

Defining the RPA and the RRA

An article in the November 2, 2009 issue of *Diagnostic Imaging*, entitled “Non-physician extenders can boost productivity”, by Kirk Reintz, CPA and CEO of Advocate Radiology Billing & Reimbursement Specialists, provides a clear distinction between the RPA and the RA. The following paragraphs are direct quotes from the article.

“The primary differences between the RA and the RPA are philosophical and educational, leading to a difference in overall independence and autonomy in clinical practice.

The RPA is a professional similar to the nurse practitioner, but with a concentration in radiology. The RPA will be hired primarily by radiology groups with a private practice and will have more independence in performing procedures within the primary healthcare facility and in satellite clinics or hospitals; thus will be a true physician extender to the radiologist. The radiologist reviews and signs off all work performed by the RPA.

The RA will fill a role in an advanced level practice as technical staff employed by the facility, primarily in medical centers and large teaching hospitals and will be limited in the type of procedures he or she can perform.”

The author, as a CEO of a billing company, states that on billing and reimbursement; “The work of RAs and RPAs is covered as part of the professional or global fees, or ‘incident to’ the physician’s services.” Incident-to billing is not allowed in Skilled Nursing Facilities (SNFs), or hospitals, but is allowed in clinics or in IDTFs (Independent Diagnostic Testing Facilities), such as, free standing imaging centers. The reason Incident-to billing is not allowed in hospitals is because the equipment, materials and personnel are furnished by the hospital; therefore the auxiliary services and materials are not considered incident-to the physician’s professional services.

Mr. Reintz concludes the article by stating, “Non-physician providers can have a positive impact on a radiology practice. If the current trend continues, the years to come will see a greater use of non-physician providers—with a more focused educational background in radiology.”

