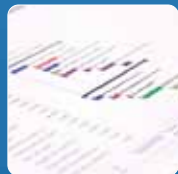


# RADIOLOGY ASSISTANTS PROVIDE IMPORTANT SKILLS But Misconceptions Can Put Practices at Risk

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A growing number of radiology groups are hiring radiology assistants (RAs) to provide key support to physicians and to enhance patient care. These "super-techs" possess advanced training that allows them to perform not only technical imaging services, but also other functions across the practice.

Yet because the RA profession is relatively new, much confusion surrounds what radiology assistants are and are not qualified to do. In addition, widespread uncertainty exists about whether, and to what extent, practices can be reimbursed for the work performed by RAs.

Groups considering incorporating RAs should therefore familiarize themselves with and research the appropriate role of the RA, existing payment rules with applicable payors, state licensure requirements and potential liability issues that emerge with RA utilization.

From a billing perspective, perhaps the single-most important fact surrounding RA utilization is that services provided by RAs cannot be billed independently to federal, state or commercial payors. Groups may incorrectly assume that they'll be able to bill the RA's services independently at a percentage of physician reimbursement rates or full fee schedule rates.

That said, hiring RAs to perform some of the tasks currently done by radiologists in order to free up physicians to focus their work in other areas can be a winning strategy, providing the RA's scope of practice is clearly defined and followed.

## **RAs - A BRIEF HISTORY**

The RA specialty has evolved in recent years in response to the ongoing radiologist shortage. In 1996, Weber State University in Ogden, Utah, designed a radiologist practitioner assistant (RPA) program at the request of the Department of Defense. The initiative was seen as a way to help ease the shortage of radiologists in the armed forces. But because of state and federal regulatory hurdles and concerns that the RPA's scope of practice was too broad, the RPA specialty was not embraced by the industry and efforts instead shifted toward the creation of a new profession - the RA.

In 2003, the American College of Radiology (ACR) defined the RA as an "advanced-level radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the diagnostic imaging environment."

## **SCOPE OF PRACTICE**

According to the ACR, the RA is defined as an American Registry of Radiologic Technologists (ARRT) - certified radiographer who has successfully completed an advanced academic program encompassing a nationally recognized radiologist assistant curriculum and a radiologist-directed clinical preceptorship.

Under physician supervision, the RA is qualified to perform patient assessments, patient management and selected exams. However, the RA is not allowed to perform interpretations (preliminary, final or otherwise) of any radiological examination. Nor is the RA allowed to transmit their observations to anyone other than the supervising physician.

Typically, RAs assist with patient consent forms, collect information for clinical histories and conduct pre-procedure and post-procedure evaluations. Among other things, they may also assist radiologists with invasive procedures and communicate with a referring physician the supervising radiologist's findings. The American Society of Radiologic Technologists (ASRT) has comprehensive proposed practice standards for a RA on its website and includes the above as well as lists the performance of various procedures. RAs have proven particularly useful in interventional radiology, where face-to-face communications with patients are common.

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## A REGULATORY PATCHWORK

Only 28 states have thus far developed legislation to certify RAs and/or to define their scope of practice. To view the states that have developed the legislation visit ASRT's website at [www.asrt.org](http://www.asrt.org). Any organization considering hiring RAs should therefore consult with legal counsel or the appropriate state agency or accreditation board to determine whether statutes or regulations exist, whether the RA's scope of practice is specifically defined and what, if any, certification is required.

Practices operating in states that do not yet have laws, regulations or requirements for radiologist assistants should consult with an applicable state agency or an experienced healthcare attorney or healthcare consultant to better understand the activities the RA may undertake within the practice. Additionally, the rules and regulations of the facility in which they practice would need to be taken into account.

## REIMBURSEMENT CONSTRAINTS

Regardless of what practices or hospitals may have heard or read, RAs are not considered mid-level physician extenders or non-physician practitioners by Medicare and therefore, unlike physician assistants (PAs) and certified nurse practitioners (CNPs), do not possess independent billing authority under Medicare. They may not be credentialed and cannot receive a Medicare billing provider number. As a result, there is virtually no potential for reimbursement for an RA's independent provision of service, even if they're working under the supervision of a physician in a hospital setting. Likewise, private payors in most instances are not reimbursing for RA's independent provision of service but should be consulted for billing guidance.

While Medicare does provide reimbursement in certain settings for certain non-physician provider services that are "incident to" a physician's care, there is little likelihood that RAs would perform these services, given their scope of practice.

It is important to note that all RAs are advanced radiologic technologists and may perform the technical component of diagnostic tests. These services can be billed for under the supervising physician, provided that the RA is appropriately licensed and supervision rules are met.

Because of the continued uncertainty and confusion surrounding the role of RAs, some radiology practices may be coding the RA's provision of professional services independently from the supervising physician. Doing so inappropriately could ultimately result in a violation of the federal False Claims Act and could trigger audits, fines and other regulatory actions.

Strict adherence to the ACR scope-of-practice rules for the RA is important not only from a reimbursement and compliance perspective, but also to limit potential liability. For example, practices could be held liable if an adverse event occurred in connection with the performance of services that were not part of the RA's scope of practice. Therefore, groups should consult with their malpractice carrier as part of their due diligence process.

## A VALUABLE RESOURCE

Despite the RA's scope-of-practice and the current inability to independently bill for services they provide, RAs can still play an important role in improving the efficiency and quality of radiologic care. By performing some of the tasks traditionally conducted by physicians, RAs can strengthen patient care and free physicians to focus more exclusively on reimbursable activities.

Nonetheless, radiology groups should proceed carefully and deliberately when considering hiring RAs. Specifically, they should consult with state regulatory agencies, accrediting organizations and malpractice insurers, clearly define the roles

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and responsibilities of the RA, and make sure that the entire practice staff is aware that no independent billing authority exists currently for RAs. It would be wise to consistently check the ACR, ARRT information among others as the RA profession is evolving and the clinical and reimbursement environment may easily change in the near future. By taking these steps, radiology groups can increase the likelihood that the RA will become an important and valuable asset to the practice.

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Missy T. Lovell, BSN, MBA, serves as the Corporate Compliance Manager with MMP. Ms. Lovell has spent her entire career in the healthcare industry, beginning as a registered nurse caring for the pre- and postoperative surgical patients. She graduated from the University of Tennessee in Knoxville and went on to work in various clinical training and administrative positions for the same not-for-profit health system. In 1991, Ms. Lovell began working with the Physician Management Services Department and was the regional practice administrator for many medical practices within the health system. She began her career with MMP in March 2000.

## About MMP

Medical Management Professionals, Inc. (MMP) was founded in 1993 and is a leading provider of billing and practice management services to radiology groups and imaging centers. MMP's flexible solutions range from billing-only services to full-practice management services.

For additional information please call **1.866.310.4600** or email [radiology@cbizmmp.com](mailto:radiology@cbizmmp.com).