

Medicare Supervisory Requirements update:

*An error was made in the Wednesday, January 26, 2011, e-mail message you received from ASHA. Although we have been communicating with the Centers for Medicare and Medicaid Services (CMS), ASHA has not solely or jointly with the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) written to CMS protesting the stringent nature of the physician supervision policy. ASHA is only in the preliminary stages of discussing a joint letter with AAO-HNS to CMS regarding this issue. We apologize for any misunderstanding that the initial message may have caused. The original article follows:*

The Centers for Medicare & Medicaid Services (CMS) determined that, effective January 1, 2011, a physician must be in the room when a speech-language pathologist performs a videostroboscopy or nasopharyngoscopy procedure (CPT 31579, 92511). The decision was made as the result of a practitioner's inquiry to a CMS regional office regarding Medicare supervisory requirements.

The new requirement is not currently available on the national CMS Web site. However, reference to the supervision requirement should be available on all Medicare Administrative Contractor (MAC) Web sites. An example of the supervision level display is on the [Trailblazer MAC fee schedule Web site](#) which, incidentally, can be used to request geographically adjusted fees for any locality.

- Select Year (2011), State (any), Locality (any)
- Insert procedure code (31579 or 92511), Modifier (none)
- Click on "Search"
- 31579 or 92511 fee information appears
- Scroll down to "Indicators"
- See "Physician Supervision of Diagnostic Procedures"
- Click on question mark adjacent to "03" for a description of the 03 level of supervision: "Procedure must be performed under the personal supervision of a physician." The regulatory definition of personal supervision is "in the room."

CMS has not released an explanation regarding this ruling, nor has a separate announcement been released. Furthermore, CMS did not request information from ASHA or the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) before making this decision. ASHA, jointly with AAO-HNS, has written CMS protesting the stringent nature of the policy and the isolated method in which the decision was made. The letter recommends a lower level of supervision such as the physician being available in the office suite.

#### **FAQs Regarding Compliance**

**1. Does the supervising physician need to be an otolaryngologist?** No, but for hospital outpatients the physician must be able to perform the procedure (i.e., have the specific training). For non-hospital settings the Medicare requirement does not specify a specialist but states "physician."

**2. There are times when the patient referred for the examination is not a patient of the otolaryngologists in our office. What is their responsibility?** The fact that the patient is not being seen by a physician in the practice is not relevant to this issue. The same rules apply whether the patient was referred to the practice specifically for the procedure or is a patient under the care of physicians in the practice or hospital. See question #1.

**3. Can the supervising physician be a resident?**

No. According to the CMS Division of Practitioner Services a resident in a teaching setting under the Medicare program may not be a supervising physician. This applies to diagnostic tests as well as other services.

**4. What documentation is necessary to indicate that a physician was present?** CMS has not established documentation requirements.

**5. I'm employed at a hospital. Who can provide guidance about complying with the new supervision requirements?** Your hospital compliance officer should have guidance regarding Medicare physician supervision requirements.

**6. How can I keep informed of the latest developments?** We will use ASHA Headlines to notify members of new developments including assistance in advocacy, if needed. To subscribe to ASHA Headlines, go to [ASHA's Web site](#) and insert "Headlines" in the search box. Follow the subscribe instructions listed.

If you have any questions about the 2011 change in Medicare requirements for videostroboscopy and nasopharyngoscopy supervision, please contact [reimbursement@asha.org](mailto:reimbursement@asha.org).