

# The Rybar Group

## Consultants to the Healthcare Industry

### Incident to vs. Split/Shared

There tends to be a lot of confusion surrounding services performed by mid-level providers, such as nurse practitioners and physician assistants, under the direction of or in conjunction with a physician. The benefit to both of these billing scenarios is that the service is submitted under the physician and reimbursed at 100% instead of the lower rate for the mid-level provider.

There are a few rules that must be followed for each of these service types. If any of these items are not met and supported by documentation, the service would not meet the requirements and should be billed under the mid-level provider.

#### Incident to:

- Can only be performed in the outpatient office setting (place of service 11)
- Established patient who has already been seen by the physician
- Established plan of care determined by the physician
- Mid-level must only deal with the established plan of care, if they alter anything or address any additional issues the visit no longer qualifies as incident to
- The billing physician must be physically present in the office suite (not the exam room) at the time of service

#### Split/Shared:

- No restriction on place of service
- Both providers (mid-level and the physician) must provide a face-to-face service and document their portion of the work
- A statement of "I have seen and examined the patient and agree with the NP/PA" is insufficient to support billing the service under the physician as a split/shared visit.

Please keep in mind these concepts and rules are based on CMS requirements. Other payers may recognize incident to and split/shared as defined by CMS, or they may not. Be sure to validate what a particular carrier requires prior to service rendering and claim submission.