Code of Conduct
Your coding questions answered

Avoiding the pitfalls of Medicare's 'incident-to' rules

Medical group administrators, billers and coders may be confused when billing for services not personally performed by your physicians.

Medicare's "incident-to" provisions allow your organization to bill for such qualified services as if the billing practitioner personally performed them.

Qualified services

For a service to qualify as incident to a physician's care, it must be:

- An integral part of the physician's plan of care
  - under the normal course of treatment
  - initial care personally provided by the physician, who writes orders for ongoing care
  - requiring ongoing physician involvement;
- Directly supervised by the physician – someone, either the ordering physician or a physician member of the group must be in the office *and* immediately available if needed;
- Commonly performed in the office for nonhospital or nursing home patients (place of service 11); and
- Normally provided at no charge or when costs are included with the physician's service.

In this context, the term "physician" includes physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives and clinical psychologists. The service must be billed under the ID of the practitioner who provided the direct supervision.

Incident-to billing for nonphysician practitioners, ancillary personnel

If a nonphysician practitioner (NPP) provides care following the guidelines above, Medicare will reimburse your practice at 100 percent of the Medicare fee schedule rather than the 85 percent it normally pays when these professionals render care under their own IDs. You must bill incident-to services under the supervising physician's ID.

But keep in mind, the services may not be for a new patient or new problem.

Nonincident-to services may be provided to any patient or for any problem, new or established, as long as the NPP acts within the scope of his/her license and the care provided is billed using the NPP's ID.

For example, a patient is seen for a follow-up appointment for diabetes per Dr. Smith's orders. The patient's care today is supervised by Dr. Jones. A SOAP (subjective, objective, assessment and plan) note is documented, signed by the nurse practitioner and cosigned by Dr. Jones.

Nurses, medical assistants or other trained personnel may also perform incident-to services such as immunizations, injections or brief evaluation and management (E&M) services (CPT* code 99211). Remember, a physician, physician assistant, nurse practitioner, clinical nurse specialist, nurse midwife or clinical psychologist may provide direct supervision for ancillary personnel.

What qualifies as a 99211 incident-to service?

As you know, 99211 is the only E&M visit code that does not require the presence of the physician in the exam room. As such, it is primarily used to report visits with ancillary personnel for physician-requested blood pressure checks, education and follow-up visits. It *should not* be used in lieu of a more accurate or appropriate CPT code.

To bill 99211:

- The service must be provided to an established patient for an existing problem that is under the care plan of a physician. This means a nonacute visit: The service must be documented as part of the provider's plan of care (e.g., repeat blood-pressure check).

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- The visit must be billed under the supervising provider's ID. He/she must be present in the office suite and immediately available to satisfy the direct supervision rules.
- If a procedure is performed, you cannot bill 99211. The nursing assessment for a procedure is considered part of the procedure. This applies to injections, immunizations and allergy services. If assessment leads to a decision *not* to do the procedure/injection, you may bill 99211 if the other incident-to requirements are met.
- If a separate problem is assessed *in addition to* the procedure/injection, you may bill for 99211 with a modifier 25.

Documentation of incident-to services

In documenting incident-to care, include:

- The practitioner whose care plan is being followed;
- A brief SOAP note describing care provided; and
- The name of the supervising practitioner.

For example, an ancillary caregiver might enter the following chart note: "CC: patient in for recheck of elevated BP per Dr. Jones, who is also supervising today. Patient states BP at home ranging from 120/75-135/80. Has been following low-sodium diet. BP today 126/78. Patient to see Dr. Jones next week."

For more information on incident-to billing, read this article on the CMS MedLearn Matters Web site: www.cms.hhs.gov/MLNMattersArticles/downloads/SE0441.pdf

* Current procedural terminology

e-mail us: Is your practice proficient in billing incident-to services? Tell us at connexion@mgma.com