Non-Physician Practitioner

MEDICARE PART B

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

TrailBlazer
HEALTH ENTERPRISES, LLC℠

☆☆IMPORTANT☆☆

The information provided in this handbook was current as of January 2005. Any changes or new information superseding the information in this book are provided in the Medicare Part B newsletters with publication dates after January 2005. Medicare Part B newsletters are available at: *www.trailblazerhealth.com*

☆☆IMPORTANT☆☆

Medicare Part B

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OVERVIEW

The following is an overview of the Medicare Part B policy concerning reimbursement for the services of a Physician Assistant (PA), Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS).

The Balanced Budget Act of 1997 (effective Jan. 1, 1998) allowed Nurse Practitioners (NPs), Physician Assistants (PAs) and Clinical Nurse Specialists (CNSs) to bill Medicare directly for services within their "scope of practice."

Submit such claims under the practitioner's own Provider Identification Number (PIN); they will be reimbursed according to a separate fee schedule. Payment for the services of a PA is made only to the PA's employer.

Provider Enrollment

All PAs, NPs and CNSs must have their own Provider Identification Number (PIN) to bill Medicare (other than "incident to" circumstances).

To receive a PIN, new providers are required to complete a Medicare CMS-855 application form. Direct enrollment questions and requests for applications to:

TrailBlazer Health Enterprises, LLC
Medicare Part B Provider Services
P.O. Box 650544
Dallas, TX 75265-0544

TX	(866) 528-1602
MD/DC/DE	(866) 828-6254
VA	(866) 697-9670

NON-PHYSICIAN PRACTITIONERS

NURSE PRACTITIONER (NP)

Qualifications

Effective Jan.1, 2003, an NP applying for a Medicare provider number for the first time must meet the following requirements:

- Be a registered professional nurse who is authorized by the state in which the services are furnished to practice as an NP in accordance with state law.
- Be certified as an NP by a recognized national certifying body that has established standards for NPs.
- Possess a master's degree in nursing.

The following are recognized national certifying bodies:

- American Academy of NPs.
- American Nurses Credentialing Center.
- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties.
- National Certification Corporation of Pediatric NPs and Nurses.
- Oncology Nurses Certification Corporation.
- Critical Care Certification Corporation.

Payments are made only under assignment. Direct payment can be made to the NP or the employer or contractor of the NP.

Coverage is available for services performed by an NP working in collaboration with a physician (i.e., a doctor of medicine or doctor of osteopathy (M.D./D.O.)).

NON-PHYSICIAN PRACTITIONERS

NURSE PRACTITIONER (NP)

Collaboration

The term “collaboration” means a process whereby an NP works with one or more physicians (M.D./D.O.) to deliver health care services with medical direction and appropriate supervision as required by the law of the state in which the services are furnished. In the absence of state law governing collaboration, collaboration must be evidenced by NPs documenting their scope of practice and indicating the relationships they have with physicians to deal with issues outside their scope of practice.

There must be a written agreement between the collaborating physician and the NP for the services provided by the NP and it must be made available to Medicare upon request.

Any service not in the agreement cannot be billed to the Medicare program.

The collaborating physician does not need to be present with the NP when the services are furnished or to make an independent evaluation of each patient seen by the NP.

NON-PHYSICIAN PRACTITIONERS

CLINICAL NURSE SPECIALIST (CNS)

Qualifications

A CNS is a registered nurse who is currently licensed as a CNS by the state in which he practices. He must satisfy the applicable requirements for qualifications of a CNS in the state in which the services are performed.

- The CNS must have a master's degree in a defined clinical area of nursing from an accredited educational institution.
- The CNS must be certified as a CNS by the American Nurses Credentialing Center.

Payment is made only under assignments. Direct payment can be made to the CNS or the employer or contractor of the CNS.

Coverage is available for services performed by a CNS working in collaboration with a physician (i.e., doctor of medicine or doctor of osteopathy (M.D./D.O.)).

Collaboration

The term "collaboration" means a process whereby a CNS works with one or more physicians (M.D./D.O.) to deliver health care services with medical direction and appropriate supervision as required by the law of the state in which the services are furnished. In the absence of state law governing collaboration, collaboration must be evidenced by CNSs documenting their scope of practice and indicating the relationships they have with physicians to deal with issues outside their scope of practice.

There must be a written agreement between the collaborating physician and the CNS for the services provided by the CNS and it must be made available to Medicare upon request.

Any service not in the agreement cannot be billed to the Medicare program.

The collaborating physician does not need to be present with the CNS when the services are furnished or to make an independent evaluation of each patient seen by the CNS.

NON-PHYSICIAN PRACTITIONERS

COVERED SERVICES FOR NURSE PRACTITIONER (NP) AND CLINICAL NURSE SPECIALIST (CNS)

The services of an NP and CNS may be covered under Part B if all the following conditions are met:

- They are the type of services that are considered as physicians' services if furnished by a doctor of medicine or osteopathy (M.D./D.O.).
- They are furnished in collaboration with an M.D./D.O. as required by state law.
- They are performed by a person who meets the NP/CNS qualifications.
- The NP or CNS is legally authorized to perform the services in the state in which they are performed.
- They are not otherwise non-covered.

Examples of the types of services that an NP or CNS may provide include: services that traditionally have been reserved for physicians, such as physical examination, minor surgery, setting casts for simple fractures, interpreting X-rays, and other activities that involve an independent evaluation or treatment of the patient's condition.

Also, if authorized under the scope of their state license, NPs /CNSs may furnish services billed under all levels of evaluation and management codes and diagnostic tests if furnished in collaboration with a physician.

Services Otherwise Excluded from Coverage

Services are not covered if they are otherwise excluded from coverage under another provision of the law even though an NP or CNS may be authorized by state law to perform them. For example, the Medicare law excludes from coverage routine foot care and routine physical checkups that are not "reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member." Therefore, these services are precluded from coverage even though they may be within the scope of practice under state law.

"Incident To"

If covered NP/CNS services are furnished, services and supplies furnished "incident to" the services of the NP/CNS may also be covered if they would have been covered when furnished "incident to" the services of an M.D./D.O. Additional requirements for billing services as "incident to" are listed separately in this manual.

NON-PHYSICIAN PRACTITIONERS

COVERED SERVICES FOR NURSE PRACTITIONER (NP) AND CLINICAL NURSE SPECIALIST (CNS)

Reimbursement

Payment may be made for covered services furnished by an NP or CNS in all settings permitted by state law, but only if no facility or other provider charges are paid in connection with the service.

All services of an NP or CNS must be filed on an assigned basis.

Reimbursement for eligible services would be equal to 80 percent of the lesser of the actual charge or 85 percent of the physician fee schedule.

Services performed by the NP or CNS in an office setting may be reported to the Medicare program as “incident to” the supervising physician’s service.

Services performed by the NP or CNS outside the office setting will require the NP or CNS to obtain a Medicare provider number.

NON-PHYSICIAN PRACTITIONERS

PHYSICIAN ASSISTANT (PA)

Qualifications

The PA must be legally authorized to furnish services in the state in which he performs them and must meet the following conditions:

- Have graduated from a physician assistant educational program that is accredited by the Accreditation Review Commission on Education for the Physician Assistant (its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs (CAAHEP), and the Committee on Allied Health Education and Accreditation (CAHEA).

  Or,
- Have passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants (NCCPA).

  And,
- Be licensed by the state to practice as a PA.

Covered Services

Coverage is limited to the services a PA is legally authorized to perform in accordance with state law (or state regulatory mechanism provided by state law).

The services of a PA may be covered under Part B if all of the following requirements are met:

- They are the types that are considered physician's services if furnished by a doctor of medicine or osteopathy (M.D./D.O.).
- They are performed by a person who meets all of the PA qualifications.
- The PA must be employed.
- They are performed under the general supervision of an M.D./D.O.
- They are not otherwise non-covered.

Examples of the types of services that a PA may provide include services that traditionally have been reserved for physicians, such as physical examinations, minor surgery, setting casts for simple fractures, interpreting X-rays and other activities that involve an independent evaluation or treatment of the patient's condition.

Also, if authorized under the scope of their state license, PAs may furnish services billed under all levels of CPT evaluation and management codes and diagnostic tests if furnished under the general supervision of a physician.

NON-PHYSICIAN PRACTITIONERS

PHYSICIAN ASSISTANT (PA)

Services Otherwise Excluded from Coverage

Services are not covered if they are otherwise excluded from coverage under another provision of the law even though a PA may be authorized by state law to perform them. For example, the Medicare law excludes for coverage services that are "reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member," routine foot care and routine physical checkups. Therefore, these services are precluded from coverage even though they may be within the scope of practice under state law.

Incident To

If covered PA services are furnished, services and supplies furnished "incident to" the services of the PA may also be covered if they would have been covered when furnished "incident to" the services of an M.D./D.O.

Employment Relationship

Payment for services of a PA may be made only to the actual employer of the PA.

If the employer of the PA is a professional corporation or other duly qualified legal entity (such as a limited-liability company or a limited-liability partnership) properly formed, authorized, and licensed under state laws and regulations that permits PA ownership in such corporation or entity as a stockholder or member, that corporation or entity as the employer may bill for PA services even if a PA is a stockholder or officer of the entity, as long as the entity is entitled to enroll as a "provider of services" or a supplier of services in the Medicare program. PAs may not otherwise organize or incorporate and bill for their services directly to the Medicare program, including, but not limited to, as sole proprietorships or general partnerships. Accordingly, a qualified employer is not a group of PAs that incorporate to bill for their services. Leasing agencies and staffing companies do not qualify under the Medicare program as "providers of services" or suppliers of services.

Supervising Physician

The Texas State Board of Medical Examiners requires that a PA have a supervising physician. The state board has defined a supervising physician:

> *The physician licensed by the board either as a doctor of medicine or a doctor of osteopathic medicine who is assuming a formal responsibility for the services rendered by the physician assistant and who has been approved by the State Board of Medical Examiners to supervise a specific physician assistant.*

NON-PHYSICIAN PRACTITIONERS

PHYSICIAN ASSISTANT (PA)

The PA's physician supervisor is primarily responsible for the overall direction and management of the PA's professional activities and for assuring that the services provided are medically appropriate for the patient. The physician supervisor need not be physically present with the PA when a service is being furnished to a patient, unless state law or regulations state otherwise. However, if the physician supervisor is not physically present with the PA, he must be immediately available to the PA for consultation purposes by telephone or other effective, reliable means of communication.

The supervising physician must be on record in Austin with the State Board of Medical Examiners.

Other states' licensing boards may have specific regulations regarding supervision requirements for a physician assistant. Providers are encouraged to review their individual state licensing board requirements.

Services performed by personnel who do not meet the qualifications outlined cannot be reported as PA's services. Medicare will instigate recoupment action for any monies paid to an employer for services by personnel who do not meet the PA criteria.

Reimbursement

Payment may be made for covered services furnished by a PA in all settings permitted by state law, but only if no facility or other provider charges are paid in connection with the service.

All services of a PA must be filed on an assigned basis.

Reimbursement for eligible services would be equal to 80 percent of the lesser of the actual charge or 85 percent of the physician fee schedule.

Services performed by the PA in an office setting may be reported to the Medicare program as "incident to" the supervising physician's service.

Services performed by the PA outside the office setting will require the employer to obtain a Medicare provider number for the PA.

"Incident To"

If covered PA services are furnished, services and supplies furnished "incident to" the services of the PA may also be covered if they would have been covered when furnished "incident to" the services of an MD/DO. Additional requirements for billing services as "incident to" are listed separately in this manual.

NON-PHYSICIAN PRACTITIONERS

MISCELLANEOUS INFORMATION FOR NURSE PRACTITIONER (NP), CLINICAL NURSE SPECIALIST (CNS) AND PHYSICIAN ASSISTANT (PA)

ICD-9-CM Requirements for Non-Physician Practitioners

NPPs are required to provide diagnosis codes on Medicare claims for physician services they perform. Claims that do not include an ICD-9-CM diagnosis code will be returned as unprocessable.

Reimbursement Example

Medicare reimburses these Non-Physician Practitioners (NPPs) at 85 percent of the MPFSDB; Medicare then pays 80 percent of that amount.

Non-Physician Practitioner	Mandatory Assignment	Valid Place of Service (POS)	Reimbursement	Employment Status
Physician Assistant	Y	ALL POS	85% of the Physician Fee Schedule	Must be employed
CNS	Y	ALL POS	85% of the Physician Fee Schedule	Employed or self-employed
NP	Y	ALL POS	85% of the Physician Fee Schedule	Employed or self-employed

NON-PHYSICIAN PRACTITIONERS

MISCELLANEOUS INFORMATION FOR NURSE PRACTITIONER (NP), CLINICAL NURSE SPECIALIST (CNS) AND PHYSICIAN ASSISTANT (PA)

Assistant-at-Surgery

Medicare will make payment for an assistant-at-surgery when the procedure is covered for an assistant and one of the following situations exists:

- The person reporting the service is a physician.
  Or,
- The person bears the designation of PA, NP, nurse midwife or CNS.

No other person can be paid. If the person who assists at surgery is a surgical technician, a first surgical assistant, scrub nurse, or bears any title other than those listed, the service is not payable by Medicare and is not billable to the patient.

For assistant-at-surgery services, the physicians are approved at 16 percent of the surgical allowance; therefore, a PA, NP and CNS would be approved at 85 percent of that amount and Medicare would pay 80 percent of that allowed amount.

Reimbursement for these services can be paid directly to the NP or CNS.

Modifiers

-AS PA, NP and CNS acting as assistant-at-surgery
-82 Assistant surgeon at teaching hospital (when a qualified resident surgeon is not available)

Reimbursement Example

The example below illustrates the reimbursement of assistant-at services for NPs, PAs or CNSs.

Code	Definition	Physician Fee Amount	Assistant-at- Reduction (16%)	Non-Physician Practitioner Reduction (85%)	Final Allowance
33300©	Repair of heart wound	1,165.21	11,165.21x16%= 186.43	186.4385%= 158.47	158.47

Certification and Re-Certification of Home Health Services

Certification services provided by PAs, NP and CNSs are not Medicare covered services.

NON-PHYSICIAN PRACTITIONERS

"INCIDENT TO" SERVICES

"Incident to" services are defined as services and supplies commonly furnished in a physician's office, which are "incident to" the professional services of a physician or an Non-Physician Practitioner (NPP) and provided by auxiliary personnel. This is limited to situations in which there is direct physician/non-physician personal supervision. This applies to auxiliary personnel under the supervision of the physician/non-physician, which includes, but is not limited to, nurses, technicians, therapists, NPPs, etc.

For purposes of this section, physician means physician or other practitioner (i.e., PA, NP, CNS, nurse midwife, and clinical psychologist) authorized by the Act to receive payment for services "incident to" his own services.

Requirements

Requirements for "incident to" are:

- The services are commonly furnished in a physician's office.
- The physician must have initially seen the patient.
- There is direct personal supervision by the physician of auxiliary personnel, regardless of whether the individual is an employee, leased employee, or independent contractor of the physician.
- The physician has an active part in the ongoing care of the patient.

Direct supervision in the office setting does not mean that the physician/ non-physician must be present in the same room with his aide. However, the physician must be present in the office suite and immediately available to provide assistance and direction while the aide is performing services.

Coverage Criteria

For certain services to be covered under the "incident to" provision, conditions must be met in addition to the standard coverage criteria that are applicable.

The services must be:

- An integral, although incidental, part of a professional service of a physician.
- Commonly rendered without charge or included in the physician's bill.
- Of a type that is commonly furnished in physicians' offices or clinics.
- Furnished by the physician or by auxiliary personnel under the physician's direct supervision.

NON-PHYSICIAN PRACTITIONERS

"INCIDENT TO" SERVICES

Note: Some "incident to" services to homebound patients may be allowed under a physician's general supervision.

"Incident to" a Physician's Professional Services

"Incident to" a physician's professional services means the services or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness.

Medicare pays for services and supplies (including drugs and biologicals that are not usually self-administered) that are:

- Furnished "incident to" a physician's or other practitioner's services.
- Commonly included in the physician's or practitioner's bills.
- For which payment is not made under a separate benefit category listed in Section 1861 (s) of the Act.

Medicare will not apply "incident to" requirements to services having their own benefit category. Rather, these services should meet the requirements of their own benefit category.

Example: Diagnostic tests are covered under Section 1861(s)(3) of the Act and are subject to the physician supervision level coverage requirements. Depending on the particular tests, the supervision requirement may be more or less stringent than that discussed within the "incident to" criteria.

Note: Pneumococcal, influenza, and hepatitis B vaccines are covered under Section1861 (s)(10) of the Act and need not also meet "incident to" requirements.

PAs, NPs, CNSs, certified nurse midwives, clinical psychologists, clinical social workers, physical therapists and occupational therapists all have their own benefit categories and may provide services without direct physician supervision and bill directly for these services. When their services are provided as auxiliary personnel and under direct physician supervision, they may be covered as "incident to" services, in which case, the "incident to" requirements would apply.

Certain hospital services may also be covered as "incident to" a physician's service under Section 1861(s)(2)(B) of the Act. Payment for these services is made under Part

B to a hospital by the hospital's intermediary and these services are not subject to the same requirements as services covered under Section 1861 (s)(2)(A). **These services are not billable to the Part B carrier.**

NON-PHYSICIAN PRACTITIONERS

"INCIDENT TO" SERVICES

Direct Personal Services

Coverage of services and supplies "incident to" the professional services of a physician in private practice is limited to situations in which there is direct physician supervision of auxiliary personnel.

Auxiliary personnel means any individual who is acting under the supervision of a physician, **regardless of whether the individual is an employee, leased employee or independent contractor of the physician,** or of the legal entity that employs or contracts with the physician. Likewise, the supervising physician may be an employee, leased employee or independent contractor of the legal entity billing and receiving payment for the services or supplies.

However, the physician personally furnishing the services or supplies or supervising the auxiliary personnel furnishing the services or supplies must have a relationship with the legal entity billing and receiving payment for the services or supplies, which satisfies the requirements for valid reassignment. As with the physician's personal professional services, the patient's financial liability for the "incident to" services or supplies is to the physician or other legal entity billing and receiving payment for the services or supplies. Therefore, the "incident to" services or supplies must represent an expense incurred by the physician or legal entity billing for the services or supplies.

When a physician supervises auxiliary personnel who assist him in rendering services to patients and includes the charges for their services in his own bills, the services of such personnel are considered "incident to" the physician's service if there is a physician's service rendered to which the services of such personnel are an incidental part and there is direct supervision by the physician.

This does not mean, however, that to be considered "incident to," that each occasion of service by auxiliary personnel (or the furnishing of a supply) need also always be the occasion of the actual rendering of a personal professional service by the physician. Such a service or supply could be considered to be "incident to" when furnished **during a course of treatment** where the physician performs an initial service and subsequent services at a frequency that reflects his active participation in and management of the course of treatment. (However, the direct supervision requirement must still be met with respect to every non-physician service.)

Direct supervision in the office setting does not mean the physician must be present in the same room with his 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.

NON-PHYSICIAN PRACTITIONERS

"INCIDENT TO" SERVICES

Auxiliary Personnel

If auxiliary personnel perform services outside the office setting, e.g., in a patient's home or in an institution (other than hospital or Skilled Nursing Facility (SNF)), their services are covered "incident to" a physician's service only if there is direct supervision by the physician.

Example If a nurse accompanied the physician on house calls and administered an injection, the nurse's services are covered. If the same nurse made the calls alone and administered the injection, the nurse's services are not covered (even when billed by the physician) since the physician is not providing direct supervision.

Services provided by auxiliary personnel in an institution (e.g., nursing, or convalescent home) present a special problem in determining whether direct physician supervision exists. The availability of the physician by telephone and the presence of the physician somewhere in the institution do not constitute direct supervision.

TrailBlazer considers "incident to" within an institution (e.g., nursing, or convalescent home) to be met when the physician is in the same wing and on the same floor as the auxiliary personnel.

Note: "Incident to" services by physician-employed personnel for hospital patients and for SNF patients who are in a Medicare covered stay are not covered.

Non-Physician Practitioners

Furnished "Incident to" a Physician's Services

In addition to coverage being available for the services of such auxiliary personnel as nurses, technicians and therapists when furnished "incident to" the professional services of a physician, a physician may also have the services of certain non-physician practitioners covered as services "incident to" a physician's professional services.

These NPPs, who are being licensed by the states under various programs to assist or act in the place of the physician, include, for example, certified nurse midwives, clinical psychologists, clinical social workers, PAs, NPs and CNSs.

Services performed by these NPPs "incident to" a physician's professional services include not only services ordinarily rendered by a physician's office staff person (e.g., medical services such as taking blood pressures and temperatures, giving injections, and changing dressings) but also services ordinarily performed by the physician himself such as minor surgery, setting casts or simple fractures, reading X-rays, and other activities that involve evaluation or treatment of a patient's condition.

NON-PHYSICIAN PRACTITIONERS

"INCIDENT TO" SERVICES

For services of an NPP to be covered as "incident to" the services of a physician, the services must meet all the requirements for coverage specified within the "incident to" criteria. For example, the services must be an integral, although incidental, part of the physician's personal professional services and they must be performed under the physician's direct supervision.

An NPP such as a PA or an NP may be licensed under state law to perform a specific medical procedure and may be able to perform the procedure without physician supervision and have the service separately covered and paid by Medicare as a PA's or nurse practitioner's service. However, to have that same service covered as "incident to" the services of a physician, it must be performed under the direct supervision of the physician as an integral part of the physician's personal in-office service.

This does not mean that each occasion of an incidental service performed by an NPP must always be the occasion of a service actually rendered by the physician.

It does mean 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 NPP is an incidental part, and there must be subsequent services by the physician of a frequency that reflects his 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.

Note: A physician might render a physician's service that can be covered even though another service furnished by an NPP as "incident to" the physician's service might not be covered. For example, an office visit during which the physician diagnoses a medical problem and established a course of treatment could be covered even if, during the same visit, an NPP performs a non-covered service such as acupuncture.

NON-PHYSICIAN PRACTITIONERS

"Incident to" a Physician's Service In Clinic

Services and supplies "incident to" a physician's services in a physician-directed

clinic or group association are generally the same as those described above.

A physician-directed clinic is one where:

- A physician (or a number of physicians) is present to perform medical (rather than administrative) services at all times the clinic is open.
- Each patient is under the care of a clinic physician.
- The non-physician services are under medical supervision.

Departmentalized Clinics

In highly organized clinics, particularly those that are departmentalized, direct physician supervision may be the responsibility of several physicians as opposed to an individual attending physician. In this situation, medical management of all services provided in the clinic is assured. The physician ordering a particular service need not be the physician who is supervising the service. Therefore, services performed by auxiliary personnel are covered even though they are performed in another department of the clinic.

Supplies provided by the clinic during the course of treatment are also covered. When the auxiliary personnel perform services outside the clinic premises, the services are covered only if performed under the direct supervision of a clinic physician. If the clinic refers a patient for auxiliary services performed by personnel who are not supervised by clinic physicians, such services are not "incident to" a physician's service.

Hospital Setting

Services performed by auxiliary personnel in an inpatient or outpatient hospital setting are not covered as "incident to" services, and services provided by auxiliary personnel not in the employ of the physician, even if provided on the physician's order, are not covered as "incident to" services.

NON-PHYSICIAN PRACTITIONERS

"INCIDENT TO" SERVICES

Financial Liability

The law requires that the services be those most commonly furnished in a physician's office. As with the physician's personal professional service, the patient's financial liability for the incidental service is to the physician. Therefore, the incidental service must represent an expense incurred by the physician in his professional practice.

Billing Requirements

"Incident to" services are services performed by auxiliary personnel supervised by a physician or NPP, but are billed on the claim as if the billing physician or non-physician provider had provided the service.

Office/Clinic Setting

In the office/clinic setting when the physician performs the Evaluation and Management (E/M) service, the service must be reported using the physician's Unique Physician Identification Number (UPIN)/PIN. When an E/M service is a shared/split encounter between a physician and a non-physician practitioner (NP, PA, CNS or Certified Nurse Midwife), the service is considered to have been performed "incident to" if the requirements for "incident to" are met and the patient is an established patient. If "incident to" requirements are not met for the shared/split E/M service, the service must be billed under the NPP's UPIN/PIN, and payment will be made at the appropriate physician fee schedule payment.

NON-PHYSICIAN PRACTITIONERS

"INCIDENT TO" SERVICES

E/M service is a shared/split encounter between a physician and a non-physician practitioner (NP, PA, CNS or Certified Nurse Midwife), the service is considered to have been performed "incident to" if the requirements for "incident to" are met and the patient is an established patient. If "incident to" requirements are not met for the shared/split E/M service, the service must be billed under the NPP's UPIN/PIN, and payment will be made at the appropriate physician fee schedule payment.

Hospital Inpatient/Outpatient/Emergency Department Setting

When a hospital inpatient/hospital outpatient or emergency department E/M service is shared between a physician and an NPP from the same group practice, and the physician provides any face-to-face portion of the E/M encounter with the patient, the service may be billed under either the physician's or the NPP's provider number.

However, if there was no face-to-face encounter between the patient and the physician (e.g., even if the physician participated in the service by only reviewing the patient's medical record), the service may only be billed under the NPP's provider number.

Payment will be made at the appropriate physician fee schedule rate based on the provider number entered on the claim.

Examples of Shared Visits:

- If the NPP sees a **hospital inpatient** in the morning and the physician follows with a later face-to-face visit with the patient on the same day, the physician or the NPP may report the service.
- In an office setting, the NPP performs a portion of an E/M encounter and the physician completes the E/M service. If the "incident to" requirements are met, the physician reports the service. If the "incident to" requirements are not met, the service must be reported using the NPP's UPIN/PIN.

NON-PHYSICIAN PRACTITIONERS

DOCUMENTATION FOR "INCIDENT TO" SERVICES

The billing of services **other than** Evaluation and Management (E/M) performed by persons other than the billing physician as services that are "incident to," is also permissible for persons other than NPs, PAs, and CNSs. Allied health professionals who are qualified under state law governing medical practice to perform the specified medical service may be reimbursed by Medicare for services provided "incident to" a physician's service. Such services are reimbursed under the physician's fee schedule as if the physician actually performed them.

Report these services with the employing/supervising physician's PIN in Item 33 of the CMS-1500 claim form.

The only non-physician practitioners who may bill E/M services (above the level of 99211) under the "incident to" criteria are NPs, CNSs, PAs and nurse midwives.

To ensure proper reimbursement according to the fee schedule, Medicare requires that documentation submitted to support billing "incident to" services must clearly link the services of the non-physician practitioner to the services of the supervising physician.

For "incident to" services that are billed and undergoing medical review, documentation sent in response to the carrier's request should clearly show the link.

Evidence of the link may include:

- Co-signature or legible identity and credentials (i.e., MD, DO, NP, PA, etc.) of both the practitioner who provided the service and the supervising physician on documentation entries.
- Some indication of the supervising physician's involvement with the patient's care. This indication could be satisfied by:
  - Notation of supervising physician's involvement (the degree of which must be consistent with clinical circumstances of the care) within the text of the associated medical record entry.
    Or,
  - Documentation from other dates of service (e.g., initial visit, etc.) other than those requested, establishing the link between the two providers.

Failure to provide such information may result in denial of the claim for lack of documentation from the billing provider.

NON-PHYSICIAN PRACTITIONERS

CMS-1500 CLAIM FORM REQUIREMENTS FOR "INCIDENT TO" SERVICES

(For complete CMS-1500 claim form instructions please refer to http://www.trailblazerhealth.com.)

Item 17+

Enter the name of the referring or ordering physician if the service or item was ordered or referred by a physician.

Referring physician - is a physician who requests an item or service for the beneficiary for which payment may be made under the Medicare program.

Ordering physician- is a physician or, **when appropriate, a non-physician practitioner** who orders non-physician services for the patient.

Examples of services that might be ordered include:

- diagnostic laboratory tests,
- clinical laboratory tests,
- pharmaceutical services,
- durable medical equipment, **and**
- **services incident to that physician's or non-physician practitioner's service.**

Item 17a

Enter the CMS assigned UPIN (the NPI will be used when implemented) of the referring/ordering physician listed in item 17.

Item 24K

Enter the PIN (the NPI will be used when implemented) of the performing provider of service/supplier if the provider is a member of a group practice. When several different providers of service or suppliers within a group are billing on the same Form CMS-1500, show the individual PIN **(or NPI when implemented)** in the corresponding line item. In the case of a service provided incident to the service of a physician or non-physician practitioner, when the person who ordered the service is not supervising, enter the PIN **(or NPI when implemented)** of the supervisor in item 24k.

NON-PHYSICIAN PRACTITIONERS

CMS-1500 CLAIM FORM REQUIREMENTS FOR "INCIDENT TO" SERVICES

(For complete CMS-1500 claim form instructions please refer to http://www.trailblazerhealth.com.)

Item 31

Enter the signature of provider of service or supplier, or his/her representative, and either the 6-digit date (MM | DD | YY), 8-digit date (MM | DD | CCYY), or alpha-numeric date (e.g., January 1, 1998) the form was signed. **In the case of a service that is provided incident to the service of a physician or non-physician practitioner, when the ordering physician or non-physician practitioner is directly supervising the service as in 42 CFR 410.32, the signature of the ordering physician or non-physician practitioner shall be entered in item 31. When the ordering physician or non-physician practitioner is not supervising the service, then enter the signature of the physician or non-physician practitioner providing the direct supervision in item 31.**

Note: This is a required field, however the claim can be processed if the following is true. If a physician, supplier, or authorized person's signature is missing, but the signature is on file; or if any authorization is attached to the claim or if the signature field has "Signature on File" and/or a computer generated signature.