

## COVERAGE

### Supervision

To provide digital health services, understanding the role of supervision among providers impacts how virtual care services are billed and reimbursed.

**Direct supervision:** Traditionally, direct supervision required a supervising provider to be physically present in the same location as the provider delivering the service. CMS and other payers have been adapting this requirement. For some services, the direct supervision requirement can be satisfied if the supervising provider is available through a real-time (synchronous) audio and video communication.

**General supervision:** Under general supervision, the service is provided under the direction and control of a supervising provider, but the provider does not need to be physically present during the service delivery. This is common for services involving non-physician practitioners (NPPs) such as nurse practitioners (NPs) or physician assistants (PAs).

**Modifier Codes:** Payers may require different modifiers to capture the specifics of the service provided, including the location of the patient and the type of modality used—such as live audio/video, audio-only, or store-and-forward services. These modifiers ensure that the service is billed correctly and that payers have the necessary information to process claims. Since requirements can vary from payer to payer, it's important to familiarize yourself with the specific coding and modifiers needed for your services.

**Incident-to-Billing:** This billing method allows services provided by NPPs to be billed under the supervising physician's NPI number at the full physician rate, rather than the reduced rate typically applied to NPPs. However, payers have specific policies regarding the conditions under which incident-to billing is permitted. These conditions often include requirements about the location of service, the type of supervision provided, and the relationship between the supervising physician and the NPP.



**TIP**

*Each payer may have its own supervision requirements for virtual care services. Consider reviewing payer-specific guidelines for how supervision is documented and how it impacts reimbursement.*