

Local Coverage Article: Billing and Coding: Incident To Clarification for OPPTS and CAH Outpatient (A55215)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

A55215

Original Effective Date

10/01/2015

Article Title

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

Revision Effective Date

10/01/2015

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are copyright 2019 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Retirement Date

N/A

Current Dental Terminology © 2019 American Dental Association. All rights reserved.

Copyright © 2019, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

CMS National Coverage Policy

Medicare Benefit Policy Manual Chapter 6 Section 20.5.1
Social Security Act (SSA) Section 1861(s)(2)(K)(i)

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 Codes that Support Medical Necessity

N/A

ICD-10 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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy 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 policy, 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 policy 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 Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 05/07/2020 with effective dates 10/01/2015 - N/A

Updated on 07/19/2016 with effective dates 10/01/2015 - N/A

Keywords

N/A