

## Internal Medicine Coding Alert

### News You Can Use: CMS Changes 'Incident-To' Position - Yet Again

#### **Best bet: Assume that physicians who order services must also supervise them**

Internists who have been following CMS' recent clarifications on "incident-to" billing will need to return to their old way of thinking.

Late last year, CMS said that the supervising physician and the ordering physician don't have to be the same person for incident-to services. CMS instructed coders to put the ordering physician's name in Box 17 and the supervising physician's signature in Box 31 on the 1500 form.

But now CMS has sent out a notice that it has withdrawn that transmittal, known as Transmittal 20. The agency issued Transmittal 20 "in error," and there's no target date to issue a new one, according to a CMS spokesman. The transmittal is no longer on the CMS Web site, and the earlier incident-to transmittal, Transmittal 17, is also rescinded.

#### **Your Path May Be Uncertain**

CMS' announcement doesn't seem to have reached most providers, who remain unaware that CMS withdrew its incident-to guidance. And CMS was not clear regarding what it expects providers to do now in cases in which two different physicians are involved in incident-to billing.

The fact that CMS has withdrawn a transmittal doesn't mean that providers will stop following the advice in that transmittal, says **Theresa Powers**, a consultant with Doctors Management in Knoxville, Tenn. If CMS wants providers to stop following the "great policy" outlined in Transmittal 20, then it'll have to tell them explicitly to follow a different approach.

"I would expect there were a lot of complaints about that because there were a lot of extra steps" in CMS' new policy, says consultant **Jan Rasmussen** with Professional Coding Solutions in Eau Claire, Wis. Keeping track of which physician ordered a service means extra monitoring.

Even before this transmittal, Rasmussen always told clients to use the name of the physician who was present during the service. You should never claim that a doctor was supervising incident-to services when she was actually on vacation.

**Tip:** Ask the practitioner to write on the top of the charge sheet the initials of the physician who was present during the service, Rasmussen says.