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CodingAlert

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

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DATES OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	PU
05/21/10-05/21/10	94010	PULMO
05/21/10-05/21/10	94375	CARDIOVASCULAR SE
05/21/10-05/21/10	93000	VENIPUNCTURE
05/21/10-05/21/10	36410	

Does Your Documentation Support Billing Incident To Physician's Professional Services?

There are many pitfalls to coding compliance that could jeopardize your hospital or physician practice. Incident to billing is one of those areas many physician groups and hospitals struggle to get right.

According to the Balanced Budget Act of 1997, nurse practitioners and clinical nurse specialists are permitted to bill Medicare directly; however, physician assistants must bill for services through their employer. Certain qualified non-physician practitioners (NPPs) are permitted to provide services billed to Medicare, but in order to bill incident to, services must be provided under the direct supervision of a physician.

Does your documentation support billing incident to? Avoid costly errors. Use the quick reference guide below to ensure you are in compliance.

Requirements for Billing Incident To Physician's Services:

Service must be integral, although an incidental part of the physician's professional services.

- Physician must have provided a previous Evaluation and Management service (E/M), determined a diagnosis and documented a plan-of-care (POC).
- Physician is not required to see the patient each time, but must see the patient subsequently and at a frequency that reflects active participation in treatment.
- Incident to is billed under the physician's name and his or her National Provider Identifier (NPI).

A NPP can also bill under their own NPI outside the incident to rules and get paid at 85% of what they would get paid if they billed under the physician's NPI.

- If there is a change to the POC, incident to is no longer applicable.
- Services can be furnished by other auxiliary personnel, such as nurse practitioners and clinical nurse specialists, under the direct supervision of the physician.
- Services must be provided in a non-institutional setting.
- Incident to does not apply for services rendered in a hospital, in-patient setting, outpatient setting, or skilled nursing facility.

Supported Documentation:

- Must clearly document who performed the incident to services
- Supervising physician must sign off on the documentation
- Physician must be present in the office (direct supervision) with a note by the NPP and/or other auxiliary personnel

Incident to services include, but are not limited to the following:

- Taking blood pressure and temperatures
- Administering injections and changing dressings
- Office visits
- Reading x-rays
- Setting casts
- Chemotherapy administration
- Minor surgeries

To inquire about coding education, medical record documentation or compliance auditing, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

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