Select Health

**CODING/REIMBURSEMENT POLICY**

# "INCIDENT TO QUALIFIED HEALTHCARE PROFESSIONAL SERVICES" AND SPLIT/SHARED E/M SERVICE

Policy # CR-03

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**Disclaimer:**
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

## Description

CMS has defined "Incident to" guidelines and Criteria. These criteria define when it is appropriate to submit a claim under a supervising provider for services provided by someone other than the credentialled/supervising provider. Select Health follows Medicare's guidelines for billing "incident to" services unless specifically outlined in criteria below.

Both Mental Health and Medical providers are all required to adhere to the "Incident to" to be reimbursed by Select Health.

**Mental Health:**

Per CMS and Select Health Guidelines, "For psychology services rendered under the "incident to" provision, the billing provider must first evaluate the patient personally and then initiate the course of treatment. The appropriately trained therapists may then render psychological services to the patient under the billing provider's general supervision.

While a variety of psychiatric/psychotherapeutic techniques are recognized for coverage, the services must be performed by persons authorized by Medicare and/or licensed by their state to render these services.

The following are examples of providers that are allowed to bill "incident to" and may not be all inclusive. The types of practitioners listed below, when they are performing within their scope of clinical practice as authorized under state law, are qualified to perform the indicated diagnostic and/or therapeutic psychological services under the "incident to" provision.

1. Doctorate or master's level Clinical Psychologist: 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 90880, 90899
2. Doctorate or master's level Clinical Social Worker: 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 90899
3. Clinical Nurse Specialist (CNS): 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 90899
4. Nurse Practitioner (NP): 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 90899
5. Marriage and Family Therapist (MFT): 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90849, 90853, 90899, 96105, 96112, 96113, 96116, 96121, 96130, 96131, 96136, 96137, 96138, 96139, 96146, G0451
6. Mental Health Counselor (MHC): 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90849, 90853, 90899, 96105, 96112, 96113, 96116, 96121, 96130, 96131, 96136, 96137, 96138, 96139, 96146, G0451

The psychological services referenced in the above HCPCS codes may only be delegated to employees who qualify for one of the categories of individuals listed above. For example, a psychiatrist may hire a clinical social worker to perform services designated by the HCPCS codes listed in #2 above. Individuals

who are performing services "incident to" a qualified Medicare practitioner are not required to be separately enrolled as an independent practitioner with Medicare or Select Health.

It is not permissible for the billing provider to hire and supervise a professional whose scope of practice is outside the provider's own scope of practice as authorized under State law, or whose professional qualifications exceed those of the "supervising" provider. For example, a certified nurse-midwife (CNM) may not hire a psychologist and bill for that psychologist's services under the "incident to" provision, because a psychologist's services are not integral to a CNM's personal professional services and are not regularly included in the CNM's bill. Even though sections 1861(s)(2)(l) and 1861(gg) (l) of the Social Security Act authorize coverage for services furnished "incident to" a CNM's services, psychological services are not commonly furnished in CNM's offices nor within their scope of practice. Similarly, even though section 1861(s)(2)(K)(iv) authorizes coverage for services furnished "incident to" a physician assistant's services, a physician assistant would not be qualified to supervise psychological services performed by the types of individuals listed above.

Individuals who are not independently licensed or otherwise authorized by state or provincial law to provide psychological services may not provide psychological services under the "incident to" provision, except as described in the exception below for master's-prepared mental health providers who hold a registration, provisional license, candidate credential, or other authorization permitting practice under supervision.

**Exception:**
Master's-prepared mental health providers who hold a registration, provisional license, candidate credential, or other authorization issued by the applicable state or provincial licensing authority that permits practice under supervision may provide services under this policy when all of the following requirements are met:

- The provider is registered with the applicable state or provincial licensing authority as provisionally licensed or is otherwise authorized to practice under supervision.
- The provider provides only treatments and therapies within the scope of the provider's state-or provincial- issued credential and applicable supervision requirements.
- The provider meets all applicable state or provincial licensure, registration, scope-of-practice, supervision, and regulatory requirements.
  The supervising provider verifies that the provider holds the registration, provisional license, candidate credential, or other authorization required by applicable law and is practicing in compliance with all applicable scope-of-practice, supervision, licensing, registration, and regulatory requirements.

Once providers become independently licensed, they must be credentialed and bill under their own NPI.

**Medical:**
Per CMS Guidelines, "Incident to services and supplies are those provided as an integral, although incidental, part of the physician's or nonphysician practitioner's personal professional services during diagnosis and treatment. Physicians, Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), Clinical Nurse Specialists (CNSs), and Physician Assistants (PAs) are nonphysician practitioners who are authorized to have services provided by auxiliary personnel.
NPs, CNMs, CNSs, and PAs may enroll in, and get payment from us, for "incident to" services and supplies provided by auxiliary personnel that they supervise. Additionally, NPs, CNMs, CNSs, and PAs only have the option of providing services as auxiliary personnel incident to the professional services of a supervising physician or nonphysician practitioner. States cover and pay under the incident to provision, when services and supplies comply with applicable state law and meet all these requirements:

- Are an integral part of the patient's normal treatment when the physician or other listed practitioner personally performed an initial service and remains actively involved in the course of treatment.
- Are commonly provided without charge or included in the physician's or other listed practitioner's bill.
- Are an expense to the physician or other listed practitioner.
- Are commonly provided in the physician's or other listed practitioner's office or clinic.

- Physician or other listed practitioner provides direct supervision for the “incident to” services, and only the physician or other listed practitioner who supervises the incident to services may bill them.
- We require general supervision by a physician or other listed practitioner when clinical staff have services and supplies provided incident to Transitional Care Management (PDF) and Chronic Care Management (PDF). Only the supervising physician or other listed practitioner may bill services and supplies incident to TCM and CCM services. Additionally, we require general supervision by a physician or other listed practitioner for behavioral health services provided by auxiliary personnel incident to the professional services of a physician or other listed practitioner.

Health Care professionals in training working hours towards obtaining their license do not meet “Incident to” criteria.
Services provided by therapy students are not reimbursable, even if they are provided under direct supervision. Medical students are not considered interns or residents, and their services are not billable under Medicare” or Select Health.

All services must comply with the state’s Scope of Practice Regulations as well as with Select Health Policies. Qualified healthcare professionals should not use “incident-to” as a means of getting payment for services provided by an uncredentialed health care professional. Individual contract considerations may apply when applying these rules for rural qualified health care professionals.

## COMMERCIAL PLAN POLICY AND CHIP (CHILDREN’S HEALTH INSURANCE PROGRAM)

“*Incident to” services*
Services and supplies billed as “incident to” must be:

- Part of the patient’s normal course of treatment, during which a qualified healthcare professional personally performed an initial service and remains actively involved in the course of treatment. The qualified healthcare professional does not need to see the patient on every visit, as long as the qualified healthcare professional has prescribed the plan of care and is actively managing it;
- An integral, although incidental, part of the qualified healthcare professional service;
- Commonly rendered without charge or included in the qualified healthcare professional bill, therefore, the services/supply must represent an expense incurred by the qualified healthcare professional. An example of this is where a patient purchases a drug and the qualified healthcare professional administers it; the cost of the drug is not reimbursed;
- Of a type that is commonly furnished in qualified healthcare professional offices or clinics;
- Provided by a part-time, full-time, or leased employee of the supervising qualified healthcare professional, qualified healthcare professional group practice, or of the legal entity that employees the qualified healthcare professional. Services provided by auxiliary personnel not employed even if provided on the qualified healthcare professional order, or included in the physician’s bill, are not covered as incident to a qualified healthcare professional service;
- Provided by a licensed provider who is authorized under state law to perform the specific procedures;
- Provided under direct personal supervision of the qualified healthcare professional. To meet the requirement for direct supervision the qualified healthcare professionals **must** be physically present in the same office suite **and** be immediately available to render assistance if it becomes necessary. This does not mean the qualified healthcare professionals must be present in the same room. Direct supervision also is required for services billed “incident to” in the home.
  **Exception**: Mental Health Services under general supervision

***(Services that would never qualify as an “incident to” service, include, but are not limited to, new patient visits, preventive exams, and visits for new conditions.)***

Direct supervision is defined as the minimum standard for supervision which means the supervising practitioner is immediately available to provide assistance and direction. The supervising practitioner doesn't need to be present in the room during the procedure.

Personal supervision is defined as the supervising practitioner must be present in the same room as the patient during the procedure.

General supervision is defined as the procedure is performed under the supervision of the practitioner, but their presence isn't required. This level of supervision can be provided by telephone or other electronic devices. Services provided incident to qualified healthcare professional services to hospital patients are only payable to the facility.

Exception: SelectHealth will allow Athletic Trainers to bill under an appropriate provider (e.g., Physical Therapist, MD, DO) if all other "incident to" criteria are met for commercial plans, and the provider is contracted with SelectHealth.

ABA practitioners, defined as BCBAs (Board Certified Behavior Analysts), BCaBAs (Board Certified Assistant Behavior Analysts), and RBTs (Registered Behavior Technicians), must adhere to the standards and ethical guidelines set by the BACB and, where applicable, state law.
Services provided by an individual pursuing supervised fieldwork or concentrated supervised fieldwork under a qualified BCBA are not reimbursable.

## SELECT HEALTH MEDICARE (CMS)

**Select Health Advantage will follow the commercial plan policy** except for the indication listed above for Athletic Trainers.

## SELECT HEALTH COMMUNITY CARE (MEDICAID)

**Select Health Community Care will follow the commercial plan policy when covered by the plan** except for the indication listed above for Athletic Trainers.

**Sources**


1. CMS. (2014, August 29). Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services. (Rev 193) Retrieved September 15, 2014, from http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf
2. CPT® Assistant. (2006, December 1). Coding Communication: Questions and Answers. pp.14 and 15. EncoderPro 2014. Retrieved September 15, 2014.
3. Current Procedural Terminology (CPT®), (2014) – American Medical Association.
4. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
5. Medicare Benefits Policy Manual, http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf, retrieved 3/6/06.


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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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