
Midlevel Practitioner Billing and “Incident To”

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Not “Incident To” Services

- Diagnostic tests paid Medicare Physician Fee Schedule Database (MPFSDB)
 - Technical components require physician supervision
 - NPP can not supervise technical components
- Professional component of diagnostic tests
- Clinical lab tests including venipuncture
- Pneumococcal, influenza, and hepatitis B

Not “Incident To” Services Cont’d

- Preventive Services, e.g.,
 - Screening pelvic exam and pap smear coverage
 - Colorectal cancer screening
 - Glaucoma screening
 - Welcome to Medicare Physical
- Physical therapy services
 - Except for PT aide billing “incident to” a physical therapist

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Not “Incident To” Services Cont’d

- Residents
- Students, e.g.
 - Medical
 - NP
 - PA

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Clarifications

- “Incident to” is a Medicare phrase
 - Describes when the services provided by an individual is billed by a different individual
- Incident to is not the same as nonphysician practitioner’s (NPP) scope of practice
 - “Incident to” billed by physician
 - All other services billed by NPP
- Services performed by a physician cannot be billed using another physician’s NPI

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Midlevel Requirements

- Requirements include, but are not limited to
 - Sufficient training to provide the service
- When appropriate, licensed under state law to perform without physician supervision
- Individual rendering service and individual supervising service must be employed by the same entity
 - Employee, leased employee, independent contractor

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Professional Designation

- Auxiliary staff
 - Medical assistant, LPN, RN, etc.
- Nonphysician practitioner (Midlevel)
 - Provide the same service the physician supplies
 - Nurse practitioner (NP)
 - Clinical nurse specialist (CNS)
 - Physician assistant (PA)
 - Certified nurse midwife (CNM)
- Physician
 - A physician is defined in section 1861(r) of the Act (42 U.S.C. 1395x[r])

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Auxiliary Staff “Incident to” Requirements

- Services can be billed by a physician OR a midlevel
 - Must be connected to a service performed by a physician or midlevel
 - Medical services usually performed by office staff personnel
 - Only billable E/M 99211
 - Administration of therapeutic and chemotherapy medications
 - Verify surgical procedures can be performed by auxiliary staff

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Midlevel “Incident To” Integral to the Physician’s Service

- Preceded by a related physician service
 - Related to an initial covered service performed by a physician
 - Connected to the physician delivery of care related to the initial service
 - Provided during the course of treatment of the illness or injury
- Furnished under direct supervision

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Physician Evaluation of Problem is Required

- Initial visit must be performed by the physician in order for Midlevel to report subsequent services “incident to”
- Physician must perform subsequent services of a frequency which reflect his/her active participation of the course of treatment for the specific problem

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Direct Supervision

- Evidence that the supervising physician was present and available
 - Solo practitioner
 - Physician must physically be in the office
 - Group practice/clinic
 - Ordering physician need not be supervising physician
 - Supervising physician must physically be in the office
 - Claim must be submitted by the physician supervising

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Midlevel Incident to Requirements

- Office/clinic setting
 - Service commonly performed in physician office/clinic
 - Established patient
 - Established diagnosis
 - Integral, incidental, physician's personal professional services
- Furnished under direct supervision
 - Billing physician must be in office/clinic
 - Immediately available
 - Does not have to be in the same room

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Subsequent Services

- If established patient presents with a new problem, service cannot be billed “incident to”
 - If the Midlevel provides any part of the E/M service over and above ROS, PFSH, and vital signs, E/M must be reported by NPP even if the physician evaluates the patient

Midlevel “Incident to” Completing the 1500 Claim Form

- Sole proprietor
 - Physician’s name must be identified in item 17 and National Provider Identifier (NPI) in 17b
 - Physician’s information must be identified in item 33 and NPI in item 33a

Midlevel “Incident to” Completing the 1500 Claim Form Cont’d

- 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

True or False

- Established patient presented to a freestanding physician practice for an authorized follow-up visit (subsequent to an initial physician service)
- The patient was seen by an NP
- A supervising physician was present in the office suite and available, but did not see the patient
- The physician practice is allowed to bill Medicare for the NP’s services using the supervising physician’s NPI

True or False

- Established patient presented to a freestanding physician practice for an authorized follow-up visit (subsequent to an initial physician service)
- The patient was seen by an NP
- No physician was present in the office suite, however, the supervising physician was immediately available by phone
- The physician practice is allowed to bill Medicare for the NP's services using the supervising physician's NPI

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True or False

- Established patient presented to a freestanding physician practice for treatment of a new upper respiratory infection
- The patient was seen by an NP
- A supervising physician was present in the office suite and available, but did not see the patient
- The physician practice is allowed to bill Medicare for the NP's services using the supervising physician's NPI

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Shared Visits

- CMS defines a shared visit as an E/M service shared/split between a physician and a non-physician practitioner (NP, PA, CNS or CNM)
 - Physician and midlevel must be employed by the same entity
- In the office setting, the patient is seen by both the physician and midlevel during the same encounter
- In the emergency department, outpatient hospital, or inpatient hospital settings, the patient is seen by both the physician and midlevel on the same date of service

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Shared Visit Concept Does NOT Apply

- Nursing facility E/M visits
- Residents
- Students, e.g.
 - Medical
 - NP
 - PA

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Shared Visits Billing Requirements

- Office Setting
 - If “incident to” requirements are met, the practice may bill the visit using the supervising physician’s NPI
 - If “incident to” requirements are not met, the practice must bill the visit using the midlevel’s NPI

Shared Visits Billing Requirements Cont’d

- Emergency department, outpatient hospital, inpatient hospital settings
 - Physician and midlevel both see the patient on the same date – Can be reported using the physician’ NPI or the midlevel’s NPI
 - Patient is seen by the midlevel and there is no face-to-face physician encounter on the same day – Must be reported using the midlevel’s NPI
 - Review of the patient’s medical records is insufficient for billing the midlevel’s visit using the physician’s NPI

True or False

- An inpatient was seen in the hospital by a PA employed by the hospitalist physician group
- A hospitalist in the same group was present on the same floor and reviewed the patient's medical record
- There was no face-to-face hospitalist/patient encounter
- The hospitalist group is allowed to bill the PA's services under the supervising hospitalist's NPI

True or False

New patient presents complaining of right knee pain

- Physician assistant greets the patient and begins the visit because the orthopaedic surgeon is running behind
- Physician assistant obtains the history of the present illness, performs a focused examination, and orders 3 view x-ray of both knees
- Orthopaedic surgeon reviews the x-rays and performs an examination, establishes the diagnosis and treatment plan
- The orthopaedic practice is allowed to bill Medicare for the PA's services using the physician's NPI

“Incident to” Resources

Internet-Only Manuals (IOMs)

<http://www.cms.hhs.gov/Manuals/IOM/list.asp>

- 100 – 02 Medicare Benefit Policy Manual
 - Chapter 15 – Section 50.3, 60 – 60.4.1, 180, 190, 200, 210
- 100 – 03 Medicare National Coverage Determination Manual
 - Chapter 1, Part 1, Section 70.3
- 100 – 04 Claims Processing Manual
 - Chapter 12 – Section 30.6.1, 30.6.13E, 30.6.4, 120, 120.1, 130.1, 130.2
 - Chapter 26 – Section 10.4

“Incident to” Resources Cont’d

- Medlearn Articles
 - SE0418
 - SE0441

Additional Resources

Internet-Only Manuals (IOMs)

<http://www.cms.hhs.gov/Manuals/IOM/list.as>

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- Teaching Physician
 - 100 – 04 Claims Processing Manual Chapter 12 - section 100
- Shared visits
 - 100 – 04 Claims Processing Manual Chapter 12 – section 30.6.1B
 - CR 2321

Commercial Insurers

- Aetna
 - Follows Medicare's "incident" to guidelines
- Anthem Blue Cross Blue Shield
 - Midlevel must personally bill their services
- Cigna
 - Follows Medicare's "incident to" guidelines
- Additional commercial insurers, contact the insurer's provider relations department

