Q&A: Medicare Physician Fee Schedule Final Rule Allows RRAs and RPAs to Perform Diagnostic Tests under Revised Supervision Levels

On November 1, 2018, the Centers for Medicare & Medicaid Services (CMS) finalized a policy in the Medicare Physician Fee Schedule (PFS) which decreases regulatory burden for the radiology care team. Specifically, the final rule provides that, effective for services furnished on or after January 1, 2019, diagnostic tests requiring personal physician supervision may be performed under direct physician supervision when furnished by a registered radiologist assistant (RRA) who is certified and registered by the American Registry of Radiologic Technologists, or a radiology practitioner assistant (RPA) who is certified by the Certification Board for Radiology Practitioner Assistants to the extent permitted by state law and state scope of practice regulations.[1]

This is long-awaited news for the American College of Radiology (ACR), the American Society for Radiology Technologists (ASRT), the American Registry of Radiology Technologists (ARRT), and the Society for Radiology Physician Extenders (SRPE) who have been advocating for Medicare's recognition of the RA for over 10 years under the cooperative efforts of the Intersocietal Commission of the Radiologist Assistant (ICRA).

Q. Why is CMS changing the requirement from personal supervision to direct supervision forservices performed by RRAs and RPAs that would otherwise require personal supervision?

A. In response to a request for comment on how to make Medicare more efficient, CMS received many comments asking for revision to the physician supervision requirements for diagnostic tests that are typically furnished by RRAs and RPAs. The commenters stated that all diagnostic tests, when performed by RRAs and RPAs, can be furnished under direct supervision rather than personal supervision of a physician. In addition to increasing efficiency, stakeholders suggested that CMS' supervision requirements for certain diagnostic imaging services unduly restrict RRAs and RPAs from conducting tests that they are permitted to do under current law in many states. In the new rule, CMS says that changes to the physician supervision requirements for RRAs and RPAs furnishing diagnostic imaging procedures will significantly reduce burden for physicians.

Q. How does this change impact RA practice or employment?

A. For services furnished on or before December 31, 2018, Medicare had a condition of payment that required certain diagnostic radiology services of an RRA or RPA be personally supervised by a physician. Personal supervision means a physician must be in attendance in the room during the performance of the procedure. Diagnostic services with a supervision indictor of "03" were required to have personal supervision in order for Medicare to pay for the service even if the service was performed by a certified RRA or RPA.

Effective for services furnished on or after January 1, 2019, CMS will permit diagnostic tests requiring personal physician supervision to be performed under direct physician supervision when furnished by certified RRAs or RPAs consistent with state law and scope of practice regulations. Direct 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. It does not mean that the physician must be present in the room when the procedure is performed.[2] Direct supervision in the hospital outpatient department means the 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.[3] Diagnostic services with a supervision indicator of "03" may be performed under direct supervision when performed by certified RRA or RPA in order for Medicare to pay for the test. Otherwise, Medicare continues to require personal supervision.[4]

It is also critical to note that the RRA or RPA is still subject to scope of practice regulations; for example, the RA is strictly prohibited from issuing a final interpretation on any examination in which they assist.

Q. Does this mean that radiologists are able to bill the Medicare program for RA services?

A. Under the new rule, effective January 1, 2019, for tests requiring personal supervision, radiology practices can begin to bill for diagnostic tests, both the procedure and the imaging study, when performed under direct supervision by RRAs and RPAs consistent with state law and scope of practice regulations in non-hospital settings only. The radiology practice could bill all services provided by the RRA or RPA (with a few exceptions discussed below) and CMS will pay those services at 100% of the physician fee schedule amount.

In hospital settings, direct supervision rather than personal supervision is required for these tests when performed by RRAs and RPAs but the test may only be billed by the hospital. In the case of therapeutic interventional radiology services where the description indicates "radiologic supervision and interpretation" (RS&I), the *diagnostic* supervision rules do not apply. In these cases, the services are *therapeutic* services subject to direct supervision under the "incident to" provisions of the Medicare statute. Billing under the physician fee schedule by the radiologist is only allowed under the "incident to" rules in the office setting. There is no physician fee schedule billing by the radiologist in the hospital setting under the "incident to" rules. In the hospital setting, the radiologist must personally perform the service to bill for a therapeutic service under the physician fee schedule.

- In the **office setting**, if the "incident to" rule requirements are met then the radiologist may bill for a diagnostic and therapeutic service under the physician fee schedule. Medicare considers the RS&I codes to be therapeutic services. [5]
- In the **hospital setting**, there is no "incident to" billing under the physician fee schedule. In this case, if the RRA or RPA were to perform a diagnostic or therapeutic service under direct supervision, only the hospital can bill for the service. In this instance, the procedural work is considered part of the hospital payment and a radiology practice could negotiate some kind of reimbursement from the hospital of its RRA or RPA employee's services. Otherwise, the radiologist must perform the service him/herself in order to bill this professional service to the physician fee schedule for procedures done in the hospital inpatient or outpatient setting.

Below is a chart which shows how the supervision rules apply in various practice settings:

	Hospital Inpatient		**Hospital Outpatient**		**Nonhospital**	
	Hospital Employee	Radiology Group Employee	Hospital Employee	Radiology Group Employee	IDTF Employee	Radiology Group
Diagnostic Service Global	N/A	N/A	N/A	N/A	[2]IDTF bills MPFS Supervision rules apply	Group bills MPFS Supervision rules apply
Diagnostic Service **TC Only**	Hospital bills DRG	Hospitals bills DRG	Hospital bills OPPS Supervision rules apply in	Hospital bills OPPS Supervision rules apply in	[6]IDTF bills MPFS	Group bills MPFS

	Supervision rules do not apply. Payment bundled	Supervision rules do not apply. Payment bundled	the outpatient department	the outpatient department	Supervision rules apply in the IDTF setting	Supervision rules apply in the office setting
Diagnostic Services **PC Only**	Radiologist bills MPFS	Radiologist bills MPFS	Radiologist bills MPFS	Radiologist bills MPFS	Radiologist bills MPFS	Radiologist bills MPFS
Non-Diagnostic Service ("Incident to")	Hospitals bills DRG "incident to" rule does not apply. In order to bill, the physician must provide the service.	Hospitals bills DRG "incident to" rule does not apply. In order to bill, the physician must provide the service.	Hospitals bills OPPS "incident to" rule does not apply. In order to bill, the physician must provide the service.	Hospitals bills OPPS No "incident to" rule does not apply. In order to bill, the physician must provide the service.	[6]IDTF cannot bill for non-diagnostic services	Group bills MPFS in physician office setting "incident to" rule applies. Diagnostic and therapeutic radiology services would be performed under direct supervision.

Q. Do I need an NPI number?

A. No, a NPI number is not needed. The radiologist assistant's work is billed by the radiology practice under the supervising radiologists NPI number.

[1]Medicare Physician Fee Schedule Final Rule, released November 2, 2018, review copy Pages 186-191

[2] 42 CFR 410.32(b)(3), personal supervision and direct supervision in the office setting

[3]42 CFR 410.28(e)(1), direct supervision in the hospital outpatient department

[4] 42 CFR 410.32(b)(4)

[5] Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services 60.1 - Incident To Physician's Professional Services

[6]Independent Diagnostic Testing Facility