JULY 10, 2015

CMS PROPOSAL TO LIMIT INCIDENT TO BILLING

This week, CMS released the proposed Medicare Physician Fee Schedule Rule for CY 2016 ("Proposed Rule"). In an effort to ensure that billing physicians/practitioners have a "personal role in, and responsibility for, furnishing services for which they are billing and receiving payment as an incident to their own professional services," CMS proposed to remove the language from the "incident to" regulation that specifies that the physician/practitioner supervising the auxiliary personnel need not be the same physician/practitioner upon whose professional service the incident to service is based. Currently, any physician/practitioner present in the office can provide the direct supervision for the incident to services of another physician/practitioner. If finalized, this change would eliminate the ability of a physician group to bill for incident to services unless the physician/practitioner who originally saw the Medicare beneficiary is also in the office providing the supervision for each incident to service. This proposal represents a substantial departure from current practices and will create additional administrative burdens for scheduling and billing compliance issues.

The Proposed Rule is scheduled to be published in the Federal Register on July 15 and is available here. Comments to the Proposed Rule are due by 5:00 PM EDT on September 8, 2015.

If you have questions about the Proposed Rule, the impact of this proposal or how to submit comments, please contact David Honig at dhonig@hallrender.com or Regan Tankersley at rtankersley@hallrender.com.

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