

Incident-to services and billing – professional

Frequently asked questions for providers

For Blue Cross commercial and Blue Care Network commercial

Revised Aug. 17, 2026

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General information

Blue Cross Blue Shield of Michigan and Blue Care Network are changing our professional incident-to services and billing reimbursement policy. For dates of services 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.

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 is not directly enrolled with Blue Cross or BCN.

Which providers do these changes affect?

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

Which services and programs are excluded from this policy?

The following are excluded from the requirements outlined in our incident-to reimbursement policy. These services and programs will continue using their current billing methodology:

- Anesthesia services
 - Dental
 - Labs
 - Pharmacy
 - Urgent care
 - Provider Delivered Care Management (PDCM)/team-based care
 - Professional services delivered in a facility (including an outpatient psychiatric care center) by a student, trainee or provider with provisional licensure
 - Services provided by a resident or fellow in a GME-approved program as part of standard GME training
- Note:** Moonlighting activities performed by residents or fellows are not excluded from this policy.
- Services provided by ambulance or emergency medical technicians performed under the supervision of a physician or other eligible healthcare provider

Why are Blue Cross and BCN changing their incident-to reimbursement policy?

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

How do the changes to incident-to billing benefit advanced practice providers?

For the past several years, Blue Cross has focused on expanding access to care for members across Michigan. A key part of that strategy has been integrating APPs, including nurse practitioners and physician assistants, into care delivery models. Blue Cross has already incorporated APPs into its primary care attribution model and has developed quality

incentive opportunities similar to those available to primary care physicians. The changes we're making to our incident-to reimbursement policy support that broader strategy by improving identification of the rendering provider, aligning reimbursement more closely with provider licensure and participation status, and creating a clearer pathway for eligible APPs to participate in incentive programs.

How do the changes to incident-to billing benefit BCN providers?

Today, BCN providers are required to bill directly. However, starting March 1, 2027, eligible physicians and non-physicians actively participating with BCN who are transitioning from one participating practice to another will be permitted to bill incident-to for a limited time. These providers will be required to submit claims using the incident-to modifier (SA). The claims will be reimbursed at 80% of the professional fee schedule.

What's changing and what's staying the same?

Here's a summary of what's changing and what's staying the same.

What's changing

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

- Claims submitted incident-to a physician or non-physician for professional services (including professional services rendered in a facility setting) 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 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.

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- Providers considered by Blue Cross to be in training, such as students, trainees and providers with provisional licensures, 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. The following provider types are permitted to bill incident-to indefinitely:

- Behavioral health technologists (providing direct Applied Behavior Analysis services)
- Community health workers/peer support specialists
- Dietitians
- Occupational therapy assistants
- Physical therapy assistants
- Registered nurses

How can providers prepare for these changes?

The changes to incident-to are happening in two phases to allow providers time to adjust to the new guidelines. To prepare, providers should do the following:

- Providers who can bill Blue Cross and BCN directly today are encouraged to do so.
- Eligible providers who aren't enrolled with Blue Cross or BCN need to enroll by Feb. 28, 2027, so they can bill directly starting March 1.
- Students, trainees and provisionally licensed providers need to associate with a facility by Feb. 28 to continue providing professional services to Blue Cross and BCN commercial members on March 1.
- Starting March 1, the following provider types considered "in transition" have 90 days to complete their transition activities:
 - 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
- Advanced practice providers (nurse practitioners and physician assistants) are encouraged to enroll with Blue Cross by Feb. 28 to begin billing directly on March 1. As

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part of our quality rewards program, APPs who join PGIP and meet performance goals can earn VBR on professional claims when they bill Blue Cross directly.

Billing

Which provider types can and can't bill incident-to?

The provider types that can and can't bill incident-to are outlined in the following table.

Provider type	For dates of service	
	Sept. 1, 2026, to Feb. 28, 2027	Starting March 1, 2027
Provider types enrolled with, or eligible to enroll with, Blue Cross or BCN	Can bill incident-to. • Must use modifier SA on the claim • Will be reimbursed at the submitting provider's payment rate • Won't receive VBR	Can't bill incident-to. • Must submit claims under their own NPI • Will be reimbursed at the appropriate rate for the individual rendering the service • PGIP participating providers will be eligible to receive VBR when they bill directly
Provider types not eligible for direct participation with Blue Cross or BCN and that cannot practice independently. These include: • Behavioral health technologists (providing direct Applied Behavior Analysis services) • Community health workers/peer support specialists • Dietitians • Occupational therapy assistants • Physical therapy assistants • Registered nurses	Can bill incident-to. • Should not bill claims with modifier SA • No change to reimbursement or VBR	Can bill incident-to. • Should not bill claims with modifier SA • No change to reimbursement or VBR

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Provider type	For dates of service	
	Sept. 1, 2026, to Feb. 28, 2027	Starting March 1, 2027
Providers in transition. These include: - Eligible providers in transition from other states moving to Michigan licensure - Eligible providers actively participating with Blue Cross or BCN transitioning from one participating practice to another	Can bill incident-to. - Must use modifier SA on the claim - Won't receive VBR	Can bill incident-to for no longer than 90 days if all requirements are met. - Must use modifier SA on the claim - Will be reimbursed at 80% of the professional fee schedule - Won't receive VBR
The following provider types: - Students/trainees (of any discipline or specialty) - Limited licensed social workers, limited licensed professional counselors, limited licensed marriage and family therapists, temporary limited licensed psychologists and equivalent provider types	- Can deliver services to Blue Cross commercial members incident-to a physician or non-physician in a professional setting - Must use modifier SA on the claim - Limited licensed clinicians should also include the appropriate modifier (HO or AJ) Note: BCN providers aren't permitted to bill incident-to in a professional setting and should continue to follow their current billing process.	- Won't be eligible for reimbursement for incident-to billing in a professional setting - Can only deliver services incident-to a physician or non-physician in a facility-based setting Note: Facilities are required to be accredited and supervision is standard practice.
Residents/fellows in GME-approved programs	- Can bill incident-to when furnishing services as part of their formal training program - Can use modifiers GC and GE as appropriate Note: Moonlighting services performed by residents/fellows are not eligible for incident-to billing.	- Can bill incident-to when furnishing services as part of their formal training program - Can use modifiers GC and GE as appropriate Note: Moonlighting services performed by residents/fellows are not eligible for incident-to billing.

Can providers enrolled with Blue Cross or BCN bill incident-to?

For dates of service starting Sept. 1, 2026, to Feb. 28, 2027, providers enrolled with, or eligible to enroll with, Blue Cross or BCN can bill professional services incident-to. However, these providers must use the incident-to modifier (SA) on the claim, will be reimbursed at the submitting provider's payment rate, and won't be eligible for VBR.

For dates of service starting March 1, 2027, all provider types that are enrolled with, or are eligible to enroll with, Blue Cross or BCN, must submit claims under their own NPI. In certain instances, providers can continue submitting claims incident-to a participating provider. All providers must use the incident-to modifier (SA) on the claim, will only be reimbursed 80% and won't be eligible for VBR.

For a list of provider types eligible for direct participation with Blue Cross and BCN, refer to the document [Provider Enrollment and Change Process Required Document Checklist](#).

I'm a provider type that isn't eligible to enroll with Blue Cross or BCN. Can I bill incident-to?

The following provider types aren't eligible for direct participation with Blue Cross or BCN and can't practice independently. These providers are permitted to deliver incident-to services under a physician or non-physician to Blue Cross and BCN commercial members indefinitely:

- Behavioral health technologists (providing direct Applied Behavior Analysis services)
- Community health workers/peer support specialists
- Dietitians
- Occupational therapy assistants
- Physical therapy assistants
- Registered nurses

Note: Claims billed by the supervising practitioner for the above provider types shouldn't include modifier SA.

Are there situations where incident-to billing is permitted after Feb. 28, 2027?

For dates of service starting March 1, 2027, the following provider types can bill incident-to:

- Eligible provider types considered "in transition" can bill professional services incident-to a participating provider for no longer than 90 days. These provider types include:
 - Physicians and non-physicians in transition from other states to Michigan licensure

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- Physicians and non-physicians actively participating with Blue Cross or BCN transitioning from one practice to another

During the transition period, all incident-to claims must be billed with modifier SA. These claims will be reimbursed at 80% of the professional fee schedule and won't be eligible for value-based reimbursement.

- Residents/fellows providing services as part of standard GME training.
- Certain provider types not eligible for direct participation with Blue Cross or BCN can bill incident-to indefinitely.

Which provider types can't bill incident-to starting March 1, 2027?

For dates of service starting March 1:

- Eligible physicians and non-physicians (including nurse practitioners and physician assistants) must directly submit claims to Blue Cross or BCN for reimbursement.
- The following provider types aren't eligible for reimbursement for incident-to billing in a **professional** setting: students, trainees (of any discipline or specialty), limited licensed social workers, limited licensed professional counselors, limited licensed marriage and family therapists, temporary limited licensed psychologists and equivalent provider types.

Beginning March 1, only these provider types are permitted to bill incident-to in a **facility-based** setting.

Note: Facilities are required to be accredited and supervision is standard practice.

Residents and fellows in GME-approved programs are excluded from incident-to billing guidelines. What does that mean?

This policy is not intended to apply to residents or fellows, as incident-to billing remains the appropriate billing mechanism for services provided as part of their accredited Graduate Medical Education, or GME, training.

- Services provided as part of standard GME training may continue to be billed incident-to, consistent with existing requirements.
- Moonlighting activities performed by residents or fellows are not eligible for incident-to billing and must be billed in accordance with applicable billing rules.

This policy does not affect existing teaching physician billing requirements or the use of modifiers GC and GE, which continue to apply as appropriate for services furnished by residents and fellows within approved GME programs.

In summary: Residents and fellows may bill incident-to when furnishing services as part of their formal training program. The existing use of modifiers GC and GE is unchanged by this policy. However, incident-to billing doesn't apply to moonlighting services.

Team-based care is excluded from incident-to billing guidelines. What does that mean?

By design, the Provider Delivered Care Management, or PDCM, program is billed under the supervising physician's NPI for services delivered by the appropriate care team members through 12 specific procedure codes. The current billing methodology will remain unchanged when delivering PDCM care.

Providers eligible to deliver PDCM services should continue billing incident-to and should not use modifier SA. This exclusion applies to both provider types that are eligible for direct participation with Blue Cross and BCN (e.g., social workers) and provider types that aren't eligible for direct participation with Blue Cross and BCN (e.g., community health workers).

Behavioral Health Integration is excluded from incident-to billing guidelines. What does that mean?

By design, Behavioral Health Integration (BHI) services, including the Collaborative Care Model (CoCM) and Primary Care Behavioral Health (PCBH), are billed under the supervising physician's NPI for services delivered by the appropriate care team members through five specific procedure codes (*99492, *99493, *99494, *99484 and G2214). The current billing methodology will remain unchanged when delivering BHI care.

Providers eligible to deliver BHI services should continue billing incident-to and should not use modifier SA. This exclusion applies to provider types that are eligible for direct participation with Blue Cross and BCN and provider types that aren't eligible for direct participation with Blue Cross and BCN.

What are the requirements for billing incident-to?

Providers who are permitted to deliver services incident-to a physician or non-physician can do so when the following criteria are met:

- The rendering provider is practicing in an approved setting.
- Services must be within the scope of the provider's area of practice.
- The supervising provider must be a type and specialty that is recognized by the state of Michigan.
- The supervising provider must be enrolled for direct billing with Blue Cross or BCN.

- The requirements of general supervision are met as defined by the Centers for Medicare & Medicaid Services.

Value-based reimbursement

Will I receive value-based reimbursement if I bill incident-to?

Starting Sept. 1, VBR won't be applied to incident-to claims. This includes claims from providers in transition and those who can bill incident-to indefinitely. VBR will only be applied to claims billed directly by a participating PGIP-physician or non-physician for services personally performed by that provider.

Can advanced practice providers join PGIP and earn VBR when they bill directly?

Yes. 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.

For information about advanced practice providers joining PGIP, see the [Value Partnerships](#) website at **bcbsm.com**.

Do our nurse practitioners have to be fully credentialed and added to the fall snapshot to be eligible for VBR opportunities?

Yes. We understand this conflicts with the timeline of using Sept.-March to get the NPs credentialed. Blue Cross is looking at potential solutions to help mitigate this issue.

Claims

How do I code an incident-to claim?

For dates of service starting Sept. 1, 2026:

- Use the incident-to modifier (SA) on the claim. Limited licensed clinicians should also include any applicable modifier (HO or AJ).

Exception: For provider types that aren't eligible for direct participation with Blue Cross or BCN, claims billed by the supervising practitioner should not be billed with modifier SA.

- Submit the claim under the supervising provider's NPI.
- Ensure all general supervision requirements are met.

What reimbursement rate is applied to an incident-to claim?

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

- Incident-to claims will be paid at the submitting provider's applicable payment rate.
- Value-based reimbursement won't be applied to these claims.

For dates of service starting March 1, 2027:

- For providers in transition who will be allowed to bill incident-to for a limited time, claims will be paid at 80% of the professional fee schedule. VBR won't be applied to these claims.
- Providers who can bill incident-to indefinitely will be reimbursed according to the supervising provider's fee schedule. VBR won't be applied to these claims.

Why do I need to use modifier SA on an incident-to claim?

Modifier SA identifies the claim as an incident-to claim so the proper reimbursement is applied.

Do I need to use modifier SA when billing lab codes?

Since labs are excluded from incident-to billing guidelines the SA modifier isn't required on the claim.

Should a limited licensed clinician include modifier SA on a professional incident-to claim instead of their usual modifier?

For dates of service Sept. 1, 2026, through Feb. 28, 2027, a limited licensed clinician delivering services incident-to a supervising clinician in a professional setting must use modifier SA on the claim in addition to any applicable modifier (HO or AJ).

Starting March 1, limited licensed clinicians can only bill services incident-to a supervising provider in a facility-based setting.

Note: This doesn't apply to limited licensed psychologists who are eligible to participate with us and bill directly.

Additional information

What are the audit and compliance expectations?

To ensure adherence to incident-to billing guidelines, claims may be subject to medical record requests and post-payment reviews and audits.

How do I know if I'm eligible for direct participation with Blue Cross or BCN?

For a list of provider types eligible for direct participation with Blue Cross and BCN, refer to the document [Provider Enrollment and Change Process Required Document Checklist](#).

To enroll with Blue Cross or BCN, go to the [Join Our Provider Network](#) webpage at bcbsm.com.

Will students, trainees and limited licensed providers be eligible to enroll with Blue Cross or BCN starting March 1?

No. These provider types aren't eligible for direct participation and can't bill directly. However, starting March 1, they can continue to bill services incident-to a supervising provider in a facility-based setting, such as an outpatient psychiatric care facility.

Note: This doesn't apply to limited licensed psychologists who are eligible to participate with us and bill directly.

Nurse practitioners require a supervising physician as part of their licensing. Do their charts need to be reviewed and signed by the supervising physician once they're billing directly?

Every chart does not need to be signed, but the NP still must have a collaborative agreement with a supervising physician that outlines the supervisory nature of the relationship, including a cadence of regular touchpoints to discuss complex cases.

One of our Federally Qualified Health Centers has a large residency program. If the FQHC is no longer able to bill incident-to and can't bill directly, what's the incentive for hosting this type of program?

If the FQHC is considered a facility, the incident-to policy change won't apply. Services provided by residents and fellows as part of their accredited GME training may continue to be billed incident-to. For more information, see the question "[Residents and fellows in GME-approved programs are excluded from incident-to billing guidelines. What does that mean?](#)"

Note: The incident-to policy doesn't apply to Medicare Plus Blue and BCN Advantage. It only applies to services delivered to Blue Cross or BCN commercial members in a professional setting.

How can I view the updated incident-to reimbursement policy?

The updated policy is available in the Secure Provider Resources section of our provider portal. To access this document:

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1. Within our payer space, click on the *Resources* tab and then click on *Secure Provider Resources (Blue Cross and BCN)*. ([Learn how to access our provider portal payer space.](#))
2. Under the *Billing and Claims* tab, click on *Medical and Reimbursement Policies* from the drop-down menu, and then choose *Blue Cross and BCN Reimbursement Policies*.

Where can I learn more about the changes coming to incident-to billing?

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

- Further details about incident-to billing
- Updates to provider communications

Our provider manuals will also be updated to reflect these changes as they take effect.

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