains actively involved in the course of treatment.

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The physician does not have to be physically present 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.

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

UPDATE: Certain provider types were removed from the above list in the October 23, 2020 update.

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, 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

- Go the **Provider Resource Center**
- Click **Claims, Payment & Reimbursement**
- Select **RP-010**