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June 2026

Changes are coming to incident-to billing policy for Blue Cross, BCN commercial

Blue Cross Blue Shield of Michigan and Blue Care Network are changing our professional incident-to services and billing reimbursement policy. For dates of service starting on Sept 1, 2026, eligible providers who deliver services to Blue Cross or BCN commercial members incident-to another provider should file claims under their own National Provider Identifier, or NPI. Providers who continue to bill incident-to will be required to use a designated modifier (SA) on the claim. These claims won't be eligible for value-based reimbursement, or VBR. Beginning March 1, 2027, eligible providers will be required to file claims under their own NPI.

Blue Cross and BCN are committed to delivering quality, affordable care for our members. Clarifying our policies and billing practices will strengthen our ability to identify rendering providers, improve oversight of quality of care and align reimbursement with provider licensure and participation status. These changes also align with additional opportunities for eligible providers to participate in quality rewards programs, which promote high-quality, patient-centered outcomes and care coordination.

What is incident-to?

Incident-to is a billing practice that allows services performed by a provider to be billed under a supervising physician's or non-physician's NPI and reimbursed at the supervising provider's rate. This may occur when the rendering provider has a lower level of licensure than their supervising provider, or when the rendering provider isn't directly enrolled with Blue Cross or BCN.

Which providers will these changes affect?

These changes will affect most providers who deliver services to Blue Cross or BCN commercial members incident-to a physician or non-physician in a professional setting.

Note: These changes won't apply to providers affiliated with Medicare Plus BlueSM and BCN AdvantageSM.

In addition, the following are excluded from the requirements outlined in our incident-to services and billing reimbursement policy:

- Anesthesia services
- Dental
- Labs
- Pharmacy
- Urgent care
- Professional services delivered in a facility by a trainee or student, including outpatient psychiatric centers
- Provider-Delivered Care Management/team-based care
- Services provided by ambulance or emergency medical technicians performed under the supervision of a physician or other eligible healthcare provider

These services and programs will continue using their current billing methodology.

What's changing

For dates of service starting on Sept. 1, 2026, through Feb. 28, 2027:

- Claims submitted incident-to a physician or non-physician must use the incident-to modifier (SA) and will be reimbursed at the submitting provider's applicable payment rate.
- Additional value-based reimbursement won't be applied to incident-to claims, including claims associated with providers participating in the Physician Group Incentive Program, or PGIP.
- Only claims submitted directly for services performed by a PGIP participating physician or PGIP non-physician will be eligible for VBR.

For dates of service starting on March 1, 2027:

- Physicians and non-physicians eligible for direct participation with Blue Cross or BCN must submit claims directly.
- Providers who are eligible to bill directly but continue to bill incident-to with the SA modifier will receive 80% reimbursement and won't be eligible for VBR.
- Only claims submitted directly for services performed by PGIP participating physicians or non-physicians will be eligible for VBR.
- Providers considered by Blue Cross to be in training, such as students and providers with provisional licensure, will no longer be eligible for reimbursement for incident-to billing in a professional setting.

What's staying the same

Provider types not eligible for direct participation with Blue Cross or BCN can continue delivering services incident-to a physician or non-physician directly participating with Blue Cross or BCN. Providers in this category include:

- Registered nurses
- Dietitians
- Physical therapy assistants
- Occupational therapy assistants
- Behavioral health technologists
- Community health workers
- Peer support specialists

How we're helping you prepare for these changes

We recognize changes to billing practices can cause disruption. That's why we're implementing the changes to incident-to in two phases, allowing providers time to adjust to the new guidelines.

Eligible providers will have six months, starting on Sept. 1, to enroll with Blue Cross or BCN before they're required to start billing directly on March 1.

For dates of service starting on March 1, eligible provider types considered "in transition" can bill professional services incident-to a participating provider for a limited time. These provider types include:

- Physicians and non-physicians in transition from other states to Michigan licensure.
- Physicians and non-physicians actively participating with Blue Cross or BCN transitioning from one participating practice to another.

Students and trainees will have until Feb. 28 to associate with a facility to continue providing professional services to Blue Cross or BCN commercial members.

In addition, as part of our quality rewards program, advanced practice providers — nurse practitioners and physician assistants — who join PGIP and meet performance goals can earn VBR on professional claims when they bill Blue Cross directly. Advanced practice providers are encouraged to enroll with Blue Cross by Feb. 28, 2027, to begin billing directly on March 1.

How to learn more

Watch for provider alerts and articles in *The Record* and *BCN Provider News* with additional information, including:

- Further details about incident-to billing
- Training opportunities
- Updates to provider communications
- In addition, we'll be publishing:
 - A new provider FAQ about incident-to billing
 - An updated incident-to services and billing reimbursement policy
- Our provider manuals will also be updated to reflect these changes as they take effect.

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