

Question and Answer with Mary Suhr, Coding Consultant:

**My physicians are in the office with the APP's and sign all their charts daily, they are not by themselves. So, I am trying to understand, does this satisfies the incident-to requirement? or no the patient with the new problem still need to be physically seen by the Physician? Our physicians sign off on 100% of the NPs visit notes..**

*The concept of Incident-to has a few components. One is the supervision that you mentioned, which sounds solid. The second is that the patient has to have an established plan of care that came from the supervising physician. Basically what CMS is saying is that they will pay the MD rate to APPs who execute the MDs plan of care as if it were the MD him/herself.*

*If the patient is new or has a new problem, while you may have the supervision requirements, you don't have an established plan of care from the MD yet. So, you can't bill those patients as "incident to" an established plan of care. You can still bill for the service, but it must be billed under the APP as the rendering provider. In GA, there shouldn't be much of a payment differential if any from Managed care payers and GA Medicaid pays 90% of the MD allowable.*

*So for new problems or new patients, to bill under the MD, the MD needs to see the patient and create the plan of care.*

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