



NGSMEDICARE UNIVERSITY

MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION



NGS Medicare Virtual Conference

Fall 2021

Incident To Made Simple

11/9/2021





Today's Presenters

- Carleen Parker, Consultant
- Christine Obergfell, CPC, CPC-I, ICD-10 Approved Instructor
- Nathan L Kennedy Jr, CHC, CPC, CPPM, CPB, CPMA, AAPC Approved Instructor
 - Provider Outreach and Education, Consultants

Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).

No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- This course offers an overview of the Medicare provision for “incident to” services for Part B providers

Agenda

- Incident to introduction and overview
 - Where, when and by whom it's appropriate to bill incident to
 - Criteria
 - Terminology
 - Supervision
 - Billing
- Interactive scenarios

Incident To Simply Stated

- Physician **must** perform initial service
- One qualified individual rendering service that is billed by different qualified individual
- Nurse
 - B/P check one time a week for four weeks
- Nurse practitioner
 - B/P, diabetes mellitus, wants patient seen every three months

Incident To Means

- Services are “incident to” physician’s professional services and that services are furnished as an integral, although incidental, part of physician’s personal professional services in course of diagnosis or treatment of injury or illness

What: Incident To

- To qualify for reimbursement, service must be
 - Integral part of physician's professional service
 - Commonly provided without charge 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
- **Note:** services subject to their own coverage requirements cannot be billed as incident to

Who Qualifies: Incident To

- Qualified individuals
 - Have sufficient training to provide service(s)
 - When appropriate, are licensed under state law to perform within scope of practice for individual disciplines
 - Nurse practitioner
 - Physician assistant
 - Auxiliary staff
 - e.g., medical assistants, licensed practical or vocational nurses, registered nurses

Incident To Services

- There must be a valid employment arrangement between the physician, CP, NP, CNM, CNS
- Rendered under direct supervision of physician
- Furnished as integral, although incidental, part of physician's, CP's, NP's, CNM's or CNS's professional services in course of diagnosis or treatment of an injury or illness
- Physician must initiate treatment and see patient at frequency that reflects active involvement in patient's care
 - Includes both new patients and established patients being seen for new problems
 - Claims are then billed under the physician's NPI
- Billing 'incident to' nonphysician practitioners may initiate treatment and see patient at frequency that reflects active involvement in patient's case
 - Claims are then billed under nonphysician practitioner's NPI

Terminology: Incident To

- **Immediately Available**
 - Means “without delay” “immediately available”
 - Supervising physician is in office suite or patient's home, readily available and without delay, to assist and take over care
- **Office Suite**
 - Limited to dedicated area, or suite, designated by records of ownership, rent or other agreement with owner, in which supervising physician or practitioner maintains practice or provides services as part of multi-specialty clinic

Who Can Supervise: Incident To

- Physician defined as physician or practitioner (PA, NP, CNS, CNM, etc.) authorized by Act to receive payment for services incident to own services
- 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
 - Patient's primary care physician
 - 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

When: Incident To

- Services may be provided incident to when
 - Involve face-to-face encounter
 - Physician has performed an initial service
 - Patient is established patient with established diagnosis
 - Part of a continuing plan of care in which physician will be an ongoing and active participant
 - Physician's service to which the rendering providers' services relate
 - Physician physically present in same office suite to provide supervision

Where: Incident To

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

Incident To: What It Isn't

- Incident to is not
 - Visit by an established patient for a new problem
 - Services which have their own coverage requirements and benefit category
 - Services provided by residents, medical students
 - Services of scribes
 - Preventive services

Why: Documentation

- Documentation should include
 - Clearly stated reason for visit
 - Means of relating 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
- While co-signature of supervising physician is not required, documentation should contain evidence that s/he was actively involved in care of patient and was present and available during visit

How: Billing

- Completing claims form

- Sole proprietor

- Physician's name must be identified in Item 17 and NPI in 17b

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.		1
DK Jeffrey Jones		17b. NPI	1234567890	

- Physician's billing information must be identified in Item 33 and NPI in Item 33a

33. BILLING PROVIDER INFO & PH # ()	
a. 1234567890	b.

How: Billing

- Incorporated/LLC/Group/Clinic

- Ordering physician's name must be identified in Item 17 and NPI in 17b

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	
17a.	DK Tom Jones
17b. NPI	2345678901

- Supervising physician's NPI must be in Item 24J

J. RENDERING PROVIDER ID. #
2345678901

- Billing entity information must be identified in Item 33 and NPI in Item 33a

33. BILLING PROVIDER INFO & PH # ()	
a. 3456789012	b.

Different Physician/NPP/Ordering/Supervising

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DK Tom Jones						17a. ICD 9 17b. NPI 2345678901		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 5 CHARGES								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD 9cd.:						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 MM DD YY To MM DD YY			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER	F. 5 CHARGES		G. DAYS OR UNITS	H. ICD9PT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
													NPI	6789012456
													NPI	
													NPI	
													NPI	
													NPI	
													NPI	
													NPI	
													NPI	
25. FEDERAL TAX ID. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>				26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gov. clients, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rowd 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. NPI		b. 3456789012								

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)



Interactive Scenarios



Scenario One

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

Scenario Two

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

Scenario Three

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

Scenario Four

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

Scenario Five

- Patient was seen by the MD in the office for wrist pain
- MD examines patient and prescribes a brace to wear on the wrist for possible carpal tunnel and return in a month
- Patient returns one month later and is seen by the NP for the wrist pain. MD is in the office but does not see the patient

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

We're on Twitter!



@NGSMedicare

[Follow us](#)