

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.

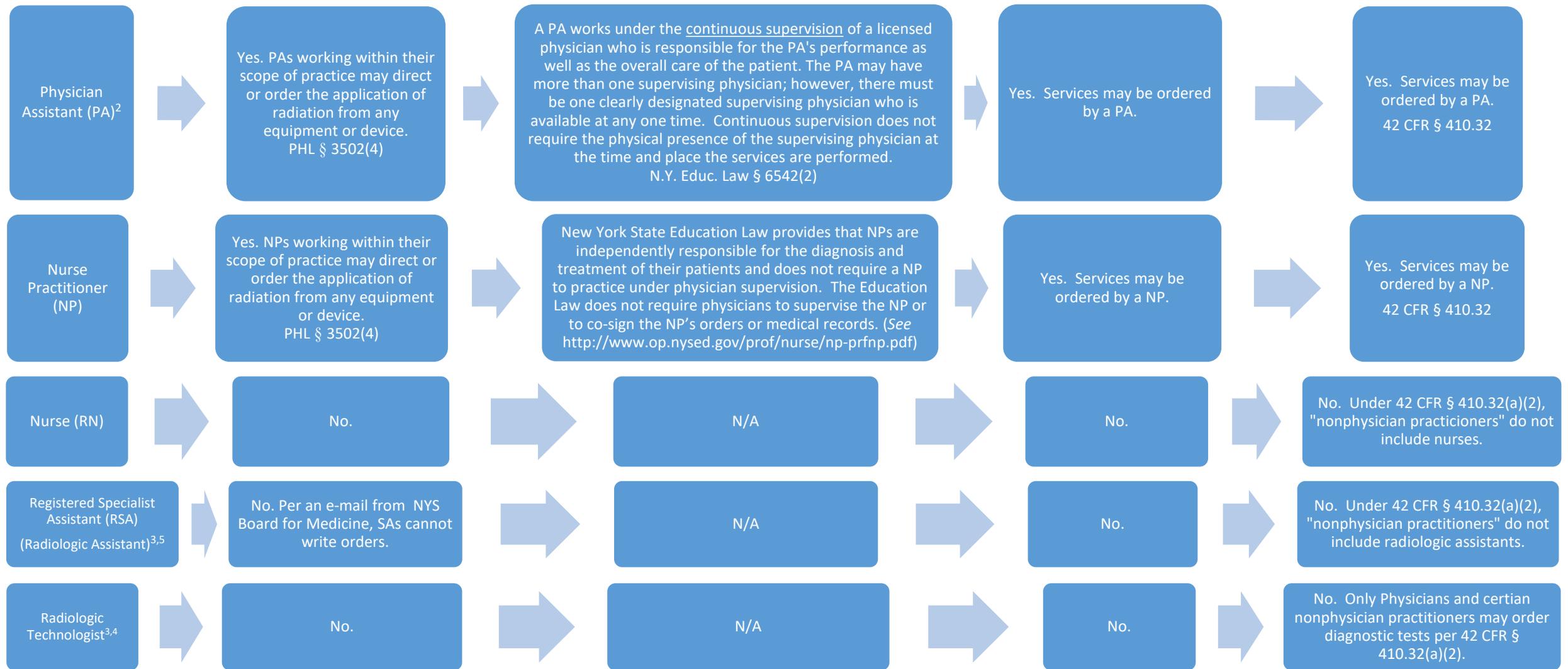
NEW YORK STATE SUPERVISION DEFINITIONS BASED ON PRACTITIONER TYPE:				
Physician Assistant (PA)	Nurse Practitioner (NP)	Nurse	Specialist Assistant (SA) (Radiologic Assistant)	Radiologic Technologist <i>(level of supervision will vary depending on the procedure performed as indicated within chart)</i>
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 § 6542(2)	A NP can diagnose a patient and perform therapeutic and corrective measures within a specialty area of practice pursuant to a written practice agreement entered into with a physician. (N.Y. Educ. Law § 6902(3)). A NP is not required to practice under the collaborating physician’s supervision. The Education Law does not require a NP be supervised by a physician or that a physician co-sign the NP’s orders or medical records. (See http://www.op.nysed.gov/prof/nurse/np-prfnp.pdf)	N/A	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 § 6549(2)	“ Supervision ” - The oversight of a licensed radiologic technologist by a licensed practitioner acting within the limits specified in the law under which the practitioner is licensed. 10 NYCRR § 89.1(a)(11)
				“ Direct Supervision ” - The physician must be present in the section of the facility where the procedure is being performed and is not concurrently encumbered by responsibilities that would preclude the physician from responding to a request for assistance within a timeframe that poses no risk to the patient. The physician shall be immediately available to furnish assistance and direction throughout the performance of the procedure, and is professionally responsible for the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed. 10 NYCRR § 89.1(a)(6)
				“ Personal Supervision ” - The physician must be in attendance in the room during the performance of the procedure. 10 NYCRR § 89.1(a)(9)

MEDICARE SUPERVISION DEFINITIONS: (42 CFR § 410.32(b)(3); Medicare Benefit Policy Manual, Chap. 15, § 80)				
“ General Supervision ” – procedure is furnished under the physician’s overall direction and control, but the physician does not need to be physical present during 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 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.		“ Personal Supervision ” – a physician must be present in the room during the performance of the procedure.
Physician Assistant (PA)	Nurse Practitioner (NP)	Nurse	Specialist Assistant (SA) (Radiologic Assistant)	Radiologic Technologist
General Supervision – “[D]iagnostic tests performed by a physician assistant (PA) that the PA is legally authorized to perform under State law require only a general level of physician supervision. ” 42 CFR § 410.32(b)(3)	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)	Level of supervision may be general, direct or personal . Level of supervision will vary based on the physician supervision requirements for each HCPS/CPT code set forth on the Physician Fee Schedule. 42 CFR § 410.32(b)	Level of supervision may be general, direct or personal . Level of supervision will vary based on the physician supervision requirements for each HCPS/CPT code set forth on the Physician Fee Schedule. “ Personal Supervision Exception ” ⁶ – An Exception has been made for services which require personal supervision of the physician (indicated by supervision requirement "03" on Fee Schedule): only direct supervision is required for these services 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).	Level of supervision may be general, direct or personal . Level of supervision will vary based on the physician supervision requirements for each HCPS/CPT code set forth on the Physician Fee Schedule. 42 CFR § 410.32(b)

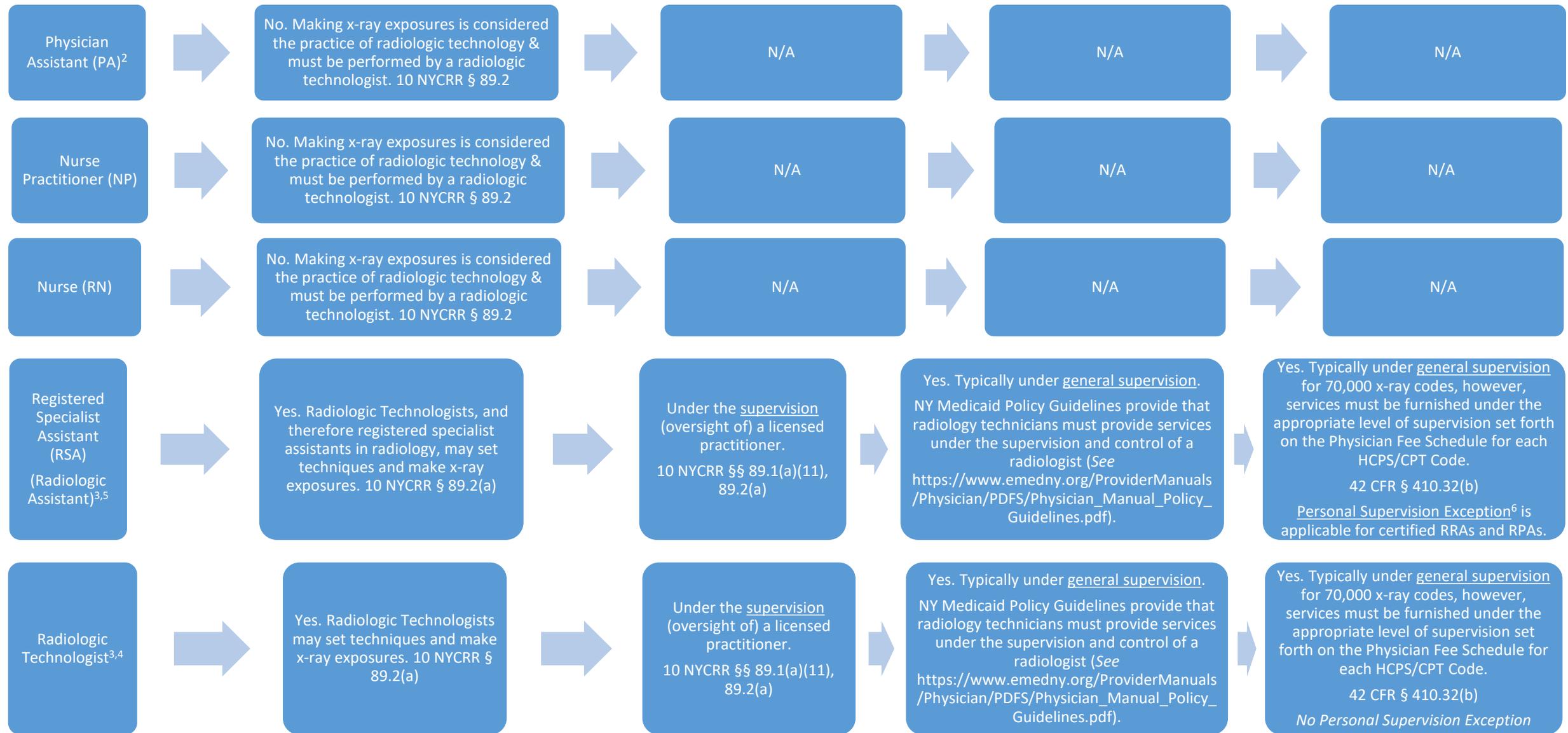
Headnotes:

1. Please note that Medicaid and Medicare include detailed descriptions of the circumstances when any service may be billed.
2. 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.
3. 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.
4. 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.
5. 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>).
6. 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.
7. “Making X-Ray Exposures” refers only to diagnostic imaging services.
8. “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.

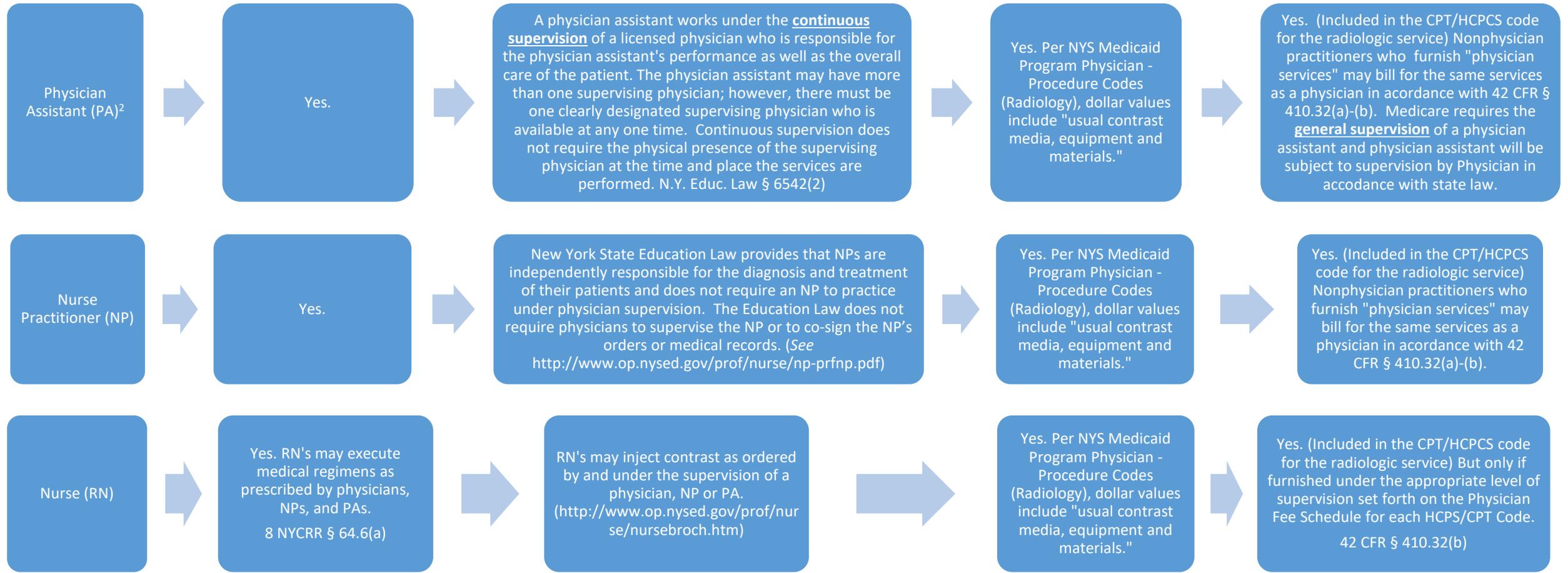
Ordering of X-rays



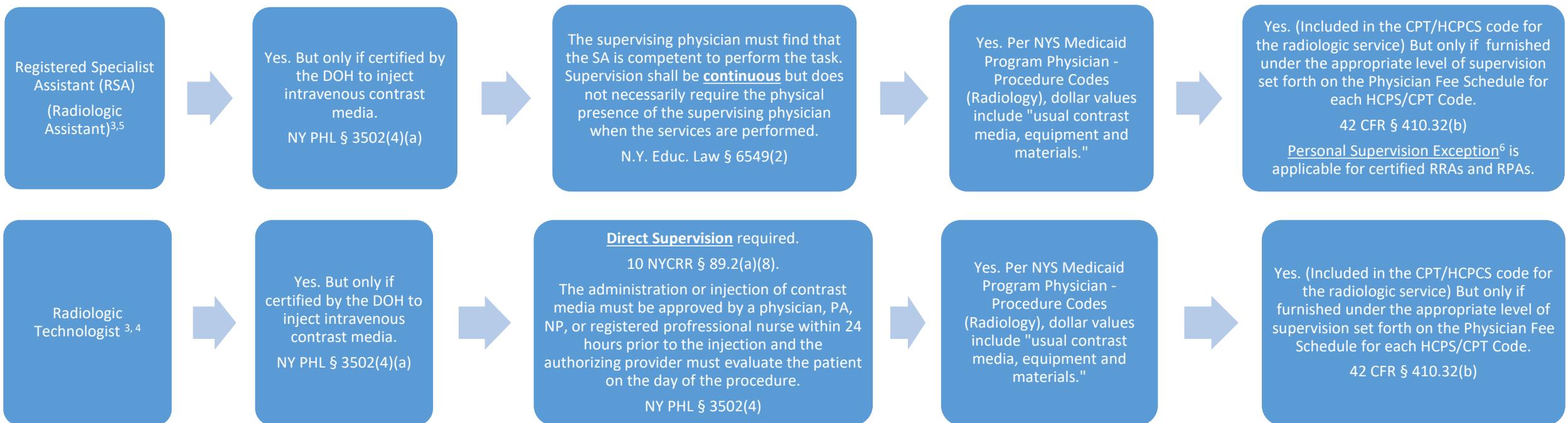
Making X-Ray Exposures (70,000 codes)⁷



Injection of Contrast Media



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)

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 Exception⁶ is applicable for certified RRAs and RPAs.

Radiologic Technologist^{3,4}

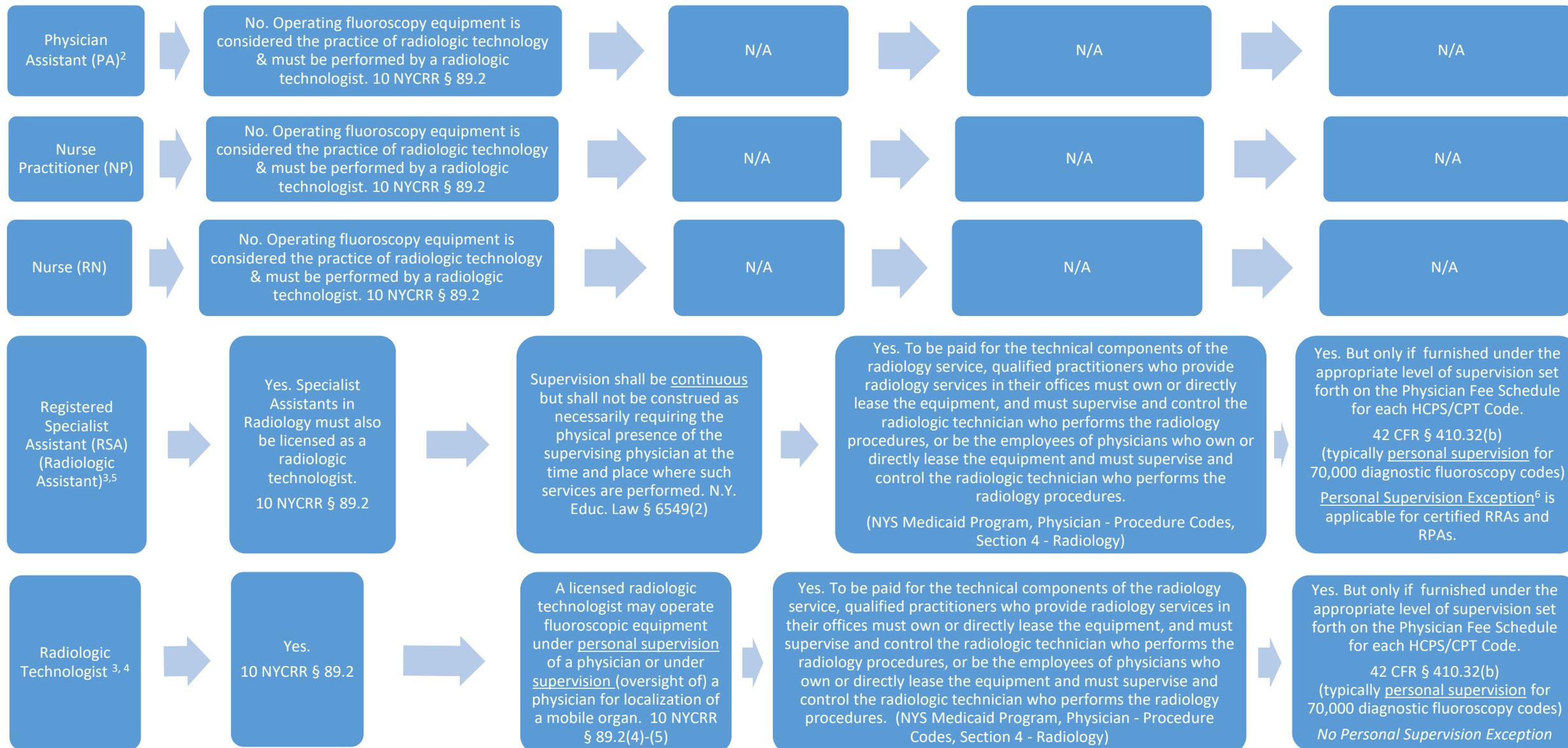
Yes. But only if certified by the DOH to inject intravenous contrast media.
NY PHL § 3502(4)(a)

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)

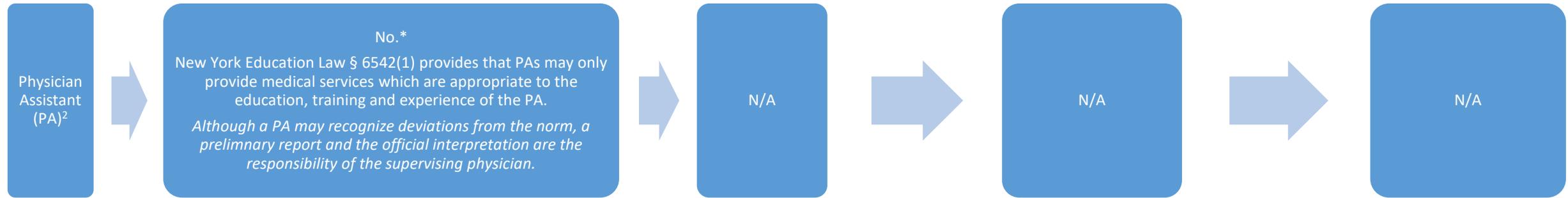
Yes. Per NYS Medicaid Program Physician - Procedure Codes (Radiology), dollar values include "usual contrast media, equipment and materials."

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)

Operation of Fluoroscopy Equipment (70,000 codes)⁸



Issuing an Official Diagnostic Interpretation of an Image



*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).

