

## Part B Insider (Multispecialty) Coding Alert

### Incident-To Billing: Incident-To Compensation Is Just What The Doctor Ordered

#### Make sure you know who is your supervising doc on duty

Coders are applauding a recent clarification on incident-to services - but it's also causing its share of compensation confusion.

In September 2004, the **Centers for Medicare & Medicaid Services** changed its incident-to requirements (see PBI, vol. 5, No. 35). Before that, carriers would often assume that the physician who ordered incident-to services would also supervise them. But now, you can list two different doctors as the ordering and supervising physicians, notes **Jean Acevedo** with **Acevedo Consulting** in Delray Beach, FL.

**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, according to **Theresa Powers**, a consultant with **Doctors Management** in Knoxville, TN. The supervising physician's UPIN goes in Box 24K and her signature goes in Box 31. Finally, the group's PIN will go in Box 33.

This change reflects the realities of incident-to supervision in group practices, but billing can become confusing in larger practices, complains Acevedo. If multiple doctors are in the suite at once, which one should be listed as the supervising physician?

**Idea:** A practice will often have a particular physician designated as the supervisor for all incident-to services on a particular day, notes **Kathy Pride**, applications specialist with San Rafael, CA-based **QuadraMed**. "That keeps the confusion out," she adds.

#### Keep Compensation In Mind

More importantly, in a group practice, the billing number listed on the claim can determine which physician receives compensation from the practice for those 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 she didn't order, Acevedo explains. She'll make more money, and the doctor who actually ordered the services will make less.

Physicians have asked CMS how they're supposed to track this issue. CMS has responded that it's not CMS' problem how physicians track incident-to services internally, as long as they follow the billing rules, Acevedo notes.

Practices should be able to figure out a way to base payment for incident-to services on the ordering physician, rather than the supervising physician, says Powers. That means the compensation should be based on the contents of Box 17 rather than Box 24K or 33.