

## Professional Practice Corner

### “Incident to” billing - the details

“Incident-to” billing was originally designed to cover services that were commonly furnished to Medicare patients without charge (that is, “incidental” to the physician’s service). A PA, RN or other health care providers could furnish these services.

Medical services provided by PAs “incident to” the physician services in the office or clinic are payable at 100 percent of the physician fee schedule and continued to be covered by Medicare. The “incident to” provision does not apply to hospital or nursing facility practice settings. When PAs deliver services under the “incident to” provision, all of the following criteria must be met:

1. the services must be an integral, though incidental, part of the physician’s professional services.
2. the services must commonly be rendered without charge or included in the physician’s bill.
3. the physician must be physically on site when the PA delivers care (in the same office suites).
4. the physician must personally treat patients on their first visit to the practice (PAs may deliver subsequent care as long as the physician is in the suite of offices)
5. the physician must personally treat established patients who present with new medical problems. Having the physician co-sign the chart/medical record or briefly meeting the patient does not constitute the physician’s personal treatment of the patient

With the Balanced Budget Act of 1997, changes were made to Medicare to allow more flexibility in billing for services of PAs. PAs are now recognized Medicare providers and may bill under their own provider identification number (UPIN). Billing done under the PAs UPIN number is reimbursed at 85% the physician rate in ALL settings and is not restricted by the “incident to” requirements. In most cases, this is the easiest form of billing because it reduces compliance concerns.