

[ACCCExchange] Physician supervision

Hello all,

We recently did a conference call with CMS to clarify the role for mid-levels in supervising chemotherapy and radiation therapy. They responded just as they did in the ACCC summary below:

If your state scope of practice allows for the supervision and if your hospital job description or Medical Staff rules regarding the role of mid-level allied health professionals allows supervision, then the hospital may determine that they can supervise both.

Our medical NPs have recently completed the ONS produced CDs on radiation oncology and the radiation therapy NPs have completed the ONS chemo certification class. As of February 1 our coverage will increase to all physicians and all NPs in our centers. And of course there is always a radiation and medical oncologist on call for any questions an NP might have.

Luana Lamkin

Mountain States Tumor Institute

Boise, ID

Message: 1

Date: Fri, 8 Jan 2010 16:52:31 -0600

From: "Gallaspy, Janet" <JGallaspy@forrestgeneral.com>

Subject: Re: [ACCCExchange] Physician Coverage in Radiation Therapy

To: "Vangilder, Jenna" <JVangilder@edward.org>, "Maria Marini"

<MariaMa@greenhosp.org>, <accexchange@accc-cancer.org>

Message-ID:

<2302EFC3F7D92E45A135AE7A7C778AB1038A921C@fghmail.fghnet.com>

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Generally, what has worked in the past for Cardiac Rehab and Psych services is a log that the physician signs in and out as he/she enters/leaves the building. This gives you written record of the physician's presence in the building.

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My number one job responsibility is to provide a remarkable patient experience, in every dimension, every time.

From: Vangilder, Jenna [mailto:JVangilder@edward.org]

Sent: Friday, January 08, 2010 10:54 AM

To: Maria Marini; accexchange@accc-cancer.org

Subject: Re: [ACCCExchange] Physician Coverage in Radiation Therapy

How is everyone tracking if the physician is in the building?

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From: Maria Marini [<mailto:MariaMa@greenhosp.org>]
Sent: Friday, January 08, 2010 9:16 AM
To: 'accexchange@acc-cancer.org'
Subject: [ACCCExchange] Physician Coverage in Radiation Therapy

Here is the CMS guideline which addresses this issue.

ACCC's analysis. (To read the full text of ACCC's analysis of the 2010 final hospital outpatient department rule, log in to the Members Only section of ACCC's website, at www.acc-cancer.org. Go to MEMBER CONTENT.)

D. Physician Supervision (Page 74 of 92)

Issues Regarding the Physician Supervision of Hospital Outpatient Services Raised by Hospitals and other Stakeholders. Medicare Part B will pay for hospital outpatient diagnostic and therapeutic services only when they are furnished under the appropriate level of physician supervision specified by CMS. In the CY 2009 OPPTS/ASC proposed and final rule with comment period, CMS provided a "restatement and clarification" of the requirements for physician supervision of hospital outpatient diagnostic and therapeutic services that had been initially set forth in the April 2000 OPPTS final rule with comment period. CMS reports that although there were a few public comments on the discussion of physician supervision in the CY 2009 OPPTS/ASC proposed rule, since the publication of the CY 2009 OPPTS/ASC final rule, there have been many questions and concerns expressed about the current policies from hospitals and other stakeholders.

In discussing its response to these questions and concerns, in the CY 2010 OPPTS/ASC proposed rule, CMS said it will not withdraw the longstanding physician supervision policies for hospital outpatient services. Further, the effective date of the CY 2009 physician supervision revisions will remain as January 1, 2009. CMS did, however, identify three areas for which policy changes were proposed for CY 2010 and these are finalized in this rule. Two are related to the supervision of therapeutic services, and one is related to the supervision of diagnostic services. These areas are:
Policies for Direct Supervision of Hospital and CAH Outpatient Therapeutic Services. First, CMS will allow nonphysician practitioners, specifically physician assistants, nurse practitioners, clinical nurse specialists, certified nurse-midwives, and licensed clinical social workers (the latter practitioner was added in final rule) to directly supervise all hospital outpatient

therapeutic services that they may perform themselves in accordance with their state law and scope of practice and hospital-granted privileges, provided that they continue to meet all additional Medicare requirements, including any collaboration or supervision requirements in the regulations for their respective professions.

The direct supervision of pulmonary rehabilitation (PR), cardiac rehabilitation (CR) and intensive care rehabilitation (ICR) service, however, CMS said, must be furnished by a doctor of medicine or osteopathy. CMS notes that Medicare does not make a payment to a physician under the under the MPFS when the physician solely provides the direct supervision of hospital outpatient procedures but furnishes no direct professional service to a patient. The same policy would apply to the supervision of such services provided by nonphysician practitioners.

Second, CMS refines the definition of direct supervision of hospital outpatient therapeutic services for those services furnished in a hospital and in on-campus provider-based departments (PBDs) of a hospital. For services furnished on a hospital's main campus, "direct supervision" means that the supervisory physician or nonphysician practitioner must be present on the same campus, in the hospital or the on-campus PBD and "immediately available to furnish assistance and direction throughout the performance of the procedure." CMS also defines "in the hospital" as meaning areas in the main building(s) of a hospital that are under the ownership, financial, and administrative control of the hospital; that are operated as part of the hospital; and for which the hospital bills the services furnished under the hospital's certification number.

CMS also says that to be present in the hospital or the on-campus PBD and immediately available requires that the physician or nonphysician practitioner be physically present in areas on the campus of the hospital that are part of the hospital, including on-campus PBDs. CMS went on to say that the supervisory physician or nonphysician practitioner may not be located in any other entity. In addition, CMS said that it understands that today's hospital campuses could span several city blocks, but that in the context of direct supervision, it would be neither appropriate nor "immediate" for the supervisory physician or nonphysician practitioner to be so physically far away on the main campus from the location where hospital outpatient services are being furnished that he or she could not intervene right away.

CMS also notes that in the April 2000 OPPI final rule, it stated that the physician does not "necessarily need to be on the same specialty as the procedure or service that is being performed." Nonetheless, CMS now says that "in order to furnish appropriate assistance and direction for any give service or procedure, we believe the supervisory physician or nonphysician practitioners must have, within his or her State scope of practice and hospital granted privileges, the ability to perform the service or procedure."

CMS is not making any significant change to the definition or requirements the ability to perform the service or procedure."

CMS is not making any significant change to the definition or requirements for direct supervision in off-campus PBDs of the hospital, other than to allow nonphysician practitioners to provide direct supervision in these PBDs for the services that these practitioners may perform.

CMS notes that as "clarified" in the CY 2009 OPPI/ASC final rule with comment period, the supervisory physician for hospital outpatient therapeutic services must be in each PBD or a particular off-campus

remote location, but that does not mean that the physician must be in the same room when the procedure is performed.

CMS also notes that when it discussed the "assumption" that the physician supervision requirement is met on the hospital's main campus, it specifically did not extend the assumption to off-campus departments of the hospital. CMS continues to believe that it would be inappropriate to allow one physician or nonphysician practitioners to supervise all services being provided in all PBDs

at a particular off-campus remote location. Accordingly, CMS adds a new requirement to state that, for services provided on a hospital's main campus, direct supervision means that the physician or nonphysician practitioner must be present on the same campus, in the hospital or on-campus PBD of the hospital and immediately available to furnish assistance and direction throughout the performance of the procedures.

Policies for Direct Supervision of Hospital and CAH Outpatient Diagnostic Services. With respect to the physician supervision requirements for individual diagnostic tests, furnished in PBDs of hospitals, CMS says hospitals should follow the supervision requirements as listed in the MPFS Relative Value File.

For diagnostic services not listed in the MPFS file, Medicare fiscal intermediaries, in consultation with their medical directors, will define appropriate supervision levels in order to determine whether claims for these services are reasonable and necessary.

To further specify the supervision policy across service settings and to provide consistency for all hospital outpatient diagnostic services, for CY 2010 CMS requires that all hospital outpatient diagnostic service that are provided directly or under arrangement, whether provided in the main buildings of a hospital, in a PBD, or at a non-hospital location, follow the physician supervision requirements for individual tests as listed in the MPFS Relative Value file.

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