

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	Incident To Services
POLICY NUMBER	NR-09.901

Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

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I. DESCRIPTION/BACKGROUND

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This policy addresses the reimbursement methodology for services performed incident to a physician's professional services.

II. DEFINITIONS

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Allied Health Professional (AHP) - An ancillary non-physician professional health care provider duly licensed in the Commonwealth of Pennsylvania, including, without limitation, a physician assistant, certified registered nurse practitioner, certified registered nurse anesthetist, optometrist, physical therapist, occupational therapist, licensed dietitian-nutritionist, speech language pathologist, audiologist, certified nurse midwife, licensed psychologist, licensed social worker, licensed clinical social worker, licensed professional counselor, licensed marital and family therapist, or other provider of health care services approved by the Company.

Centers for Medicare and Medicaid Services (CMS) –The Centers for Medicare & Medicaid Services (CMS) is the agency within the U.S. Department of Health and Human Services (HHS) that administers the nation's major healthcare programs. The CMS oversees programs including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the state and federal health insurance marketplaces.

Incident to Services – Services and supplies furnished as an integral, although secondary in importance, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness.

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III. POLICY

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In general, Capital Blue Cross will consider reimbursement of incident to services when performed in conjunction with the requirements documented in Chapter 15 of the ‘Medicare Benefit Policy Manual’, published by the Centers for Medicare and Medicaid Services.

“Incident to” services, in an office setting, may be eligible for reimbursement consideration at the Plan allowance subject to applicable reimbursement methodology (e.g. Add-on Procedure Codes, Bilateral Reductions, and Bundled Procedure).

When all requirements, as documented in the ‘Medicare Benefit Policy Manual’ are met, incident to services should be reported representing the physician as the performing provider in Block 24J/K of the CMS 1500 claim form.

Please refer to the following Network Reimbursement Policy for additional information:

NR-30.021 Reimbursement of Services Performed by Allied Health Professionals

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

IV. EXCLUSIONS

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V. VARIATIONS

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This policy is applicable to all programs and products administered by Capital Blue Cross unless otherwise indicated below.

VI. REFERENCES

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Specific information pertaining to incident to services can be located by accessing the 'Medicare Benefit Policy Manual' located on the CMS website.