
CHAPTER 5: PROFESSIONAL SERVICES

SECTION 5.1: COVERED SERVICES

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“Incident To” Services

“Incident to” a physician’s professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of an injury or illness. The physician, under whose provider number a service is billed, must perform or be involved with a portion of the service billed. Physician involvement may take the form of personal participation in the service or may consist of direct personal supervision coupled with review and approval of the service notes at a future point in time.

Direct personal supervision by the physician must be provided when the billed service is performed by auxiliary personnel. Direct personal supervision in an office means the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the service is performed.

In addition to services performed by non-physicians such as nurses or aides; services performed by other non-physicians whose licenses allow them to perform physician-type services (nurse practitioners, physician assistants, and others) may qualify as “incident to” a physician’s service. **For all non-physician services, even if the physician supervision requirements are met, the service does not qualify as “incident to” unless the physician performs or is involved with some portion of the service billed.**

In situations where licensed and enrolled non-physicians such as a nurse practitioner or physician assistant provides all parts of the service independent of a supervising physician’s involvement, the service does **not** meet the requirements of “incident to” billing. Instead, the service must be billed using the provider number of the non-physician practitioner and must meet the specific coverage requirements of the practitioner’s scope of practice.

Provider Alert

Supervision and “signing off” of records does not constitute the requirements of “incident to”. Services billed in this manner are subject to post payment review, recoupment, and additional sanctions as deemed appropriate by Louisiana Medicaid.