

Dermatology Coding Alert

Reader Questions: Omit Modifiers for 'Incident-To' Services

Question: Should I use a modifier when reporting services provided "incident-to" the dermatologist's care?

Utah Subscriber

Answer: No, you don't have to append a modifier of any type to identify incident-to services. Rather, you should report incident-to services just as if the physician performed the service himself. When billing incident-to services, however, you should remember these four facts:

1. To bill a service incident-to, you need direct physician supervision, which requires the physician to be immediately available in the office suite. To document this, you need at least a simple phrase in the progress notes such as "performed under the supervision of Dr. X," or "service provided under supervision of Dr. X."

Failing to document physician supervision could lead to a government audit. And even though your physicians may be able to show the auditors their schedules and prove that they were in the office at the time, it's still a time-consuming -- and therefore costly -- hassle that you can easily avoid with better documentation.

2. You cannot bill incident-to services for new patients or for established patients with new problems. Rather, to report a technician's services incident-to a physician, you must provide the services to an established patient with an established plan of care.

3. All services the technician provides must be within the technician's scope of practice as defined by your state, and the technician must be an employee of the physician or practice.

4. Services provided by other office staff using 99211 (Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician) are also subject to the incident-to guidelines and must meet all requirements for reporting the services.