

Services Incident-to a Supervising Health Care Provider - Commercial

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 procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure 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 services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. 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 our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. **Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member’s benefit coverage, provider contracts and/or legislative mandates.** Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

Optum 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.

**CPT® is a registered trademark of the American Medical Association*

Proprietary information of Optum. Copyright 2024 Optum.

Applicability

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

Policy

Overview

This policy sets forth the requirements for (i) reporting the services provided as “incident-to” a Supervising Health Care Provider in the office or clinic setting

Reporting “Incident-to” Services

Optum 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, regulations and scope of practice, 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 appropriately 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 appropriately reported under the supervising physician’s NPI number and the SA modifier appended.

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.
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.
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.

Questions & Answers	
1	<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 / Updates

November, 2024	New Policy Implemented
----------------	------------------------

Proprietary information of Optum. Copyright 2024 Optum.