"INCIDENT TO PHYSICIAN'S PROFESSIONAL SERVICES" AND SPLIT/SHARED E/M SERVICE

Policy # 03

Implementation Date:	1/1/02
Revision Dates:	3/7/06, 10/19/07, 1/1/13, 8/30/13, 9/16/14, 9/3/15, 9/19/16, 2/9/23

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

SelectHealth follows Medicare's guidelines for billing "incident to" services as well as Split/Shared evaluation and management services (effective January 1, 2013). *Exception: SelectHealth will allow Athletic Trainers to bill under an appropriate provider (e.g., Physical Therapist, MD, DO) if all other "incident to" criteria are met for commercial plans and the provider is contracted with SelectHealth.*

"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."

Shared or split services refer to services when the evaluation and management service is split/shared between a physician and a non-physician practitioner.

All services must comply with the state's Scope of Practice Regulations as well as with SelectHealth Policies. Providers should not use "incident-to" or "Split/Shared E/M Service" as a means of getting payment for services provided by an uncredentialed physician or provider. Individual contract considerations may apply when applying these rules for rural providers.

Commercial Plan Policy

"*Incident to" services*

Services and supplies billed as "incident to" must be:

- Part of the patient's normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment. The physician does not need to see the patient on every visit, as long as the physician has prescribed the plan of care and is actively managing it;
- An integral, although incidental, part of the physician's professional service;
- Commonly rendered without charge or included in the physician's bill, therefore, the services/supply must represent an expense incurred by the physician. An example of this is where a patient purchases a drug and the physician administers it, the cost of the drug is not reimbursed;
- Of a type that is commonly furnished in physician's offices or clinics;
- Provided by a part-time, full-time, or leased employee of the supervising physician, physician group practice, or of the legal entity that employees the physician. Services provided by auxiliary personnel not employed even if provided on the physician's order, or included in the physician's bill, are not covered as incident to a physician's service;
- Provided by a licensed provider who is authorized under state law to perform the specific procedures;

- Provided under direct personal supervision of the physician. To meet the requirement for direct supervision the physician **must** be physically present in the same office suite **and** be immediately available to render assistance if it becomes necessary. This does not mean the physician must be present in the same room. Direct supervision also is required for services billed "incident to" in the home.

(Services that would never qualify as an "incident to" service, include, but are not limited to, new patient visits, preventive exams, and visits for new conditions.)

Services provided incident to physician services to hospital patients are only payable to the facility. See below for guidelines on Split/Shared E/M Services performed in a hospital setting.

The specific Medicare guidelines for "Incident to" services can be found in Chapter 15 of the Medicare Benefit Policy Manual at http://www.cms.hhs.gov.

Split/Shared E/M Service

Office

- The physician should bill for the service under his own ID# when performed by the physician.
- If the E/M service is split/shared between the non-physician practitioner and the physician and the services meets the "incident to" requirements, then the service should be billed using the physician's ID number.
- If the "incident to" requirements are not met, then the services cannot be billed using the physician's ID number.

Hospital Inpatient/Outpatient/Emergency Department Setting

- When an E/M service in one of these departments is shared between a physician and a non-physician practitioner from the same group practice, **and the physician performs any of the face-to-face encounter**, the service should be billed using the physician's ID number.
- **If there is no face-to-face service between the physician and the patient**, regardless if the physician reviews and signs the patient's medical record, then the service should not be billed using the physician's ID number.

The specific Medicare guidelines for "Split/Shared E/M service" can be found in Chapter 12 of the Medicare Benefit Policy Manual at http://www.cms.hhs.gov.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage will follow the commercial plan policy except for the indication listed above for Athletic Trainers.

SelectHealth Community Care (Medicaid)

SelectHealth Community Care will follow the commercial plan policy except for the following indications:

1. Athletic Trainers

Sources

1. Current Procedural Terminology (CPT®), (2014) – American Medical Association.
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
3. Medicare Benefits Policy Manual, http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf, retrieved 03/06/06.
4. CMS. (2014, August 29). Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services. (Rev 193) Retrieved September 15, 2014, from http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf
5. CPT® Assistant. (2006, December 1). Coding Communication: Questions and Answers. pp.14 and 15. EncoderPro 2014. Retrieved September 15, 2014.