

OMB Approval No. 0938-0685

SECTION 4: SUPERVISING PHYSICIAN(S)

This section is to be completed with identifying information about the physician(s) who supervise the operation of the IDTF and who furnish the personal, direct, or general supervision per 42 CFR 410.32(b)(3). The supervising physician must also attest to his/her supervising responsibilities for the enrolling IDTF.

A. Supervising Physician Information - Check the appropriate box to indicate whether this section is being completed to add, delete, or change information about an existing supervising physician. Provide the effective date of the change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. Provide the full name, social security number, date of birth, Medicare identification number, telephone and fax numbers, and e-mail address for each supervisory physician.

2. General Supervision

- Check the appropriate boxes in this section to indicate the responsibilities assumed by the physician(s) reported in Section 4A1 furnishing General Supervision.

For each physician performing General Supervision, at least one of the three functions listed here must be checked. However, to meet the General Supervision requirement the enrolling IDTF must have at least one supervisory physician for each of the three functions. An example is where two physicians are responsible for function 1, a third physician is responsible for function 2, and a fourth physician is responsible for function 3. All four supervisory physicians must complete and sign the supervisory physician section of this application. They should **only** check the function(s) they actually perform.

3. Indicate the type of supervision provided by this physician for the tests performed by this IDTF.

Information concerning the type of supervision (personal, direct, or general) required for performance of specific IDTF tests can be obtained from the Medicare carrier. All IDTFs must report at least one supervisory physician, and at least one supervising physician must perform the supervision requirements stated in 42 CFR 410.32(b)(3). All supervisory physician(s) must be currently enrolled with Medicare. However, they can be enrolled with a Medicare contractor other than the one to which this application is being submitted. The physician's Medicare identification number must be reported.

The type of supervision being performed by each physician who signs the attestation in Section 4B should be indicated in Section 4A3. Definitions of the types of supervision are as follows:

Personal Supervision means a physician must be in attendance in the room during the performance of the procedure.

Direct Supervision in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and provide direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

General Supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. The qualifications and training of the non-physician personnel who actually perform the diagnostic procedure and the proper operation, maintenance, and calibration of the necessary equipment and supplies are the continuing responsibility of the physician. See the notes in this section of the application for guidance concerning: "Personal," "Direct," and "General" supervision.

B. Attestation Statement for Supervising Physicians - This section must be signed and dated by all Supervising Physician(s) rendering supervisory services for this IDTF.

1) Complete the name of the enrolling IDTF.

2) Report all CPT and HCPCS codes the IDTF performs that this supervising physician **will not** be supervising.

3) Furnish the dated signature of the supervising physician.

NOTE: All signatures must be original. Faxed, photocopied, or stamped signatures will not be accepted.