Payment Policy | Professional Reporting Requirements for Services Not Personally Performed (AKA "Incident to Services")

EFFECTIVE DATE:03|15|2011
POLICY LAST UPDATED: 04|17|2018

OVERVIEW

NOTE: The effective date of this policy reflects the date that BCBSRI documented a long-standing reimbursement policy. The information is this policy does not indicate a change in the way that BCBSRI covers/reimburses the services/procedures described in this policy.

Federal Medicare is often considered a model or default for coverage and payment policies. However, Medicare, coverage is constrained by specific statutes and should not be considered a model for commercial coverage and payment policies that are related to coverage issues. In Medicare coverage for certain services is ~~made~~ provided because they are "incident to" a covered physician service. The payment policies related to this have to do both with what is covered (e.g., drugs and supplies provided by the physician during a physician service) and payment policy (e.g., that a nurse may administer an injection under the direct supervision of the physician and the physician may report this as a "physician service" using the physician provider identifier). Medicare creates additional rules about these services and billing procedures.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

- These payment guidelines apply to professional providers only, facilities are not included.
- The requirements and policies apply to all product lines and reflect longstanding policy.
- BCBSRI does not cover services, or make payment using "incident to."
- BCBSRI shall have sole authority in determining whether a person who performs a service in a physician's office is qualified so that a physician may report the service when providing supervision. BCBSRI will consider generally accepted practices, but retains authority for any final determination.
- BCBSRI will have sole authority to determine what services may be personally performed by other than the reporting provider.
- All persons must practice within the scope of licensure and be fully compliant with all laws and regulations pertaining to professional practice.
- All services must be covered, medically necessary, and correctly coded.
- All persons who by virtue of licensure class might be eligible to be participating providers with BCBSRI ("Eligible Providers") must apply to be participating. Administrative policies (Attachment A to the Physician/Provider Agreement) require the participating Physician/Provider and all licensed clinicians in his/her employ agree to allow and cooperate with the ongoing review and verification of credentials and shall complete such documentation and provide such information as is reasonably requested by Blue Cross to complete any such credentials review. Use of another person to perform services that are reported by the participating physician/provider is considered subcontracting and grounds for termination of the physician/provider agreement.
- Supervision by the reporting provider is required for any service that is not personally performed by the reporting provider. BCBSRI has the authority to determine the level of supervision.

- All services must be ordered by the reporting professional and be part of the established treatment plan of the reporting professional. Documentation in the record or provider policy and procedure documents, as applies, shall be present.
- Teaching physician requirements of BCBSRI are consistent with those of Medicare, unless otherwise specified.
- Shared services are services where the reporting professional works in conjunction with another professional who is a participating provider. In these services, the reporting professional shall document personal performance of key components of the service.
- When supervision is sufficient to allow reporting by the professional for services not personally performed, the Medicare level of supervision requirements shall apply as indicated on the applicable Medicare Physician Fee Schedule, unless otherwise noted.

Levels of Supervision:

1. **General Supervision**-means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.
2. **Direct Supervision**-(in the office setting)-means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.
3. **Personal Supervision**-means a physician must be in attendance in the room during the performance of the procedure.

Anesthesia:
Medical supervision is a specified physician service. This policy is not intended to indicate that reporting such services is reporting a service not personally performed.

Diagnostic Tests:
Eligible Providers (e.g., audiologists) must report their services, in all other circumstances Medicare requirements for levels of supervision shall apply.

Evaluation and Management Services:
Only 99211 may be reported when personally performed by other than the reporting professional. Direct supervision is required for 99211. Prescription refills without face-to-face Evaluation and Management by the reporting professional are not separately reportable services.

Medication and Immunization Administration, including Inhalation Treatments and Allergen Immunotherapy Injections:
Direct supervision is required and the administrations must be part of the physician or qualified mid-level practitioner plan of care for the provider to report these services not personally performed.

Miscellaneous Services:

- Accessing, flushing, cleaning, etc., venous access devices (VAD), peripherally inserted central venous catheter (PICC), etc.
- Application of replacement cast
- Insertion of non-indwelling bladder catheter
- Psychological/neuropsychological testing administered by a technician
- Kidney disease education services (See the Kidney Disease Education policy for complete details)
- Phototherapy for dermatological conditions

- Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular).

Psychiatric Therapeutic Procedures:
Services must be personally performed. In teaching settings, personal supervision is allowed and may be accommodated by observation through one way glass or video. Review of the session when performed or periodically is insufficient to report the service, unless BCBSRI has explicitly approved special reporting arrangements in writing.

Radiation Oncology:
Services of a physicist working under direct supervision of the radiation therapy physician may be reported by the physician.

Surgery:
The reporting provider shall perform the service or shall supervise qualified postgraduate trainees in a teaching program setting consistent with Medicare Teaching Physician Guidelines.

Therapy Services: (Physical, Occupational and Speech):
Eligible providers must report their services. Licensed physical therapy assistants (PTA) and massage therapists working under the direct supervision and care plan of a participating physical therapist may perform services that are reported by the supervising physical therapist. Licensed occupational therapy assistants (OTA) and massage therapists working under the direct supervision and care plan of a participating occupational therapist may perform services that are reported by the supervising occupational therapist. Physicians and mid-level practitioners (e.g., RNP) may not supervise an OTA, PTA or massage therapist. Services performed by students or auxiliary personnel (e.g., an athletic trainer) may not be reported. Services of an OTA, PTA, or massage therapist must be performed within their respective scope of practices by licensure regulations. Speech-Language Pathology services must be personally performed.

COVERAGE
The coverage of each service is defined in the member certificates/agreements.

BACKGROUND
Not applicable

CODING
HCPCS Modifiers:
GC This service has been performed in part by a resident under the direction of a teaching physician.
GE This service has been performed by a resident without the presence of a teaching physician under primary care exception.

RELATED POLICIES
Mid-level practitioner

PUBLISHED
Provider Update, May 2018
Provider Update, May 2011

REFERENCES
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf; page 80

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS