

## Virtual Supervision of “Incident To” Services

### Background:

The American Medical Association (AMA) circulated resolution language at the AMA’s Annual House of Delegates Meeting held in June of 2016 which stated that the AMA “supports pilot programs in the Medicare program to enable virtual supervision of ‘incident to’ services that require direct supervision if those programs abide by certain principles.”<sup>1</sup> Those principles include:<sup>2</sup>

- The physician billing the “incident to” services must meet requirements of direct supervision of “incident to” services which includes seeing the patient and initiating the course of treatment, and providing services that shows active management and participation in the course of treatment.
- Supervision by the physician should conform to all applicable state laws in the state where the patient receives services.
- Non-physician practitioners must follow all state licensing laws and state medical practice laws during the provision of the “incident to” services.
- State scope of practice laws must be followed and the physician must be connected through real-time audio and video technology with the room where the service is provided, and to ensure that the physician is immediately able to provide assistance.
- Virtual supervision of “incident to” services must follow evidence-based practice guidelines when available.
- The physician providing the virtual supervision should visit the sites where the “incident to” services will be performed.
- Physicians providing virtual supervision of the “incident to” services must establish protocols for arranging emergency services “including having an agreement with a physician at the site at which the ‘incident to’ services are provided, to ensure immediate assistance.”

### Infectious Diseases Society of America Position on Virtual Supervision:

The Infectious Diseases Society of America (IDSA) does not support the use of virtual supervision for the provision of “incident to” services unless there is a practitioner onsite to provide immediate assistance in case of adverse events such as an allergic reaction during an IV infusion. The IDSA further supports that in the cases of infusions covered under the “incident to” rules the first infusion is provided to the patient during a face-to-face encounter with the supervising physician, but that it may be possible, for subsequent infusions, to be supervised virtually.

The IDSA believes that virtual supervision cannot provide “hands on” assistance that is needed for services such as IV infusions. Furthermore, in cases of infusion of outpatient parenteral antibiotic therapy (OPAT), the IDSA believes it is important for an infectious disease (ID) physician to provide input

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<sup>1</sup> American Medical Association: Report of the Council on Medical Service; Virtual Supervision of “Incident to” Services (Resolution 713-A-15)

<sup>2</sup> Ibid.

and consultation on the use of OPAT, but that the ID physician does not have to be physically present as long as another physician is physically onsite to provide immediate assistance, if needed, during the initial OPAT treatment.