TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

April 27, 2021

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RE: Texas survey on impact of change in incident-to services policy

Dear Mr. Milich and Ms. Damato:

On behalf of our more than 55,000 Texas physician and medical student members, the Texas Medical Association (TMA) writes again urging UnitedHealthcare to not disrupt long-standing billing arrangements between physicians and nonphysician practitioners. As stated in a Feb. 26, 2021, letter, we have concerns with UnitedHealthcare's policy update effective March 1, 2021, and announced in the December 2020 commercial reimbursement bulletin. In it, UnitedHealthcare requires advanced practice nurses and physician assistants to use their own National Provider Identifier (NPI) when they have *not* met incident-to requirements. We appreciate that UnitedHealthcare delayed this change until May 1, 2021, yet TMA contends the policy should be rescinded permanently.

Instead, UnitedHealthcare should conduct educational outreach to physicians and nonphysician practitioners on proper billing for services rendered incident to the services of a physician. TMA stands ready to collaborate with UnitedHealthcare and other payers in efforts to help ensure appropriate incident-to requirements are met. **As part of these educational efforts, UnitedHealthcare should make it clear that physicians can continue to utilize advanced practice nurses and physician assistants under proper incident-to billing arrangements, even if the advanced practice nurse or physician assistant has his or her own NPI.**

This policy change, implemented during a public health emergency, is causing both confusion and financial concern within physician practices. We urge UnitedHealthcare to implement a policy that bolsters physicians' ability to collaborate with other health care professionals to provide team-based, patient-centered care. Out of concern with UnitedHealthcare's change in incident-to billing requirements, TMA surveyed Texas physicians (members and nonmembers). On average, each responding physician employs two nurse practitioners and one physician assistant. When clinically appropriate, nearly 66% of responding physicians bill incident-to for the nonphysician practitioner's services, which illustrates an effective and efficient physician-led approach to medical care.

The majority of responding physicians contract with up to seven different payers. A billing change by one plan unnecessarily complicates the practice of medicine and places additional administrative burdens on practices' billing staff. Thus we urge UnitedHealthcare not to deviate from established medical billing practices used by Medicare and others.

Access to care is a legitimate concern for physicians. Texas has a large geographic area that is deemed rural and has grossly underserved populations. Of most concern is that patients' access to a physician-led care team is threatened by ending incident-to billing arrangements. **According to the TMA survey, physicians report the ability to treat an additional median count of 50 patients a week as a direct function of working collaboratively with nonphysician practitioners under incident-to arrangements. Ending incident-to billing arrangements threatens these patients' access to physician led, team-based care.**

It continues to be TMA's policy on physician assistants and allied health personnel that payment for services performed by a physician assistant should be made directly to the responsible physician. While greater use of nonphysician practitioners can improve the system, responsibility for care should be supported within the payment system to clearly indicate that various personnel are to work together effectively to provide high-quality services for the patient. The best care is delivered in a physician-led team model. TMA encourages all advanced practice practitioners to work within their respective licensed scope of practice, limited further by their education, training, and experience, under appropriate physician delegation and supervision, in a team approach. This is how access can be expanded. Nonphysician practitioners are essential members of a dynamic health care team.

Thank you for the opportunity to comment. If you have questions, please contact Robert Bennett, TMA vice president for medical economics, at robert.bennett@texmed.org.

Sincerely,

Diana L. Fite, MD
President
Texas Medical Association