



## Medicare "Incident To" Services

### Overview

"Incident to" services are defined as services and supplies commonly furnished in a physician's office, which are "incident to" the professional services of a physician or a Non-Physician Practitioner (NPP) and provided by auxiliary personnel. This is limited to situations in which there is direct physician/non-physician personal supervision. This applies to auxiliary personnel under the supervision of the physician/non-physician, which includes, but is not limited to, nurses, technicians, therapists, NPPs, etc.



personnel under the physician's direct supervision.

Note: Some "incident to" services to homebound patients may be allowed under a physician's general supervision.

### 'Incident To' A Physician's Professional Services

"Incident to" a physician's professional services means the services or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness.

Medicare pays for services and supplies (including drugs and biologicals that are not usually self-administered):

- Furnished "incident to" a physician's or other practitioner's services.
- Commonly included in the physician's or practitioner's bills.
- For which payment is not made under a separate benefit category listed in Section 1861 (s) of the Act.

Medicare will not apply "incident to" requirements to services having their own benefit category. Rather, these services should meet the requirements of their own benefit category.

Note: Pneumococcal, influenza and hepatitis B vaccines are covered under Section 1861 (s)(10) of the Act and need not also meet "incident to" requirements.

PAs, NPs, CNSs, certified nurse midwives, clinical psychologists, clinical social workers, physical therapists and occupational therapists all have their own benefit categories and may provide services without direct physician supervision and bill directly for these services. When their services are provided as auxiliary personnel and under direct physician supervision, they may be covered as "incident to" services, in which case, the "incident to" requirements would apply.

### Non-Physician Practitioners

Furnished 'Incident to' a Physician's Services in addition to coverage being available for the services of such auxiliary personnel as nurses,

### Requirements

Requirements for "incident to" are:

- The services are commonly furnished in a physician's office.
- The physician must have initially seen the patient.
- There is direct personal supervision by the physician or auxiliary personnel, regardless of whether the individual is an employee, leased employee or independent contractor of the physician.
- The physician has an active part in the ongoing care of the patient.

Direct supervision in the office setting does not mean that the physician/non-physician must be present in the same room with his aide. However, the physician must be present in the office suite and immediately available to provide assistance and direction while the aide is performing services.

### Coverage Criteria

For certain services to be covered under the "incident to" provision, conditions must be met in addition to the standard coverage criteria that are applicable. The services must be:

- An integral, although incidental, part of a professional service of a physician.
- Commonly rendered without charge or included in the physician's bill.
- Of a type that is commonly furnished in physicians' offices or clinics.
- Furnished by the physician or by auxiliary



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technicians and therapists when furnished “incident to” the professional services of a physician, a physician may also have the services of certain NPPs covered as services “incident to” a physician’s professional services.

These NPPs who are being licensed by the states under various programs to assist or act in the place of the physician include, for example, certified nurse midwives, clinical psychologists, clinical social workers, PAs, NPs and CNSs.

Services performed by these NPPs “incident to” a physician’s professional services include not only services ordinarily rendered by a physician’s office staff person (e.g., medical services such as taking blood pressures and temperatures, giving injections, and changing dressings) but also services ordinarily performed by the physician himself such as minor surgery, setting casts or simple fractures, reading X-rays, and other activities that involve evaluation or treatment of a patient’s condition.

For services of an NPP to be covered as “incident to” the services of a physician, the services must meet all the requirements for coverage specified within the “incident to” criteria. For example, the services must be an integral, although incidental, part of the physician’s personal professional services and they must be performed under the physician’s direct supervision.

An NPP such as a PA or an NP may be licensed under state law to perform a specific medical procedure and may be able to perform the procedure without physician supervision and have the service separately covered and paid by Medicare as a PA’s or NP’s service. However, to have that same service covered as “incident to” the services of a physician, it must be performed under the direct supervision of the physician as an integral part of the physician’s personal in-office service.

This does not mean that each occasion of an incidental service performed by an NPP must always be the occasion of a service actually rendered by the physician.

It does mean there must have been a direct, personal and professional service furnished by the physician to initiate the course of treatment of which the service being performed by the NPP is an incidental part, and there must be subsequent services by the physician of a frequency that reflects his continuing active participation in and management of the course of treatment.

In addition, the physician must be physically present in the same office suite and be immediately available to render assistance if that becomes necessary.

#### **‘Incident To’ A Physician’s Service In Clinic**

Services and supplies “incident to” a physician’s services in a physician-directed clinic or group association are generally the same as those described above.

A physician-directed clinic is one where:

- A physician (or a number of physicians) is present to perform medical (rather than administrative) services at all times the clinic is open.
- Each patient is under the care of a clinic physician.
- The non-physician services are under medical supervision.

#### **Billing Requirements**

“Incident to” services are services performed by auxiliary personnel supervised by a physician or NPP but are billed on the claim as if the billing physician or non-physician provider had provided the service.

#### **Documentation For ‘Incident To’ Services**

The billing of services other than E/M performed by persons other than the billing physician as services that are “incident to” is also permissible for persons other than NPs, PAs and CNSs. Allied health professionals who are qualified under state law governing medical practice to perform the specified medical service may be reimbursed by Medicare for services provided “incident to” a physician’s service. Such services are reimbursed under the physician’s fee schedule as if the physician actually performed them.

Report these services with the employing / supervising physician’s NPI in Item 33 of the CMS-1500 claim form. The only NPPs who may bill E/M services (above the level of 99211) under the “incident to” criteria are NPs, CNSs, PAs and nurse midwives.

To ensure proper reimbursement according to the fee schedule, Medicare requires that documentation submitted to support billing “incident to” services must clearly link the services of the NPP to the services of the supervising physician. For “incident to” services that are billed and undergoing medical review, documentation sent in response to the carrier’s request should clearly show the required link.



*Each day comes bearing its own gifts.*

*Untie the ribbons.*

*~ ~ Ruth Ann Schabacker*