

Article - Billing and Coding: Incident To Clarification for OPPTS and CAH Outpatient (A55214)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A55214

Article Title

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Billing and Coding: Incident To Clarification for OPPTS and CAH Outpatient

Article Type

Billing and Coding

Original Effective Date

10/01/2015

Revision Effective Date

10/01/2015

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

Medicare Benefit Policy Manual Chapter 6 Section 20.5.1
Social Security Act (SSA) Section 1861(s)(2)(K)(i)
42 CFR§410.27
42 CFR§482.12(c)

Article Guidance

Article Text

In response to provider requests, Noridian Healthcare Solutions, LLC (Noridian) provides the following key points related to the "incident to" regulations in the outpatient hospital setting. Note: There is no "incident to" in the inpatient setting.

Medicare may reimburse the costs of services provided either:

1. delivered personally by eligible practitioners, e.g., MD, NP, PA; or
2. delivered by hospital personnel working "incident to" the eligible practitioner's care.

When hospital personnel provide services, the following payment requirements must be met. Services delivered incident to the services of an eligible practitioner must:

- o Be an integral although **incidental part** of a physician's/non-physician practitioner's (NPP's) professional service(s) and, hence, must always occur after an initial patient care service is provided by an eligible practitioner;
- o Be delivered in accordance with a **valid and signed order**, i.e., written by "a practitioner who is authorized to write orders by hospital policy and in accordance with state law..." 42 CFR§482.12(c);
- o Be delivered under the **supervision of a physician** who is an employee or has another contractual relationship

with the hospital and is **immediately available** to provide assistance to the personnel delivering the service;

- "Immediately available" in the outpatient hospital setting means that the physician must be **available in the same time-frame as the personnel designated to manage cardiac arrests** (codes) in the hospital.

- The supervisor need not be in the same department as the ordering physician/NPP or in the same department in which the services are rendered but must be **on the physical premises** where and when the patient receives services.

The physician/NPP that provides the oversight may not bill for the services of hospital employees. Only the hospital may bill for the services of hospital employees.

All service providers must work in accordance with their skills, licensure, and/or other hospital and other Medicare requirements.

Coding Information

CPT/HCPCS Codes

N/A

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

N/A

ICD-10-CM Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally

to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2015	R1	As required by CR 10901, article is converted to a formal billing and coding type article. There is no change in coverage.

Associated Documents

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
05/07/2020	10/01/2015 - N/A	Currently in Effect (This Version)
07/19/2016	10/01/2015 - N/A	Superseded

Keywords

N/A