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Meet the Presenter…

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On the topic:
Navigating the Subtleties of Incident-to Billing Criteria
Navigating the Subtleties of Incident-To Billing Criteria

Presented by: Rhonda Granja, CMA, CMC, CPC, CMOM
Faculty, Practice Management Institute

What is Incident-to??
Is It Worth It??

When Medicare is billed “incident to” for nonphysician practitioner (NPP) services, the bill goes out under the physician’s NPI number, even though the midlevel has performed the work. Reimbursement is 100% of the Medicare fee schedule, as opposed to 85% when the service is billed under the midlevel’s own number.

On the claim form..

The “ordering physician” is the physician who initially saw the patient and established the plan of care, which the NPP followed on a subsequent visit being billed.
On the claim form..

The “supervising physician” is the physician who was on-site and available to the NPP during the visit being billed. Since the supervising physician can be different than the ordering physician, he/she needs to be identified on the form.

FYI...

Looking at the latest data released by Medicare (2014) find that E/M codes (99201-99215) used by providers reporting under the Nurse Practitioner and Physician Assistant specialty codes are growing in utilization and low on denials. PA claims were at 8.3 million, up from 7.4 million in 2013.
Location of Incident-to Guidelines

• Internet Only Manual (IOM)
  ▪ Publication 100-2, Chapter 15, Section 60.1

• WPS – Medicare Part B Policies
  ▪ PHYS-004 (National Coverage Provision)
    http://www.wpsmedicare.com/part_b/policy/policy_active.shtml

What is Incident-to?

It is a Medicare guideline ONLY!

“Incident to a physician’s professional services means that 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”
Five Key Concepts of “Incident-to”

1. Professional service
2. Location
3. Employment relationship
4. Incidental but physician/NPP performs initial service
5. Supervision, direct

Must meet all criteria for “incident-to”

Medicare’s Personal Performance Policy

• General Rule
  ▪ Physicians (and non-physician practitioners NPP’s) are only paid for what they personally perform and document
An Exception to Medicare’s General Rule

- Incident to services are performed by personnel who are NOT physicians, but are paid for performing physicians services

Who can provide Incident-to services??
Definition of “Auxiliary Personnel”

• Auxiliary Personnel – “any individual” who is acting under the supervision of a physician.....

Auxiliary Personnel

• “Any individual” – CMS deliberately chose this term when defining “auxiliary personnel”
  ▪ “So that the physician (or other practitioner), under his or her discretion and license, may use the service of anyone ranging from another physician to a medical assistant.”
  ▪ “....impossible to exhaustively list all incident-to services and those specific auxiliary personnel who may perform each service.”

_Federal Register/Vol. 66, No. 212/ Thursday November 1, 2001, pgs 55267 – 55268_
Auxiliary Personnel vs. Practitioners

• Auxiliary Staff
  ▪ Such as RNs, technicians, health educators and other aides (not a complete list)
  ▪ May meet criteria for 99211

• Practitioners/NPP
  ▪ PA, NP, certified nurse midwife, clinical psychologists, clinical social workers, certified registered nurse anesthetists and clinical nurse specialists
  ▪ Not restricted to level of E/M service or appropriate specialty code (must be within scope of practice)

***Cautionary Note***

• Each occasion of service by auxiliary staff does not necessarily warrant the billing of a personal, professional service by the physician.
Inadequate Documentation

• “Patient seen” signed by the physician
• “Seen and examined” signed by the physician
• No comment at all by the physician, or only a physician signature at the end of the note

Adequate Documentation

• “I have personally performed a face to face diagnostic evaluation on this patient. I have reviewed and agree with the care plan. History and exam by me shows: abdomen was tender to touch, no rebound. Labs/CT scan negative. IM Toradol given for pain. Patient discharged home.”
Where can you apply Incident-to?

2. Location, Location, Location

• Physician’s office or clinic ONLY
• Applies to outpatient clinic setting but **not** outpatient hospital clinic setting
• No incident-to billing in an “institutional setting,” such as a hospital or a Skilled Nursing Facility (SNF)
Office within an Institution

• Must be confined to a separately identified part of the facility used solely as the physician’s office and
  ▪ Cannot be construed to extend throughout the entire institution
  
• Services performed outside the “office” area
  ▪ Subject to the coverage rules outside the office setting

3. Employment Requirements

• May be a part-time, full-time or leased employee or independent contractor
  ▪ Both the supervising physician and the auxiliary personnel furnishing the service must meet the employment requirements
  ▪ Reassignment of benefits must be executed
4. Initial Service Requirement

To bill incident-to, ‘there must have been a direct, personal, professional service furnished by a physician to initiate the course of treatment of which the service being performed by the non-physician practitioner is an incidental part, and there must be subsequent services by the physician of a frequency that reflect his/her continuing active participation in and management of the course of treatment.’

Established Patient

• “An established patient is one who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.” (CPT, 2009)
• How has this changed in 2015??
Established Plan of Care

• The personnel performing the incident-to-service should:
  ▪ Document the ‘link’ between their face-to-face service and the preceding physician service to which their service in incidental.
  ▪ Reference by date and location the precedent providers’ service that supports the active involvement of the physician.
  ▪ Legibly record both their identity and credentials

5. Direct Supervision

• “Direct supervision in the office setting does not mean that the physician must be present in the same room with his/her aide. However, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the aide is performing the services.”
Direct Supervision – What it is

• Physician readily available in the office suite seeing patients in an adjacent exam room.

• There must be a specific physician responsible for the supervision of the billed service.

Direct Supervision – What it is not

• Physician doing rounds at the hospital and the auxiliary staff performing the service in the office.

• Physician having lunch downtown and is available by phone.
Supervising Physician

• The physician who performed the initial assessment and initiated the course of treatment does not need to be the physician supervising the incident-to service.

CPT code 99211 & How to Bill Incident-to (Medicare guideline)
CPT code 99211

“Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.”

Criteria for billing 99211 as “incident-to”
• Must be an established patient
• There must be an established plan of care.
• There must be an E/M service provided by an employee of the physician.
• Must be provided in the office
• There must be direct physician supervision.
Auxiliary Personnel

• Can only bill lowest level of E/M service, code 99211

• Medicare will pay the claim at 100% of the physician fee schedule, even though the services were furnished by the auxiliary personnel. (health educator)

Non-Physician Personnel (NPP)

• Nurse Practitioner
• Nurse Midwife
• Clinical Nurse Specialist
• Physician Assistant
• Clinical Psychologist
• Clinical Social Workers
• Physical/Occupational Therapists
Non-Physician Personnel

• NPP can bill E/M levels 99211-99215.
• Medicare will pay the claim at 100% of the physician fee schedule, even though the services were furnished by the NPP.
• NPPs can also establish the plan of care.
  ▪ Health educators could bill 99211 “incident to” a initial service provided by an NPP.

95/97 Guidelines for E/M ??


Performance of E/M Service

• No specific criteria in CPT for a 99211 (e.g., level of history, exam or medical decision making).

• Face-to-face encounter with the auxiliary personnel and the patient consisting of both ‘evaluation and management’.

Performance of E/M Service

• According to Wisconsin Physicians Service (WPS), the ‘evaluation portion of CPT 99211 is substantiated when the record includes documentation of a clinically relevant and necessary exchange of information (historical information and/or physical data) between the provider and the patient.’
Performance of E/M Service

- According to WPS, the ‘management portion of CPT 99211 is substantiated when the record demonstrates an influence on patient care (medical decision-making, provision of patient education, etc.).’

Documentation

- The medical record must be adequately documented to reflect the reason for the patient’s visit and any treatment rendered.
- The medical record must include elements of history obtained, examination performed and/or clinical decision making.
- The medical record must support physician supervision.
Questions to ponder…

• What happens if some doctors are only in the office on one day?
• What happens if the doctor runs over to the hospital?
• What about the EOB that the Medicare patient receives?
• What if documentation doesn’t match?
• Is this an administrative burden?

Lastly…

• Check for established patient and plan of care.
• Watch the location.
• Health educator must be employed by billing physician or NPP.
• Heed the supervision rules.
• Document, document, document.
Thank you!!!

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Questions?

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Thank you for your attendance!

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