UNDERSTANDING INCIDENT-TO

Incident-to is when the rendering provider and billing provider differ, and the service was integral to the continuation of the treatment plan created by the supervising physician.

1 NEW PATIENTS

New patients do NOT have a treatment plan created by the supervising physician. Therefore, incident-to billing would NOT be supported.

ESTABLISHED PATIENTS

Only visits that follow the established treatment plan as outlined by the supervising physician, support incident-to. For those in which modifications to the plan or new acute problems are addressed, direct billing would be indicated.

2

3 ON-SITE

Medicare, which most payers follow, requires the supervising physician to be in the same working area, i.e., onsite.

SHARING

While history and exam are not used to score an E/M, the analysis is used as part of MDM complexity and risk.
Therefore, in any encounter in which 1 or 2 above are NOT met, the physician may only bill for the encounter if they perform and document the history review, the physical exam, and the create the assessment plan.

4

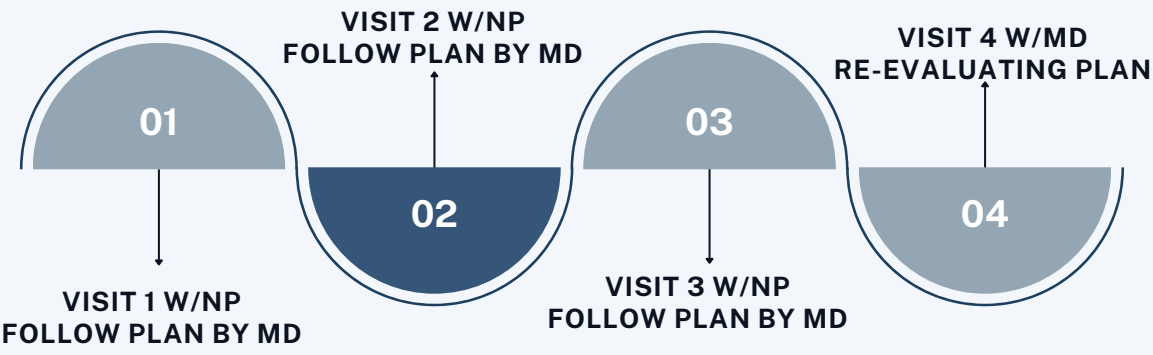
IT'S ALL ABOUT THE

Incident-To

The rules and guidance on this guide is specific to CMS and regarding services rendered in an office setting. Behavioral health, physical therapy and other service rules may vary.

INTEGRAL ROLE

The supervising physician must maintain as an integral role in the patient's care. In the past, Medicare has defined this as every 3-4 visits. The non-physician provider should ensure that this visit scheduled at the proper interval.



REIMBURSEMENT

+15%

VARIANCE FOR
INCIDENT-TO SERVICES

COUNTERSIGN | VISIT

CMS does NOT require the supervising MD to see or countersign* the charts. Practices can see more patients and creating more efficient schedules.

*State license laws may vary

INCIDENT-TO FAQ

Consider the following FAQ.
While they are numbered, they are in no particular order.

01 Billing Rule
Incident-to is a Medicare billing rule. It is a reimbursement policy and not part of coding guidance.

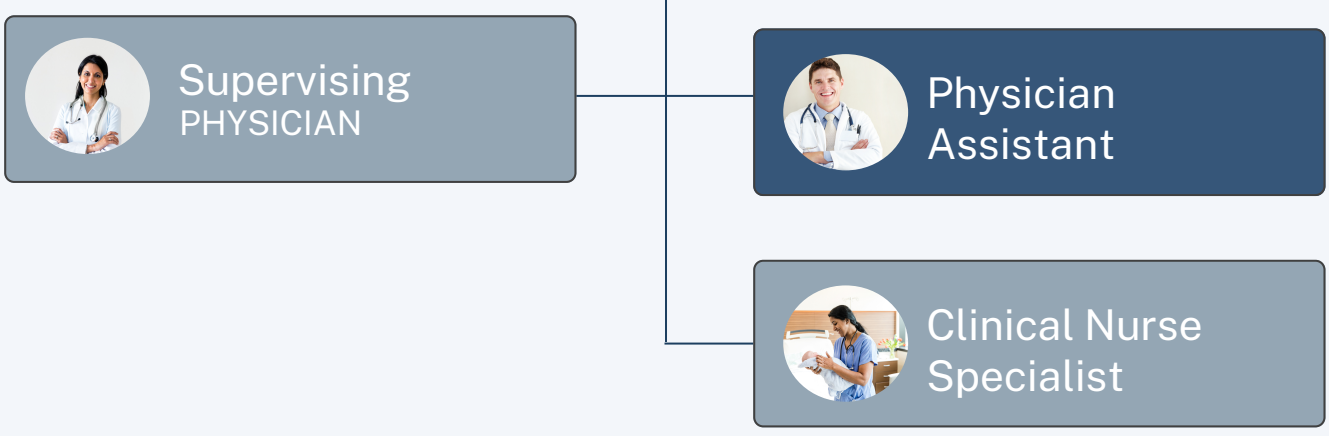
02 Split or Shared
Incident-to and Split or Shared are different and NOT to be confused. The requirements and place of services coverage criteria are different.

03 Other Insurance
Be sure to check other carriers for specific guidance. Not all insurances recognize incident-to billing.

04 Risk vs. Reward
It's hard to look away from 15%, but note, the rules are complex and require active monitoring to maintain.

APPROVED

You must verify to see if the provider is eligible to bill incident to, under the billing guidelines. The table below does not list all of the approved provider, but only the most common.



If you're considering billing "incident-to" or have already been doing so, please reach out to NAMAS for a comprehensive analysis or consulting services regarding your billed services.

For more information, please contact:
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