

# The Incident To Provision for Medicare

7/17/2025

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# Today's Presenters

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# Objective

Today's objective is to provide you with an overview of the incident to policy for Medicare fee-for-service. You should walk away with a better understanding of the incident to regulations.



# Agenda

- The Basics - Who, What, When, Where
- Supervision
- Documentation
- Billing
- You Make the Call Interactive Scenarios



# The Basics

## Who, What, When, Where

# Simply Stated

- Incident To
  - One qualified individual rendering service that is billed by different qualified individual

# What Is Incident To?

- Incident to physician's professional services means that services are furnished as integral, although incidental, part of physician's personal professional services in course of diagnosis or treatment of injury or illness



# What It Isn't

- Incident to is not
  - A visit by an established patient for new problem
  - Services which have their own coverage requirements and benefit category
  - Services provided by residents, medical students
  - Services of scribes
  - IPPE, also known as “Welcome to Medicare Preventive Visit”
    - Goals of IPPE are health promotion and disease prevention and detection

# When Service Provided?

- Physician has performed initial service
- Patient is established patient with established diagnosis
- Patient part of continuing plan of care
  - Physician will be ongoing and active
- Physician's service to which rendering providers' services relate
- Involve a face-to-face encounter
- Physician is physically present in same office suite to provide supervision

# Where Is Incident To Provided?

- Typically furnished in physician's offices
- **Not** in a hospital setting or skilled nursing facility
- If furnished in setting outside the office, such as a home or an institution, there must be direct supervision by physician
- Phone contact with the physician does not constitute direct supervision

# When Is Reimbursement?

- To qualify for reimbursement, service must be
  - An integral part of physician's professional service
  - Commonly provided without charge or included in physician's bill
  - Commonly furnished in physician's office or clinic
  - Limited to situations in which there is direct physician supervision of auxiliary personnel
  - Without their own benefit category



# Who Can Render?

- Qualified individuals
  - Have sufficient training to provide service
  - When appropriate, are licensed under state law to perform within the scope of practice for their individual disciplines
    - NP
    - PA
    - CNM
    - CNS
    - Auxiliary staff
      - e.g., medical assistants, licensed practical or vocational nurses, registered nurses

# Supervision

# Who Can Supervise?

- “Physician” defined as physician or other practitioner (PA, NP, CNS, CNM, etc.) authorized by the Act to receive payment for services incident to his or her own services
- Incident to criteria must be met in all cases
  - Supervising physician must be present in same office suite and immediately available during encounter to furnish assistance and direction when necessary

# Supervision in Group Practices

- Not necessarily physician who performed initial patient visit
- Not necessarily patient's primary care physician
- Not necessarily of same specialty as primary physician
- Any physician in same group who is in clinic or office suite and is immediately available to furnish assistance or direction if needed



The background is a solid blue color with a complex, abstract pattern of overlapping geometric shapes. These shapes include various polygons, triangles, and rounded rectangles, some of which are semi-transparent, creating a layered, 3D effect. The colors range from a deep navy blue to a lighter, medium blue.

# Documentation

# How to Document

- Clearly stated reason for visit
- Means of relating this visit to initial service and/or ongoing service provided by physician
- Patient's progress, response to, and changes/revisions in plan of care
- Date service was provided
- Signature of person providing service
- Reference Signature Guidelines CR 6698 (2010)

# How to Document

- While cosignature of supervising physician is not required, documentation should contain evidence to support actively involved in care of patient and was present and available during visit

The background is a solid dark blue color. Overlaid on this are several large, semi-transparent, light blue geometric shapes. These shapes include triangles, polygons, and rounded rectangles, some of which are nested or overlapping each other, creating a layered, abstract effect. The shapes are primarily located on the right side of the image, with some extending towards the center.

Billing



# How to Bill

- Completing the CMS-1500 claims form or electronic equivalent
  - [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)
- Sole Proprietor
  - Physician's name must be identified in Item 17 and NPI in 17b
  - Physician's billing information must be identified in Item 33 and NPI in Item 33a
- For more information on ordering and referring
  - [MLN Matters® SE1305 Revised: Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency \(HHA\) Claims \(Change Requests 6417, 6421, 6696, and 6856\)](#)

# Sole Proprietor

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>DK Jeffrey Jones</b>		17a. <input type="checkbox"/> NPI 17b. <b>1234567890</b>	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____ ICD Ind. _____			22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____							
23. PRIOR AUTHORIZATION NUMBER										
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG	C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
								NPI		
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								NPI		
								NPI		
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								NPI		
								NPI		
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gov't clients, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ( )				
SIGNED _____ DATE _____		a. <input type="checkbox"/> NPI _____ b. <b>1234567890</b>								

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# How to Bill

- Completing the CMS-1500 claims form or electronic equivalent
  - [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)
- Incorporated/LLC/group/clinic
  - Ordering physician's name must be identified in Item 17 and NPI in 17b
  - Supervising physician's NPI must be in Item 24J
  - Billing entity information must be identified in Item 33 and NPI in Item 33a

# Same Physician/NPP Ordering/Supervising

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. <b>DK Tom Jones</b>		17b. NPI <b>2345678901</b>		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
														FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)														20. OUTSIDE LAB? \$ CHARGES									
														<input type="checkbox"/> YES <input type="checkbox"/> NO									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.				22. RESUBMISSION CODE ORIGINAL REF. NO.									
A. _____ B. _____ C. _____ D. _____																							
E. _____ F. _____ G. _____ H. _____																							
I. _____ J. _____ K. _____ L. _____														23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #																							
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												<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ( )											
SIGNED _____ DATE _____										a. NPI		b. <b>3456789012</b>											

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# Different Physician/NPP Ordering/Supervising

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							G. DAYS OR UNITS
							H. EPSDT Family Plan
							I. ID. QUAL.
							J. RENDERING PROVIDER ID. #
							<b>6789012456</b>
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							NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$	
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SIGNED DATE				a. NPI <b>3456789012</b> b.			

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# You Make the Call Interactive Scenarios

# You Make the Call

- Physician is following a patient with recently diagnosed Type II diabetes
- After examining the patient and making medication changes, he advises the patient to return for follow up in two weeks
- The patient returns to office and is seen by the PA
- The physician is present in the office suite, but does not personally see the patient





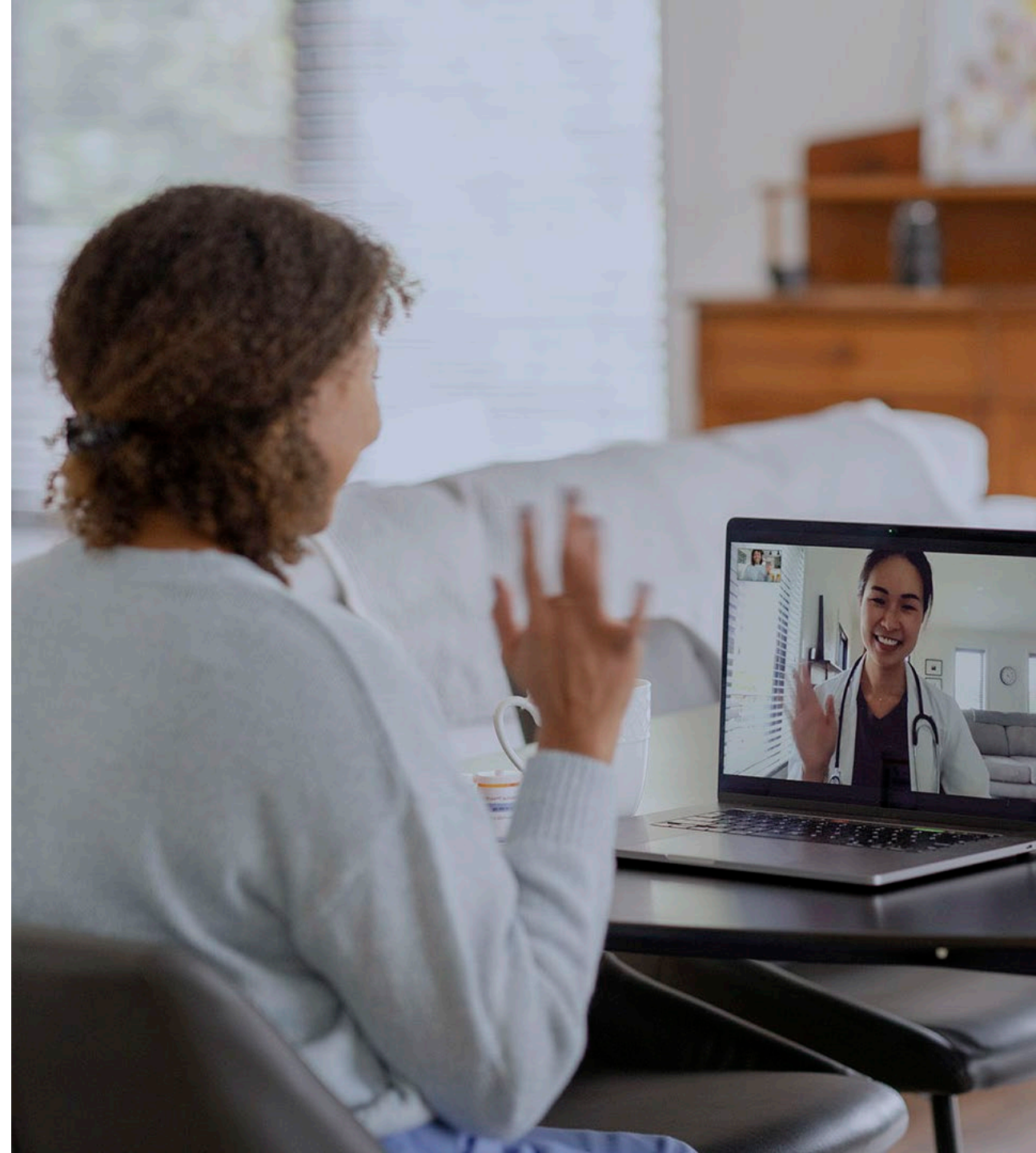


# You Make the Call

- A new patient presents to the office with complaints of a swollen, reddened and painful great toe joint
- The NP sees the patient, obtains a history, does an exam and consults with the physician by phone before ordering labs and prescribing medications

# You Make the Call

- Patient is seen by the physician for new diagnosis of CHF
- After evaluation and treatment, physician instructs the patient to return in one week for follow up labs and counseling
- The patient returns one week later and the RN obtains vitals and instructs the patient on diet and life-style changes
- She confers with the physician, who is in the office, regarding lab results, but the physician does not personally see the patient





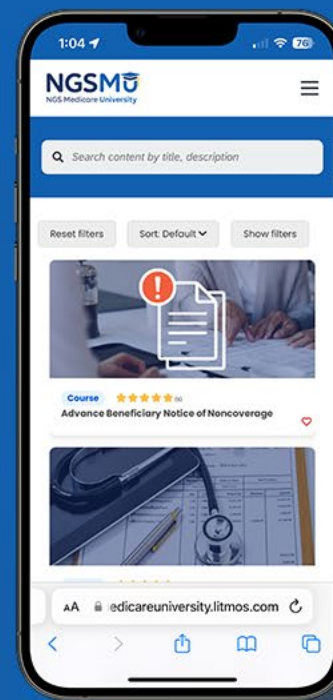
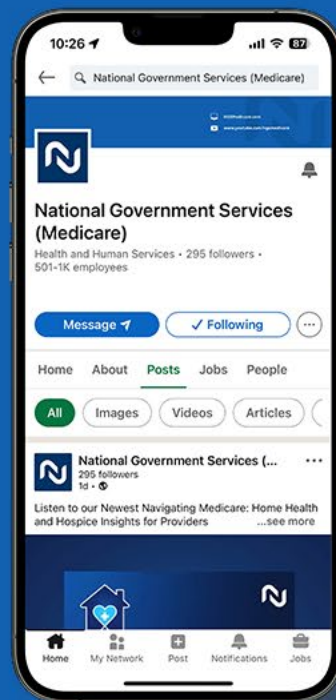


# You Make the Call

- NP makes a visit to the hospital in the morning to see a patient in a cardiac step-down unit for unstable angina, evaluating him for possible discharge the next day
- The physician is doing procedures in the cath lab but stops in the unit in the afternoon to review the chart
- He does not see the patient on this date of service

# Resources

- [MLN Matters® MM6698 Signature Guidelines for Medical Review Purposes](#)
- MLN® Fact Sheet [Complying with Medicare Signature Requirements MLN 905364](#)
- [Ordering & Certifying CMS web page](#)
- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 60](#)
- [NGS Incident To Services](#)



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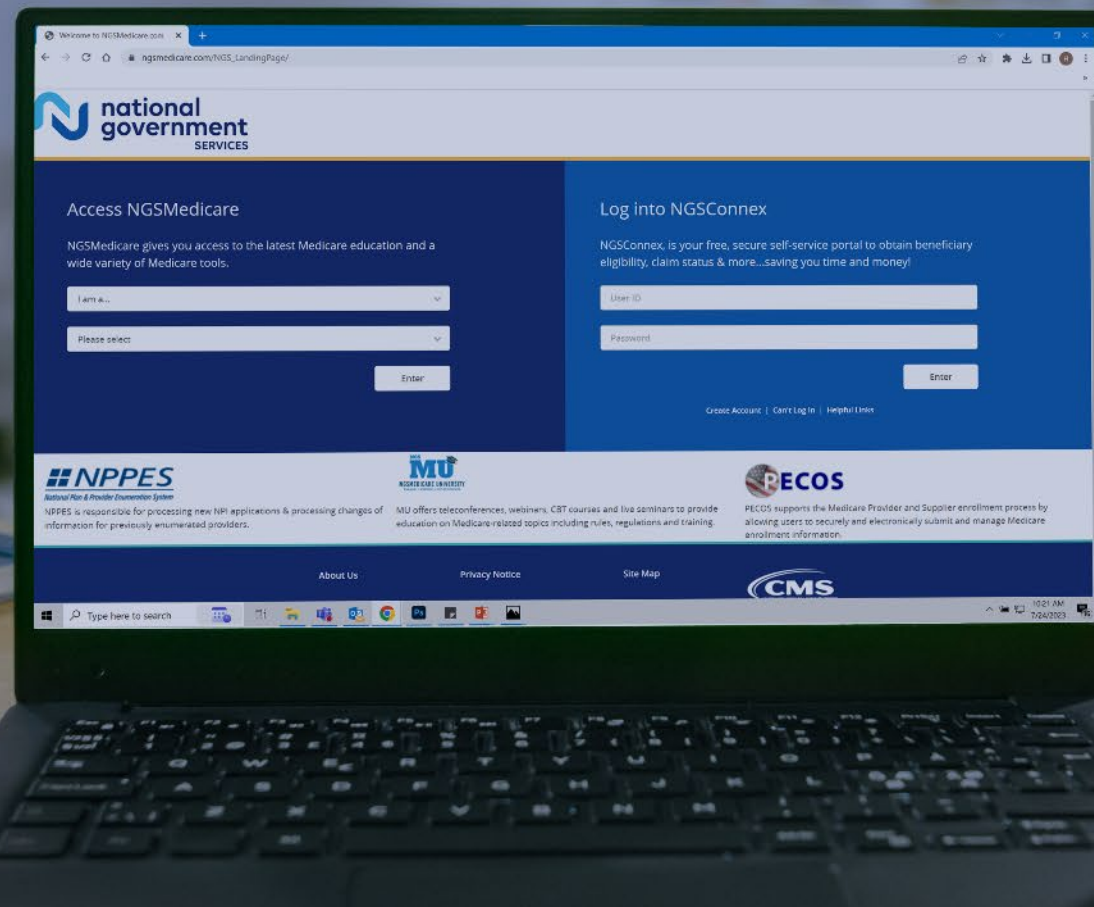
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Thank you!