COMPLIANCE TIPS

TEST YOUR KNOWLEDGE OF MEDICARE’S SUPERVISION GUIDELINES

An established Medicare patient presents for a bronchodilation responsiveness spirometry with pre- and post- bronchodilator administration (CPT 94060) that the pulmonology physician ordered during the previous encounter. The service location is a physician office (POS 11). A registered nurse, employed by the physician practice, administers the technical part of the spirometry. The physician is in another building performing a bronchoscopy but the ARNP is in the clinic and supervises the technical component of the test and personally performs the interpretation piece of this study. The ARNP is also employed by the physician practice and the pulmonologist is listed as a collaborating physician on the ARNP’s license.

How would you bill this service?

a) Bill global fee under the physician’s provider number
b) Bill global fee under the ARNP’s provider number
c) Would not bill the service at all
d) Bill only the professional component under the ARNP’s provider number
e) Bill only the technical component under the ARNP’s provider number
f) Bill only the professional component under the physician’s provider number
g) Bill only the technical component under the physician’s provider number

The answer will be published in the next issue of The Connector. If you cannot wait until then, you can find the answer published on the Compliance Website under the Compliance Alerts and Educational Information section, Compliance Tips subheading.

http://www.hscj.ufl.edu/college-of-medicine/compliance/edu.aspx

ANSWER

The correct answer is “d” – bill the professional component under the ARNP’s provider number because the ARNP personally provided the interpretation. The technical component is not billable for the following reasons:

Procedure code 94060 requires direct physician supervision of the technical component. If a physician bills the global fee, this does not relinquish the physician’s responsibility for supervising the technical component of the service.

Direct physician supervision in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. The physician was not present in the office suite therefore the technical component of the test was not properly supervised.
According to Medicare regulations, all diagnostic x-ray and other diagnostic tests covered by Medicare and payable under the physician fee schedule must be furnished under the appropriate level of supervision by a physician. Services furnished without the required level of supervision are not reasonable and necessary.

Nonphysician practitioners like ARNPs may not function as a SUPERVISING physician under the diagnostic tests benefit. However, when personally performing diagnostic tests, NPPs are not required to meet the physician supervision requirements. Instead, they may personally perform diagnostic tests pursuant to State scope of practice laws and under the applicable State requirements for physician supervision or collaboration.

In this scenario, the ARNP did not personally perform the technical component, the RN did; therefore, the supervision requirement for the technical component was not met.

You may be thinking that this service could be billed incident-to the ARNP because the patient was established and the ARNP was in the clinic. The incident-to requirements are not applicable. The supervision requirements for diagnostic tests are not like the requirements for “incident-to” billing. They are a distinct and separate benefit set forth in the Social Security Act. Therefore supervision of diagnostic tests does not need to meet the incident-to requirements and incident-to requirements are not applicable.

If you need further training on the supervision requirements for diagnostic tests, please feel free to contact the Office of Compliance at (904) 244-2158 to arrange a training session.