

**MEDICAL ASSOCIATES HEALTH PLANS/HEALTH CHOICES/LIVE360
OPERATIONS POLICY AND PROCEDURES MANUAL**

POLICY NUMBER: 81

POLICY TITLE: Incident to Billing Reimbursement policy

POLICY STATEMENT: Reimbursement guidelines for incident to billing

This reimbursement policy applies to incident to billing reimbursement for services provided by a non-physician practitioner (NPP). Eligible NPP's are defined by Medicare as NPs, CNMs, CNSs, and PAs. This policy applies to all network and non-network providers and services provided to Medicare members.

Incident to billing is not reimbursable for commercial members. NPPs participating in our networks must submit claims for all services performed using their own NPI.

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.

More specifically, these services must be all of the following:

- An integral part of the patient's treatment course;
- Commonly rendered without charge (included in your physician's bills)
- Of a type commonly furnished in a physician's office or clinic (not in an institutional setting); and
- An expense to the physician.

Requirements for Coverage of Incident to Billing

1. Service must take place in a noninstitutional setting, such as clinic or physician's office.
2. A Medicare Credentialed physician must initiate a patient's care.
3. After the initial encounter, during which the physician arrives at a diagnosis and plan of care an NPP may provide follow up care.
4. A physician must actively participate in and manage the patient's course of treatment.
5. Both the credentialed physician and the qualified NPP providing the incident to service must be employed by the group entity billing for the service (if the physician is a sole practitioner, the physician must employ the NPP.)
6. The incident-to service must be the type of service usually performed in the office setting and must be part of the normal course of treatment of a diagnosis or illness.

Services meeting all of the above requirements may be billed under the supervising physician's NPI as if the physician personally performed the service. Documentation should detail who performed the service and that a supervising physician was in the office suite, (not necessarily in the same room), at the time of the service.

Services provided must be one on one with the NPP and patient. Support group type services are not covered.

The applicable "incident-to" modifier must be billed on the claim.

**MEDICAL ASSOCIATES HEALTH PLANS/HEALTH CHOICES/LIVE360
OPERATIONS POLICY AND PROCEDURES MANUAL**

Lisa Kuhls
IT and Provider Relations Manager

Date

Karen Hoffmann
Director of Operations

Date

Barb Koerperich
Director of Quality and Health Care Services

Date

Original Effective Date: 09/2023
Revised:

REQUIRED DISTRIBUTION LIST

- | | | |
|------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> EDI | <input type="checkbox"/> Member Services |
| <input type="checkbox"/> Claims | <input type="checkbox"/> Facilities | <input type="checkbox"/> Provider Relations |
| <input type="checkbox"/> Commercial Sales | <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Physicians/Practitioners |
| <input checked="" type="checkbox"/> Compliance | <input type="checkbox"/> Health Care Services | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Configuration | <input type="checkbox"/> Marketing | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Credentialing | <input type="checkbox"/> Medicare Sales | |



MEDICAL ASSOCIATES HEALTH PLANS
OPERATIONS POLICY AND PROCEDURES MANUAL
