




ACADEMIC HEART & VASCULAR PLLC



## CODING STRATEGIES


Ruth Fisher, MBA  
Practice Administrator  
William Beaumont Hospital  
Academic Heart & Vascular PLLC

Consultant


### Coding tips for “incident to”

- What does “incident to” mean
- Who can provide “incident to” services
- How do you bill for these services
- Who has to be present when services are provided
- Documentation




### Medicare Requirements for Incident to Services

- Furnished in office or clinic setting
- Does not apply to hospital E&M codes
- Furnished under direct supervision of physician/NPP
- Furnished by physician, NPP, or auxiliary personnel
- Physician/NPP must be owner, employee or independent contractor of billing entity




### Who can furnish incident to services?

- Non physician practioners
  - NP
  - PA
  - Nurse clinicians
- Auxiliary clinical staff
  - RNs, LPNs, technicians, medical assistants)
- Physical, occupational and speech therapists who meet specific Medicare requirements



### Non Physician Providers (NPP)

- NPPs are nurse practitioners, physician assistants, and clinical nurse specialists
- Can bill for services “incident to” their own service performed by auxiliary personnel provided service is within NPP’s **state law** “scope of practice.”
- Payment is at **85% of Medicare fee schedule** rate.



### NPPs

- Can also provide services that are “incident to” a physician’s service
- If NPP services are billed as “incident to” the physician’s service, **direct supervision by physician is required**
- Bill service under NPP’s billing number at the 85% rate if no physician is in the suite



### Incident to rules

- Services must be Integral though incidental part of physician/NPP service
- Physician/NPP performs initial service and establishes course of treatment
- Auxiliary personnel perform services that carry out course of treatment established by physician/NPP
- Auxiliary personnel should not see new patients or patients with new problems until first seen by physician/NPP **for that problem**



### Incident to continued..

- Patient does not need to see physician/NPP each time “incident to” service is provided
- Physician must perform subsequent services **at a frequency which reflects his/her active participation in and management of course of treatment**
- Beaumont uses every 3<sup>rd</sup> visit as rule of thumb



### PHYSICIAN/NPP MUST PROVIDE DIRECT SUPERVISION

- Must be **“present in the office suite”** while “incident to” services are being furnished
- Physician *not* required to be in the same room
- Must be **“immediately available”** to provide assistance and direction
- Availability by telephone or pager is not sufficient
- Documentation



### Questions???



Ruth Fisher

Practice Administrator  
Academic Heart & Vascular PLLC

William Beaumont Hospital

[rfisher@beaumont hospitals.com](mailto:rfisher@beaumont hospitals.com)  
(248) 898-5593