

Optometry Coding & Billing Alert

Reader Questions: Pay the Right Doc by Tracking Incident-To Services

Question: I am a biller for a group practice with 12 physicians and four nonphysician practitioners. How can we keep track of which physician is the supervising physician for incident-to services?

California Subscriber

Answer: CMS recently clarified that the supervising physician does not need to be the same physician who authored the patient's plan of care. Therefore, when your group practice has multiple doctors in the suite at once, you need to devise a method for choosing which one to list as the supervising physician.

One idea is to designate a particular physician as the supervisor for all incident-to services on a particular day, and then rotate physicians each day.

Compensation: Remember, in a group practice, the billing number listed on the claim can determine which physician receives compensation from the practice for those incident-to services. If a doctor's billing number goes on an incident-to claim simply because she happened to be in the office when the services happened, she'll get credit for services that she didn't order. Essentially, she'll make more money, and the doctor who actually ordered the services will make less.

CMS hasn't offered any guidance on how best to track incident-to services internally. Instead, each practice must figure out a way to base payment for incident-to services on the ordering physician, rather than the supervising physician.

Know the right boxes: You should list the ordering physician's name in Box 17 on the CMS 1500 form and his UPIN in Box 17A. The supervising physician's UPIN goes in Box 24K, and her signature goes in Box 31. The group's PIN will go in Box 33. To ensure fair physician payment, you should base compensation on the physician listed in Box 17 - not Box 24K or 33.