

## Eli's Rehab Report

### Reader Question: Incident to Billing

**Question:** If a physiatrist sees a patient and writes the original order for treatment, but isn't in the office when the patient returns for lab tests or injections, can we still bill incident to, or do we wait until the physiatrist returns?

Arizona Subscriber

**Answer:** Because incident to services are billed at the physician's billing rate (rather than at the nonphysician practitioner's rate, which is 15 percent lower), HCFA maintains specific billing guidelines for these services.

**Note:** These guidelines are for incident to services delivered in an office or clinic; Medicare does not recognize incident to billing for inpatient services provided in a hospital or nursing facility.

The Medicare Carriers Manual (MCM), section 2051, dictates that any practice billing incident to must meet the following guidelines:

the physician must be on-site at the time of treatment

the physician originally saw the patient for the first visit to the office or clinic

the physician must see the practice's established patients for any new medical problems.

For example, the physiatrist saw the patient on Monday and asked her to return on Wednesday for an injection. The doctor is out of the office on Wednesday, so the nurse practitioner (NP) administers it. The NP would bill the injection code (e.g., 90782) under his or her own provider number (since the physician was not in the office) and the practice would be reimbursed at the NPs lower rate.