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**CHAPTER 5: PROFESSIONAL SERVICES**

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**SECTION 5.1: COVERED SERVICES****PAGE(S) 1**

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**“Incident To” Services**

“Incident to” ~~a physician’s professional~~ services means ~~that the~~ services or supplies ~~that~~ are furnished as an integral, although incidental, part of ~~the physician’s~~ supervising provider’s personal professional services ~~in the course of diagnosis or treatment of an injury or illness.~~ ~~For physicians,~~ “Incident to” services include those provided by support auxiliary personnel staff (e.g., aides medical assistants, licensed practical nurses, or registered nurses, etc. or nurses), but exclude those provided by an advanced practice registered nurse (APRN) and physician assistant (PA). ~~For APRNs and PAs, “incident to” services also include those provided by auxiliary personnel. For all “incident to” services, auxiliary personnel must only operate within the scope of practice of their license or certification.~~

~~The physician, under whose provider number a service is provided, must perform or be involved with a portion of the service provided.~~

~~Physician~~ Provider involvement supervision may ~~must~~ consist of either ~~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~~ is defined as the ~~the physician provider must be being~~ present in the ~~office suite~~ facility, though not necessarily present in the room where the service is being rendered, and immediately available to provide assistance and direction throughout the time the service is performed. For Office of Public Health clinics, providers must furnish general supervision, defined as under the supervising provider’s overall direction and control, but the provider’s presence is not required in the facility during the performance of the service.

When an APRN or PA provides all parts of the service independent of a supervising or collaborating physician’s involvement, even if a physician signs off on the service or is present in the ~~office suite~~ facility, the service does not meet the requirements ~~of of Medicaid~~ “incident to” billingservices. ~~Instead,~~ claims for such services must be submitted ~~the service must be billed~~ using the ~~provider number of the~~ APRN or PA as the rendering provider ~~and must meet the specific coverage requirements of the APRN’s or PA’s scope of practice.~~

It is inappropriate for a physician to submit claims for services provided by an APRN or PA with the physician listed as the rendering provider when the physician is only supervising, reviewing, ~~and/or~~ or ~~“signing off”~~ on the APRN’s or PA’s records. Services billed in this manner are subject to post-payment review, recoupment, and additional sanctions as deemed appropriate by Louisiana Medicaid.