Commercial Reimbursement Policy

Subject: **Incident to Services and Billing - Professional**	
Policy Number: **C-11002**	Policy Section: **Administration**
Last Approval Date: **05/08/2024**	Effective Date: **10/01/2024**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Incident to is considered for reimbursement based on the guidelines within this policy, unless provider, state, federal, or contracts and/or requirements indicate otherwise.

Incident to Billing:

When Incident to billing services are rendered and billed in accordance with this policy, the Incident to services are eligible for reimbursement based on a 15% reduction of the maximum allowance of the applicable supervising provider's fee schedule.

The Health Plan does not follow the CMS Incident to reimbursement rules for any physician or Non-Physician Practitioner (NPP) who has been assigned or is waiting for their own NPI.

- Any physician or NPP that has an NPI and is recognized by the Health Plan as an eligible provider to submit claims directly to the Health Plan, is required to report their services under their own NPI.
- Incident to services are eligible for reimbursement under the supervising provider's NPI if the rendering NPP or qualified auxiliary office personnel is *ineligible* to submit claims directly to the Health Plan
  - This applies when the provider is in the process of applying for their own NPI number
  - Modifier SA is required to be appended to all claim submissions identifying non-surgical Incident to billing.

The Health Plan requires that Incident to billing meet the following criteria for the supervising/billing provider:

- The supervising provider must be physically present in the office suite and/or immediately available, when necessary via interactive communication to provide assistance and direction throughout the evaluation and management (E/M) visit or other rendered service
- The supervising provider must stay involved and have an active part in the ongoing care of the member.
- The supervising provider must document in the medical record that they reviewed the documentation for each service the NPP or auxiliary personnel was involved with.

Note: For group practice providers, any provider within the group and recognized by the Health Plan as eligible to submit claims directly to the Health Plan may qualify as a supervising provider.

NPP providers are qualified to assist a physician or another qualified health care provider or act in the place of such individuals without direct supervision. NPP providers must act within the scope of practice of their license and/or certification, and in accordance with state law in which the license/certification is held and the NPP practices.

Related Coding

Code	Description	Comments
SA	The SA modifier must be appended when the supervising physician is billing on behalf of Non-Physician Practitioner (NPP) for non-surgical services	This modifier is used for NPP's as defined in this policy.

Related Coding
Standard correct coding applies

Policy History

05/08/2024	Review approved 05/08/2024 and effective 10/01/2024: reformatted policy content to separate Incident to services from Incident to billing guidelines; updated services performed for patients in a facility setting from to identify PC/TC indicator 5 services, added statement for non-surgical services for SA modifier; added SA modifier to Related Coding section; added Non-

	Physician Practitioner (NPP) to Definition section; updated the definition for "Incident to"
06/02/2022	Review approved: minor language changes
04/22/2020	Review approved: minor administrative changes
06/01/2019	Template updated; description section removed
01/03/2017	Review approved; policy language updated to include "Medicare Advantage Employer Group" follows this policy
07/07/2015	Review approved:: Policy Language updated to include that a provider must be immediately available and adding "via interactive communication". Also added incident criteria to section B.
07/01/2014	Review approved: Policy Language updated with minor changes to paragraph 4
07/02/2013	Review approved: Policy language updated to include 'other qualified health care professional'
07/10/2012	Review approved: no updates
06/07/2011	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2024

Definitions

Auxiliary personnel	Personnel who, as determined by the Health Plan, are not eligible to directly submit claims to the Health Plan and, therefore, not eligible to receive direct reimbursement
Incident to Services	Incident to is referred to as both services or supplies that are an integral part of a physician's service, and services rendered by non-physician practitioners (NPP) or qualified auxiliary office personnel and billed under the supervising provider's national provider identification (NPI) number.
Non-Physician Practitioner (NPP)	For the purpose of this policy, providers that are considered NPP's include the following: • Nurse Practitioners (NP) • Physician Assistants (PA)
General Reimbursement Policy Definitions	

Related Policies and Materials

Bundled Services and Supplies - Professional
Code and Clinical Editing Guidelines - Professional
Documentation and Reporting Guidelines for Evaluation and Management Services - Professional
Modifier Usage - Professional
Nurse Practitioner and Physician Assistant Services - Professional
Scope of License - Professional

Use of Reimbursement Policy
State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.