“Incident to” Community Paramedic Services Provided in a Patient’s Home

Federal regulations also provide for the services of health care professionals to be provided in a patient’s home and billed as “incident to” if there is direct supervision and other criteria are met. “Incident to” services in a patient’s home have additional sets of rules that are as follows:

- If auxiliary personnel perform services outside the office (e.g., in a patient's home), Medicare covers their services as 'incident to' a physician's/non-physician practitioner's service only if there is direct personal supervision by the physician/non-physician practitioner.

- Certain services may be covered under the 'incident to' provision when provided in the setting by auxiliary personnel employed by the physician/non-physician practitioner and working under his/her direct supervision. However, many of these same services may not be covered when they are provided to hospital patients or nursing facility residents because the services do not ordinarily require performance by a physician and they are typically provided by personnel who are not employed by the physician and/or under his/her supervision in the hospital or nursing facility settings. Services such as therapeutic injections, breathing treatments and chemotherapy administration fall into this category.

- In general, the physician must be present in the patient's home for the service to qualify as an 'incident to' service. Direct personal supervision means that the physician/non-physician practitioner is physically present at the patient's place of residence when the service is performed.

Exceptions to this direct supervision requirement apply to homebound patients in medically underserved areas where there are no available home health services only for certain limited services found in Pub 100-02. Chapter 15 Section 60.4 (B). In this instance, the physician need not be physically present in the home when the service is performed, although general supervision of the service is required. The physician must order the services, maintain contact with the nurse or other employee, and retain professional responsibility for the service. All other incident to requirements must be met. Medicare covers services rendered to homebound patients provided by non-physician practitioners under direct personal supervision, when the following criteria is met:

- The service is an integral part of the physician's/non-physician practitioner's services to the patient;

- The services are included in the physician directed clinic's, physician's/non-physician practitioner's bill and the services represent an expense to the clinic or physician/non-physician practitioner; and

- The services are reasonable and necessary and not otherwise excluded from Medicare coverage.

- Homebound is defined as individuals considered confined to their home but are not necessarily bed ridden. However, the condition of these patients should be such that there exists a normal inability to leave home and, as a result, leaving their home would require a considerable and taxing effort. If the patients do in fact leave the home, the patients may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration. Therefore, beneficiaries will be considered homebound if they have a condition due to an illness or injury which restricts the individuals' ability to leave their place of residence except with the use of special transportation, or the assistance of another person or if they have a condition which is such that leaving their home would further endanger the patients' health or condition. Aged persons who do not often travel from their home because of feebleness and insecurity brought on by advanced age are not considered confined to their home. If the patients are not considered "homebound," Medicare cannot pay for the service(s). 'Homebound' must appear in Item 19 on the CMS-1500 claim form or the electronic equivalent. Note: This coverage should not be considered as an alternative to home health benefits where there is a participating home health agency in the area which could provide the needed services.

- A second exception applies when the service at home is an individual or intermittent service performed by personnel meeting pertinent state requirements (e.g., nurse, technician, or physician extender), and is an integral part of the physician's services to the patient.

- This coverage is limited to the following services: injections, venipuncture, EKG's, therapeutic exercises, insertion and irrigation of a catheter, changing of catheters and collection of catheterized specimen, dressing changes, replacement and/or insertion of nasogastric tubes, removal of fecal impaction (including enemas), sputum collection for gram stain and culture, paraffin bath therapy for hands and/or feet for rheumatoid arthritis or osteoarthritis and teaching and training (for the care of colostomy and ileostomy, the care of a permanent tracheotomy, testing urine, care of the feet for diabetic patients and blood pressure monitoring).

The second exception noted above may be very important for CPs in the state of Minnesota. The guidance by CMS here is relatively vague on “personnel meeting pertinent state requirements.” This may indicate that it would be possible in the state of Minnesota to bill Medicare for in-home CP services because this has been authorized by state law provided that the services can be shown to be “an integral part of the physician’s services to the patient.” Further exploration of this exception should be pursued through conversations with CMS and, potentially, legislators.

Medicare rules would indicate that Community Paramedics may be used and billed for in certain instances in physician offices or patient’s homes provided that the “incident to” regulations can be met.