

# Services Incident-To a Supervising Health Care Provider Policy

Policy Number: ADMINISTRATIVE 294.1 T0  
Effective Date: August 1, 2021

[Instructions for Use](#)

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Related Policy
<ul style="list-style-type: none"> <li><a href="#">Advanced Practice Health Care Provider</a></li> </ul>

## Applicable Lines of Business/Products

This policy applies to Oxford Commercial plan membership.

## Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500), 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.

## 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.

## Policy

### Reporting “Incident-To” Services

Oxford 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:

- An integral, although incidental, part of the Supervising Health Care Provider’s services; and
- Commonly rendered without charge or included in the Supervising Health Care Provider’s bill; and
- Of a type commonly furnished in the Supervising Health Care Provider’s office or clinic; and
- 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 meet 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, refer to the Reimbursement Policy titled [Advanced Practice Health Care Provider](#).

## Determining if an Evaluation and Management (E/M) Service is “Incident-To” for Split or 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

**Advanced Practice Health Care Provider:** 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.

**Nonphysician Provider:** 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 Providers, when applicable.

**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.

## Questions and Answers

1	Q:	What happens when a patient sees an Advanced Practice Health Care Provider and a physician at the same encounter?
	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.
2	Q:	Does the physician have to see the patient or actively participate in each service for “Incident-to” services to apply?
	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.

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed, and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2021R5025A]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

Health care Common Procedure Coding System (HCPCS).

## Policy History/Revision Information

Date	Summary of Changes
08/01/2021	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>Reformatted content previously located in the Reimbursement Policy titled <i>Advanced Practice Health Care Provider</i></li> </ul> <p><b>Overview</b></p> <ul style="list-style-type: none"> <li>Revised language to indicate 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</li> </ul> <p><b>Reimbursement Guidelines</b></p> <p><b>Reporting “Incident-To” Services</b></p> <ul style="list-style-type: none"> <li>Revised language to indicate: <ul style="list-style-type: none"> <li>Oxford 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: <ul style="list-style-type: none"> <li>An integral, although incidental, part of the Supervising Health Care Provider’s services; and</li> <li>Commonly rendered without charge or included in the Supervising Health Care Provider’s bill; and</li> <li>Of a type commonly furnished in the Supervising Health Care Provider’s office or clinic; and</li> <li>Provided by the Advanced Practice Health Care Provider or Nonphysician Provider under the Supervising Health Care Provider’s direct personal supervision</li> </ul> </li> <li>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</li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ Services rendered by a Nonphysician Provider that meet the “incident-to” criteria should be reported under the Supervising Health Care Provider’s NPI number</li> <li>○ Services rendered by an Advanced Practice Health Care Provider that meet the “Incident-to” criteria should be reported under the supervising physician’s NPI number and the SA modifier should be appended</li> <li>● Added reference link to the Reimbursement Policy titled <i>Advanced Practice Health Care Provider</i> for information related to reimbursement of services rendered by an Advanced Practice Health Care Provider that do not meet the “incident-to” criteria</li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>● Added definition of “Supervising Health Care Provider Professional”</li> <li>● Removed definition of: <ul style="list-style-type: none"> <li>○ Collaboration</li> <li>○ Modifier SA</li> </ul> </li> <li>● Updated definition of “Advanced Practice Health Care Provider”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Archived previous policy version ADMINISTRATIVE 267.4 T0</li> </ul>

## Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The InterQual<sup>®</sup> criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.