

## Internal Medicine Coding Alert

### News You Can Use: Don't Miss Out on the Latest Incident-to Clarifications

#### **CMS: The ordering physician doesn't always have to supervise treatment**

**Heads up, IM coders:** If you code for a group practice but don't know about CMS' clarification for reporting incident-to services, you could be costing your internist the reimbursement he deserves.

**What happened:** CMS specified in Change Request 3460 that the ordering physician in a group practice who wrote the plan of care doesn't need to be present in the office suite for the nonphysician practitioner (NPP) to see the physician's patient and follow the established plan of care. But another physician in the group must be present in the office suite to supervise, says **Catherine Brink, CMM, CPC**, president of HealthCare Resource Management Inc. in Spring Lake, N.J.

Previously, carriers assumed that the physician who ordered incident-to services also had to supervise them, she says.

**Example:** One of your internists previously diagnosed an established patient with hypertension (401.x, Essential hypertension) and created a treatment plan for his condition. The patient presents today to an NPP for a blood pressure check, vital signs and an injection. Although your physician is not in the office, another internist who is supervising the NPP is present in the office suite. In this case, you could still report the appropriate established patient office visit code (99211-99215, Office or other outpatient visit for the evaluation and management of an established patient ...) under the supervising internist's PIN.

#### **Know the Right Boxes**

Note that the supervising physician (Physician 2) must bill under the same group PIN as the other physician (Physician 1) and must have signed a form 855R reassigning his right to bill to the group. You should identify the supervising physician "in 2310B loop" and list his PIN in REF02 and the IC qualifier in REF01, CMS instructs.

"Remember that documentation is key," Brink says. "There must be a plan of care for the patient" that the ordering physician has documented. In addition, the NP should document the appropriate evaluation and management that he has performed.

Be sure you list the ordering physician's name in Box 17 on the CMS 1500 form and his UPIN in Box 17A, says **Theresa Powers**, a consultant with Doctors Management in Knoxville, Tenn. The supervising physician's UPIN goes in Box 24K, and his signature goes in Box 31. Finally, the group's PIN will go in Box 33.