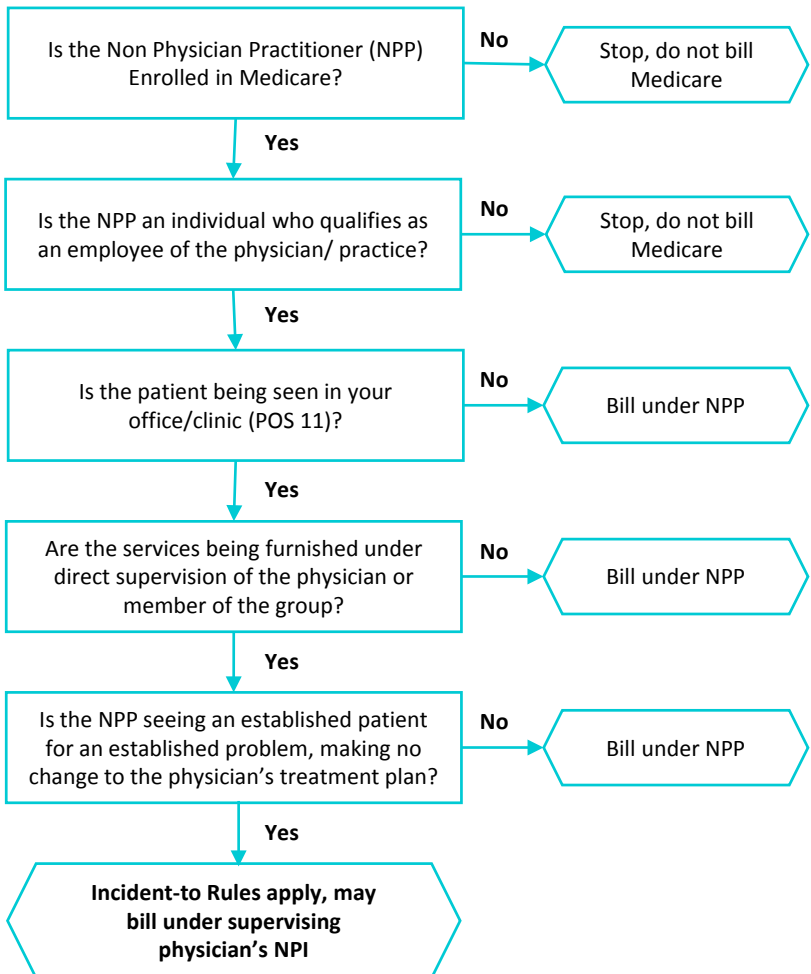


Incident-To Flowchart*



*This tool should only be applied when Medicare is the payer. See <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf> for CMS' complete instruction on Medicare billing. Consideration should be given regarding other 3rd party payors' policies which may be different.

Incident-to billing: What are the circumstances that must exist for a physician to bill using the physician's name/NPI for services performed by an advanced practice nurse or physician assistant?

To qualify as "incident to," the service must be rendered in the office, with physician direct supervision, to an established patient with an established problem, by an employed NPP. Please see below:

- Services must be part of your patient's normal course of treatment, during which a **physician personally performed an initial service and remains actively involved in the course of treatment.**
- A physician does not have to be physically present in the patient's treatment room while these services are provided, but a **physician must provide direct supervision**, that is, a **physician must be present in the office suite to render assistance, if necessary.**
- The patient record should include documentation of the essential requirements for incident to services. More specifically, these services must be all of the following:
 - **An integral part of the patient's treatment established by the physician;**
 - **Commonly rendered without charge** (included in your physician's bills)
 - **Of a type commonly furnished in a physician's office or clinic** (not in an institutional setting); and
 - **An expense to you** (Non-Physician Practitioner (NPP) must be W2/1099 employee).

Services that are **not** considered "incident to" by CMS as they have their own benefit category:

- Flu Shots
- EKGs
- Diagnostic testing
- Annual Wellness Visits

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf>

"An initial history and physical performed by a non-physician practitioner, although the physician is documented as being present or in the office suite and immediately available, is not covered under the "incident to" guidelines...the physician **must** perform the initial service. This includes the history and physical examination portion of the service, and the treatment plan. It is expected that the physician will perform the initial visit on each new patient to establish the physician-patient relationship."

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