

Incident To

Reimbursement Policy ID: RPC.0014.7700

Recent review date: 11/2025

Next review date: 12/2027

AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

AmeriHealth Caritas Ohio does not reimburse services billed "incident to" the professional services of a supervising health care provider provided in an office or clinic setting.

Exceptions

"Incident To" services are not reimbursable in certain service settings. Claims with the following Place of Service (POS) codes will be denied.

- 02 – Telehealth
- 19 – Outpatient hospital

- 21 – Inpatient hospital
- 22 – On-campus outpatient hospital
- 23 – Emergency department
- 24 – Ambulatory Surgery Center
- 26 – Military Treatment Center
- 31 – Skilled Nursing Facility
- 34 – Hospice Facility
- 41 – Ambulance – Land
- 42 – Ambulance – Air
- 51 – Inpatient Psychiatric Facility
- 52 – Psychiatric Facility, Partial Hospitalization
- 53 – Community Mental Health
- 56 – Psychiatric Residential Treatment
- 61 – Comprehensive Inpatient Rehabilitation Facility

Reimbursement Guidelines

“Incident to” allows outpatient services that are furnished by auxiliary personnel to be billed under a physician’s national provider identification (NPI) number. AmeriHealth Caritas Ohio does not cover this type of billing and the claim will be denied.

Definitions

Incident to

“Incident to” a physician’s professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of an injury or illness.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services
- II. <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r1764b3.pdf>

Attachments

N/A

Associated Policies

RPC.0021.7700 New Patient Visit
RPC.0063.7700 Place of Service

Policy History

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| 11/2025 | Reimbursement Policy Committee Approval |
| 10/2025 | Biennial Review <ul style="list-style-type: none"> • Added Associated Policies • New Patient Visit • Place of Service |
| 08/2024 | Reimbursement Policy Committee Approval |

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| 04/2024 | Revised preamble |
| 03/2024 | Reimbursement Policy Committee Approval |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section |
| 01/2023 | Template revised <ul style="list-style-type: none"> • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section |