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Requests For Supervision Level Changes For Hospital Outpatient Therapeutic Services

In the CY 2012 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) final rule (76 Fed. Reg. 74370), CMS established a process for the independent review by the Hospital Outpatient Payment Panel (HOP) of the required supervision levels for individual hospital outpatient therapeutic services. The Panel does not evaluate hospital outpatient diagnostic services, and cannot recommend assignment of a therapeutic service as a nonsurgical extended duration therapeutic service (NSEDTS). Stakeholders wishing to request that the Panel evaluate the required supervision for a given service should submit a request to CMS in accordance with the Federal Register Notice of upcoming Panel meetings, published approximately 90 days in advance of each meeting. Requests are typically due to CMS 30 days in advance of the meeting. Requestors should also consider the following information from the 2012 OPPS/ASC final rule:

The Panel will be charged with recommending to CMS a supervision level (general, direct, or personal) that will ensure an appropriate level of quality and safety for delivery of a given therapeutic service, as defined by a HCPCS or CPT code. In recommending a supervision level to CMS, the Panel will assess whether there is a significant likelihood that the supervisory practitioner would need to reassess the patient and modify treatment during or immediately following the therapeutic intervention, or provide guidance or advice to the individual who provides the service. In answering that question, the Panel will consider the following factors but may also consider others as appropriate:

- Complexity of the service.
- Acuity of the patients receiving the service.
- Probability of unexpected or adverse patient events.
- Expectation of rapid clinical changes during the therapeutic service or procedure.
- Recent changes in technology or practice patterns that affect a procedure's safety.
- The clinical context in which the service is delivered.

All requests for a change in the required supervision level must include justification for the change in supervision level that is sought per HCPCS code, supported to the extent possible with clinical evidence. The public could request another review of a previously reviewed service if there is new evidence to support a change in policy. For example, the public could request another review of a previously reviewed service if new information indicates recent changes in technology or practice patterns that affect a procedure's safety. Such a request must be substantiated with new information such as a change in clinical practice patterns due to new techniques or new technology.

Please refer to the CY2012 OPPS/ASC final rule (CMS-1525-FC) for further information. The rulemaking is accessible on the CMS website at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS1253621.html?DLPage=2&DLEntries=10&DLSort=2&DLSortDir=descending>