



Related MLN Matters Article #: SE0441

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### *"Incident to" Services*

#### Key Words

Incident, Part B, Physician Fee Schedule, FS, Direct Supervision, Patient Record, Care Settings, SE0441

#### Provider Types Affected

All Medicare providers of professional services

#### Key Points

- MLN Matters Special Edition article, SE0441, clarifies when and how to bill for services "incident to" professional services.
- Services "incident to" professional services are:
  - Those services that are furnished incident to physician professional services in the physician's office (whether located in a separate office suite or within an institution) or in a patient's home;
  - Billed as Part B services to the provider's carrier as if the provider personally provided them, and are paid under the physician fee schedule;
  - Relevant to services supervised by certain non-physician practitioners such as physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, or clinical psychologists and are subject to the same requirements as physician-supervised services; and reimbursed at 85 percent of the physician fee schedule.
- For clarity's sake, SE0441 refers to "physician" services as inclusive of non-physician practitioners.
- To qualify as "incident to," services 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.
- Physicians do not have to be physically present in the patient's treatment room while these services are provided, but must provide direct supervision, that is, the physician must be present in the office suite to render assistance, if necessary.
- Patient records should document the essential requirements for "incident to" services.

- “Incident to” services must be all of the following:
  - An integral part of the patient’s treatment course;
  - Commonly rendered without charge (included in the provider’s physician’s bills);
  - Of a type commonly furnished in a physician’s office or clinic (not in an institutional setting); and
  - An expense to the provider.
- Examples of qualifying “incident to” services include the following:
  - Cardiac rehabilitation;
  - Providing non-self-administrable drugs and other biologicals; and
  - Supplies usually furnished by the physician in the course of performing his/her services, e.g., gauze, ointments, bandages, and oxygen.
- Following are various care settings that should be noted because the processes for billing vary somewhat depending on the care site: (See SE0441 at the link below for more detail on these settings.)
  - Physician’s office
  - Hospital or Skilled Nursing Facility
  - Offices in institution
  - In patients’ homes

**Note:** Neither ambulance services nor emergency medical technician services performed under a provider’s telephone supervision are billable as “incident to” services.

## Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0441.pdf> on the CMS web site.

If affected providers have further questions regarding this issue, they should contact their carrier at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS web site.