

Services Incident-to a Supervising Health Care Provider Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Value & Balance Exchange reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Value & Balance Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Value & Balance Exchange may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Value & Balance Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Value & Balance Exchange due to programming or other constraints; however, UnitedHealthcare Value & Balance Exchange strives to minimize these variations.

UnitedHealthcare Value & Balance Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Value & Balance Exchange products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy sets forth the requirements for (i) reporting the services provided as "incident-to" a Supervising Health Care Provider and (ii) reporting shared and split evaluation and management services.

Reporting "Incident-to" Services

UnitedHealthcare Value & Balance Exchange will consider "incident-to" services reimbursable under this policy if the services are rendered by an Advanced Practice Health Care or Nonphysician Provider, pursuant to applicable laws and regulations, under the direct personal supervision of a Supervising Health Care Provider and the following "incident-to" criteria are met:

- o An integral, although incidental, part of the Supervising Health Care Provider's services.
- o Commonly rendered without charge or included in the Supervising Health Care Provider's bill.

- o Of a type commonly furnished in the Supervising Health Care Provider’s office or clinic; and
- o Provided by the Advanced Practice Health Care Provider or Nonphysician Provider under the Supervising Health Care Provider’s direct personal supervision.

Direct personal supervision means the Supervising Health Care Provider is present in the location of service and immediately available to provide assistance and direction, throughout the time the Advanced Practice Health Care or Nonphysician Provider is performing services.

Services rendered by a Nonphysician Provider that meet the “incident-to” criteria should be reported under the Supervising Health Care Provider’s NPI number.

Services rendered by an Advanced Practice Health Care Provider that meets the “Incident-to” criteria should be reported under the supervising physician’s NPI number and the SA modifier should be appended.

For information related to reimbursement of services rendered by an Advanced Practice Health Care Provider that do not meet the “incident-to” criteria, please see the Advanced Practice Health Care Provider Policy, Professional.

Determining if an Evaluation and Management (E/M) Service is “Incident- to” for Split/Shared E/M Services.

Office or Clinic Setting:

Per CMS guidelines, E/M services in an office or clinic setting should be reported as follows:

The E/M service should be reported under the physician’s NPI number if: (i) the physician provided the E/M Service or (ii). the physician and Advanced Practice Health Care Provider performed the E/M Service in a shared or split encounter, for an established patient and the “Incident-to” criteria described above are met.

The E/M service should be reported under the Advanced Practice Health Care Provider’s NPI number if:(i) the Advanced Practice Health Care Provider performed the E/M service, or (ii) If the physician and Advanced Practice Health Care Provider performed the E/M Service in a shared or split encounter and the “Incident-to” criteria described above are not met.

Hospital Setting:

Per CMS guidelines, E/M Services in a hospital setting should be reported by the physician or Advanced Practice Health Care Provider in a shared or split outpatient encounter within the same group practice, as follows:

- If the physician provides any face-to-face portion of the E/M service with the patient, either the physician or the Advanced Practice Health Care Provider (not both) may report the E/M Service under their own NPI number.

If the physician and the patient have no face-to-face encounter, the E/M service must be reported under the Advanced Practice Health Care Provider’s NPI number. This requirement applies even when the physician participated in the service by reviewing the patient’s medical record.

Definitions

<p>Advanced Practice Health Care Provider</p>	<p>A healthcare practitioner, other than a physician, licensed by the state in which they practice to assist or act in the place of a physician, who may bill directly under applicable state law. For the purposes of this policy, an Advanced Practice Health Care Provider includes, without limitation, Physician Assistants (PA), Nurse Practitioners (NP) and Clinical Nurse Specialists.</p>
<p>Nonphysician Provider</p>	<p>Auxiliary personnel, such as nurses and medical assistants, acting under the supervision of a physician or Advanced Practice Health Care Provider, regardless of whether the individual is an employee, leased employee, or independent contractor of the physician, or of the legal entity that employs or contracts with the physician. Nonphysician Providers may include Advanced Practice Health Care Provider, when applicable.</p>

Supervising Health Care Provider	A physician or Advanced Practice Health Care Provider, who has their own NPI number, when responsible for supervising services rendered by an Advanced Practice Health Care or Nonphysician Provider.
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Questions and Answers

1	<p>Q: What happens when a patient sees an Advanced Practice Health Care Provider and a physician at the same encounter?</p> <p>A: In the office/clinic setting, when an E/M service is a shared/split encounter between a physician and an Advanced Practice Health Care Provider, the service is considered to have been performed “Incident-to” if the guidelines for “Incident-to”, described in this policy, are met and the patient is an established patient. If “Incident-to” requirements are not met for a shared/split E/M service, the service should be reported under the Advanced Practice Health Care Provider’s NPI number.</p>
2	<p>Q: Does the physician have to see the patient or actively participate in each service for “Incident-to” services to apply?</p> <p>A: No, if the “incident-to” criteria are met, services provided by Nonphysician Providers, who are associated with the same practice as the physician, may be covered as “Incident-to” the physician’s service if the physician provides direct onsite supervision/direction, when the service is provided, even when the patient does not see the physician</p>

Resources

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Health care Common Procedure Coding System (HCPCS)
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History

8/1/2021	Creation of separate Incident-to Reimbursement Policy.
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