



Your Compass For Navigating
Turbulent Financial Waters for
Revenue Cycle 2015



INCIDENT-TO SERVICES

Enhancing your productivity and revenue with
Non- Physician Practitioner

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Keira Anderson, CPC
Director Business Office
Pentucket Medical Associates

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Benefits

- Increase patient volume
- Increase patient satisfaction
- Increase practice revenue





DUE DILIGENCE



- **Analyze**
 - Appointment Schedules
 - Payer Mixes
- **Finance / Compliance / Credentialing**
 - Malpractice Insurance
 - NPP Revenue distribution
 - EMR Documentation
 - Collaborative Agreements
 - Scope of Practice
 - Insurance Credentialing
 - Hospital Privileges
- **Business Office**
 - Practice management set-up
 - Workflows
 - Clinician education
 - Edits
 - Audit



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Incident-to Billing Guidelines



- The NPP must be an employee of the physician or the practice
- » The services must be an integral part of the physician's treatment plan.
- Service is within scope of practice and in accordance with state laws
- Service is typically furnished in a physician office
- » The NPP cannot see new patients or treat established patients with new problems
- » Physician must provide direct supervision






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Incident-to Billing Guidelines

Other Carriers

- **Blue Cross Blue Shield of Massachusetts**

 - NP must be credentialed
 - Collaborating Physician must be on site
 - Physician must be actively involved in care. Proof of involvement is a notation by the physician in the patient's medical record with signature by the end of the day
- **Aetna**

 - Physician must review and co-sign NPP notes
- **Cigna**

 - Must be rendered under physician supervision
 - Must be integral, *although* incidental part of a physician service
 - Must be of kinds commonly furnished in an office setting
 - *Services of non-physicians must be included on the physicians bills*



Incident-to Services

- Cannot be in a Hospital Setting



Shared Visits

- *Not* “Incident-to”
- *Not* allowed for Critical Care services
- Allowed in Office, Clinic, Hospital (inpatient or outpatient status), Emergency Department settings

MCM Transmittal 1776 - released date: October 25, 2002



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Shared Visits

- **Office/Clinic Setting**

“In the office/clinic setting when the physician performs the E/M service the service must be reported using the physician’s UPIN/PIN. When an E/M service is a shared/split encounter between a physician and a non-physician practitioner (NP, PA, CNS or CNM), the service is considered to have been performed “incident to” if the requirements for “incident to” are met and the patient is an established patient. If “incident to” requirements are not met for the shared/split E/M service, the service must be billed under the NPP’s UPIN/PIN, and payment will be made at the appropriate physician fee schedule payment.” CMS Transmittal 178



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Shared Visits

- *Hospital Inpatient/Outpatient/Emergency Department Setting*

“When a hospital inpatient/hospital outpatient or emergency department E/M is shared between a physician and an NPP from the same group practice and the physician provides any face-to-face portion of the E/M encounter with the patient, the service may be billed under either the physician's or the NPP's UPIN/PIN number. However, if there was no face-to-face encounter between the patient and the physician (e.g., even if the physician participated in the service by only reviewing the patient's medical record) then the service may only be billed under the NPP's UPIN/PIN. Payment will be made at the appropriate physician fee schedule rate based on the UPIN/PIN entered on the claim.”



Shared Visits

- *Hospital Inpatient/Outpatient/Emergency Department Setting*
 - Same group Practice
 - Physician MUST provide Face-to-Face portion of E/M
 - Physician MUST document his/her part of the E/M encounter/visit
 - Consultations cannot be billed as shared visit
 - Critical Care cannot be billed as shared visits



Incident-to Decision Tree



CMS Proposed Updates to Incident-to



- Allow greater flexibility in the supervision of clinical staff providing CCM services.

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Thank you.



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