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

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

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
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])

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
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

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
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

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
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

Shared Visit Concept Does NOT Apply

- Nursing facility E/M visits
- Residents
- Students, e.g.
  - Medical
  - NP
  - PA
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’s 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.aspx
- 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
Thanks for inviting me!!!