

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 519	Date: May 30, 2014
	Change Request 8512

SUBJECT: Revision to CMS Publication 100-08, Chapter 15

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to revise various sections of CMS Pub. 100-08, Chapter 15. These revisions do not establish any new CMS policies; they merely recite various regulatory provisions (as well as material from CMS Pub. 100-02, Chapter 15) in CMS Pub. 100-08, Chapter 15.

EFFECTIVE DATE: July 31, 2014

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 31, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	15/Table of Contents
R	15/15.4.4/Individual Practitioners
R	15/15.4.4.1/Anesthesiology Assistants
R	15/15.4.4.2/Audiologists
R	15/15.4.4.3/Certified Nurse-Midwives
R	15/15.4.4.4/Certified Registered Nurse Anesthetists (CRNAs)
R	15/15.4.4.5/Clinical Nurse Specialists
R	15/15.4.4.6/Clinical Psychologists
R	15/15.4.4.7/Clinical Social Workers
R	15/15.4.4.8/Nurse Practitioners
R	15/15.4.4.9/Occupational Therapists in Private Practice
R	15/15.4.4.10/Physical Therapists in Private Practice
R	15/15.4.4.11/Physicians
R	15/15.4.4.12/Physician Assistants (PAs)
R	15/15.4.4.13/Psychologists Practicing Independently
R	15/15.4.4.14/Registered Dietitians
N	15/15.4.4.15/Speech Language Pathologists in Private Practice

III. FUNDING:**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-08	Transmittal: 519	Date: May 30, 2014	Change Request: 8512
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SUBJECT: Revision to CMS Pub. 100-08, Chapter 15

EFFECTIVE DATE: July 31, 2014

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 31, 2014

I. GENERAL INFORMATION

A. Background: The purpose of this change request (CR) is to revise various sections of CMS Pub. 100-08, Chapter 15. These revisions do not establish any new CMS policies; they merely recite various regulatory provisions (as well as material from CMS Pub. 100-02, Chapter 15) in CMS Pub. 100-08, Chapter 15.

B. Policy: This change request (CR) revises various sections of CMS Pub. 100-08, Chapter 15. These revisions do not establish any new CMS policies; they merely recite various regulatory provisions (as well as material from CMS Pub. 100-02, Chapter 15) in CMS Pub. 100-08, Chapter 15.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
8512.1	NOTE: The contractor shall observe the revisions to sections 15.4.4, et seq. of chapter 15.		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Frank Whelan, 410-786-1302 or frank.whelan@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Program Integrity Manual

Chapter 15 - Medicare Enrollment

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(Rev.519, 05-30-14)

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- 15.4.4.15 – Speech Language Pathologists in Private Practice*

15.4.4 - Individual Practitioners

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

This section provides background information on physicians and non-physician practitioners (NPPs). While Medicare has established Federal standards governing these supplier types, these practitioners must also comply with all applicable state and local laws as a precondition of enrollment.

It is important that contractors review Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15 for specific information regarding the required qualifications of the suppliers listed in this section 15.4.4 et seq.

15.4.4.1 - Anesthesiology Assistants

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

Federal regulations at 42 CFR § 410.69(b) defines an anesthesiology assistant as a person who:

- (1) Works under the direction of an anesthesiologist;*
- (2) Is in compliance with all applicable requirements of state law, including any licensure requirements the state imposes on non-physician anesthetists; and*
- (3) Is a graduate of a medical school-based anesthesiologist's assistant educational program that:
 - (A) Is accredited by the Committee on Allied Health Education and Accreditation; and*
 - (B) Includes approximately 2 years of specialized basic science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background.**

With respect to education and training, Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, section 140.1 further describes an anesthesiology assistant as a person who has successfully completed a 6-year program for anesthesiology assistants, of which 2 years consists of specialized academic and clinical training in anesthesia.

15.4.4.2 - Audiologists

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

Section 1861(l)(3)(B) of the Social Security Act and Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 80.3.1 state that a qualified audiologist means an individual with a master's or doctoral degree in audiology who:

- Is licensed as an audiologist by the state in which the individual furnishes such services,*
- OR*
- In the case of an individual who furnishes services in a state which does not license audiologists, has:
 - Successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating such supervised clinical experience), and*
 - Performed not less than 9 months of supervised full-time audiology services after obtaining a master's or doctoral degree in audiology or a related field, and*
 - Successfully completed a national examination in audiology approved by the Secretary.**

15.4.4.3 - Certified Nurse-Midwives

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

Federal regulations at 42 CFR § 410.77 list the Medicare qualifications for certified nurse-midwives (CNMs). These qualifications require that a CNM must:

- (1) Be a registered nurse who is legally authorized to practice as a nurse-midwife in the state where services are performed;*
- (2) Have successfully completed a program of study and clinical experience for nurse-midwives that is accredited by an accrediting body approved by the U.S. Department of Education; and*
- (3) Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council.*

For more information on certified nurse midwives, refer to:

- Section 1861(gg) of the Social Security Act;*
- Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 180; and*
- Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, section 130.1.*

15.4.4.4 - Certified Registered Nurse Anesthetists (CRNAs)

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

Federal regulations at 42 CFR § 410.69(b) state that a CRNA is a registered nurse who:

- (1) Is licensed as a registered professional nurse by the state in which the nurse practices;*
- (2) Meets any licensure requirements the state imposes with respect to non-physician anesthetists;*
- (3) Has graduated from a nurse anesthesia educational program that meets the standards of the Council on Accreditation of Nurse Anesthesia Programs, or such other accreditation organization as may be designated by the Secretary; and*
- (4) Meets the following criteria:*
 - (i) Has passed a certification examination of the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, or any other certification organization that may be designated by the Secretary; or*
 - (ii) Is a graduate of a program described in paragraph (3) and within 24 months after that graduation meets the requirements of paragraph (4)(i).*

For more information on CRNAs, refer to:

- Section 1861(bb) of the Social Security Act*
- Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, section 140.1*

15.4.4.5 - Clinical Nurse Specialists

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

Federal regulations at 42 CFR § 410.76 and in Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 210 states that a clinical nurse specialist must meet all of the following requirements:

- Be a registered nurse who is currently licensed to practice in the *state* where he or she practices and be authorized to furnish the services of a clinical nurse specialist in accordance with *state* law.
- Have a master's degree in a defined clinical area of nursing from an accredited educational institution or a Doctor of Nursing Practice (DNP) doctoral degree; and
- Be certified as a clinical nurse specialist by a recognized national certifying body that has established standards for clinical nurse specialists and that is approved by the Secretary.

Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 210 states that the following organizations are recognized by CMS as national certifying bodies for clinical nurse specialists at the advanced practice level:

- American Academy of Nurse Practitioners;
- American Nurses Credentialing Center;
- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
- Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses);
- Oncology Nurses Certification Corporation;
- AACN Certification Corporation; and
- National Board on Certification of Hospice and Palliative Nurses.

15.4.4.6 - Clinical Psychologists

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

Federal regulations at 42 CFR § 410.71(d) state that to qualify as a clinical psychologist, a practitioner must meet the following requirements:

- Hold a doctoral degree in psychology (that is, a Ph.D., Ed.D., Psy.D.), and
- Is licensed or certified, on the basis of the doctoral degree in psychology, by the *state* in which he or she practices, at the independent practice level of psychology, to furnish diagnostic, assessment, preventive, and therapeutic services directly to individuals.

Clinical psychologists are authorized under the Medicare program to furnish "physician" services that fall under their state scope of practice and, have services furnished as an incident to their own personal professional services without physician supervision, involvement or oversight. Clinical psychologists can perform diagnostic psychological and neuropsychological tests without a physician or authorized non-physician practitioner's order. Solely for purposes of diagnostic psychological and neuropsychological tests, clinical psychologists are authorized to supervise these tests in addition to physicians.

A clinical psychologist must agree to meet the consultation requirements of 42 CFR §410.71(e)(1) through (e)(3). Under 42 CFR § 410.71(e), the practitioner's signing of the Form CMS-855I indicates his or her agreement to attempt to consult with their patient's primary care or attending physician.

For more information on clinical psychologists, refer to *Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 160*.

15.4.4.7 - Clinical Social Workers

(Rev.519, 05-30-14, Effective: 07-31-14, Implementation; 07-31-14)

Federal regulations at 42 CFR § 410.73(a) defines a clinical social worker as an individual who:

1. Possesses a master's or doctor's degree in social work;
2. After obtaining the degree, has performed at least 2 years of supervised clinical social work; and
3. Either is licensed or certified as a clinical social worker by the state in which the services are performed or, in the case of an individual in a state that does not provide for licensure or certification as a clinical social worker—
 - a. Is licensed or certified at the highest level of practice provided by the laws of the state in which the services are performed; and
 - b. Has completed at least 2 years or 3,000 hours of post master's degree supervised clinical social work practice under the supervision of a master's degree level social worker in an appropriate setting, such as a hospital, SNF, or clinic.

For more information on clinical social workers, refer to *Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 170*.

15.4.4.8 - Nurse Practitioners

(Rev.519, 05-30-14, Effective: 07-31-14, Implementation; 07-31-14)

Federal regulations at 42 CFR § 410.75(b) state that a nurse practitioner must be a registered professional nurse who is authorized by the state in which the services are furnished to practice as a nurse practitioner in accordance with state law. The individual must also meet one of the following criteria:

- (1) Obtained Medicare billing privileges as a nurse practitioner for the first time on or after January 1, 2003, and meets the following requirements:
 - (i) Is certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners.
 - (ii) Possesses a master's degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree.
- (2) Obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2003, and meets the standards in (1)(i) above.
- (3) Obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2001.

Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 200 lists the following organizations as CMS-recognized national certifying bodies for nurse practitioners at the advanced practice level:

- American Academy of Nurse Practitioners;

- American Nurses Credentialing Center;
- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
- Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses);
- Oncology Nurses Certification Corporation;
- AACN Certification Corporation; and
- National Board on Certification of Hospice and Palliative Nurses

15.4.4.9 - Occupational *Therapists in Private Practice*
(Rev.519, 05-30-14, Effective: 07-31-14, Implementation; 07-31-14)

A. Private Practice

Section 42 CFR 410.59(c)(ii), (iii), and (iv) state that an occupational therapist in private practice must:

(1) Engage in the private practice of occupational therapy on a regular basis as an individual, in one of the following practice types:

- (a) An unincorporated solo practice.*
- (b) A partnership or unincorporated group practice.*
- (c) An unincorporated solo practice, partnership, or group practice, or a professional corporation or other incorporated occupational therapy practice.*
- (d) An employee of a physician group.*
- (e) An employee of a group that is not a professional corporation.*

AND

(2) Bill Medicare only for services furnished in his or her private practice office space, or in the patient's home.

(a) A therapist's private practice office space refers to the location(s) where the practice is operated, in the state(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location. When services are furnished in private practice office space, such space must be owned, leased, or rented by the practice and used for the exclusive purpose of operating the practice.

(b) A patient's home does not include any institution that is a hospital, a CAH, or a SNF.

AND

(3) Treat individuals who are patients of the practice and for whom the practice collects fees for the services furnished.

B. Regulatory Definition

Section 42 CFR § 484.4 defines an occupational therapist as an individual who:

(1)(a) Is licensed or otherwise regulated, if applicable, as an occupational therapist by the state in which practicing, unless licensure does not apply;

(b) Graduated after successful completion of an occupational therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and

(c) Is eligible to take, or has successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

OR

(2) On or before December 31, 2009--

(a) Is licensed or otherwise regulated, if applicable, as an occupational therapist by the state in which practicing; or

(b) When licensure or other regulation does not apply--

(i) Graduated after successful completion of an occupational therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organizations of ACOTE; and

(ii) Is eligible to take, or has successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc., (NBCOT).

OR

(3) On or before January 1, 2008--

(a) Graduated after successful completion of an occupational therapy program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or

(b) Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy.

OR

(4) On or before December 31, 1977--

(a) Had 2 years of appropriate experience as an occupational therapist; and

(b) Had achieved a satisfactory grade on an occupational therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

C. Education Outside the United States

Section 42 CFR § 484.4 states that if the occupational therapist was educated outside the United States, he or she must meet all of the following:

(1) Graduated after successful completion of an occupational therapist education program accredited as substantially equivalent to occupational therapist entry level education in the United States by one of the following:

(a) The Accreditation Council for Occupational Therapy Education (ACOTE).

(b) Successor organizations of ACOTE.

(c) The World Federation of Occupational Therapists.

(d) A credentialing body approved by the American Occupational Therapy Association.

(2) Successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(3) On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as an occupational therapist by the state in which practicing.

D. Additional References

See Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15:

- *Section 230.2(B) for more detailed information regarding the required qualifications of occupational therapists.*

- *Section 230.4 for detailed information regarding the term “private practice.”*

15.4.4.10 - Physical Therapists in Private Practice

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

A. Private Practice

Section 42 CFR 410.60(c)(ii), (iii), and (iv) state that a physical therapist in private practice must:

(1) Engage in the private practice of physical therapy on a regular basis as an individual, in one of the following practice types:

(a) An unincorporated solo practice.

(b) A partnership or unincorporated group practice.

(c) An unincorporated solo practice, partnership, or group practice, or a professional corporation or other incorporated physical therapy practice.

(d) An employee of a physician group.

(e) An employee of a group that is not a professional corporation

AND

(2) Bill Medicare only for services furnished in his or her private practice office space, or in the patient's home.

(a) A therapist's private practice office space refers to the location(s) where the practice is operated, in the state(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location. When services are furnished in private practice office space, such space must be owned, leased, or rented by the practice and used for the exclusive purpose of operating the practice.

(b) A patient's home does not include any institution that is a hospital, a CAH, or a SNF.

AND

(3) Treat individuals who are patients of the practice and for whom the practice collects fees for the services furnished.

B. Regulatory Definition

Section 42 CFR § 484.4 defines a physical therapist as a person who is licensed, if applicable, by the state in which practicing (unless licensure does not apply) and who meets one of the following requirements:

(1)(a) Graduated after successful completion of a physical therapist education program approved by one of the following:

(i) The Commission on Accreditation in Physical Therapy Education (CAPTE).

(ii) Successor organizations of CAPTE.

(iii) An education program outside the United States determined to be substantially equivalent to physical therapist entry-level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or an organization identified in 8 CFR § 212.15(e) as it relates to physical therapists; and

(b) Passed an examination for physical therapists approved by the state in which physical therapy services are provided.

OR

(2) On or before December 31, 2009--

(a) Graduated after successful completion of a physical therapy curriculum approved by the Commission on Accreditation in Physical Therapy Education (CAPTE); or

(b) Meets both of the following:

(i) Graduated after successful completion of an education program determined to be substantially equivalent to physical therapist entry level education in the United States by a credentialed evaluation organization approved by the American Physical Therapy Association or identified in 8 CFR § 212.15(e) as it relates to physical therapists.

(ii) Passed an examination for physical therapists approved by the state in which physical therapy services are provided.

OR

(3) Before January 1, 2008--

(a) Graduated from a physical therapy curriculum approved by one of the following:

(i) The American Physical Therapy Association.

(ii) The Committee on Allied Health Education and Accreditation of the American Medical Association.

(iii) The Council on Medical Education of the American Medical Association and the American Physical Therapy Association.

OR

(4) On or before December 31, 1977 was licensed or qualified as a physical therapist and meets both of the following:

(1) Has 2 years of appropriate experience as a physical therapist.

(2) Has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

OR

(5) Before January 1, 1966--

(1) Was admitted to membership by the American Physical Therapy Association; or

(2) Was admitted to registration by the American Registry of Physical Therapists; or

(3) Has graduated from a physical therapy curriculum in a 4-year college or university approved by a state department of education.

OR

(6) Before January 1, 1966 was licensed or registered, and before January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring doctors of medicine or osteopathy.

C. Training Outside the United States

Section 42 CFR § 484.4 states that if the physical therapist was trained outside the United States before January 1, 2008, he or she must meet the following requirements:

(1) Was graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy.

(2) Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy.

D. Additional References

See Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15:

- Section 230.2(B) for more detailed information regarding the required qualifications of physical therapists.*

- Section 230.4 for detailed information regarding the term “private practice.”*

E. Site Visits of Physical Therapists in Private Practice

(This site visit requirement is pursuant to 42 CFR § 424.518(b).)

Subject to subsection F below, site visits will be performed in accordance with the following:

- Initial application – If a physical therapist (PT) or PT group submits an initial application for private practice, the contractor shall order a site visit through the Provider Enrollment, Chain and Ownership System (PECOS). This is to ensure that the supplier is in compliance with CMS's enrollment requirements. The scope of the site visit will be consistent with section 15.19.2.2(B) of this Chapter. The National Site Visit Contractor (NSVC) will perform the site visit. The contractor shall not convey Medicare billing privileges to the supplier prior to the completion of the NSVC's site visit and the contractor's review of the results.

- Revalidation – If a private practice PT or PT group submits a revalidation application, the contractor shall order a site visit through PECOS. This is to ensure that the supplier is still in compliance with CMS's enrollment requirements. The scope of the site visit will be consistent with section 15.19.2.2(B) of this Chapter. The NSVC will perform the site visit. The contractor shall not make a final decision regarding the revalidation application prior to the completion of the NSVC's site visit and the contractor's review of the results.

- New/changed location – Unless CMS has directed otherwise, if a private practice PT or PT group is (1) adding a new location or (2) changing the physical location of an existing location, the contractor shall order a site visit of the new/changed location through PECOS. This is to ensure that the new/changed location is in compliance with CMS's enrollment requirements. The scope of the site visit will be consistent with section 15.19.2.2(B) of this Chapter. The NSVC will perform the site visit. The contractor shall not make a final decision regarding the application prior to the completion of the NSVC's site visit and the contractor's review of the results.

F. Additional Site Visit Information

NOTE: The contractor shall also view the following:

- In section 2A of the Form CMS-855B application, physical and occupational therapy groups are denoted as "Physical/Occupational Therapy Group(s) in Private Practice." If a supplier that checks this box in section 2A is exclusively an occupational therapy group in private practice – that is, there are no physical therapists in the group – the contractor shall process the application using the procedures in the "limited" screening category. No site visit is necessary. If there is at least one physical therapist in the group, the application shall be processed using the procedures in the "moderate" screening category. A site visit by the NSVC is required, unless CMS has directed otherwise.

- If an entity is enrolled as a physician practice and employs a physical therapist within the practice, the practice itself falls within the "limited" screening category. This is because the entity is enrolled as a physician practice, not a physical therapy group in private practice.

- If a newly-enrolling private practice physical therapist lists several practice locations, the enrollment contractor has the discretion to determine the location at which the NSVC will perform the required site visit.

- Unless CMS has directed otherwise, a site visit by the NSVC is required when a physical therapist submits an application for private practice initial enrollment and reassignment of benefits (Form CMS-855I and Form CMS-855R). However, a site visit is not required for an enrolled private practice physical therapist who is reassigning his or her benefits only (Form CMS-855R).

- If the private practice physical therapist's practice location is his or her home address and it exclusively performs services in patients' homes, nursing homes, etc., no site visit is necessary.

15.4.4.11 - Physicians

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

As described in § 1861(r)(1) of the Social Security Act and in 42 CFR § 410.20(b), a physician must be legally authorized to practice medicine by the state in which he/she performs such services in order to enroll in the Medicare program and to retain Medicare billing privileges. Such individuals include:

1. Doctors of:

- Medicine or osteopathy*
- Dental surgery or dental medicine*
- Podiatric medicine*
- Optometry*

2. A chiropractor who meets the qualifications specified in 42 CFR § 410.22.

Refer to Pub. 100-04, Medicare Claims Processing Manual, Chapter 19, section 40.1.2 for special licensure rules regarding practitioners who work in or reassign benefits to hospitals or freestanding ambulatory care clinics operated by the Indian Health Service or by an Indian tribe or tribal organization.

15.4.4.12 - Physician Assistants (PAs)

(Rev.519, 05-30- 14, Effective: 07-31-14, Implementation; 07-31-14)

Federal regulations at 42 CFR § 410.74(c), 42 CFR § 410.150(a)(15), and Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 190 require that a physician assistant (PA) must meet the following Medicare requirements:

- 1. Have graduated from a physician assistant educational program that is accredited by the Accreditation Review Commission on Education for the Physician Assistant (its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Allied Health Education and Accreditation (CAHEA)); or*
- 2. Have passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants (NCCPA); and*
- 3. Be licensed by the state to practice as a physician assistant.*

As indicated in Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 190(D):

- Payment for the PA's services may only be made to the PA's employer, not to the PA himself/herself. In other words, the PA cannot individually enroll in Medicare and receive direct payment for his or her services. This also means that the PA does not reassign his or her benefits to the employer, since the employer must receive direct payment anyway.*
- The PA's employer can be either an individual or an organization. If the employer is a professional corporation or other duly qualified legal entity (e.g., limited liability company) in a state that permits PA ownership in the entity (e.g., as a stockholder, member), the entity may bill for PA services even if a PA is a stockholder or officer of the entity – so long as the entity is eligible to enroll as a provider or supplier in the Medicare program. PAs may not otherwise organize or incorporate and bill for their services directly to the Medicare program, including as, but not limited to, sole proprietorships or general partnerships. Accordingly, a qualified employer is not a group of PAs that incorporate to bill for its services. Moreover, leasing agencies and staffing companies do not qualify under the Medicare program as providers or suppliers of services.*

- PAs also have the option under their benefit to furnish services as an independent contractor (1099 employment arrangement) in which case the contractor serves as the PA's employer and Medicare payment is made directly to the contractor.

15.4.4.13 - Psychologists Practicing Independently (Rev.519, 05-30-14, Effective: 07-31-14, Implementation; 07-31-14)

Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 80.2 states that a psychologist practices independently when:

- He/she render services on his/her own responsibility, free of the administrative and professional control of an employer, such as a physician, institution or agency;
- The persons he/she treats are his/her own patients;
- He/she has the right to bill directly, collect and retain the fee for his/her services; and
- The psychologist is state-licensed or certified in the state where furnishing services.

A psychologist practicing in an office located in an institution may be considered an independently practicing psychologist when both of the following conditions are met:

- The office is confined to a separately-identified part of the facility that is used solely as the psychologist's office and cannot be construed as extending throughout the entire institution; and
- The psychologist conducts a private practice (i.e., services are rendered to patients from outside the institution as well as to institutional patients).

Independently practicing psychologists have a more limited benefit under the Medicare program than clinical psychologists. With a degree starting at the master's level of psychology, independently practicing psychologists are authorized to bill the program directly solely for diagnostic psychological and neuropsychological tests that have been ordered by a physician, clinical psychologist or nonphysician practitioner who is authorized to order diagnostic tests. Independently practicing psychologists are not authorized to supervise diagnostic psychological and neuropsychological tests. Any tests performed by an independently practicing psychologist must fall under the psychologist's state scope of practice.

15.4.4.14 - Registered Dietitians (Rev.519, 05-30-14, Effective: 07-31-14, Implementation; 07-31-14)

Federal regulations at 42 CFR § 410.134 state that a registered dietitian (or nutrition professional) is an individual who, on or after December 22, 2000:

1. Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose;
2. Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional; and
3. Is licensed or certified as a dietitian or nutrition professional by the state in which the services are performed. In a state that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (1) and (2) above.

There are two exceptions to these requirements:

- *A dietitian or nutritionist licensed or certified in a state as of December 21, 2000, is not required to meet the requirements of (1) and (2) above.*
- *A registered dietitian in good standing, as recognized by the Commission of Dietetic Registration or its successor organization, is deemed to have met the requirements of (1) and (2) above.*

15.4.4.15 – Speech Language Pathologists in Private Practice
(Rev.519, 05-30-14, Effective: 07-31-14, Implementation; 07-31-14)

Effective July 1, 2009, in order to qualify as an outpatient speech-language pathologist in private practice, an individual must meet the following requirements:

(i) Be legally authorized (if applicable, licensed, certified, or registered) to engage in the private practice of speech-language pathology by the state in which he or she practices, and practice only within the scope of his or her license and/or certification.

(ii) Engage in the private practice of speech-language pathology as an individual, in one of the following practice types:

(A) An unincorporated solo practice

(B) An unincorporated partnership or unincorporated group practice

(C) An unincorporated solo practice, partnership, or group practice, or a professional corporation or other incorporated speech-language pathology practice

(D) An employee of a physician group

(E) An employee of a group that is not a professional corporation

For more information on speech language pathologists in private practice, refer to Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, section 230.