Frequently Asked Questions about "Incident to"

Can a physician assistant see a new Medicare patient and bill the service "incident to?"

No. By definition, a practice cannot bill a new patient visit with a physician assistant under the NPI number of the PA's supervising physician.

Can a service provided in the hospital be billed "incident to?"

No. Only services provided in an office or clinic setting are eligible for "incident to" billing.

Can a PA see a new Medicare patient? What about a Medicare patient who comes to the office when no physician is on-site?

Yes. A PA may see and treat any Medicare patient and provide a service within his or her state law guidelines for scope of practice as long as the state's supervision requirements are met. Since the "incident to" criteria have not been met, the claim should be submitted with the PA's NPI number.

If a physician is on-site while a PA performs a procedure, can the claim for the procedure be submitted with the physician's NPI number?

No. Generally, procedures are not "incident to" services.

If a patient was initially diagnosed by one physician in a group practice and a PA sees the patient for a follow-up visit for the same condition while a different physician in the group is within the suite of offices, may the service be billed "incident to?"

Yes. In Medicare's eyes, all physicians within a group are interchangeable. In this situation, however, the claim should be submitted with the NPI number of the physician who was within the suite of offices while the "incident to" visit took place.

What should be done if a PA is seeing an established Medicare patient with an established problem for an "incident to" visit and the patient begins to describe a new condition that is unrelated to the physician's previous diagnosis?

In this situation, the PA has two options. He or she can see and treat the patient for the new condition. but would have to bill this and any subsequent visits for this new problem with his or her NPI number. Alternatively, he or she can have the physician see and treat the patient for this new problem in order to establish a diagnosis so that future visits with the PA for this new problem can be billed "incident to" (assuming that a physician within the practice is within the suite of offices at the time of those follow-up visits).

After an initial visit, what role should the physician have in a Medicare patient's ongoing care while the PA sees the patient "incident to?"

The medical record should reflect that the physician had an "ongoing involvement in the patient's care." There is no set timeframe for the frequency of patient visits with the physician as compared to the frequency of visits with the PA.

Some private payers in my state require that claims for visits with PAs be submitted with the billing number of the supervising physician. Does this mean that PAs cannot see new private insurance patients or private insurance patients who come for visits when no physician is present?

No. "Incident to" is a Medicare term. Requirements that physicians establish diagnoses and be on-site apply only to Medicare patients, unless otherwise specified by the private payer or state laws. If a private payer uses the term "incident to," always ask for clarification of the billing requirements; do not assume that Medicare rules apply in the private insurance marketplace.

This "incident to" stuff sounds confusing! Can a practice submit claims for all Medicare patient visits with physician assistants under the physician assistant's NPI number?

Yes. Some practices choose to forego the additional 15 percent reimbursement in order to simplify their billing processes. In their view, the increased volume of patients treated by the PA leads to enhanced revenue (making up the 15% differential) and reduced patient wait time for appointments.