

Incident-to Visits- It's All About the Location!

CMS has announced new changes to billing Shared Visits and also given a refresher to Incident-to billing/coding compliance. Incident-to guidelines have not changed for some time now, but with the new changes to shared visit, CMS identified the need to reiterate the requirements for 'Incident-To billing'. These guidelines are related to the location of the patient's E&M service, i.e., the office setting only. The office setting is billed with Place of Service (POS) code 11. The key point to Incident-to is that they are NOT shared Visits!

Shared Visits are supported both in the inpatient and outpatient setting, POS:

- 19- Off Campus- Outpatient Hospital
- 21- Inpatient Hospital
- 22- On Campus- Outpatient Hospital
- 23- Emergency Room- Hospital
- 31- Skilled Nursing Facility
- 32- Nursing Facility

Incident-to visits are supported in the Office setting only:

- 11- Office

NO SHARED VISITS IN THE OFFICE
CMS guidelines state that Shared Visits are **NOT** billable in the office setting. Patients in the office must meet Incident-to requirements.

What is Incident-to Billing? Let's keep it simple ... New and New

New patients and established patients with a new problem may be seen by the MD **or** the APP in its entirety (NO SHARED VISITS may be billed).

- **MD** performs the entire service (completing all three key components) and establishes the detailed plan of care (POC), then any future follow up visit of the same stable condition can be addressed by the APP and billed under the MD's name/NPI = 100% Reimbursement

- **Established patient with established problems can be seen by the APP, and the visit is billed under the supervising MD i.e. "Incident-to" the physician's original plan of care.**

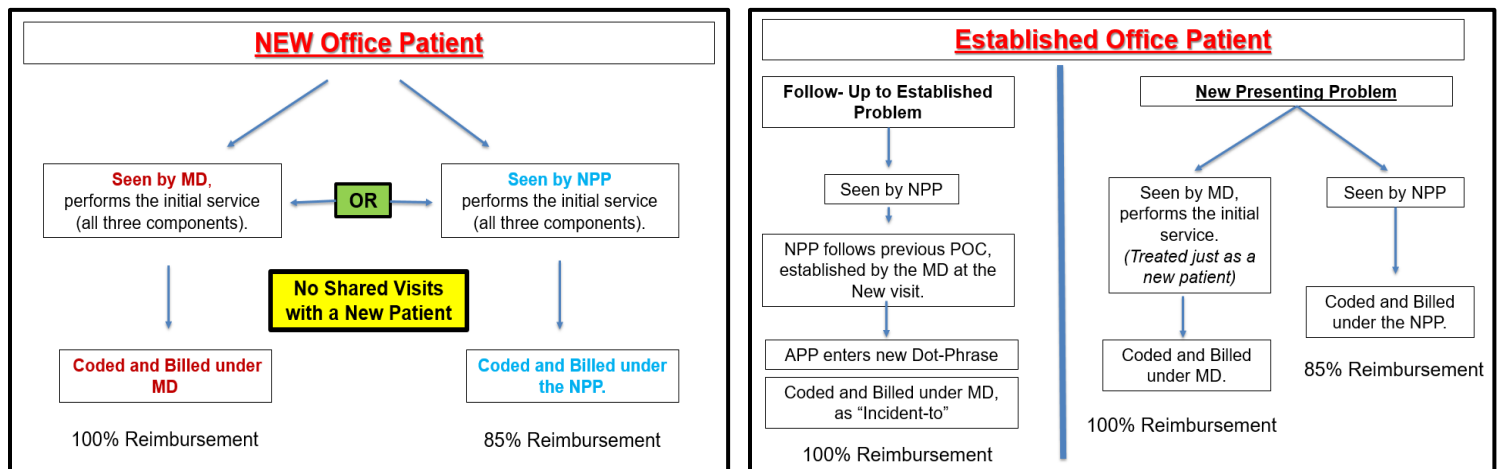
- **APP** can see either patient category, but they must initiate the entire service (No Shared Visit can be billed), completing all three key components and POC. Such visits would be billed under the APP's name/NPI. = 85% Reimbursement

Let's review the fine print within these requirements.



Important Incident-to Requirements

- 1) The patient is established; the problem is established and not worsening
- 2) Direct supervision of the APP by the MD is undertaken*
 - 1) *During the current PHE direct supervision may be provided via audio/video real-time communication technology.
- 3) The service takes place in the office setting (POS 11)
- 4) The patient was initially seen by an MD and a plan of care is initiated and documented in the medical record.
- 5) The documentation of the service is dated and signed by rendering provider.
- 6) The billing physician is on site, within the suite of offices. (For follow-up visits).
- 7) The physician does not have to be in the room with the APP, but must be present in the immediate office to render assistance if needed. Availability by phone does not meet the definition of direct supervision.
- 8) **When there is a change in the POC, it is no longer considered incident to.**
- 9) Established patients with new problems must be seen by the physician, a diagnosis is established and a new POC is formulated.
- 10) Follow Up services rendered by the APP are provided as part of the course of treatment (POC) previously determined by the initial physician visit.



REMEMBER- Incident-to is ONLY for Office Visits (POS= 11) and No Shared Visits Billed