Urgent Care Coding	
Questions	**Answers**
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If the midlevel does all the history and exam, the MD does the assessment and plan, can you count the providers work for the midlevels charge since the MD did not do enough to bill split/share	The answer will depend on the actual environment wherethe services are provided. The shared principle is for professional fee services provided in a facility setting.. I think the later slides will explain
Can a shared visit be documented as follows? MD XX has seen and examined the patient independently of me. He has personally performed physical examination and reviewed the laboratory data and imaging data. He has performed an assessment and plan and has seen, read and agrees with all of the above. Signed by MD and NP Documentation is in an EHR system. MD adds personal documentaiton stating I have independently interviewed and examined this patient. I personally reviewed new laboratory and imaging findings. I personally completed assessment and plan. I have personally discussed the hsitory, and physical & plan with NP XX and agree with the plan as outlined by NPXX.	Medicare says that each provider should personally and individually document work they performed. I think a Medicare auditor may not allow the hypothetical documentation you present in your question.
Can a LCSW be billed as incident to for not mental health cpt codes?	I think LCSW billing will be limited by scope of practice.
I have a MD that does not feel it is a requirement of incident to that he needs to sign off on the RN infusion visits. Can you tell me where I can find information to support the need?	He is correct, for billing purposes his co-signature is not required. However, many organizations have a requirement - and if the services are provided in a JACHO enviromenent those standards will apply. Also, co-signature is one way that supervision is validated. State licensure rules may require too.

Is there a list 'somewhere' that states which payers allow 'incident-to' billing?	not to my knowledge. I advise contacting your payers to understand their expectaions.
Are OT's and PT's consider MLPs?	No, they are a separate category of providers
When a PA sees a patient in the office setting and there is no physician present, can we bill under the physician if the physician signs off the NP's note but does not actually see the patient ?	No, midlevel providers must bill Medicare directly when providing care to a patient with no supervising physician present at the time of the service.
How specific does the plan need to be? # of visits, can it be vague as follow up or is it specific to a dx?	There is no absolute answer to your question . . . it would be clinically driven.
Is 'incident-to' billing ONLY for Medicare supplimental/advantage insurance products?	TriCare too.
How do the incident to guidelines relate to a PA in an Urgent Care where physician is on-site but not necessarily involved in care.	Since UC patients are being seen each tiem for a new problem, the mid-levle should bill Medicare under direct billing
If OTs and PTs are a separate category of providers, can they bill for separate services on the same day as an in-house MD?	Therapists' billing is out of the scope of todays presentation. I dont have those answers at my fingertips today
More specifically, does the patient record need to have a plan stating the NP will be part of care?	Best practice would state that possibility but I think if the plan of care is written it would be defensible if it is executed by they MLP
Does a physian have to be in the office, or can they be in the faculity and be available to the MLP?	The physician has to be present in contiguous office space AND immediately available
Can a mid-level use ancillary personal to bill incident to?	Yes, ancillary staff may provide services incident to a mid level who is direct billing

If the new problem arises on a patient seeing the MLP and the physician comes in to ex. check lymph nodes and assess the patient face to face and assist the MLP with a treatment plan etc. should that visit be direct billing by the MLP or is that visit under the physician.	Bill under the mid-level OR bill under the doctor without "counting" the part of the work done by MLP except for PFSH and/or ROS
Can the billing physican be a partner of patients primary physican when there is a shared record if the patients primary is not in the office suite that da	Yes, bill under the provider who is present at the time of the service
For New patient billing, billing under the MLP NPI is across the board or for Medicare only? For commercial payors can they bill incident to for new patient visits?	Medicare only - most commercial insurers do not have a mechanism for direct MLP billing
During an audit, what documentation must be available in the note to prove that the doctor was on-site during the time of service?	Best practice MLP says in their note that they are seeing dr X's patient who is in the office.
I am confused between slide 11 & 14 please explain, we live in Florida and our PA states he can see new patients w/o supervision. There is no physician on site only available by phone for the PA.	Don't confuse scope of practice with billng requirements.
There is some contradiction. Must the dr be in the suite w/NP or can NP see a new pt or f/u with out a dr in the suite?	Seeing the patient is regulated by scope of practice. Billing is different. If a new patient is seen by a mid-level w.out presence of physician, you should direct bill Medicare under the mlp npi
If new problem arrises, can the physician take over the visit from that point, complete the exam and plan and bill it.	Yes, but only "count" the physician work for E/M level - except for PFSH/ROS
Are the requirements the same for an FQHC?	there are separate rules for FQHC.

In a multi-specialty group, can a visit be billed incident-to a physician of another specialty? Is there a requirement that the physician under whom the visit is billed incident-to be capable of performing the same office visit? i.e. could a physiatrist who gives injections "oversee" an Orthopaedic PA giving an injection?	for billing purposed, there does not have to be a specialty "match"
Urology practice we have many pt's that return to see Nurse/MA for possible UTI's/ They have seen Dr. for inital Visit and diagnosis and as long as he has established a plan of care for them to possible return if continued problems to see nurse for urine check can we then bill this as incident to for nurse evaluation if this is stated in dr initial plan of care.	Nurses/MAs seeing patient may be limited to 99211
what would be the appropriate billing for a new pt visit in the office shared between a PA and MD? for example, the PA performs the history and exam; and the MD reviews and does the MDM.	There is no provision for shared billing in the office. You would submit the claim under the midlevel OR only count the physician work toward the l
If an NP is seeing pt in Hosp or SNF and billing under Dr. Does that dr have to be in the facility or can he review and sign note later that day when he arrives.	There is no incident to billing in a SNF....must be direct billed.
So if the NP is seeing the pt, and the Dr is not in the area we can only bill under the NP #?	Yes, if no physician is present, MLP must bill Medicare directly
We alway bill NP direct to Medicare as Dr is not on site & is our Preceptor. Correct?	Yes

What is the mid-level orders labs to continue the incident to service. Ex. Blood sugar monitoring? Can the ancillary service be billed as incident to?	yes
When it comes to incident to, does the MD ever have to sign off any any of the midlevel or RN's visits?	Not to meet billing requirements. But you have to consider other issues too as described in teh earlier answser
Can chemotherapy services be billed under the NP when the MD is out of the office?	Yes if the provider is MLP. If RN, no
If one of our mid-levels see at patient at 11:45 pm in the hospital and the rounding/attending physician sees the patient at 6:45 the next morning and signs off on the mid-level notes, can the mid-level's visit be billed as a shared visit?	2 things to consider here - signing off does not make a visit shared - each must provide a face to face medically necesary service and individually document their individual services. BUT also the scenario you describe occurs on 2 DOS - I recommend billing the MLP visit directly
If your MLP has their own NPI #, under which circumstances would you bill incident-to?	When all the incident to criteria are met_ employment, place of service, established patient with a physician created plan of care, direct supervision
Urology practice- if any of our pt's would possible be seeing our anx. staff / We would need to have our Dr. state this in his plan of care , does he have to be real specific in details as to what for or can it be something like pt ok to return to see anx staff for continued problems with ___	It has to be as specific as is clinically indicated and will vary patient to patient. At a minimum an outside auditor would need to understand that the intent of the provider is for care to continue according to the plan/protocol for hte patient s condition

How much documentation is required by the physician for a shared visit? Our staff tries to just write the standard statement they use while supervising a resident. We tell them they have to actually document a portion of each element (History, PE and MDM) is there any guideline that states exactly what the physician must document?	they have to document what they do. THis is a different principle than teaching physician rules
P.A. working locally (15 years) and sees patients who have a PCP within hospital-owned practice. P.A. is now going to work for a private practice physician. Many of the patients from the previous office transfer their care to the "new" office, does the doctor in the new, private practice need to see every (Medicare)patient and set up a plan of care ?	Not if the MLP will direct bill Medicare
Can consult services be billed as split services?	Medicare does not recognize consultation codes any more - but split/shared services are only provided in a facility settign
Does split/shared services apply to physician OFFICE care?	No, not in POS 11
Can "initial" visits be shared visits in the hospital or only subsequent visits? We have a CRNP who is working with our physician in the hospital.	Yes they can be shared, remember that each provides face to face medically necessary care, and documents what they do, the entries are "added together" to support the E/M Level

If all incident - to requirements are met why and would we ever bill under the MLP especially since reimbursement under MD is higher?	In theory, you might not need to.... but in real life, we find that things are never always - things happen that require direct billing. Additionally, consider that if you never use the MLPs number it wil be deactivated and if the unusual circumstance occurs and the only correct billing is direct, you mihgt not be able to
Can exacerbations of COPD or asthma fit into the plan that was established by the physician and be billed under incident-to	Yes
New pt comes into the office. the PA sees the pt and documents pt problems. Goes out and shares all the information with the Dr. in office. The Dr decides pt needs cysto. Dr walks into room introduces himmsel and tells the pt the plan. Incident or direct billing?	Probably direct, unless you only count the work done and documented by the physician
Does auxillliary staff include certified MA's and can you bill incident to if provider in office suite?	Depends on state scope of practice but at most would be limited to 99211
If 99211 may not require the presence of a physician why do you indicate that the "Dr is in the office suite at time of service?)	because it is specifically an incident to code and must meet that criteria for Medicare beneficiaries
Patient is seen by a PA following the medical plan of an MD, his dication should include the name of the physician he is seeing the patient in lieu of correct? Does that MD need to then sign off on the PA's dictation as well?	cosignature is not a billing requriement - but may be necesary to meet other obligaions

When billing incident to services, does the patients last visit with the supervising physician need to be within a certain time frame? For example, if the patient was seen a year ago by Dr. A for hypertension, the patiet is stable and is just coming in to get a refill on prescriptions can the visit still be incident to if they haven't seen the MD in a year? This is assuming all other criteria has been met.	There is no absolute time frame requriements. Medicare says that the physician should be sufficiently involved in the patietn care.... no frequency given
When a NP or PA sees a patient do they have to send their completed note to the attending physician for review?	Not for billing purposes. Licensure requriements differ from state to state
is a cold symptom appointment seen by NP considered incident to if physician is in house	I would think not usually - there wouldn't be a plan of care
If a PA sees a new pt and the patient returns for a F/U to review MRI results and discuss surgery options with the MD, does that vis get billed direct by MD or direct by PA.	IF the MD does the F/U visit they may bill under their number, if the MLP does the follow up - direct
If the MD is contracted with the hospital and also has his/her own office - are you still able to bill direct for the MLP for hospital services?	A: Not sure I understand the question, direct billing requries the MLP have aMedicare number.
have a unique situation. We have a group separating and as a result they have split off part of the practice. That includes all support and clinic staff ie NP's. Physicians are still employed by us, but NP's are not. They are leased back to us. Can they still bill incident to?	Leased employees may bill incident to - they represent an expense to the practice

Charla, If a NP and Physican are employed by a hospital, do they have to work under the same cost centers. Mary	This may require inquiry into the cost accounting department for a good answer