

Medicare Part B 2024
Spring/Summer Virtual Conference
Mastering Medicare: Tuesday Tutorials

Incident to Billing

6/25/2024

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Today's Presenters

- Nathan L. Kennedy, Jr., CHC, CPC, CPPM, CPC-I, CPB, CPMA
 - Provider Outreach and Education Consultant
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 - Provider Outreach and Education Consultant





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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



Incident To
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 dark blue color with several overlapping, semi-transparent geometric shapes in lighter shades of blue. These shapes include triangles, trapezoids, and rounded rectangles, some of which are oriented diagonally, creating a layered, architectural effect.

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 that she/he was actively involved in care of patient and was present and available during visit

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 DK Jeffrey Jones		17a. <input type="checkbox"/>	17b. NPI 1234567890	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)) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				22. RESUBMISSION CODE ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER				24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #									
25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, 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. NPI		b. 1234567890							

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

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

Different Physician/NPP Ordering/Supervising

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DK Tom Jones		17a. <input type="checkbox"/>	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? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate & L to service line below (24E) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____					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	C. EMG	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. #
													PHYSICIAN OR SUPPLIER INFORMATION		
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. claims, 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. NPI					b. 3456789012					

NUCC Instruction Manual available at: www.nucc.org

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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



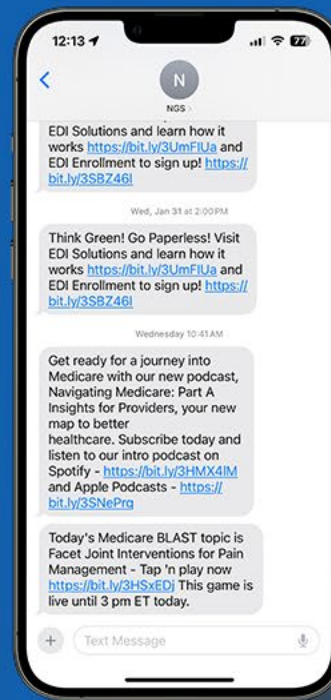
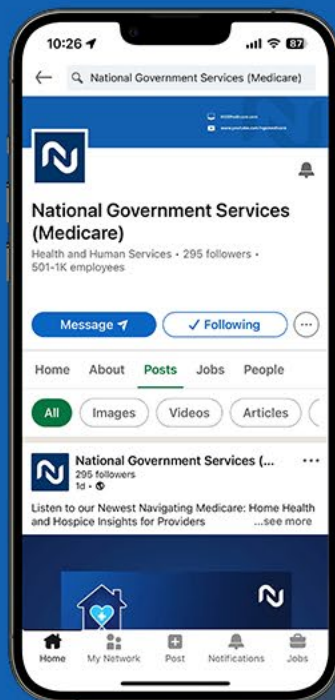


You Make the Call

- 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](#)



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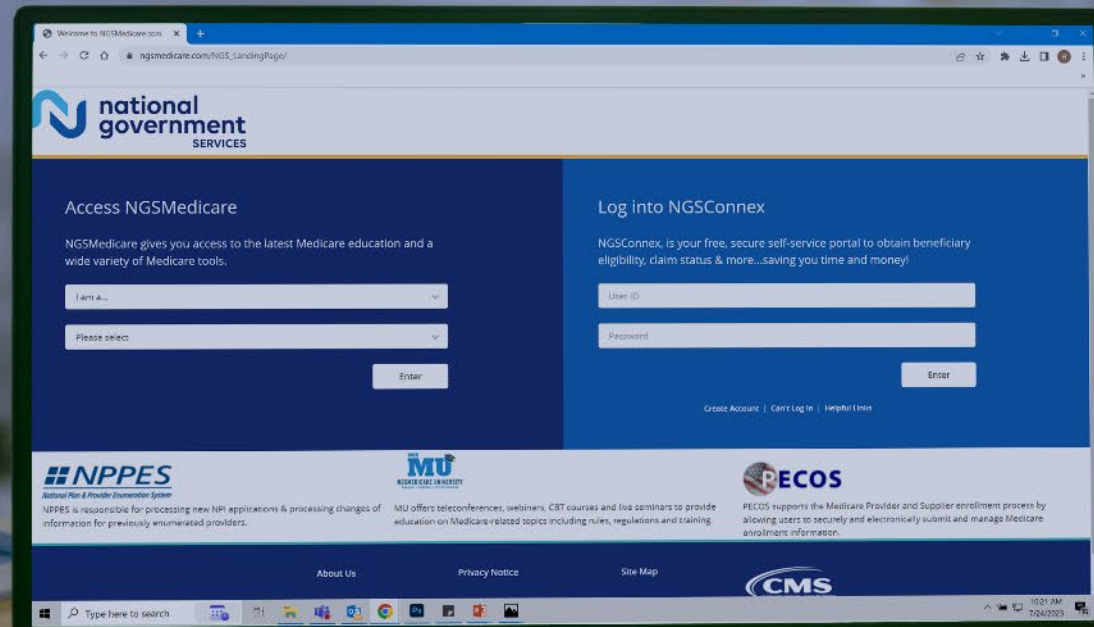
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Questions?

Thank you!