

# Incident to Billing Policy

## Blue Cross and Blue Shield of Montana Network Management Administrative Policy

Version: N017.1

Original Effective Date: 7/19/17

Version Effective Date: 01/11/2022

Replaces: N017

---

**Scope** This policy applies to providers who submit claims for all Blue Cross and Blue Shield of Montana (BCBSMT) lines of business except Medicare.

---

**Purpose** This policy documents BCBSMT administrative guidelines for Incident-To billing.

---

**Policy** The Centers for Medicare and Medicaid (CMS) defines incident-to services as those that are “furnished incident to physician professional services in the physician’s office (whether located within a different office suite or within an organization) or in the patient’s home.” Incident-to billing is an allowable practice when billing Medicare, as long as you meet the specific requirements set forth by Medicare.

**BCBSMT, however, does not recognize incident-to billing, but requires that claims be billed under the name of the provider who actually rendered the service.**

Providers must submit claims for services under the NPI number assigned to them; submitting claims for payment under another provider’s NPI may be considered fraud as defined under Montana Code Annotated 33-1-1202(1). A provider may not let another provider use their NPI number to submit claims to BCBSMT except as described in the Locum Tenens Policy or Provider-in- Training Policy.

Submit claims for services provided by a non-physician practitioner under their NPI, they are subject to a different fee schedule. This holds true whether the non-physician provider is supervised by a physician or not.

---

**Rationale/  
Source** This policy documents BCBSMT business operations.

---

**Cross-References**

For additional information, refer to the following:

| Document Name                     |
|-----------------------------------|
| BCBSMT Commercial Provider Manual |
| N002 Locum Tenens Provider Policy |
| N005 Provider ID Policy           |
| N006 Provider In Training Policy  |

---

**Formal Review or Revision Date History**

This policy was reviewed or revised, and approved as documented below:

| Version | Date       | Summary of Changes  |
|---------|------------|---|
| N017    | 07/19/2017 | <i>New</i>  |
| N017    | 01/12/2021 | <i>Annual review – no changes</i>   |
| N017.1  | 01/11/2022 | <i>Updated Executive Approval. Updated cross reference document names</i> |

---

**Governance**

Responsibility for adoption and/or implementation of this policy is as follows:

| Executive Approval  | Date       |
|---|------------|
| Signature on File   |            |
| David Lechner, M.D.<br><b>VP Health Care Delivery &amp; Chief Medical Officer</b> | 01/11/2022 |