

“Incident to” Community Paramedic Services Provided in a Physician’s Office

Federal regulations on the criteria for paying for care provided by non-physician health care professionals when they are rendered by employees of a physician or a physician directed clinic are summarized as follows:

- The services are rendered under the direct supervision of the physician, clinical psychologist (CPsy), nurse practitioner (NP), certified nurse midwife (CNM), clinical nurse specialist (CNS), or in the case of a physician directed clinic, the Physician Assistant (PA).
- The services are furnished as an integral, although incidental, part of the physician's, CPsy's, NP's, CNM's or CNS's professional services in the course of the diagnosis or treatment of an injury or illness.
- The services must be those that are of a type that are commonly furnished in physicians’ offices and commonly rendered without charge or included in a physician’s bill
- Billing 'incident to' the physician, the physician must initiate treatment and see the patient at a frequency that reflects his/her active involvement in the patient's case. This includes both new patients and established patients being seen for new problems. The claims are then billed under the physician's NPI.
- Billing 'incident to' the CPsy, NP, CNM, CNS or PA, the non-physician practitioners may initiate treatment and see the patient at a frequency that reflects his/her active involvement in the patient's case. The claims are then billed under the non-physician practitioner's NPI.
- There must be a valid employment arrangement between the physician, CPsy, NP, CNM, CNS or physician directed clinic, and the employee.
- The physician/non-physician practitioner cannot hire and supervise a professional whose scope of practice is outside the provider's own scope of practice as authorized under State law or whose professional qualifications exceed those of the "supervising" provider. For example, a CNM may not hire a psychologist and bill for that psychologist's services under the 'incident to' provision, since a psychologist's services are not integral to a CNM's personal professional services and are not regularly included in the CNM's bill.

Direct supervision is required for the payment of “incident to” services and direct supervision in a physician clinic or medical facility is defined as follows:

- Direct supervision in an office setting does not mean that the physician be physically present in the same room as his/her/clinic employee. However, they must be present in the office suite and immediately available to provide assistance and direction throughout the time the employee is performing the services.
- In the physician office, qualifying 'incident to' services must be provided by a caregiver qualified to provide the service, whom you directly supervise, and who represents a direct financial expense to you (such as a W-2 or leased employee, or an independent contractor).

- The physician does not have to be physically present in the treatment room while the service is being provided, but must be present in the immediate office suite to render assistance if needed.
- If the physician is a solo practitioner, he or she must directly supervise the care.
- If the physician is in a group, any physician member of the group may be present in the office to supervise.
- For inpatient or outpatient hospital services and services to residents in a Part A covered stay in a SNF the unbundling provision (1862) (a) (14) provides that payment for all services are made to the hospital or SNF by a Medicare intermediary (except for certain professional services personally performed by physicians and other allied health professionals). Incident to services are not separately billable to the carrier or payable under the physician fee schedule.

In institutions including SNF, the physician's office must be confined to a separately identifiable part of the facility and cannot be construed to extend throughout the entire facility. The physician's staff may provide service incident to the physician service in the office to outpatients, to patients who are not in a Medicare covered stay or in a Medicare certified part of a SNF. If the physician's employee (or contractor) provides services outside of that physician's 'office' area, these services would not qualify as 'incident to' unless the physician is physically present where the service is being provided. One exception is that certain chemotherapy 'incident to' services are excluded from the bundled SNF payments and may be separately billable to the carrier.