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I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”), (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital or facilities in which an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Facility”) (collectively, “Tenet”).

II. PURPOSE:

The purpose of this policy is to ensure that patients undergoing outpatient diagnostic or therapeutic services at Tenet facilities are provided services with the appropriate level of physician or, as applicable, non-physician practitioner supervision.

III. DEFINITIONS:

- A. **“Non-Physician Practitioner (NPP)”** means, for purposes of this policy, a physician assistant, clinical psychologist, nurse practitioners, clinical nurse specialists, licensed clinical social worker, or certified nurse midwife acting within his/her state scope of practice laws and hospital-granted privileges.
- B. **“Immediately Available”** means, for purposes of this policy, physically present, interruptible and able to furnish assistance and direction throughout the performance of the procedure but without reference to any particular physical boundary.

IV. POLICY:



All outpatient diagnostic and therapeutic services provided in a Tenet hospital or critical access hospital must meet the appropriate supervision criteria set forth in this policy.

V. PROCEDURE:

A. Diagnostic Services

For those diagnostic services provided in the hospital or in a provider-based department (PBD) of the hospital, an appropriate level of supervision must be provided.

All hospital outpatient diagnostic services provided directly or under arrangement, whether provided in the hospital or in a PBD of a hospital, or at a non-hospital location must follow the physician supervision requirements for individual tests as listed in the Medicare Physician Fee Schedule (MPFS) Relative Value File. The list of diagnostic services in the MPFS Relative Value File is available at <http://www.cms.hhs.gov/PhysicianFeeSched/>. For services not listed in the MPFS,

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Medicare Administrative Contractors in consultation with their medical directors will define appropriate supervision levels in order to determine if the claims for services are reasonable and necessary.

For those diagnostic services requiring direct supervision, the following supervision requirements are applicable.

1. Direct Supervision

Direct Supervision for outpatient diagnostic services means that the supervising physician must be “immediately available” to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room where the procedure is performed.

While not defined in terms of time or distance, the Centers for Medicare and Medicaid Services (CMS) has indicated that the physician needs to be physically present, interruptible, and available “without interval or time.” The physician cannot be so far away on the main campus from the location where the hospital outpatient services are being furnished that he or she could not intervene right away.



2. Assistance and Direction throughout the Performance of the Procedure

Direct supervision requires the physician to be prepared to step in and perform the service, not just to respond to an emergency. This includes the ability to take over performance of a procedure or change a procedure or the course of treatment being provided to a particular patient as appropriate. The physician does not necessarily need to be of the same specialty as the procedure or service that is being performed, or the same department as the ordering physician. However, the supervising physician must have the ability to perform the service or procedure within his or her state scope of practice and hospital granted privileges.

3. NPPs MAY NOT provide Direct Supervision for most Diagnostic Services

NPPs may not function as supervisory physicians for purposes of diagnostic tests.

Exception: Clinical psychologists may supervise only diagnostic psychological and neuropsychological testing services when personally furnished by the psychologist or furnished under general supervision of a physician or clinical psychologist.

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B. Therapeutic Services

Therapeutic services are hospital outpatient services furnished incident to the services of physicians or NPPs in the treatment of patients and must be furnished on a physicians order and delivered under direct supervision. For those therapeutic services provided in the hospital or in a PBD of the hospital, an appropriate level of supervision must be provided.



1. Therapeutic Services Requiring Direct Supervision.

All outpatient therapeutic services covered under the Medicare Outpatient Prospective Payment System (OPPS) require direct physician supervision, as defined in this policy. Impacted service lines include, but may not be limited to, the following:

- Cardiac rehabilitation services;
- Partial hospitalization and other outpatient mental health services;
- Outpatient infusion therapy services (subject to Section V.B.3., below);
- Hospital outpatient observation services (subject to Section V.B.3., below);
- Radiation oncology services;
- Wound care services, excluding debridement;
- Hyperbaric oxygen therapy; and
- Pulmonary rehabilitation services

The following outpatient therapies are **not impacted** because they are not reimbursed by Medicare as hospital outpatient therapeutic services under the OPPS.

- Physical therapy
- Occupational therapy
- Speech therapy
- End-stage renal disease services

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2. Direct Supervision

Direct Supervision for outpatient therapeutic services means the supervising physician or NPP must be “immediately available” to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room where the procedure is performed.

While not defined in terms of time or distance, CMS has indicated that the physician needs to be physically present, interruptible, and available “without interval or time.” The physician cannot be so far away on the main campus from the location where the hospital outpatient services are being furnished that he or she could not intervene right away.

3. Nonsurgical Extended Duration Therapeutic Services



For certain non surgical services, CMS has determined that Direct Supervision is appropriate for the initiation of the service followed by General Supervision for the remainder of the service. Initiation is defined as the beginning portion of the service ending when the patient is stable and the supervising physician or NPP believes the remainder of the service can be delivered safely under his or her general direction and control. General Supervision means the procedure is furnished under the physician’s overall direction and control but the physician’s presence is not required during the performance of the procedure.

CMS Defined Nonsurgical Extended Duration Therapeutic Services¹

TABLE 48A—LIST OF NONSURGICAL EXTENDED DURATION THERAPEUTIC SERVICES

HCPCS Code	Long description
C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump.
G0378	Hospital observation service, per hour.
G0379	Direct admission of patient for hospital observation care.
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour.
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure).
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour.
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or

¹75 FR 72013, November 24, 2010. Chemotherapy and blood transfusions were specifically excluded by CMS from Nonsurgical Extended Duration Therapeutic Services due to the CMS’s view that such services require recurrent physical presence of the physician or NPP in order to evaluate the patient’s condition in the event it is necessary to redirect the services.

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	drug); each additional hour (List separately in addition to code for primary procedure).
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure).
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure).
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s).
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure).
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure).
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular.
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/ drug.
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure).
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure).



4. Assistance and Direction throughout the Performance of the Procedure

Direct supervision requires the physician or NPP to be prepared to step in and perform the service, not just to respond to an emergency. This includes the ability to take over performance of a procedure or change a procedure or the course of treatment being provided to a particular patient as appropriate. The physician or NPP does not necessarily need to be of the same specialty as the procedure or service that is being performed, or the same department as the ordering physician. However, the supervising physician or NPP must have the ability to perform the service or procedure within his or her state scope of practice and hospital granted privileges.

5. NPPs MAY provide Direct Supervision for most Therapeutic services

Direct supervision of outpatient therapeutic services may be provided by NPPs for services they may personally furnish in accordance with their state scope of practice laws and hospital granted privileges.

Exception: For Cardiac Rehabilitation, Intensive Cardiac Rehabilitation and Pulmonary Rehabilitation Services, the direct supervision services must be furnished by a doctor of medicine or osteopathy. .

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C. Documentation Requirements

1. The Tenet Facility must ensure that there is adequate documentation of the physician supervision of the procedure during the time when Medicare patients are receiving services.
2. For Nonsurgical Extended Duration Therapeutic Services, the point of transition from Direct to General Supervision must be documented in the medical record or hospital protocol.

Please see Law Department policy L-5 Personal Service Arrangements if a financial arrangement will be entered into with the physician providing supervision services.

D. Responsible Person



The Outpatient Diagnostic and Therapeutic Services Directors are responsible for ensuring that all individuals adhere to the requirements of this policy. If a Director is unable to create adherence to this policy, the Director shall immediately report the non-adherence to the Hospital Compliance Officer.

E. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Those employees who fail to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VI. REFERENCES:

- 2011 OPSS Final Rule
- Medicare Physician Fee Schedule Relative Value File
- CMS Publication 100-02 Medicare Benefit Policy Manual, Chapter 6 – Hospital Services Covered Under Part B
- 42 CFR §410.27
- 42 CFR §410.28
- 42 CFR §410.32

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- 42 CFR §413.65

- 42 CFR §410.71

- 42 CFR §410.73

- 42 CFR §410.74

- 42 CFR §410.75

- 42 CFR §410.76

- 42 CFR §410.77

- 42 CFR §482.12

- Law Department policy L-5 Personal Services Arrangements