

Provider in Training Policy

Blue Cross and Blue Shield of Montana
Network Management Administrative Policy
Version: N006.1

Original Effective Date: 05/03/2004
Version Effective Date: 12/08/2020
Replaces: N006

Scope	This policy applies to all lines of BCBSMT business with the exception of Medicare Advantage.
Purpose	BCBSMT recognizes the value of services being provided to its Enrollees by providers in training for their health care profession. This policy establishes billing guidelines for providers in training.
Policy	<p>Because the licensed Health Care Provider oversees the care being given, BCBSMT allows an eligible provider acting in the capacity of a Preceptor (a practicing, licensed provider who gives personal instruction, training, and supervision to a new provider who is not yet fully licensed) to bill for services rendered by an eligible provider in training under his/her supervision.</p> <ul style="list-style-type: none">▪ Providers in Training must be license candidates.▪ Preceptor must submit claims with rendering NPI. Provider in Training information is not included on claim.▪ Submission of medical records with the claim is not required but may be requested if the claim is subject to review. The medical records of the treatment rendered by the provider in training must adequately reflect the Preceptor's oversight.▪ Provider remit and member EOB will identify the overseeing Preceptor as the rendering provider. Members should be informed of the provider in training status.▪ When training is completed, and licensure obtained, the newly licensed Health Care Provider must obtain an NPI number and submit claims as the rendering provider.
Rationale/ Source	This policy documents BCBSMT business operations.

Cross-References

For additional information, refer to the following:

Note: Other policies and procedures may be applicable that are not included in this reference section.

Document Name
U007 Provider Network Participation Policy
BCBSMT Commercial Provider Manual

Formal Review or Revision Date History

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

Version	Date	Summary of Changes
V-01	05/03/2004	<i>Original Approval Date</i>
V-02	07/19/2004	<i>Changed Policy statement term “a provider” to “an eligible provider” ay the request of HCS</i>
V-03	04/28/2006	<i>Biennial review and approval. New signature block</i>
V-03.1	03/16/2009	<i>Changed “must obtain a BCBSMT provider ID number” to “an NPI number”</i>
V-04	09/23/2013	<i>Added HCSC language to footer</i>
V-05	01/05/2016	<i>Changed title from HCS to Network Management</i>
N006	08/14/2019	<i>New policy numbering system. Added language regarding member’s EOB – Reformatted</i>
N006.1	12/08/2020	<i>Updated executive approver</i>
N006.1	12/17/2021	<i>Annual review – no material changes. Reformatted</i>

Governance

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

Executive Approval	Date
Signature on File	
David Lechner, M.D. VP Health Care Delivery & Chief Medical Officer	12/17/2021