

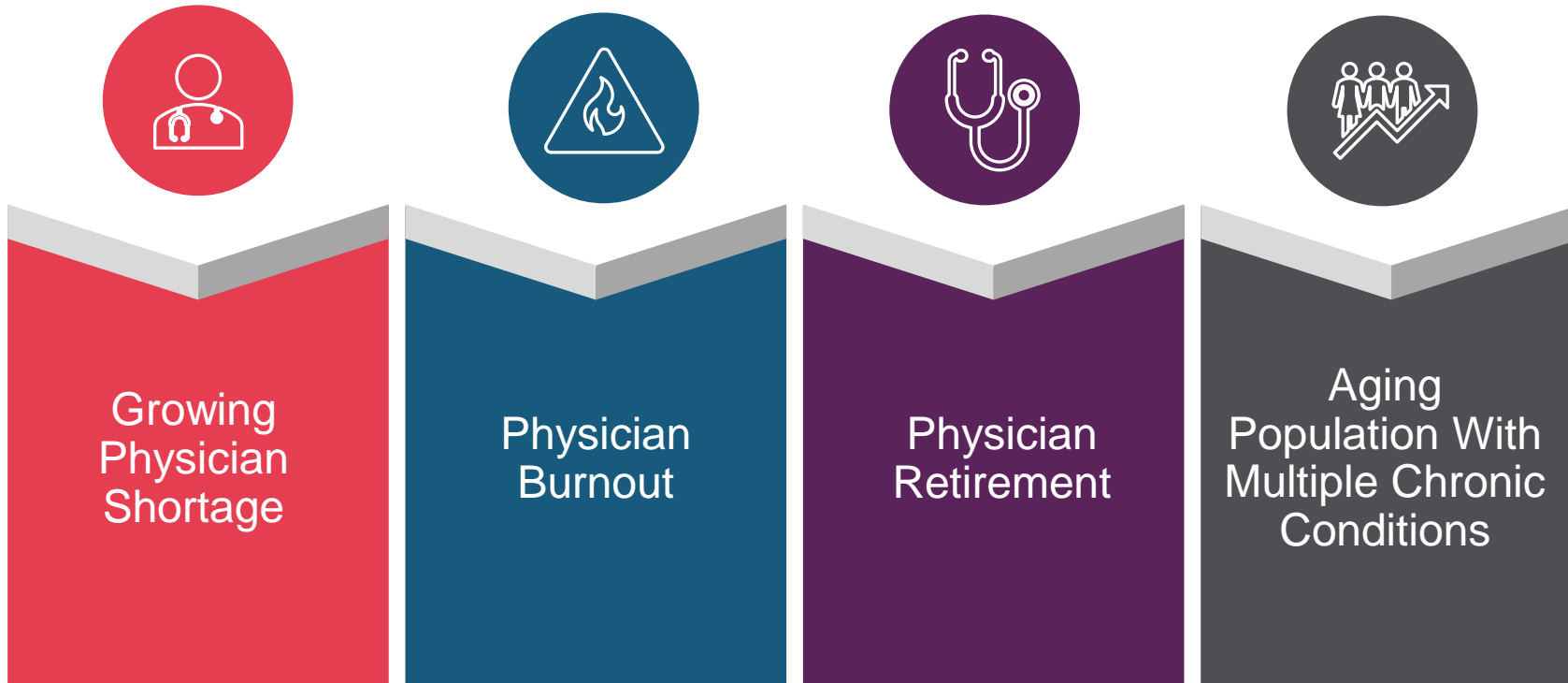


“Incident-To” Billing Compliance for Advanced Practice Practitioners

Jackie Boswell, MBA, FACMPE



Reasons for Growth in APP's



Full Independent Practice Authority for CNPs



"full independent practice authority" means the ability of a certified nurse practitioner to practice with prescriptive authority without a collaborative practice agreement



6,240 hours of practice under a collaborative practice agreement with a licensed physician

Direct Supervision Related to “Incident To” Billing

Final Rule

- Direct supervision may be provided by a supervising practitioner through real-time audio and video interaction telecommunications through 2024.

Immediately Available

- Without delay
- In the office suite
- Readily available to assist and take over the care as necessary

Office Suite

- Limited to the dedicated area or suite
- Designated by records of ownership, rent or other agreement with the owner, in which the supervising physician or practitioner maintains his/her practice or provides his/her services as part of a multi-specialty clinic

Medicare APP Billing Options



Direct Billing

- Using the APP's NPI
- 85% Medicare fee schedule



“Incident to” a physician’s professional services

- Must meet “Incident To” guidelines
- 100% Medicare fee schedule
- Medicare terminology



Split Shared Visit

- Visit provided in part by both physician and APP
- Applies only to certain settings

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Information_for_APNs_and_PAs_Booklet_ICN901623.pdf

“Incident To” Basics

“Incident To” is a Medicare phrase

- Some commercial plans have adopted this term
- Medicare allows 100% of the Medicare fee schedule

Must be an integral part of the patient’s normal course of treatment

- MD performed an initial service
- MD remains actively involved

Physician provides direct supervision

“Incident To” Requirements

- The patient must be an established patient to the practice
- The patient’s condition must have **previously been diagnosed by the physician** (or a physician in the group practice) and a treatment plan already established
*Can be same or separate visit
- The billing physician must be physically present in the office suite, or through 2024, physician may be immediately available for consultation via audio/visual technology
- Subsequent services must be provided by the physician of a frequency that reflects the physician’s continuing active participation in and management of the course of treatment

Billing “Incident To”: HCFA Form

Block 17 Modifier

- **DK** - The physician who performed the **initial** service and orders the APP’s service

Block 24 J

- **DQ** - Supervising physician (physician **physically present** in the office suite)
- 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 NPI of the supervisor in the lower *unshaded* portion

Source: DK/DQ - MLN Matters® Number: MM8509

HCFA 1500 – April 2014

c. RESERVED FOR NUCC USE
 c. OTHER ACCIDENT? YES NO
 c. INSURANCE PLAN NAME OR PROGRAM NAME
 d. INSURANCE PLAN NAME OR PROGRAM NAME
 10d. CLAIM CODES (Designated by NUCC)
 d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes, complete Items 9, 9a, and 9d.*
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
 SIGNED _____ DATE _____
 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
 SIGNED _____
 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 15. OTHER DATE MM DD YY QUAL.
 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? \$ CHARGES YES NO
 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____
 22. RESUBMISSION CODE ORIGINAL REF. NO.
 23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY										
1											NPI	
2											NPI	
3											NPI	
4											NPI	

Documentation for “Incident To” Services

Documentation should include



The physician whose care plan is being followed



A brief SOAP note

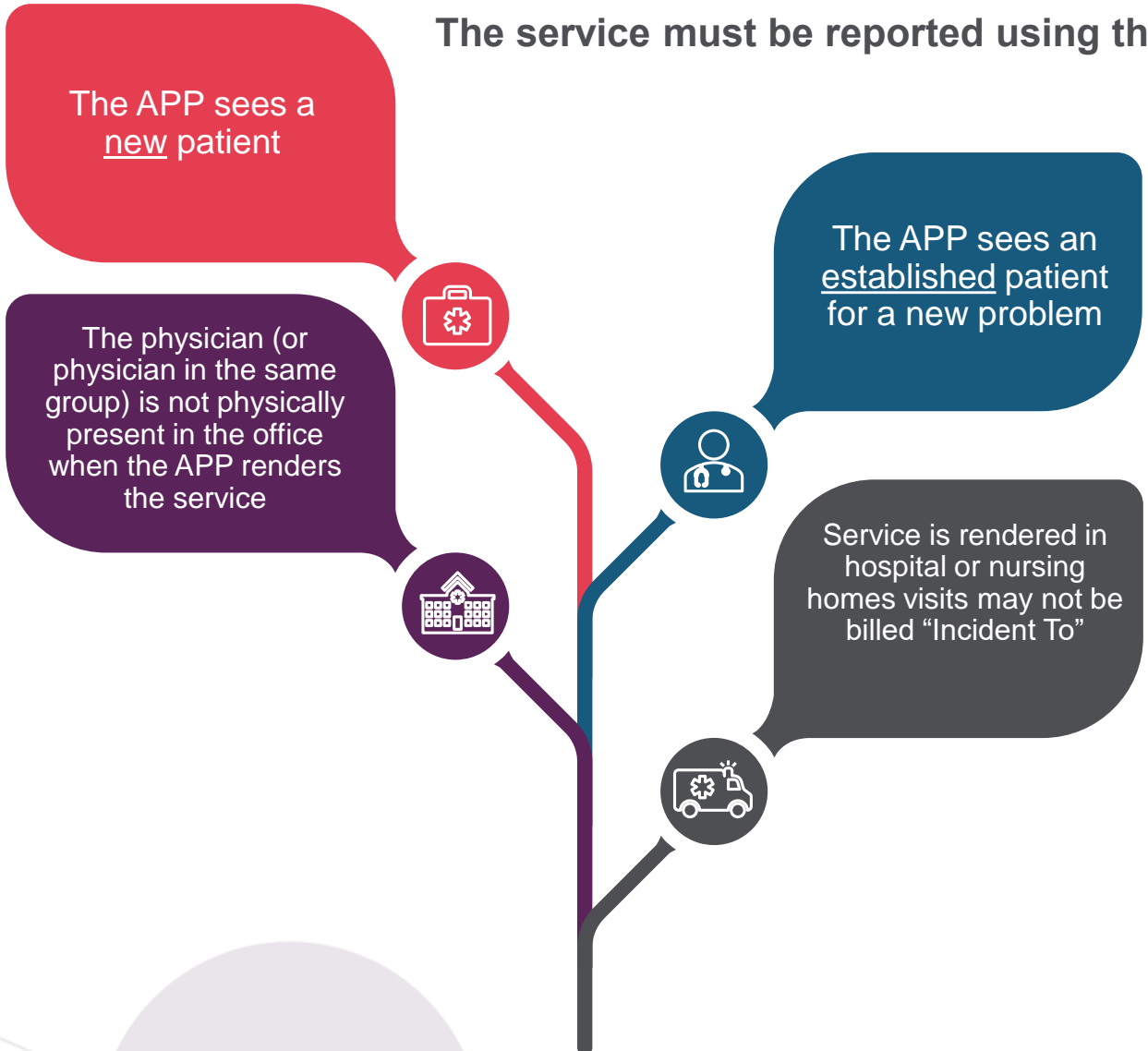


The name of the supervising physician

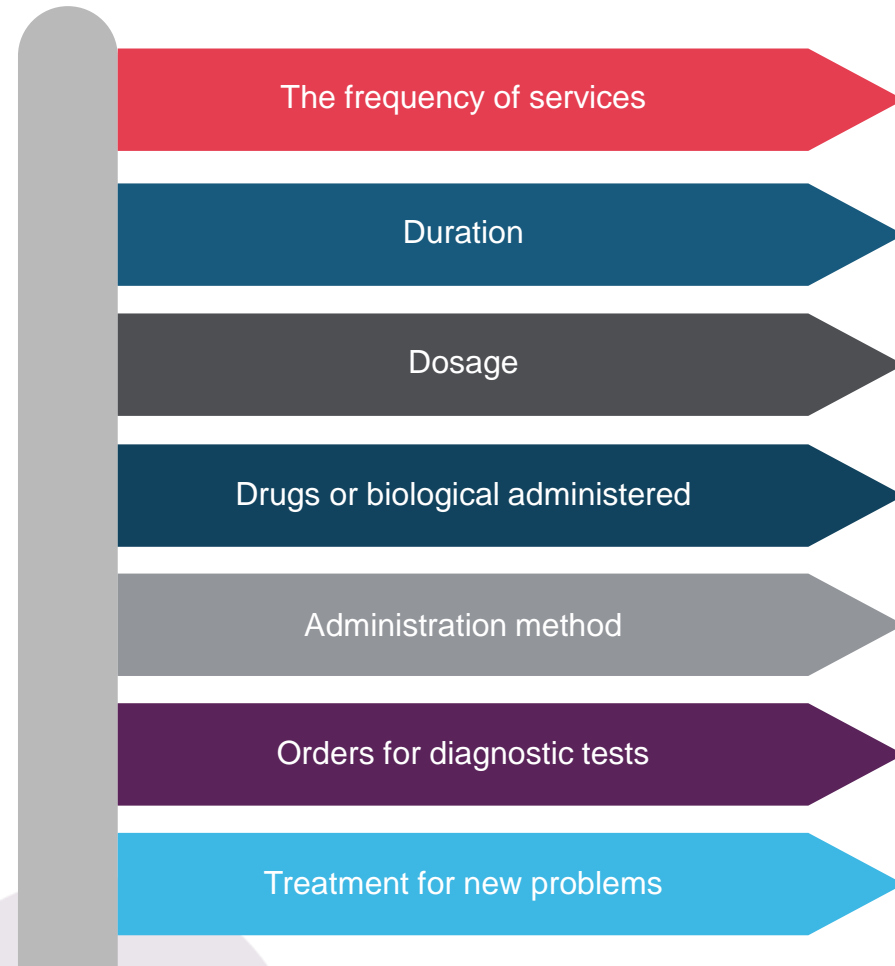
“CC: patient in for recheck of elevated BP per Dr. Jones, who is also supervising today. Patient states BP at home ranging from 120/75-135/80. Has been following low-sodium diet. BP today 126/78. Patient to see Dr. Jones next week.”

Not “Incident To”

The service must be reported using the APP’s NPI if....



Change in Treatment Plan



Supervision of Diagnostic Tests

Medicare Nonphysician Practitioners:

We (CMS) created the flexibility at 42 CFR § 410.32(b), on an interim basis during the PHE, to allow nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and physician assistants (PAs) to supervise diagnostic tests as authorized under state law and licensure. These practitioners continue the required statutory relationships with supervising or collaborating physicians.

In the CY 2021 PFS final rule, CMS made these flexibilities permanent and added certified registered nurse anesthetists (CRNAs) to the above list of nonphysician practitioners allowed to supervise diagnostic tests as authorized under state law and licensure (85 FR 84590-84592).



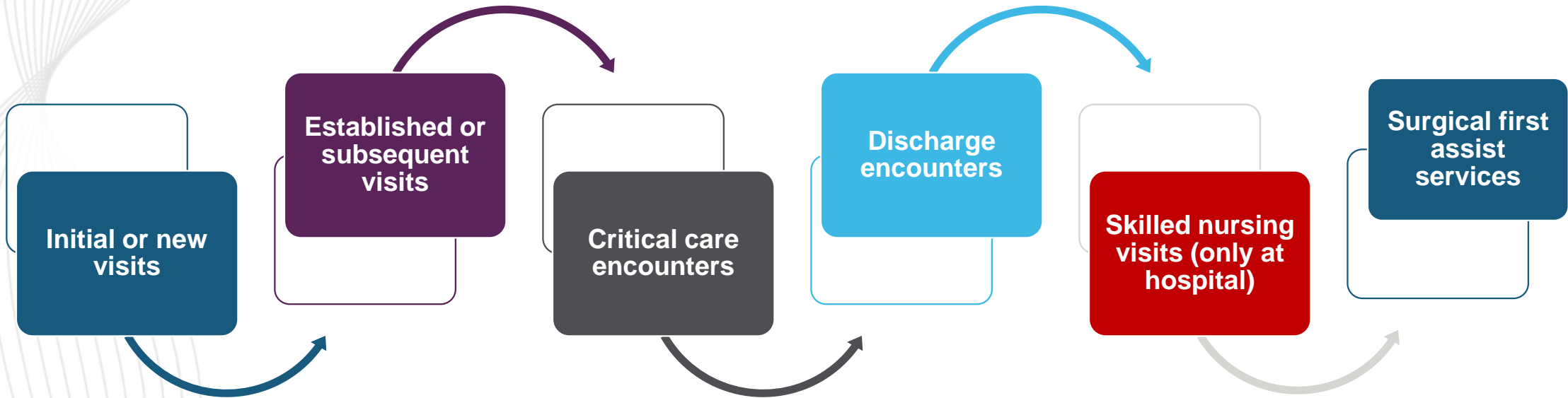
Split Shared Visits

Split Shared Visit

- Physician and APP must be part of the same group (unchanged)
- May only be done in a facility setting*
 - Inpatient hospital
 - Outpatient hospital
 - Observation
 - Emergency room
 - Skilled nursing



Acceptable Split Shared Services in a Facility Setting



Facility Split Shared Visits – Billing Provider (2024)



- Other Outpatient
 - Substantive portion of MDM, or more than half of total time
- Inpatient/Observation/Hospital/SNF
 - Substantive portion of MDM, or more than half of total time
- Emergency Department
 - Substantive portion of MDM, or more than half of total time
- Critical Care
 - More than half of total time



Commercial Payers

BCBS Arkansas



Rendering provider – Block 24J
Pay To provider – Block 33A



If Collaborating Physician is in office,
may be billed under either NPI on 24J.



If Collaborating Physician is not in office,
must be billed under APP's NPI on 24J.

Cigna Commercial



APPs should bill when the APP using the APP's NPI.



If no NPI number (or are ineligible to bill directly with an NPI) should bill under supervising physician's NPI with a SA modifier.



Eligible services rendered by an APP and submitted with an SA modifier will be reimbursed at 85% (or other allowed amount) of the supervising physician's fee schedule.

https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/R37_Advanced_Practice_Health_Care_Providers.pdf

United Healthcare



Requires credentialing for APPs



Follows Medicare's "incident to" rules for Commercial and Medicare policies



Follows Medicare rules for Split Shared billing

Resources

- American Association of Nurse Practitioners
 - www.aanp.org
- American Association of Physician Assistants
 - www.aapa.org
- AR State Board of Nursing
 - www.arsbn.arkansas.gov
- Medicare Information Booklet (April 2020)
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare-Information-for-APRNs-AAs-PAs-Booklet-ICN-901623.pdf>

Questions

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