

Incident-to Billing and Medicare: A reminder and key points

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Key points to remember is that since we no longer auto default to incident-to billing, you must instead document in the note/ billing slip if "incident-to" criteria is met. This will result in a 15% increase in Medicare reimbursement.

- Medicare pays Advanced practice clinician (APC) visits at 85% of a physician's fee schedule. Billing "incident-to" will result in 100% reimbursement.
- When billing incident-to, there needs to be a physician visit that the incident-to service directly relates to.
- If the APC is following a plan of care that a physician established in the previous visit, the visit qualifies as incident-to billing.
- If a new course of care is needed and differs from the prior physician's plan, the service is not billed as incident-to.
- However, if the treatment plan needs to be adjusted and the APC discusses this with a collaborating physician who does a quick "face-to-face", the visit can then be billed incident-to.
- For compliance, a physician must be physically on site and available.
- Best practice for documenting is to write in the chart note; "Dr. XYZ is on site and available." Also document on the billing slip "billing incident-to DR. XYX."
- Also, the physician could add an addendum on the chart stating that they "reviewed the note and agree with the plan of care." Although this addendum is not a CMS requirement.

Reference

Ulmer, E. G. & Harris, A.V. (2023). Billing for Non-Physician Provider Services to Support the Delivery of Physician Care. *Family Practice Management*, 30(1): 13-17.

<https://www.aafp.org/pubs/fpm/issues/2023/0100/billing-for-npp-services.html>

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