Update to the Manual for Telephone Services, Physician Assistant (PA) Supervision, and Medical Record Documentation for Part B Services

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Related CR Release Date: March 12, 2021 Effective Date: January 1, 2021
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PROVIDER TYPE AFFECTED

This MLN Matters Article is for physicians, other providers, and suppliers submitting claims to Medicare contractors (A/B Medicare Administrative Contractors (A/B MACs), including Home Health & Hospice MACs) for services provided to Medicare patients.

PROVIDER ACTION NEEDED

This article informs you about updates to Chapter 15 of the Medicare Benefit Policy Manual for Physician Supervision for Physician Assistant (PA) Services and Medical Record Documentation for Part B services. These updates clarify existing manual language and bring the manual in line with current payment policy for PA supervision and medical record documentation for Part B services. Make sure that your billing staffs are aware of these changes.

BACKGROUND

CMS finalized for Calendar Year (CY) 2020 the Physician Supervision for Physician Assistant (PA) Services proposal related to PAs services. Accordingly, 42 Code of Federal Regulations (CFR) 410.74 (a)(2) requires that PAs must provide their professional services in accordance with State law and State scope of practice rules for PAs in the State in which the services are provided to the extent that those rules describe the required relationship between physicians and PAs, including its collaborative nature and describe a form of supervision for Medicare’s purposes.

For States with no explicit State law and guidance regarding physician supervision of PAs, physician supervision is a process in which a PA has a working relationship with one or more physicians to supervise the delivery of their health care services. Such physician supervision is evidenced by documenting at the practice level the PA’s scope of practice and working
relationships the PA has with supervising physician(s) when providing professional services. In the CY 2020 Physician Fee Schedule Final Rule, CMS finalized a proposal to reduce burden by implementing a broadened general principle beyond teaching physicians, that allows all physicians, PAs, Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Nurse-Midwives (CNMs) and, Certified Registered Nurse Anesthetists (CRNAs), each of whom are recognized as Advanced Practice Registered Nurses (APRNs), to review and verify (sign/date) documentation in the medical record without having to re-document notes already included in the medical record. This principle applies across the spectrum for all Medicare-covered professional services provided by each of these professionals that are paid under the Medicare Part B Physician Fee Schedule. Also, in addition to physicians, residents, nurses, and medical students, this provision includes PA and APRN students or other members of the medical teams, as those individuals can make notes in a patient’s medical record that are reviewed and verified by physicians, PAs and APRNs.

CMS further clarified in the CY 2021 Physician Fee Schedule Final Rule that this documentation flexibility also applies to therapists, including physical therapists, occupational therapists, and speech-language pathologists.

The Medicare Claims Processing Manual revision notes that as of January 1, 2019, CMS makes payment for a short communication-technology based service that can be furnished using any modality of synchronous communication technology that can include audio-only telephone.

**ADDITIONAL INFORMATION**


If you have questions, your MACs may have more information. Find their website at [http://go.cms.gov/MAC-website-list](http://go.cms.gov/MAC-website-list).

**DOCUMENT HISTORY**

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<th>Date of Change</th>
<th>Description</th>
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<tr>
<td>March 24, 2021</td>
<td>Initial article released.</td>
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