

## Pain Management Coding Alert

### Reader Question: Learn What Separates Shared Visit and Incident-To

**Question:** An established patient came to our office for a follow-up with our nurse practitioner. During the visit the NP identified a new problem, which was addressed by the attending physician. Should both the NP and the attending document their work on the same note and bill under the attending provider's number/name or the NP's?

Connecticut Subscriber

**Answer:** Billing for a shared visit such as the one you describe is only allowed in an office if the visit meets the criteria for incident-to services. Identifying and treating a new problem does not meet Medicare's incident-to criteria. This is addressed in Chapter 12 of the Medicare Claim Processing Manual.

The following is an excerpt from the manual: In the office/clinic setting when the physician performs the E/M service the service must be reported using the physician's UPIN/PIN. When an E/M service is a shared/split encounter between a physician and a non-physician practitioner (NP, PA, CNS or CNM), the service is considered to have been performed "incident to" if the requirements for "incident to" are met and the patient is an established patient. If "incident to" requirements are not met for the shared/split E/M service, the service must be billed under the NPP's UPIN/PIN, and payment will be made at the appropriate physician fee schedule payment.