Highlights of Practitioner Services
Coverage and Limitations Handbook

SUPERVISION
Personal Supervision

- Services provided by an ARNP or a PA under the personal supervision of a physician may be billed by the physician instead of the ARNP or PA.

- Teaching physicians who seek reimbursement for oversight of patient care by a resident must personally supervise all services performed by the resident.
Personal Supervision

Personal supervision means that the services are furnished while the supervising practitioner is in the building and that the supervising practitioner signs and dates the medical records (chart) within 24 hours of the provision of the service. This new policy is in accordance with Florida Administrative Code. (See Rule 59G-1.010(276), F.A.C.)
Personal Supervision

• **Exceptions are:**
  - Deliveries
  - Psychiatric services
  - Child Health Check-Up screenings

• The ARNP or PA who provides these services must bill using their own Medicaid ID number as the rendering provider number.
Registered Nurse First Assistant Supervision

- The RNFA must adhere to the supervision guidelines set forth by the Board of Nursing.

- All services provided by a RNFA must be under the direct supervision of the physician.
Anesthesiology Assistant Supervision

- The AA must adhere to the supervision guidelines set forth in Chapters 458 and 459, F.S. and requires:
  - Onsite, personal supervision by an anesthesiologist in the office or suite where the procedure is being performed.
Supervision of AA, CRN Anesthetist

- Florida Statutes require that the anesthesiologist directly supervise services provided by an AA.

- The supervising anesthesiologist may bill as the rendering provider for services performed by Medicaid enrolled AAs under their direct supervision.
Supervision of AA, CRN Anesthetist

- If the provider chooses to bill the claim with the AA as the rendering provider, the supervising anesthesiologist may bill for supervision of the AA by billing the anesthesia code with a QK modifier.

- An anesthesiologist may supervise a maximum of four CRNAs or AAs providing general anesthesia at one time.

- Medicaid reimburses the anesthesiologist 20 percent of the anesthesia fee for supervising the CRNA or AA.
Supervision of AA, CRN Anesthetist

- To be reimbursed for supervision of a CRNA service, the anesthesiologist must bill with a modifier QK.

- If a CRNA is employed and salaried by a medical facility and the salary is reflected in the hospital cost report, for Medicaid reimbursement purposes, the CRNA may not bill for direct reimbursement from Medicaid.

- The anesthesiologist may be reimbursed for supervision of the CRNA in this circumstance and may bill Medicaid if not contracted or salaried by the facility.
Supervision of AA, CRN Anesthetist

Medicaid does not reimburse for supervision of procedures outside the anesthesia range 00100-01999.

Medicaid does not reimburse anesthesiology supervision of CRNAs performing monitored anesthesia care (MAC) or moderate sedation.
Radiology and Nuclear Medicine Services

Supervision Requirements:

- Non-invasive radiological studies do not require direct physician supervision to be reimbursed by Medicaid, but do require indirect supervision.
Radiology and Nuclear Medicine Services

- Indirect supervision means that the supervising physician:
  - Is not required to be physically present when the procedure is performed; but
  - Must be reasonably available, so as to be physically present to provide consultation or direction in a timely fashion as required for appropriate care of the recipient.
Radiology and Nuclear Medicine Services

- Invasive radiological studies require personal physician supervision to be reimbursed by Medicaid.

- Personal supervision means that the services are furnished while the supervising physician is in the building, and that the supervising physician signs and dates the medical records (chart) within 24 hours of the provision of the service. (See Rule 59G-1.010(276), F.A.C.)