



Policy Information

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| Policy Title | Incident to Billing Reimbursement Policy | Current Version Publish Date | 10/2025 |
| Policy Manual | Reimbursement | Original Effective Date | 09/2023 |
| Policy Number | 7 | Next Review Date | Annual |

Policy Applicability (LOB)

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| <input checked="" type="checkbox"/> Medicare Inc | <input checked="" type="checkbox"/> Commercial IA | <input checked="" type="checkbox"/> Commercial IL | <input checked="" type="checkbox"/> Health Choices |
| <input checked="" type="checkbox"/> Medicare WI | <input checked="" type="checkbox"/> Commercial WI | <input checked="" type="checkbox"/> CPPHP (Kansas) | |

Policy Statement and Purpose

This reimbursement policy applies to incident to billing reimbursement for services provided by a non-physician practitioner (NPP). Eligible NPP's are defined by Medicare as NPs, CNMs, CNSs, and PAs. This policy applies to all network and non-network providers and services provided to Medicare members

Policy Definitions

NPP – non physician practitioner
NP- Nurse Practitioner
CNM – Certified Nurse Midwife
CNS – Clinical Nurse Specialist
PA – Physician Assistant

Policy Provisions and Required Procedures

Incident to billing is not reimbursable. NPPs participating in our networks must submit claims for all services performed using their own NPI.

To qualify as “incident to,” services must be part of the patient’s normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment.

More specifically, these services must be all of the following:

- An integral part of the patient’s treatment course;
- Commonly rendered without charge (included in the physician bill)
- Of a type commonly furnished in a physician’s office or clinic (not in an institutional setting); and
- An expense to the physician.

Requirements for Coverage of Incident to Billing

1. Service must take place in a non-institutional setting, such as clinic or physician’s office.
2. A Medicare Credentialed physician must initiate a patient’s care.
3. After the initial encounter, during which the physician arrives at a diagnosis and plan of care an NPP may provide follow up care.
4. A physician must actively participate in and manage the patient’s course of treatment.
5. Both the credentialed physician and the qualified NPP providing the incident to service must be employed by the group entity billing for the service (if the physician is a sole practitioner, the physician must employ the NPP.)
6. The incident-to service must be the type of service usually performed in the office setting and must be part of the normal course of treatment of a diagnosis or illness.

Services meeting all of the above requirements may be billed under the supervising physician's NPI as if the physician personally performed the service. Documentation should detail who performed the service and that a supervising physician was in the office suite, (not necessarily in the same room), at the time of the service.

Services provided must be one on one with the NPP and patient. Support group type services are not covered.

The applicable "incident-to" modifier must be billed on the claim.

Related Policies

**Related Training/
Job Aids**

NCQA Standard

References

Exhibits/Attachments

Business and Regulatory Requirements

**Description of
Business / Regulatory
Requirements and
CMS Required
Reports**

Policy Owners /Reviewers [by Title/Name/Date]

Department Owner

Lisa Kuhls, Provider Relations
Manager

Date Reviewed

9/26/2025

Department Reviewer

Network Strategy Committee

Date Reviewed

**Approving Committee
if applicable**

☐ Compliance
☒ UMC
☐ QIC
☐ Board of Directors
☐ Other: _____

Date Approved

History

Date of revision

Summary of changes
10/2025 New format; policy clarification

Prior Reviews:

Revised:

Reviewed:10/2024