

# INCIDENT TO – MEDICARE E/M

## DOCUMENTATION AND BILLING

"Incident to" services are covered when performed by certified nurse midwives, clinical psychologists, clinical social workers, physician assistants, nurse practitioners, and clinical nurse specialists to assist or act in place of the physician.

"Incident to" services must be performed under the direct supervision of the physician. Per CMS, "Direct supervision in the office setting does not mean that the physician must be present in the same room with his or 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 services."

Physicians are expected to perform subsequent services of a frequency that reflects active participation during treatment for the specific problem.

When a patient is seen in a group practice by a nonphysician practitioner (NPP), It is acceptable to have an NPP perform an "incident to" service when another physician of the group is in the suite and available for oversight as needed. Group members may provide cross coverage for each other and "incident to" guidelines can be met in this circumstance. Services performed in the home by auxiliary personnel, such as nurses, technicians, and therapists are covered when performed "incident to" the physician's service only if there is direct supervision in the home by the physician.

### Documentation of Supervising Physician:

The documentation submitted to support billing "incident to" services must clearly connect the services of the NPP auxiliary staff to the services of the supervision physician. The connection may be evidenced by:

- Ensure the name and professional designation of the person rendering the service is legible in the documentation of each service
- Legibly identify, credentials and co-signature (i.e., M.D., DO, NP, PA, etc.) of 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 connection between the two providers

"Incident to" service is **not covered** when:

- APPs **cannot see a new patient** and the services be billed as "incident to" the physician
- APPs cannot bill incident to for any new problem – see 6o.2 excerpt below -
- "Incident to" **does not apply in facility settings**, this includes hospital and nursing facility.

## 60.2 - Services of Nonphysician Personnel Furnished Incident To Physician's Services (Rev. 1, 10-03)

It does mean that there must have been a direct, personal, professional service furnished by the physician to initiate the course of treatment of which the service being performed by the nonphysician practitioner is an incidental part, and there must be subsequent services by the physician of a frequency that reflects the physician's continuing active participation in and management of the course of treatment. In addition, the physician must be physically present in the same office suite and be immediately available to render assistance if that becomes necessary

### Reference

Medicare Benefit Policy Manual. Chapter 15. 60.2. (2023) [Medicare Benefit Policy Manual \(cms.gov\)](https://www.cms.gov/medicare/benefit-policy-manual). CMS. (p. 87)

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