

Coding Policy Policy and Procedure	
SUBJECT: TEMPORARY POLICY EMERGENCY PROVISIONS FOR Documentation Guidelines “Incident To” Services During COVID-19 Public Health Emergency	DEPARTMENT: Coding Compliance
ORIGINAL EFFECTIVE DATE: 03/20	DATE(S) REVIEWED/REVISED: 03/20, 06/20, 01/21, 02/21, 05/21
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 62.0.PHE PAGE: 1 of 5

NEED AND DURATION OF EMERGENCY PROVISIONS

1. **Need for the temporary provisions: Emergency provisions for “Incident To” services to accommodate COVID-19.**
2. **Documents or source relied upon: CMS Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (PHE).**
3. **Effective Date: February 4, 2020**
4. **Termination Date: End of public health emergency or until further notification.**
5. **Reassessment Date determined at Companies’ sole discretion: December 31, 2021.**

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All Providers
All Lines of Business

POLICY:

Except for auxiliary personnel, **all providers billing “incident to” are required to be credentialed with Company.** Providers who are excluded from billing Company may not bill “incident to.”

AUXILIARY PERSONNEL

Coverage of services rendered by auxiliary personnel who are not licensed by the state to practice independently is limited to those services performed while in the employment of a physician and under the immediate supervision of a physician or physician extender. If the employer is a solo practitioner, he/she must directly supervise the care. In a group practice, any physician or physician extender who is a member of the group may be present in the office to supervise. **FOR SERVICES ON OR AFTER FEBRUARY 4, 2020, AND UNTIL FURTHER NOTICE, COMPANY WILL ALLOW THE SUPERVISING PROVIDER TO BE AVAILABLE BY AUDIO/VIDEO TECHNOLOGY RATHER THAN IN PERSON.** Auxiliary personnel subject to the restrictions of this provision include pharmacists, nurses (RN, LPN), medical assistants, technicians, and other aides. With the exception of CPT codes 99408, 99409, 99453, 99454, 99497, and 99498 (see below), the only E&M code which may be billed as “incident to” a physician by auxiliary personnel is 99211.

An RN, LPN, clinical nurse specialist, licensed clinical social worker, or licensed clinical psychologist who is specifically trained to do so may also report CPT codes 99408 or 99409 “incident to” a physician or physician extender.

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Auxiliary personnel may provide remote physiologic monitoring services described by CPT codes 99453 and 99454 “incident to” the billing practitioner’s services and under their supervision.

An RN or LPN who is specifically trained to do so based on criteria listed in Coding Policy 86.0 (Advance Care Planning and Palliative Care) may also report CPT codes 99497 and 99498 “incident to” a physician or physician extender.

Auxiliary personnel may administer influenza vaccine without physician supervision when furnished in compliance with any applicable State law.

Chiropractic assistants (CA) or licensed massage therapists (LMT) performing manual therapies/modalities under the direct supervision of a chiropractor may bill “incident to” the supervising chiropractor.

A certified Life Coach may report CPT code 0403T “incident to” the supervising nutritionist for a contracted Diabetic Prevention Program.

Physical therapy assistants (PTA) performing within scope of license under direct supervision of a physical therapist may bill “incident to” the supervising physical therapist. PTAs may not provide evaluative or assessment services, make clinical judgments or decisions; develop, manage, or furnish skilled maintenance program services; or take responsibility for the service. They act at the direction and under the supervision of the treating physical therapist and in accordance with state laws.

NURSE PRACTITIONERS AND PHYSICIANS’ ASSISTANTS

Nurse practitioners (NP’s) and physicians’ assistants (PA’s) who are licensed by the state and are credentialed by Company may bill under the physician’s name using the “incident to” guidelines. These practitioners may also bill independently. (See Coding Policy 40.0 for Mid-Level Practitioners.) An NP or PA practicing within the scope of his/her license is not limited to billing 99211 when billing “incident to.”

All supervision requirements, employment requirements, and any other requirements for billing “incident to” as outlined for auxiliary personnel and defined in this policy must be met.

PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS

Physical therapists and occupational therapists who are credentialed with Company may bill physical therapy (PT) or occupational therapy (OT) services “incident to” a physician, NP, or PA. PT or OT services provided by non-physician practitioners who are not credentialed with Company are not billable services. All supervision requirements, employment requirements, and any other requirements for billing “incident to” as outlined for auxiliary personnel and defined in this policy must be met.

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PROCEDURE:

FOR SERVICES ON OR AFTER FEBRUARY 4, 2020, AND UNTIL FURTHER NOTICE, COMPANY WILL ALLOW THE SUPERVISING PROVIDER TO BE AVAILABLE BY AUDIO/VIDEO TECHNOLOGY RATHER THAN IN PERSON. THIS IS AN EMERGENCY PROVISION SUBJECT TO CANCELLATION AT THE SOLE DISCRETION OF COMPANY.

“Incident To” Criteria:

To be billed under the physician’s, certified NPP’s, or other qualified provider’s name, services billed as "incident to" must be:

1. An integral, although incidental, part of the supervising provider’s professional service;
2. Commonly rendered without charge or included in the supervising provider’s bill;
3. Of a type that are commonly furnished in providers’ offices or clinics;
4. Furnished under the supervising provider’s direct personal supervision; and
5. Furnished by an individual who is an employee of the supervising provider and is not licensed by the state to practice independently, or is licensed by the state to practice independently and is credentialed by Company.

The provider supervising the auxiliary personnel need not be the same provider who is primarily responsible for treating the patient.

Only the provider who supervises the auxiliary personnel who provide incident to services may bill Company for those services.

An assistant for a surgical procedure must bill independently and may not bill “incident to” the surgeon.

NON-PHYSICIAN PRACTITIONERS CREDENTIALLED WITH COMPANY:

Services by a non-physician practitioner who is licensed by the state (NP, PA, PT, OT) and credentialed with Company may be billed “incident to” a physician only when the following conditions have been satisfied by the supervising physician:

1. Physician must perform the initial service.
2. Physician must create a plan of treatment.
3. Physicians must initiate any necessary change in treatment.
4. Physician must see the patient when there are changes in the patient’s status or condition.

In addition, the physician must see the patient at subsequent services of a frequency which reflect his/her active participation in and management of the course of treatment.

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In the ‘incident to’ scenario, the non-physician practitioner is expected to be carrying out a treatment plan initiated by the physician, and there must be documentation showing that the physician has seen the patient at regular intervals and at every change of therapy or status.

DEFINITIONS:

1. **Furnished under the provider’s direct personal supervision:**

Coverage of services and supplies “incident to” the professional services of a provider in private practice is limited to situations in which there is direct personal supervision by the billing provider. **FOR SERVICES ON OR AFTER FEBRUARY 4, 2020, AND UNTIL FURTHER NOTICE, COMPANY WILL ALLOW THE SUPERVISING PROVIDER TO BE AVAILABLE BY AUDIO/VIDEO TECHNOLOGY RATHER THAN IN PERSON.**

If more than one provider supervises a service, the one who has the responsibility for the major part of the service should be identified on the claim. The billing number on the submitted claim must reflect the provider who was actually on site **or supervising by audio/video technology** during the time of the encounter with the patient.

2. **An integral, although incidental, part of the provider’s professional service:**

“Integral, although incidental” means the services or supplies are furnished as part of the provider’s personal professional services in the course of diagnosis or treatment of an injury or illness.

3. **Commonly rendered without charge or included in the provider’s bill:**

Services generally provided by the physician in the course of an office visit and not billed separately might be billed “incident to” when provided on a day when the patient does not see the physician. Examples would be a dressing change, blood pressure check, etc.

4. **Of a type that are commonly furnished in providers’ offices or clinics:**

Only services and supplies commonly furnished in providers’ offices are covered under the “incident to” provision. Services or supplies not considered medically appropriate in an office setting are not covered under the “incident to” provision.

Documentation

Documentation submitted to support “incident to” services must link the auxiliary personnel or credentialed NPP with the supervising provider. Documentation must follow all standard requirements for medical records. In addition, there must be a visible link such as:

- A co-signature

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- Notation of supervising provider’s involvement within the text of the associated medical record entry
- Documentation from additional dates of service, other than those requested, which establish the link between the two providers.

Providence Health Plan may elect to do a retrospective review of documentation to ensure these rules are followed for “incident to” billing.

REFERENCE:

CMS/Medicare Rules and Regulations
 AMA Current Procedural Terminology (CPT)
 Company Coding Edits
 Company Coding Policies