



053119 NEWS BLAST

ATTN: BCBS PROVIDERS

Incident-To Billing

Incident-to billing is a way of billing outpatient services (rendered in a physician's office) performed by a Non-Physician Practitioner (NPP) such as a Nurse Practitioner (NP), Physician Assistant (PA), or other non-physician providers employed by the billing physician.

Effective June 1, 2019, Blue Cross Blue Shield (BCBS) will no longer allow providers to bill under the incident to rules if Blue Cross offers network participation for the performing provider type.

Per the BCBS 2018 4th Quarter Network News:

“Effective June 1, 2019, if Blue Cross offers network participation for a provider type, then that provider is required to file claims under their own provider number. Only provider types that are not offered network participation will be allowed to bill and be reimbursed under the supervising provider’s Blue Cross contract number through our updated “Incident-to” reimbursement rules. Such provider types include nurse practitioner, physician assistant, dietitian, audiologist, certified nurse anesthetist, etc.”

REMINDER: LA Medicaid has never allowed incident-to billing for NPs or PAs.

Incident-To Guidelines:

“Incident-to” services are defined as those services that are furnished incident to physician professional services in the physician's office (whether located in a separate office suite or within an institution) or in a patient's home. Under Medicare rules, covered services provided by non-physician practitioners (NPPs) are reimbursed at a reduced rate (85% of the fee schedule amount). The “incident-to” billing rules provide an exception, allowing 100% reimbursement for non-physician services that meet the requirements. Keep in mind that incident-to guidelines were developed by Medicare, and other insurance carriers do not necessarily follow Medicare's lead.

There are six basic requirements to meet the incident-to guidelines for Medicare payment:

1. The service must take place in a “noninstitutional setting”
2. A Medicare-credentialed physician must initiate a patient's care. If the patient has a new or worsened complaint, a physician must conduct an initial evaluation and management (E&M) for that complaint, and must establish the diagnosis and plan of care. Incident-to services cannot be rendered on the patient's first visit, or if a change to the plan of care (e.g., medication adjustment) is required.
3. Subsequent to the initial encounter (during which the physician arrives at a diagnosis and plan of care), an NPP may provide follow-up care. This care must occur under the “direct supervision” of a qualified provider.
4. A physician must actively participate in and manage the patient's course of treatment. The exact requirement is usually defined by the state licensure rules for physician supervision of NPPs (e.g., the physician must see the patient every third visit).
5. Both the credentialed physician and the qualified NPP providing the incident to service must be employed by the group entity billing for the service (if the physician is a sole practitioner, the physician must employ the NPP).
6. The incident-to service must be the type of service usually performed in the office setting, and must be part of the normal course of treatment of a diagnosis or illness.

Documentation should detail who performed the service, and that a supervising physician was in the office suite (although not necessarily the same room), at the time of the service.

Things to Remember when billing Incident-To:

The **initial** problem-focused patient visit (CPT codes 99201-99205) cannot be split or shared between the NPP and physician in order to bill incident-to follow-up visits. The physician must independently see the patient and establish a plan of care for the condition.

When an NPP sees a patient for a **new problem**, he/she will need to bill under his/her own PIN. Incident-to guidelines do not allow an NPP to bill incident-to a physician's services (i.e., under the physician's PIN) when a new problem is addressed. This could happen in a situation when the patient was scheduled to be seen for an established problem but brings up a new problem during the course of the visit.

For incident-to services to continue to be billed, Medicare has stipulated that the physician must perform subsequent services that reflect his/her continued active participation in and management of the patient's care. A specific time frame of physician involvement and management is not stipulated but is left to the physician's medical judgment based on the patient's condition and needs.

When billing incident to services, the claim should be submitted as if the physician personally performed the service. Therefore, the NPP is not listed on the claim form.

******* IMPORTANT NOTICE *******

When an NPP sees a **new** patient, he/she will need to bill under his/her own PIN.

CAUTION: In a multi-specialty group if the NP sees a new patient, the 'New Patient' visit is used up, i.e., no other specialty can bill as a New Patient visit for 3 years.

Resources:

MDS Evaluation and Management (E&M) General Information Guide

<https://www.medtronsoftware.com/User Guides/E&M Resources/E&M Information Packet General.pdf>

Medicare Claims Processing Manual, Chapter 12, Section 30.6.4 (Evaluation and Management (E/M) Services Furnished Incident to Physician's Service by Nonphysician Practitioners)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html>

Medicare Benefit Policy Manual, Chapter 15, Section 60 (Services and Supplies Furnished Incident To a Physician's/NPP's Professional Service)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html>

MLN SE0441 – Incident To Services

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/se0441.pdf>

Incident-to billing: Clearing up the confusion

<https://www.medicaleconomics.com/personal-finance/incident-billing-clearing-confusion>

Contact MEDTRON's Support Department for assistance or any questions via:

From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Support Dept.

-OR-

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