Incident-to

The convergence of access, documentation and the bottom line

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Agenda

- Connecting the Dots
- Definitions and Requirements
- "Incident to" vs. Direct Billing
- Best Documentation Practices
- Examples
- Resources
- FAQs

APP billing:

Documentation

Incident to? Direct? Supervising?

Credentialing

Keeping up with payor policies

Compliant Billing

Reducing denials

Connecting the dots…

Definitions

- APP-Advanced practice providers (PA, NP, CNS)
- Billing provider-name that goes out on the claim
- Service provider-name of the provider that performed the service
- *Auth provider (aka: the billing provider) is the provider that goes out on the claim*
- *Service provider (aka: the treating provider, rendering provider) is the provider that is scheduled to see the patient and performed the service*

Incident-to billing is a Medicare Concept

Incident-to services, as defined by the American College of Surgeons:

- …services rendered to a patient by a provider other than the physician treating the patient more broadly, that are an integral, although incidental, part of the patient's normal course of diagnosis or treatment of an injury or illness."
- Billed under Medicare Part B services, as if the original physician personally provided the care using that physician's NPI number… 100%

What does this mean?

For Payors who recognize Incident to billing:

- To qualify:
  - a physician must **personally perform an initial service, create a POC** and remain **actively involved** over the course of treatment.
  - services must be part of the patient's normal course of treatment
- Physicians are not required to see the patient at each encounter…but a physician must provide **direct supervision** (be present in the office suite) of the APP when performing incident to services. The supervising physician may be a covering physician (i.e. not the original physician who created the POC)
- The patient record should support that essential requirements were met. (i.e. Who established POC and who was physician on site)

Requirements for "Incident to" billing

- E&M services in the Clinic:
  - APP is following a physician's plan of care
  - Established patient with an established problem
  - Direct Personal Supervision
    - The "supervising" physician must be present in the office suite.
  - APP employed by the same entity

"Incident to" vs. Direct Billing

- "Incident to"
  - For Medicare and payors who follow Medicare guidelines -APP may bill under supervising physician
  - 100% reimbursement of physician fee schedule.
- Direct - when Incident to requirements are not met
  - APP bills under their own NPI, when payor permits and APP has been credentialed with the payor/plan.
  - Reimbursement will be a percentage of the physician fee schedule.

Documentation

- Medical record must clearly support the following:
  - Identify the individual who rendered the service
  - Document supervising physician's presence in the office suite
  - Show the physician's initiation and continued involvement in treatment

Incident-to Best Practices

- Identify the individual who rendered the service
- Document physician's presence in the office at the time of the service
- Indicate supervision requirement is met. Document supervising physician's physical presence in the office suite Show physician's initiation and continued involvement in treatment
- The service must be within the scope of practice of the non-physician practitioner as defined by state law
- Prove reasonable and necessary
- Non-physician practitioners acting as a scribe for the physician by writing notes into the medical record while the physician is personally performing the service, the medical records should clearly indicate this situation and be signed by both the scribe and the physician.
- The documentation submitted to support billing "incident to" services must clearly link the services of the NPP auxiliary staff to the services of the supervision physician.

Evidence of the link

- Co-signature or legibly identify and credentials (i.e., MD, DO, NP, PA, etc.) of the both the practitioner who provided the service and the supervising physician on documentation entries.
- Documentation from other dates of service, for example the initial visit establishing the link between the two providers. Note: This does not support continuing involvement; only the initial link of two providers. A counter-signature would support continuing involvement…
- Make sure the name and professional designation of the person rendering the service is legible in the documentation of each service.

Documentation Musts for Incident-to

- Indicate involvement of the physician *"Per Dr. Myers plan of care in August of 2016 and May of 2018,…"*
- Medical necessity
- Within scope of practice
- Reasonable and necessary

Best Practice Documentation Suggestions

Incident to:

- Patient X is here for follow up of ______. I'm following Dr. Y's plan of care for this issue.
- Dr. Z is in the office suite today and is supervising patient care.

Clinical workflows

- The Payor Criteria
  - Tricare
  - Commercial
  - Medicaid
  - Medicare
- Role of the physician
- Patient flow and schedules
  - One schedule for a team
  - One schedule per provider

Are Modifiers Required?

When "Incident to" requirements not met:

Such as:

- Established patient with new problem
- New patient without a *physician* plan of care

APPs may see patients for all payors within their scope of practice. Billing for these services are distinct based upon payor policies. For example:

- If the payor credentials APPs/permits direct billing (Billing provider = APP)
- If the payor does not credential APPs/does **not** follow incident to guidelines (Billing provider = Supervising Physician)

Decision points

- Does payor follow incident-to guidelines for billing?
  - If no: Billing provider is the supervising physician
  - If yes: See next step
- Does the encounter meet incident-to guidelines?
  - If no: Billing provider is the APP
  - If yes: See next step
- Who is the Billing Provider?
  - If onsite, select the physician that established the POC
  - If POC physician is not onsite, select an onsite physician
- Is it necessary to add a modifier?
  - See tip sheet for payor specific instructions

Payor	Payor Follows "Incident To" (Y/N)	Encounter Meets Incident to (Y/N)	Authorizing (Billing) Provider	APP To Add Modifier? (Y/N)	Modifier	Reimbursement
Aetna	Y	Y	Supervising Physician (on Site)	Y	SA	100%
		N	APP (all are credentialed)	N		85%
BC/BS	N	N	Supervising Physician	Y	SA	85%
		N/A	APP (Credentialing in progress)	N		85%
Cigna	N	N/A	Supervising Physician	Y	SA	85%
		Separate fee sched required to credential APPs. TBD				
UHC	Y	Y	Supervising Physician (on Site)	Y	SA	100%
		N NOTE: UHC processes at the TIN level. ALL providers under THPG TIN should be processed as in Network	APP	N		85%
Traditional Medicaid	Y	Y Per THPG policy, all billing to be under supervising physician with appropriate modifiers	Supervising Physician (on Site)	Y	NP = SA PA = U7	92%
		N	APP	N		85%
HMO Medicaid Plans	Y	Y Per THPG policy, all billing to be under supervising physician with appropriate modifiers	PCP on card or supervising physician on site, as long as same TIN	Y	NP = SA PA = U7	92%
		N	APP	N		85%
Traditional Medicare & MA	Y	Y	Supervising Physician (on Site)	N		100%
		N	APP	N		85%
Tricare	N	Service Provider must bill direct (APP or Phys)	Service Provider = Billing Provider	N		100%

PM System - Level of Service

- PM system may automatically default in the service provider and billing provider (as per provider schedule)
- The billing provider may need to be changed to the supervising physician when conditions are met (e.g. incident to billing, see tip sheet).
- From the LOS screen-The Auth provider = billing provider on the claim form.
- Modifiers may need to be added

Considerations

- What does your MAC say about incident-to?
- Who is performing the service?
- Are your APPs credentialed?
- What should you do when you find out it's not being done correctly?
- How do you determine wRVU distribution when the APP bills under the physician's name?

Medicaid

- State-dependent
- APP performs service
- Billing Provider = Physician
- Use SA/U7 modifier to indicate that the APP performed the service
- Paid at reduced rate-92%
- Best practice is to have both signatures on the note
- If the physician sees the patient and documents a plan of care, the modifier is not required.

Commercial Payers

- APPs may or may not be credentialed
- If not credentialed are delegated under the physician
- Physician must be <u>telephonically</u> available
- Payment differential based upon plan
  - Some plans require modifiers to indicate APP was treating provider
  - Other plans have no payment differential and are paid at physician fee schedule

The physician role

- Interruptible
- Immediately available
- Qualified to take over care

Incident to - Examples

APP sees established patient with established problem. The physician's plan of care is being followed. A supervising physician is present in the office.

- Can be billed "incident to" under the supervising physician. YES/NO

Incident to - Examples

Patient is scheduled for follow up of HTN, during the encounter patient states he fell & is having back pain.

The APP worked up the patient for back pain and discussed with supervising physician who is off site.

- Can this be billed under the supervising physician? No.
- Why? New problem & supervising physician is not in office suite

FAQ

- Can APPs see new patients?
  - Yes, within scope of practice
  - See tip sheet for appropriate billing
- Can APPs see new patients when a physician is not on site?
  - Yes, within scope of practice
  - See tip sheet for appropriate billing

FAQ

- If an established patient comes to the practice and has a physician POC, does this meet incident to guidelines?
  - Yes, if there is a physician on site
  - No, if there is no physician onsite
- How often does the physician need to see patients to meet the intent of incident to?
  - This is not specified, but sufficient to demonstrate involvement in the care. More often for complex patients, less often for straightforward patients.

FAQ

- If an established patient is seeing the APP for a new problem as well as for follow up on an established problem with a physician onsite, is this considered incident-to?
  - No. The new problem trumps all other criteria and the encounter would be reported according to payor guidelines (see tip sheet)

Recap

- Educate
- Monitor claims
- Audit
- Have a compliance plan
- Stay up to date with payer guidelines

Resources – Incident to

- Incident to services in the office setting – Novitas Solution Web Site.
  - https://www.novitas-solutions.com/webcenter/portal/MedicareJH/page/pagebyid?contentId=00150920&_afrLoop=788361512131085#!%40%40%3F_afrLoop%3D788361512131085%26contentId%3D00150920%26_adf.ctrl-state%3Dtizdv4vep_281
- Incident to Self-Service Tool/Decision Tree – Novitas Solution Web site.
  - https://www.novitas-solutions.com/webcenter/portal/MedicareJH/IncidentTool?_afrLoop=786974520741908#!%40%40%3F_afrLoop%3D786974520741908%26_adf.ctrl-state%3Dtizdv4vep_184
- Incident to and the Initial Visit - Novitas Solution Web site.
  - https://www.novitas-solutions.com/webcenter/portal/MedicareJL/page/pagebyid?contentId=00004947&_afrLoop=84523942540210#!%40%40%3F_afrLoop%3D84523942540210%26contentId%3D00004947%26_adf.ctrl-state%3Dz025ldnsy_75
- Medicare Benefit Policy Manual
  - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
- MLN Matters – "Incident to" Services
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf
- Bulletin of the American College of Surgeons, August 1, 2016
  - http://bulletin.facs.org/2016/08/understanding-medicare-part-b-incident-to-billing/#.Wxa7b0gvxPY

THANK YOU!

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