

FAQ'S ABOUT EMPLOYING RPAs

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The following questions are often asked about employing RPAs. The information contained in the responses are based upon experience, federal and state regulations and interactions with credentialing committees.

Legal/Licensure Issues

Q: *I have been told that the radiologist that I work for has the legal authority to delegate duties to his employees so the RPA doesn't need to worry as long as they are following his instructions.*

A: Physicians do have the authority to delegate tasks and responsibilities to other health professionals if the health professional has the educational background and competency to perform the task. The scope of practice for the RPA is written in broad language, realizing that differences exist in the types of radiology practices. The RPA is regulated by the credentialing committees, their scope of practice and by the radiology physician practice. Physicians and non-physician professionals fully understand that a non-physician health professional can not practice medicine, nor would any physician consider delegating tasks that would construe the "practice of medicine."

Q: **But aren't the duties and level of supervision legally set by the employing physician?**

A: The supervising physician may delegate the procedure as long as the procedure delegated is within the scope of practice of the delegatee, in compliance with state laws, and/or meets the health care facility credentialing criteria. The levels of supervision are dependent upon the type of facility and insurance carrier.

Q: *Can an RPA provide a report or dictation of a procedure?*

A: Again, the physician and the radiologist extenders fully understand the law. However, a radiologist extender can provide a internal technical imaging report to the radiologists, much like the sonographers currently do on every working day.

Q: *I've read assurances that RPAs can practice under a radiologist's license unless there are state laws that preclude it.*

A: This statement is correct. RPAs fully understand that the formal interpretation and diagnosis is always made by the physician. When the RPA goes before the credentialing committee of the health care facility for approval to perform services in the facility, the limitations are outlined by the physicians and the medical board of the health facility.

Some documents posted on professionally-related sites appear to perpetuate the notion that the RPA is attempting to practice medicine. This is not true.

Ethical Issues

Q: *If a state does not have a licensing law for RPAs, but the RPA is working at an advanced level that is not included in the state's RT licensing law, could the RPA be charged with an ethical violation of their RT credential?*

A: To prove that an RPA is in violation of a state law, a legal complaint would first have to be filed against the radiologist to determine if the physician has the right and authority to delegate tasks and responsibilities. However, if the RPA clearly did something that was totally outside of the scope of practice or without the directive or proper supervision of a radiologist, then they would be legally liable and ethics charges could be, and should be, brought against them.

Q: *Does that mean if a state does not have a law specifically licensing radiologic technologists that it is then OK to work as a radiologist extender?*

A: A radiologist or any physician would have increased liability if an individual without adequate education and training was allowed to perform the tasks outside of the RT scope of practice. The physician would be liable for any mistakes or lack of care the physician extender did or did not do. The RT certification agency must investigate any violation of state law committed by a registrant and if the charges are valid, then the individual's certificate should be revoked by the certifying agency.

Q: *If an individual certified by CBRPA works as an RPA and the RPA's performance does not violate the state's medical practice act or any other state law, have the ARRT's Standards of Ethics been violated?*

A: The ARRT document contains a true response to this question ... "Although the advanced practice is outside the role defined for the ARRT's radiography certification, such practice does not violate the current ARRT *Standard of Ethics* provided that the individual has received additional training, education and/or certification that supports this role and provided that they are not otherwise violating state law." ¹

CMS Reimbursement

Q: *What are the general guidelines for reimbursement under the Medicare Payment Rules for diagnostic tests?*

A: Payment for services under the Center for Medicare and Medicaid Services (CMS) is paid under the physician fee schedule. Supervision levels for each type of diagnostic procedure is listed and may vary depending upon the type of practice setting. Practice settings are identified as a skilled nursing facility (SNF) or hospital, independent diagnostic testing facility (IDTF) and a private physician office.² RPAs do have CMS NPI numbers but have not been approved to bill independently or directly, so their

services are included as part of the radiologist's services, if the RPA is an employee of the radiology group. If the RPA works directly for the hospital or SNF, then the billing for services is bundled into payment system for the hospital. One must understand who employs the RPA, the type of facility where the radiologist extender is working, the supervision levels required for specific procedures and the interpretation of the regulations in order to prevent problems from developing.

Q: *Is modification of CMS rules necessary to authorize payment for procedures performed by radiologist extenders?*¹

A: A change in the level of radiologist supervision of diagnostic tests as currently found in the CMS regulations is needed for the RPA to *independently* perform certain procedures. To bill independently, like the PAs and NPs do, a change in the CMS regulations allowing this is required.

Q: *Doesn't the role of a radiologist extender as defined by the certification agency authorize the individual to perform the procedures?*

A: The scope of practice defined by a certification agency outlines the parameters of the professional level and is used by the hospital credentialing committee to determine the role of the RPA within the facility. If the scope of practice prohibits the performance of a task or procedure, then the credentialing committee will have the decision to authorize the radiologist extender to perform such procedure. The scope of practice does not have any bearing on CMS reimbursement policies. CMS has its own policy and regulations that all RPA's must follow.

Q: *I've been told that "supervision levels designated by Medicare do not apply in the hospital setting, and that radiologist extenders may perform procedures in a hospital within their demonstrated competency as long as a radiologist is available for consultation.*

A: In a hospital or SNF setting, the RPA is not recognized by CMS as an allied health provider like a PA, NP, or certified midwife. The radiologist must be involved with each case that specifies a surgical code, such as a myelogram. In order to bill for the supervision portion of the procedure. Reviewing images with the RPA is a form of supervision and of being involved in the case.

Q: ***Can physicians bill for services personally performed by a radiologist extender under the Medicare "incident to" standards?***

Services relating to patient care, such as, patient prep, taking H& Ps, providing discharge instructions, may be billed as "incident to" services in an IDTF, but not in a hospital because it is assumed the hospital personnel provide these services.. Diagnostic procedures must follow the supervision regulations pertaining to the type of facility . Only a procedures performed by an RPA in an IDTF site can be billed " incident to".

Q: *So what is the bottom line on whether procedures performed by radiologist extenders can be billed under Medicare?*

A: The physician supervisory rules for hospitals, IDTFs and private physician group practices must be followed. Imaging procedures performed using the rules are billable under the radiologist fee schedule.

References

1. American Registry of Radiologic Technologists, www.arrt.org. January, 2010
- 2 "Should you be an IDTF?" Imaging Economics, April 2006, www.imagingeconomics.com

Additional references are found listed on the other articles on this site.