Billing for Non-Physician Practitioners

Incident to and Shared Services

MEDICAL PRACTICE CONSULTING

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Author: 2007 Physician Auditing Workbook

The Field Guide to Physician Coding

MEDICAL PRACTICE CONSULTING

"Incredible, but is it billable?"

How will you leave here today?

- Certain about the rules
- Confident you can explain them to your group
- Carrying a set of tools and audit sheets with you!

How?

- Set of examples
- Apply audit tool to each example

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Remember this

- Incident to is only allowed in the office, place of service 11
- Incident to is a Medicare rule, often Medicaid
- New patients and consults MAY NEVER be billed as incident to. *That is: if done by NPP, bill under NPP provider number*

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Incident to

- Means billing for the NPP service as if the MD had provided it
- Means billing under the MD's provider number
- New patients and consults performed by NPP (or jointly with MD) may not be billed under the MD's provider #

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Ms. Drew PA sees a newly diagnosed patient with multiple sclerosis. She takes a comprehensive history, does a comprehensive exam, develops a tentative treatment plan. She then presents the patient to Dr. Norman Neurologist. Dr. Norman sees the patient, takes a focused history, does a focused exam and confirms treatment plan. Ms. Drewdocuments visit thoroughly. Dr. Norman documents a brief note, sends letter to PCP.

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Can you bill incident to?

- Whose provider number should be used for this Medicare patient: MD or NPP?

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99201--99205, 99241--99245

- Did the NPP document a new patient or consult?
  YES   NO

- *If you answered yes, bill under NPP's provider number (Collect at 85% of physician fee schedule)*
- *May not "add" documentation from MD and NPP together*
- *If billed under MD, base level of service solely on MD note*

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Dr. Jean Allen sees Dorrie who has HTN and DM. Asks patient to return every three months, alternating visits with Mr. Veneto NP. Patient returns in three months time, sees Mr. Veneto. Mr Veneto discusses case briefly with Dr. Allen, who is in the office at the time. Mr. Veneto notes that he discussed case with Dr. Allen. Dr. Allen does not see patient. Chart is returned to medical records without Dr. Allen's signature.

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Can you bill incident to?

- Whose provider number should be used for this Medicare patient: MD or NPP?

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99212--99215 NPP service

- Is patient established? YES NO
- Was this service part of the MDs plan of care, developed at a previous visit? Y N
- Was it performed in office? Y N
- Is NPP an expense to MD group? Y N
- Is MD remaining involved in care? Y N
- Was MD in office at time of service? Y N
- Did you bill under supervising MD if ordering MD out of office? Y N
- *You must answer yes to all of these questions*

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Dorrie in follow up

- You answered yes to all questions on audit list
- You may bill under the MD provider number, and collect at 100% of the physician fee schedule

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Dorrie calls Friday afternoon at 3:30 one month after her scheduled visit for HTN and DM. She tells the triage nurse she has a hacking cough and a fever. She's been sick for days. The triage nurse squeezes her into Mr. Veneto's schedule, who sees her at 5 pm! Dr. Allen is in the office. Mr. Veneto discusses care and documents that with Dr. Allen. Dorrie has bronchitis, and is given an antibiotic. Also, again told to stop smoking!

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Can you bill incident to?

- Whose provider number should be used for this Medicare patient: MD or NPP?

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99212--99215 NPP service

- Is patient established? YES NO
- Was this service part of the MDs plan of care, developed at a previous visit? Y N
- Was it performed in office? Y N
- Is NPP an expense to MD group? Y N
- Is MD remaining involved in care? Y N
- Was MD in office at time of service? Y N
- Did you bill under supervising MD if ordering MD out of office? Y N
- *You must answer yes to all of these questions*

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Dorrie with bronchitis

- New problem so it is not part of the physician's plan of care
- You answered "no" on question two of audit list
- Bill under the NPP's provider number NOT the MD's
- Collect at 85% of physician fee schedule

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Dorrie calls the office on Tuesday afternoon, reports she's feeling dizzy. Her blood pressures at home are running high. Triage nurse schedules her to see Mr. Veneto. Mr. Veneto sees Dorrie, discusses case with Dr. Partner, documents discussion. (Dr. Allen is in Paris this week….)

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Can you bill incident to?

- Whose provider number should be used for this Medicare patient: MD or NPP?

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99212--99215 NPP service

- Is patient established? YES NO
- Was this service part of the MDs plan of care, developed at a previous visit? Y N
- Was it performed in office? Y N
- Is NPP an expense to MD group? Y N
- Is MD remaining involved in care? Y N
- Was MD in office at time of service? Y N
- Did you bill under supervising MD if ordering MD out of office? Y N
- *You must answer yes to all of these questions*

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Dorrie with exacerbation

- Exacerbation of chronic disease for which she is already under treatment
- Bill for service under Dr. Partner's provider number, since Dr. Allen is strolling along the Champs Elysees.
- Collect at 100% of the physician fee schedule

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Mr. Veneto asks Dorrie to return for a blood pressure check the next week with a nurse. Dorrie returns, nurse takes blood pressure, documents it. Dorrie's blood pressure back down. Dr. Allen back in office.

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Can you bill incident to?

- Whose provider number should be used for this Medicare patient: MD or NPP?

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Nurse visits--99211

- Is patient established? YES NO
- Was this service part of the MDs/NPPs plan of care, developed at a previous visit? Y N
- Was it performed in office? Y N
- Is nurse an expense to MD/NPP group? Y N
- Is MD/NPP remaining involved in care? Y N
- Was MD/NPP in office at time of service? Y N
- Did you bill under supervising MD/NPP if ordering MD/NPP out of office? Y N
- *You must answer yes to all of these questions*

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Nurse visit

- Bill this nurse visit under NPP provider number, since NPP initiated this plan of treatment

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Shared services

- Allowed in inpatient, outpatient, ED
- Not in nursing home
- No consults
- Allowed in office if meet "incident to" so it doesn't help!
- Shared service between NPP and MD which allows you to bill under MD provider # when both have provided part of service

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Remember this

- Shared services are for E/M services only in hospital (Medicare rule)
- Requires both MD and NPP to see patient, participate in care
- CMS specifically says consults may not be billed as shared visits
- Shared visits are billed under MD provider number: collect at 100% of fee schedule

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Poor Dorrie. Her sister comes to visit from Santa Cruz, carrying a few bottles of fine California wine in her carry on. Dorrie eats and drinks too much. (it's happened to us all…) Her blood sugar gets out of control, her hypertension worsens and she gets SOB and retains fluid. Dr. Allen and Mr. Veneto are on call.

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"I was able to get in one last lecture about diet and exercise."

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Mr. Veneto sees Dorrie in the ED, performs a comprehensive history, comprehensive exam and determines patient needs to be admitted. Starts writing orders. Transfers patient to medical unit. Dr. Allen arrives, sees patient. Performs some part of history, exam. Reviews Mr. Veneto's plan of care. Writes a note.

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Dr. Allen's note says: "Patient reports that for the past 12 hours…. Her exam shows…. Our plan is…. The remainder of the H&P is documented in Mr. Veneto's note."
Mr. Veneto documents the complete admission note.

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Can you this as a shared service?

- Whose provider number should be used for this Medicare patient: MD or NPP?

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99221--99223, 99231--99233 99281--99285

- Was service performed in hospital? Y N
- Are MD and NPP part of same group? Y N
- Did MD have a face to face service? Y N
- Did MD document clinically relevant note, including hx, exam mdm? Y N
- Did MD tie note to NPP note? Y N
- Is it the same date of service? Y N
- *You must answer yes to all of these questions*

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Dorrie's admission

- Combine documentation from MD and NPP to select level of service
- You may bill this under MD's provider number and collect at 100% of the physician's fee schedule

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The next day, Mr. Veneto sees and rounds on the patient, discussed with Dr. Allen. Documents discussion with Dr. Allen. Dr. Allen writes "Seen, agree with above plan."

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Can you this as a shared service?

- Whose provider number should be used for this Medicare patient: MD or NPP?

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99221--99223, 99231--99233 99281--99285

- Was service performed in hospital? Y N
- Are MD and NPP part of same group? Y N
- Did MD have a face to face service? Y N
- Did MD document clinically relevant note, including hx, exam mdm? Y N
- Did MD tie note to NPP note? Y N
- Is it the same date of service? Y N
- *You must answer yes to all of these questions*

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Dorrie's follow up visit

- MD does not document clinically relevant note
- You may not bill under MD provider number
- Bill this under NPP provider number, collect at 85% of physician fee schedule

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Remember this

- Return to your office, assess your NPP billing
- Use the handouts for training
- Use the audit sheets for assessment
- If you use the audit sheets, you don't have to remember anything!

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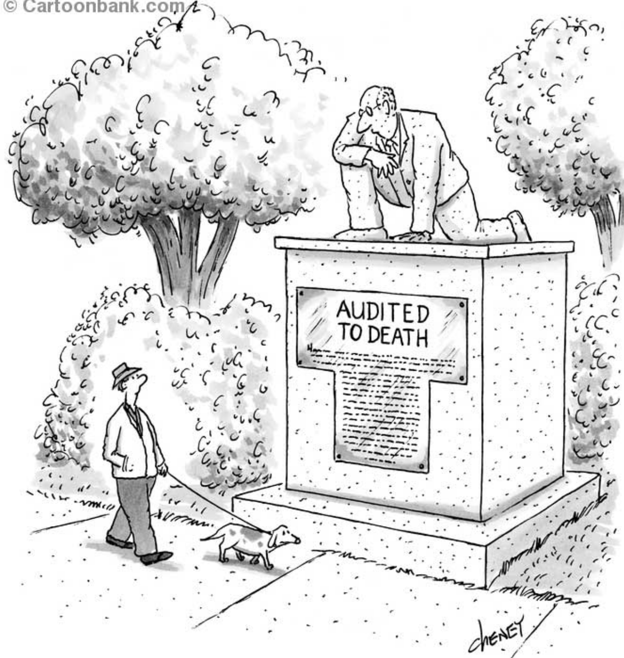

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Incident To Audit Sheet for Non-Physician Practitioner Services

Established Patient Visits 99211—99215
For Medicare Patients

To perform this audit, you will need:

- The medical record for each visit
- Access to the appointment schedule for that day
- A copy of the CMS-1500 submitted

Select 10 patients seen by the NPP and billed under the MD provider number. Complete this form for each patient.

Patient ID:________ NPP ID:________ MD ID:_________

Date of service:___________ Auditor ID__________ Date of audit________

1. Is the patient an established patient?
   YES NO
2. Was this day's service part of a physician generated plan of care, developed at a previous visit?
   YES NO
3. Was the service performed in the physician office?
   YES NO
4. Was the staff member who performed the service an employee of the physician, a contractor of the physician or an employee or contractor of the same group that employs the physician?
   YES NO
5. Is the physician remaining involved in the patient's care?
   YES NO
6. Was a supervising physician in the office at the time the service was provided?
   YES NO
7. Did you submit the claim using the provider number of the supervising physician who was in the office?
   YES NO

You must answer YES to each of the questions above to bill the service as incident to using the physician name/provider number. If you answer NO to any one question, bill the service under the PA/NP's provider number.

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Audit Sheet for Non-physician Practitioner Services

New Patients and Consults: 99201—99205, 99241—99245
For Medicare Patients

To perform this audit, you will need:

- The medical record for each visit
- A copy of the CMS-1500 submitted

Select 5 new patients or consults seen by the NPP. Complete this form for each patient.

Patient ID:________ NPP ID:________ MD ID:_________ (if relevant)

Date of service:___________ Auditor ID__________ Date of audit________

1. Did the NPP document a new patient or a consult visit?
   YES NO

2. Is the visit billed under the NPP's provider number?
   YES NO

The answer to both questions MUST be YES. New patients and consults should be billed under the NPP provider number, not the physician's provider number.

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Incident To Audit Sheet for Nurse Visits Services

Nurse Visits: 99211

For Medicare Patients

To perform this audit, you will need:

- The medical record for each visit
- Access to the appointment scheduler for that day
- A copy of the CMS-1500 submitted

Select 10 patients seen by the nurse/medical assistant and billed under the MD provider number. Complete this form for each patient.

Patient ID:________ Nurse ID:________ MD ID:_________

Date of service:___________ Auditor ID__________ Date of audit________

1. Is the patient an established patient?
   YES NO
2. Was this day's service part of a physician generated plan of care?
   YES NO
3. Was the service performed in the physician's office?
   YES NO
4. Was the staff member who performed the service an employee of the physician, a contractor of the physician or an employee or contractor of the same group that employs the physician?
   YES NO
5. Is the physician remaining involved in the patient's care?
   YES NO
6. Was the treating physician or a supervising physician in the office at the time the service was provided?
   YES NO
8. Did you submit the claim using the provider number of the supervising physician who was in the office?
   YES NO

You must answer YES to each of the questions above to bill the service as incident to, using the physician name/provider number. If you answer NO to any one question, you cannot bill the nurse visit.

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Shared Visit Audit Sheet

To perform this audit, you will need:

- The medical record for each visit
- A copy of the CMS-1500 submitted

Select 10 patients seen by the NPP and MD on the same day and billed under the MD provider number. Complete this form for each patient.

Patient ID:________ NPP ID:________ MD ID:_________

Date of service:___________ Auditor ID__________ Date of audit________

You must answer YES to the questions below to bill a shared visit.

1. Was the service performed in the hospital (inpatient, outpatient or ED)?

   YES NO

2. Are the MD and the NPP part of the same group practice?

   YES NO

3. Did the physician had a face-to-face service with the patient?

   YES NO

4. Did the physician document a clinically relevant portion of the E/M service as evidenced by any history, exam or MDM?

   YES NO

5. Is the physician entry dated on the date of service for which the shared visit is billed?

   YES NO

Do not bill for only countersignatures or statements that say only "seen and agree."

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Incident-to Services – Medicare

Definition:

Incident-to services are services provided in a physician office to Medicare patients that are incident-to a physician's treatment and plan of care.

Explanation:

Incident-to care is care provided in the physician's office or patient home incident-to the care provided by the physician. This means, that the patient must first be seen by the physician, and that the care provided is an integral part of the physician's treatment plan. The physician must stay actively involved in the plan of care and be in the office when the service is provided.

Certain health care professionals, such as PA's and NP's can bill their services as incident-to the physician. That is, the service is billed under the physician's provider number, as if the physician had provided the service. Other employees can bill incident to, but these visits are then **limited to a 99211.**

Incident-to services are paid at 100% of the physician fee schedule. Services billed under the NP/PA provider number are paid at 85% of the physician fee schedule. NPPs who see new patients, perform consultations, or see established patients with new problems must bill them under their own provider number. These do not meet the criteria of incident-to services.

Codes:

Incident to services relate to E/M codes. These rules do not apply to flu shots, EKG's, lab or x-ray services because these are covered under a different statute and do not count as incident-to services. Neither physical therapy nor nutrition services may be billed as incident-to a physician services.

Billing and coding rules:

In order to bill a Medicare patient for an incident-to service:

- The employee providing the service must be an employee of the physician or the group that employs the physician (leased or contracted employees are permitted)
- Physician (or other employed physician) must be in the office and immediately available
- The service must be follow up care: no new patients or new problems on established patients
- The service must be provided in the office or patient's home (rarely)
- Unless the provider is an NP, PA, Certified Nurse Midwife or Clinical Nurse Specialist the service can only be billed at 99211 level
- Services must be typically provided in the physician's office and must be an expense to the physician
- The physician must initiate the plan of care and remain actively involved in the care

If the ordering physician is not in the office, bill the service under the supervising physician's number: the physician who is actually in the office that day.

Coverage:

Incident-to is a Medicare rule. Consult your third party payers and Medicaid program for rules about billing nurse visits and for NPPs. Unless required by your state law to follow these rules for Medicaid, or by your third party contracts, you are only required to use these rules for Medicare patients.

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Incident-to Services – Medicare

KEY ISSUES:

- Service provided to Medicare patients that is part of the physician's care and is billed as if provided by the physician
- Service provided by an employee or leased employee of the practice
- Physician must be in the office at the time the service is provided
- The physician who initiated the plan of care must remain actively involved in the treatment
- Bill new patients, consults and new problems on established patients under the NPPs own provider number
- Nurse visits, 99211, for Medicare patients must meet these rules

Related issues:

PAs and NPs can also bill under their own provider numbers, and are then reimbursed at 85% of the physician fee schedule. Bill services to new patients under the provider number of the PA or NP. Also, bill visits provided to established patients, who present with a new problem, under the provider number of the PA or NP. In neither of these cases, should the bill be sent out as incident to the physician service, using the physician's provider number.

"Patient seen in follow-up to Dr. Doyle's treatment plan. Dr. Doyle is in the office today, and will follow-up with this patient in three months time."

Incident to services are allowed in the patient's home, as well. Both the physician and the employee must be present in the patient's home for incident to services to take place. This would be a fairly rare occurrence for most practices.

See also:

Shared visits

Citations:

Medicare Claims Processing Manual, Pub 100-4, Chapter 12, Section 30.6.4, 30.6.13
Medicare Claims Processing Manual, Pub 100-2, Chapter 15, 60.1, 60.2, 60.3
Medlearn Matters article SE0441

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Shared Visits – Medicare Rule

Definition:

Evaluation and Management services which are shared or split encounters between a physician and a qualified Non-Physician Practitioner (NPP.)

Explanation:

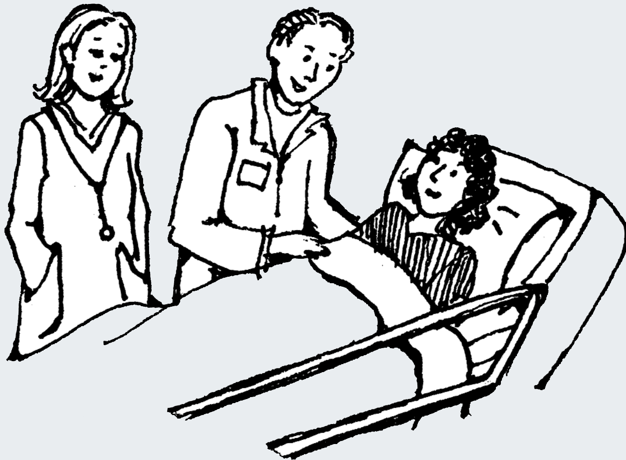
A physician and an NPP can provide shared E/M services in the hospital (inpatient, ED or outpatient department). Each of the clinicians must have a face-to-face service with the patient and each must document a clinically relevant portion of the notes. The practice can bill the service under the physician provider number and be paid at 100% of the physician fee schedule. Office visits may only be billed as shared visits when they meet the incident-to guidelines.

Codes:

E/M codes. 99221–99239, Consults may not be billed as shared visits.

Coverage:

Shared visit rules are Medicare rules.



Billing and coding rules:

The physician must see the patient on the same day as the NPP and document a clinically relevant portion of the note. It is not sufficient for the physician to write, "Seen and agree." Or "Seen, agree with Ms. Abbott's note." The physician documentation must show that the patient was seen and add something to the history, exam or medical decision making. For example, the physician might write, "Patient reports a better night last night, less SOB. Lungs sound clearer. Agree with Ms. Abbott's assessment and plan." Or, "Patient seen. Agree with Ms. Abbott's note. If her labs are better tomorrow, will discharge. Discussed with daughter who agrees." Those two examples show that not only was the patient seen by the physician, the physician contributed in a meaningful way to the care.

To select the level of service, add together the documentation from both notes, and select the level of service that is supported by the two notes.

If the physician only reviewed the record and discussed the case with the NPP, bill the service under the NPPs provider number.

Because shared visits in the office must meet the incident-to guidelines, you may only bill shared visits for established patient visits. If the visit meets the incident-to guidelines, you may bill for it under the physician provider number whether or not the physician saw the patient and did part of the care.

Consults may not be billed as shared visits, per Medicare rules.

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Shared Visits – Medicare Rule

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KEY ISSUES:

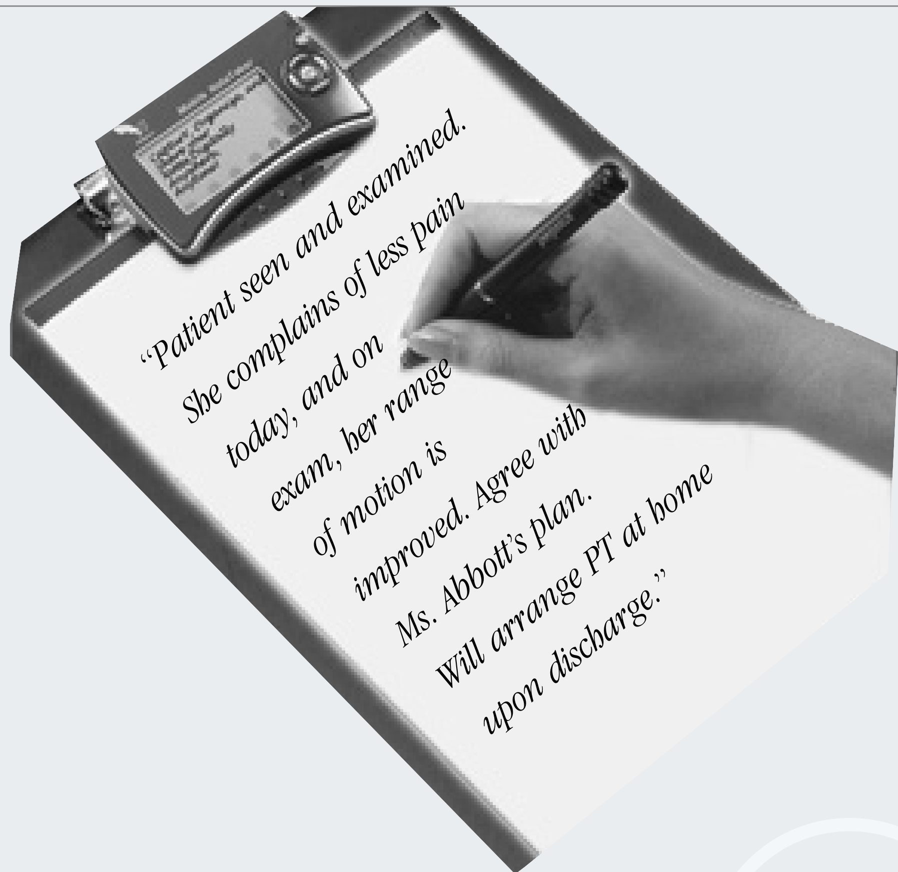
- The physician and the NPP must both have a face-to-face service with the patient
- The physician must document that there was a face-to-face service, as well as a clinically relevant portion of the note
- The level of service is based on both the MD and the NPP notes
- Bill shared visits under the physician provider number

Related issues:

Practices with a large inpatient census may find it beneficial to have physicians and NPPs share in caring for these hospitalized patients. It allows the physician to return to the office earlier in the day, document a shorter note and have fewer interruptions during the day. The NPP stays at the hospital and does the longer documentation. The NPP also can check lab work, write additional orders and manage the patient during the day.

See also:

Incident to rules



Citations:

Medicare Claims Processing Manual, Pub. 100-04, Chapter 12, Section 30.6.1
CMS transmittal 782, change request 4125

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