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| **Appendix <?>. Medicare Requirements for Incident-to Servicesa by Nonphysician Health Professionals and Clinical Staff** |
| ❂ Services must be related to the physician service and must be of a type commonly furnished in a physician office or clinic (physician owned and independent of a hospital or other facility), commonly performed without charge, or included in the physician service (eg, vital signs, assistance with dressing change).  ❂ Services performed must be reasonable and medically necessary.  ❂ Services performed must be within the employee’s state scope of practice and require direct physician supervision.  ❖ Direct supervision of auxiliary personnel requires that the physician (ie, any physician in the group practice) be on the premises (eg, in the office) and be immediately available to provide assistance or direction.  ❖ The supervising physician who is reporting the service (his or her name is on the claim form) must be the one who was providing the direct supervision.  ❂ Services can only be provided to an established patient after the physician has performed the initial visit, established the plan of care, and established the physician–patient relationship. The physician must evaluate and initiate the treatment of new problems.  ❖ The physician is not required to be involved in each subsequent patient encounter.  ❖ Subsequent patient encounters and services must be incidental and integral to the initial service. They do not require physician involvement, but the physician must remain actively involved in a patient’s treatment and must personally see the patient periodically.  ❖ Review of the medical record alone does not constitute active management of the patient.  ❂ Services provided in a home are covered only if there is direct supervision by the physician.  ❂ Although diagnostic tests do not fall under incident-to provisions, the Centers for Medicare & Medicaid Services requires certain levels of physician supervision for covered diagnostic tests. The Medicare Physician Fee Schedule database includes an indicator on each Current Procedural Terminology ® and Healthcare Common Procedure Coding System code to define the level of supervision required.  ❂ Medicare regulations do not allow supervision of diagnostic tests by qualified health care professionals (QHPs) (eg, QHPs cannot supervise radiology services). The 3 levels of physician supervision include  ❖ General supervision (ie, the procedure is performed under the physician’s overall direction and control, but the physician’s presence is not required during the performance of the test and the physician is responsible for personnel training and maintenance of the equipment and supplies)  ❖ Direct supervision (ie, the physician must be on the premises and immediately available to provide assistance or direction)  ❖ Personal supervision (ie, the physician must be in the room while the test is being performed)  ❂ Medicare provides an exception to the requirement for direct physician supervision for clinical staff activities included in chronic care management, transitional care management, and behavioral health integration services. Clinical staff may perform these activities under general supervision. All other incident-to provisions apply. |
| *a Note that the term* physician *also includes QHPs billing under their own National Provider Identifier.* |