



## Incident to Billing Policy

### Network Management Administrative Policy

**Version:** N017.2

**Original Effective Date:** 07/19/2017

**Version Effective Date:** 01/14/2025

**Replaces:** N017.1

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

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

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**Policy** The Centers for Medicare and Medicaid 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.

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

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

**Cross-References**

For additional information, refer to the following:

<b>Document Name</b>
BCBSMT Commercial Provider Manual
N002 Locum Tenens Provider Policy
N005 Provider ID Policy
N006 Provider In Training Policy

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**Formal Review or Revision Date History**

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

<b>Version</b>	<b>Date</b>	<b>Summary of Changes</b>
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>
N017.1	01/10/2023	<i>Annual review – no changes</i>
N017.1	01/09/2024	<i>Annual review – no changes</i>
N017.2	01/14/2025	<i>Clarified language re: physicians submitting for services by non-physicians</i>
N017.2	01/13/2026	<i>Annual review – no changes</i>

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

<b>Executive Approval</b>	<b>Date</b>
Signature on File	
Lisa Kelly <b>Plan President, Blue Cross Blue Shield Montana</b>	01/13/2026