SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.17 INCIDENT-TO

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

INCIDENT-TO

For Provider Types Eligible for Network Participation

Effective June 1, 2019, Louisiana Blue updated its "Incident-to" reimbursement rules for provider types that are eligible to participate in our networks as follows:

1. If network participation is available for a provider type, then that provider type is required to file claims under their own provider number. Services should not be billed under a supervising provider.

2. Only providers who are covered by our subscriber contracts and are not offered network participation are eligible to bill incident-to services and be reimbursed under a supervising provider's Louisiana Blue contract number. Providers who are considered by us to be in-training (e.g., residents, post-doctoral and other students, and providers with provisional licensure) are not eligible to bill incident-to services.

Under this updated policy, provider types that are required to file claims under their own provider number include (but may not be limited to) nurse practitioner, physician assistant, dietitian, audiologist, certified nurse anesthetist and behavior analyst. These provider types are eligible to participate in our networks.

If you are one of these provider types, you should bill your services directly to Louisiana Blue. Claims will periodically be reviewed to ensure billing by the appropriate provider type.

For more information, refer to the Split/Shared billing guidelines in the Evaluation and Management Services section of this manual.

For Provider Types Not Eligible for Network Participation

For provider types that are not eligible for network participation, Louisiana Blue follows these guidelines for processing incident-to claims.

"Incident-to" means that services performed must be furnished as an integral, although incidental, **part of a physician's personal professional services** in the course of diagnosis or treatment of an injury or illness. Services billed directly (not part of the physician's personal professional services) are not "incident-to."

General requirements for services to be considered incident-to are as follows:

- The service provided must be reasonable and medically necessary, must be within the practitioner's scope of practice as defined in state law where the practitioner is licensed to practice, and performed in collaboration with a physician.
- The practitioner must be an employee or independent contractor to the physician, physician's group or physician's employer.
- Supervising physician must be physically present in the same office suite and be immediately available to render assistance if that becomes necessary.

- An office/clinic must have identifiable boundaries when part of another facility and services must be furnished within the identifiable boundary; where this office is one room, the physician must be in it to supervise.
- The physician has performed an initial service and subsequent services of a frequency that reflect his or her active participation in and management of the course of treatment.
- The professional identity of the staff furnishing the service must be documented and legible.

Note: A counter signature alone is not sufficient to show that the incident-to requirements have been met.