

Eli's Rehab Report

Don't Let Supervision Regs Undermine Your Claim

The documentation must support direct supervision for electrodiagnostic services

If your provider isn't documenting his level of supervision for 95900-95904, your practice is missing out on each of the claims. Clear up any confusion with these steps to foolproof level-of-supervision documentation.

Providers not now specifying the level of supervision in any manner may need to reconsider, says **Chris Sorrels, OTR, CHT**, an occupational therapist at Rehabnet Outpatient Center in Santa Monica, Calif.

If a provider does not directly provide all services a patient receives, you must document a minimum level of provider supervision. The extent to which the provider must supervise nonphysician staff varies by procedure. "Diagnostic testing performed by ancillary personnel ... must meet a separate set of physician supervision requirements," according to CMS.

Step 1: Understand the Rules

CMS has designated three principle levels of provider supervision:

Level One: General Supervision. "General supervision means the procedure is furnished under the provider's overall direction and control," says **Maggie M. Mac, CMM, CPC, CMSCS**, consulting manager for Pershing, Yoakley & Associates in Clearwater, Fla.

The provider's presence is not required during the procedure. The provider must order the diagnostic test but does not have to be in the office when the test is performed. Also, the provider is responsible for training the people who do the tests, as well as maintaining the testing equipment.

Example: A technician with an American Association of Electrodiagnostic Technologists (AAET) certification performs [CPT 95900](#)-TC (Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study; technical component). This code carries general supervision requirements for this provider, meaning the supervising physiatrist does not need to be present while the patient undergoes the motor NCS.

Note: The AAET offers an R. EDT (Registered Electrodiagnostic Technologist) credential. This certification is specific to technicians.

Level Two: Direct Supervision. This means that in the office setting, the supervising provider must be present in the office suite and immediately available to furnish assistance and direction throughout the procedure. The provider doesn't need to be present in the room during the procedure.

Example: When your physical therapist without American Board of Physical Therapy Specialties (ABPTS) certification performs the technical component of 95904-TC (Nerve conduction, amplitude and latency/velocity study, each nerve; sensory), you need to make sure your documentation supports the direct supervision by the physiatrist, says **Marvel J. Hammer, RN, CPC, CHCO**, owner of MJH Consulting, a healthcare reimbursement consulting firm in Denver.

Note: An ABPTS certification means the physician or physical therapist is qualified as an electrophysiological clinical specialist.

When you review the documentation, you should encourage language such as "Dr. Strong was available in the office during the performance of the sensory NCS."

Level Three: Personal Supervision. In this case, the supervising provider must be present in the room during the procedure to offer hands-on assistance and direction.

"For a level-three service, the therapist or physiatrist must be physically in the room with the patient and the NPP (nonphysician practitioner) providing the service. He or she cannot be across the hall with another patient or making phone calls at the front desk," Mac says.

Example: For 95903-TC (Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study; technical component), the PT with ABPTS certification may personally supervise another physical therapist performance of the motor NCS. Only the PT with ABPTS certification, however, may report this service. Because this procedure requires personal supervision, you should make sure the PT's documentation indicates that he was in the room during the study.

Hot tip: You can find the required supervision levels for all codes by looking to column "Z" ("Physician Supervision of Diagnostic Procedures") of the Physician Fee Schedule database.

Step 2: Put It All in Writing

CMS is vague about how you can demonstrate your compliance with the rules. The policy says only that "Documentation maintained by the billing provider must be able to demonstrate that the required physician supervision is furnished." Therefore, the billing parties must make sure the documentation is in place.

To shore up your documentation, follow these tips:

1. Make sure that any nonphysician practitioner who performs general (level-one) supervision of diagnostic tests has a note in his file indicating that he is fully trained for the procedure.
2. Place a printout of the procedure results in the patient's chart.
3. Encourage documentation of the supervising provider's accessibility within the office for procedures requiring direct (level-two) supervision.
4. For procedures requiring personal (level-three) supervision, make sure the progress notes contain a comment or signature by the supervising provider. If this proves impossible, the NPP should write a statement saying that he performed the test under the personal supervision of the supervising provider.