DISCLAIMER: The information provided herein does not constitute a legal opinion. This Chart provides a summary of relevant laws. It is recommended that you seek legal advice as necessary. Each unique situation must be assessed to determine if the practitioner has the requisite skill to perform a procedure and are under the appropriate levels of supervision to perform a procedure.

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### NEW YORK STATE SUPERVISION DEFINITIONS BASED ON PRACTITIONER TYPE:

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<td>N/A – “Diagnostic tests performed by a nurse practitioner or clinical nurse specialist authorized to perform the tests under applicable State laws” are excluded from the basic rule which requires that diagnostic x-ray and other diagnostic tests are “furnished under the appropriate level of supervision by a physician.” 42 CFR § 410.32(b)(1)-(2)</td>
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### Headnotes:
Please note that Medicaid and Medicare include detailed descriptions of the circumstances when any service may be billed.

New York Education Law § 6542(1) authorizes physician assistants ("PAs") to perform medical services only (a) when under the supervision of a physician and (b) when the acts and duties assigned to him or her are within the scope of practice of his or her supervising physician. Any medical services performed must also be appropriate to the education, training and experience of the PA.

New York State licenses radiologic professions which include “Registered Specialist Assistant in Radiology” (RSA) and “Radiologic Technologist” (RT). These New York professions differ from Medicare’s classification of radiologic professions. For Medicare purposes, a Registered Radiologist Assistant (RRA) is certified and registered by the American Registry of Radiologic Technologists (ARRT) or a Radiology Practitioner Assistant (RPA) is certified by the Certification Board for Radiology Practitioner Assistants (CBRPA). New York does not require RSAs or RTs to be certified or registered with ARRT or CBRPA.

A Radiologic Technologist (RT) is licensed by NYS DOH under Article 35 of the Public Health Law and is authorized to practice radiography or radiation therapy or nuclear medicine.

Registered Specialist Assistants (RSA) are licensed by NYSED and may perform medical services under the supervision of a physician, but “only when such acts and duties as are assigned to him or her are related to the designated medical specialty for which he or she is registered and are within the scope of practice of his or her supervising physician.” The New York State Board for Medicine provided that RSAs cannot prescribe or write orders but can perform other tasks that the supervising physician finds the Specialist Assistant competent to perform. New York law requires that RSAs who practice radiology be licensed as a radiologic technologist by the New York State Department of Health and also complete a program for the training of radiological assistants approved by the New York State Education Department (10 NYCRR § 94.2(g)(4)(i)). NYSED notes that “there are no New York State Education Department approved programs for specialist assistants training. This means that there are currently no legal and acceptable training opportunities in New York State for potential applicants to gain experience acceptable for specialist assistants licensure in this State. Thus, in order for an applicant’s experience to be acceptable for licensure, it must have been legally gained in a jurisdiction other than New York State.” (License Requirements, Specialist Assistant, http://www.op.nysed.gov/prof/med/rsa.htm).

The “Personal Supervision Exception” applies to services which require personal supervision of the physician (indicated by supervision requirement “03” on Fee Schedule). If the diagnostic imaging procedure is performed by a Registered Radiologist Assistant (RRA) who is certified and registered by The American Registry of Radiologic Technologists (ARRT) or a Radiology Practitioner Assistant (RPA) who is certified by the Certification Board for Radiology Practitioner Assistants (CBRPA) only direct supervision is required for these services.

“Making X-Ray Exposures” refers only to diagnostic imaging services.

“Operation of Fluoroscopy Equipment” refers only to diagnostic imaging services and does not apply to the performance of fluoroscopy as part of procedural/surgical services.
Physician Assistant (PA)  
Yes. PAs working within their scope of practice may direct or order the application of radiation from any equipment or device. PHL § 3502(4)

Physician Assistant (PA)  
Yes. Services may be ordered by a PA. 42 CFR § 410.32

Physician Assistant (PA)  
Yes. Services may be ordered by a PA. 42 CFR § 410.32

Nurse Practitioner (NP)  
Yes. NPs working within their scope of practice may direct or order the application of radiation from any equipment or device. PHL § 3502(4)

Nurse Practitioner (NP)  
Yes. Services may be ordered by a NP. 42 CFR § 410.32

Nurse (RN)  
No.  
N/A

Nurse (RN)  
No.  
N/A

Registered Specialist Assistant (RSA) (Radiologic Assistant)  
No. Per an e-mail from NYS Board for Medicine, SAs cannot write orders.

Registered Specialist Assistant (RSA) (Radiologic Assistant)  
No.  
N/A

Radiologic Technologist  
No.  
N/A

Radiologic Technologist  
No.  
N/A

New York State Education Law provides that NPs are independently responsible for the diagnosis and treatment of their patients and does not require a NP to practice under physician supervision. The Education Law does not require physicians to supervise the NP or to co-sign the NP’s orders or medical records. (See http://www.op.nysed.gov/prof/nurse/np-prfnp.pdf)

New York State Education Law provides that NPs are independently responsible for the diagnosis and treatment of their patients and does not require a NP to practice under physician supervision. The Education Law does not require physicians to supervise the NP or to co-sign the NP’s orders or medical records. (See http://www.op.nysed.gov/prof/nurse/np-prfnp.pdf)

No. Under 42 CFR § 410.32(a)(2), "nonphysician practitioners" do not include nurses.

No. Under 42 CFR § 410.32(a)(2), "nonphysician practitioners" do not include radiologic assistants.

No. Only Physicians and certain nonphysician practitioners may order diagnostic tests per 42 CFR § 410.32(a)(2).
Injection of Contrast Media

- **Physician Assistant (PA)**
  - No. Making x-ray exposures is considered the practice of radiologic technology & must be performed by a radiologic technologist. 10 NYCRR § 89.2
  - N/A
  - N/A
  - N/A

- **Nurse Practitioner (NP)**
  - No. Making x-ray exposures is considered the practice of radiologic technology & must be performed by a radiologic technologist. 10 NYCRR § 89.2
  - N/A
  - N/A
  - N/A

- **Nurse (RN)**
  - No. Making x-ray exposures is considered the practice of radiologic technology & must be performed by a radiologic technologist. 10 NYCRR § 89.2
  - N/A
  - N/A
  - N/A

- **Registered Specialist Assistant (RSA) (Radiologic Assistant)**
  - Yes. Radiologic Technologists, and therefore registered specialist assistants in radiology, may set techniques and make x-ray exposures. 10 NYCRR § 89.2(a)
  - Under the supervision (oversight of) a licensed practitioner. 10 NYCRR §§ 89.1(a)(11), 89.2(a)
  - Yes. Typically under general supervision. NY Medicaid Policy Guidelines provide that radiology technicians must provide services under the supervision and control of a radiologist (See https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Manual_Policy_Guidelines.pdf).
  - Yes. Typically under general supervision for 70,000 x-ray codes, however, services must be furnished under the appropriate level of supervision set forth on the Physician Fee Schedule for each HCPS/CPT Code. 42 CFR § 410.32(b). No Personal Supervision Exception is applicable for certified RRs and RPAs.

- **Radiologic Technologist**
  - Yes. Radiologic Technologists may set techniques and make x-ray exposures. 10 NYCRR § 89.2(a)
  - Under the supervision (oversight of) a licensed practitioner. 10 NYCRR §§ 89.1(a)(11), 89.2(a)
  - Yes. Typically under general supervision. NY Medicaid Policy Guidelines provide that radiology technicians must provide services under the supervision and control of a radiologist (See https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Manual_Policy_Guidelines.pdf).
  - Yes. Typically under general supervision for 70,000 x-ray codes, however, services must be furnished under the appropriate level of supervision set forth on the Physician Fee Schedule for each HCPS/CPT Code. 42 CFR § 410.32(b). No Personal Supervision Exception
Injection of Contrast Media (cont’d)
Registered Specialist Assistant (RSA) (Radiologic Assistant) 3, 5

Yes. But only if certified by the DOH to inject intravenous contrast media. NY PHL § 3502(4)(a)

The supervising physician must find that the SA is competent to perform the task. Supervision shall be continuous but does not necessarily require the physical presence of the supervising physician when the services are performed. N.Y. Educ. Law § 6549(2)

The administration or injection of contrast media must be approved by a physician, PA, NP, or registered professional nurse within 24 hours prior to the injection and the authorizing provider must evaluate the patient on the day of the procedure. NY PHL § 3502(4)

Direct Supervision required.
10 NYCRR § 89.2(a)(8). The administration or injection of contrast media must be approved by a physician, PA, NP, or registered professional nurse within 24 hours prior to the injection and the authorizing provider must evaluate the patient on the day of the procedure. NY PHL § 3502(4)

Yes. Per NYS Medicaid Program Physician - Procedure Codes (Radiology), dollar values include "usual contrast media, equipment and materials."

Yes. [Included in the CPT/HCPCS code for the radiologic service] But only if furnished under the appropriate level of supervision set forth on the Physician Fee Schedule for each HCPS/CPT Code. 42 CFR § 410.32(b)

Personal Supervision Exception is applicable for certified RRAs and RPAs.

Yes. Per NYS Medicaid Program Physician - Procedure Codes (Radiology), dollar values include "usual contrast media, equipment and materials."

Yes. (Included in the CPT/HCPCS code for the radiologic service) But only if furnished under the appropriate level of supervision set forth on the Physician Fee Schedule for each HCPS/CPT Code. 42 CFR § 410.32(b)

Personal Supervision Exception is applicable for certified RRAs and RPAs.

Radiologic Technologist 3, 4

Yes. But only if certified by the DOH to inject intravenous contrast media. NY PHL § 3502(4)(a)
Operation of Fluoroscopy Equipment (70,000 codes)

- **Physician Assistant (PA)**: No. Operating fluoroscopy equipment is considered the practice of radiologic technology & must be performed by a radiologic technologist. 10 NYCRR § 89.2

- **Nurse Practitioner (NP)**: No. Operating fluoroscopy equipment is considered the practice of radiologic technology & must be performed by a radiologic technologist. 10 NYCRR § 89.2

- **Nurse (RN)**: No. Operating fluoroscopy equipment is considered the practice of radiologic technology & must be performed by a radiologic technologist. 10 NYCRR § 89.2

- **Registered Specialist Assistant (RSA) (Radiologic Assistant)**: Yes. Specialist Assistants in Radiology must also be licensed as a radiologic technologist. 10 NYCRR § 89.2

- **Radiologic Technologist**: Yes. A licensed radiologic technologist may operate fluoroscopic equipment under personal supervision of a physician or under supervision (oversight of) a physician for localization of a mobile organ. 10 NYCRR § 89.2(4)-(5)

Issuing an **Official** Diagnostic Interpretation of an Image

- **Physician Assistant (PA)**: N/A

- **Nurse Practitioner (NP)**: N/A

- **Nurse (RN)**: N/A

- **Registered Specialist Assistant (RSA) (Radiologic Assistant)**: No. Operating fluoroscopy equipment is considered the practice of radiologic technology & must be performed by a radiologic technologist. 10 NYCRR § 89.2

- **Radiologic Technologist**: Yes. To be paid for the technical components of the radiology service, qualified practitioners who provide radiology services in their offices must own or directly lease the equipment and must supervise and control the radiologic technician who performs the radiology procedures. (NYS Medicaid Program, Physician - Procedure Codes, Section 4 - Radiology)

- **Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed. N.Y. Educ. Law § 654-R(2)**

Yes. To be paid for the technical components of the radiology service, qualified practitioners who provide radiology services in their offices must own or directly lease the equipment and must supervise and control the radiologic technician who performs the radiology procedures. (NYS Medicaid Program, Physician - Procedure Codes, Section 4 - Radiology)

Yes. But only if furnished under the appropriate level of supervision set forth on the Physician Fee Schedule for each HCPS/CPT Code. 42 CFR § 410.32(b) (typically personal supervision for 70,000 diagnostic fluoroscopy codes)

Yes. But only if furnished under the appropriate level of supervision set forth on the Physician Fee Schedule for each HCPS/CPT Code. 42 CFR § 410.32(b) (typically personal supervision for 70,000 diagnostic fluoroscopy codes)

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No Personal Supervision Exception
*It is the position of the New York State Radiological Society that PAs do not have the requisite education, training and experience to issue official diagnostic interpretations. Regarding the performance of diagnostic medical services, the NYSDOH provides that PAs can perform and interpret routine diagnostic procedures “to the point of recognizing deviations from the norm,” however, “the physician is responsible for the supervision of the PA in all settings” (See https://www.health.ny.gov/professionals/doctors/conduct/physician_assistant.htm). Further, the American College of Radiology’s Parameters for Communication of Diagnostic Imaging Findings provide: “It is not appropriate for nonphysicians to provide interpretations or generate diagnostic reports (final or preliminary).” (See https://www.acr.org/-/media/ACR/Files/Practice-Parameters/CommunicationDiag.pdf).
Issuing an **Official** Diagnostic Interpretation of an Image (cont’d)

**Radiologic Assistants cannot issue any (preliminary or final) diagnostic interpretations of any radiological examination/image, however, Radiologic Assistants may transmit initial observations to the Supervising Radiologist in the form of a draft, however, these initial observations cannot be made available to the referring physician or patient. The Supervising Radiologist must review the Radiologic Assistant’s initial observations, make any necessary edits, and sign off on the report. Once signed off by the Supervising Physician, the report may be available to the referring physician and patient. (See N.Y. Pub. Health Law § 3515; https://www.acr.org/-/media/ACR/Files/Annual-Meeting/ACR-2019/ACR-2019-Resolutions.pdf?la=en; https://www.asrt.org/docs/default-source/practice-standards-published/ps_raa.pdf?sfvrsn=1ae076d0_16; https://www.arrt.org/docs/default-source/r.r.a/rra-entry-level-clinical-activities-july-2018.pdf?sfvrsn=ceb04fc_10).