



Non-CME Webinar Series
designed with the trainee in mind

first Tuesday of the month



“Incident to” and Midlevel Supervision in Pain Medicine

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Tallahassee Neurological Clinic

Tuesday, April 4, 2023

7-8:30 pm ET



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DISCLAIMER

I am a licensed physician and not an attorney. It is important to do your due diligence in seeking legal and compliance expert opinions.





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Incident to

What is it and why is important?

“Incident to” a physician’s professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of an injury or illness. The services must relate to an existing course of treatment; the “incident to” rules do not apply to a new patient or when treating an existing patient for a new illness or injury.

Services meeting all of the requirements may be billed under the supervising physician’s NPI as if the physician personally performed the service.

NPP = NP/PA

NPP visit alone is 85% of physician fee schedule

NPP visit with MD supervision is 100% of physician fee schedule



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How does this apply to Pain Management?

NP/PA can perform office visits + low risk in-office procedures such as trigger point injections or joint injections.

You can bill for these charges at the same rate as the physician if you meet the requirements of incident to

(100% of physician fee schedule)

If you do not meet the requirements of Incident to, you can still bill without incident to

(which equals 85% of physician fee schedule)



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Incident to billing requirements

- **Medicare Benefit Policy Manual, Chapter 15, Section 60**
 - **Only applies to medicare**
- **Does not apply to services with their own benefit category**
i.e. flu shots, EKGS, lab tests, xrays etc.
 - **Noninstitutional setting**
(all settings other than hospital/SNF)



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Incident to billing requirements

- Incident to services cannot be rendered on the patient's **first visit**, or if a **change to the plan** of care occurs.
- A Medicare-credentialed **physician must initiate** the patient's care.
- If the patient has a **new or worsened complaint**, a physician must conduct an initial evaluation and management (E/M) service for that complaint and must establish the diagnosis and plan of care.



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Incident to billing requirements

- **Subsequent to the encounter during which the physician establishes a diagnosis and initiates the plan of care**, a non-physician provider (NPP) may provide follow-up care under the **“direct supervision”** of physician



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Direct Supervision

Direct supervision in the office setting means the physician (or other supervising practitioner) must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician (or other supervising practitioner) must be present in the room when the procedure is performed.

General Supervision

General supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

(This does not qualify for incident to)



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Incident to billing requirements

- **Any physician member of the group** may be present in the office to supervise. The supervising physician does not have to be the physician who performed the initial patient evaluation.
- A **physician must “actively” participate in** and manage the patient’s course of treatment. This requirement typically is defined by individual state licensure rules for physician supervision of non-physician providers (NPPs).



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Requirements

- Direct supervision of a NP/PA
- To qualify as “incident to,” 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.
 - Commonly rendered without charge or included in the physician’s bill.
 - Of a type that are commonly furnished in physician’s offices or clinics.
- Furnished by the physician or by auxiliary personnel under the physician’s supervision.
 - Furnished in a non-institutional setting to non-institutional patients.
 - Require the physician’s ongoing participation and management
 - Provided in accordance with applicable state law.
- Exclusions: First initial visit with patient or established patient visit with new or worsening condition.



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Consequences

- Denied claims
- Non reimbursement
- setting yourself up to be audited
- If found at fault you're responsible to repay everything you did incorrectly + fines
- Fraudulent, criminal charges



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Scenarios

1. NP sees new patient, steps out and presents to attending physician, discusses plan with patient, without physician personally conducting exam. Can this be billed as incident to?
2. Existing or established patient; PA examines and evaluates patient who calls the physician at surgery center performing procedures to discuss treatment plan. Can this be billed as incident to?
3. PA performs TPI's on my previously established patient. I'm on vacation hiking Mt. Kilimanjaro. My physician partner is in office but does not step in during procedure. Can this be billed as incident to?



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Questions?

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