

i. In a private practice which is not hospital based or institutionally affiliated, no more than two physician assistants to one physician at any one time;

ii. In all other settings, no more than four physician assistants to one physician at any one time.

(c) Upon application to the Board, the Board may alter the supervisory ratios set forth in (b) above.

(d) A supervising physician may assign physician assistants under his or her supervision to a physician designee, who shall be responsible for the practice of the physician assistant during the assignment.

Amended by R.2000 d.349, effective August 21, 2000.

See: 31 N.J.R. 2132(a), 32 N.J.R. 3174(a).

In (b)4ii, inserted an exception.

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (b), inserted "or physician designee" following "The supervising physician" in the introductory paragraph of 4; rewrote (d).  
Petition for Rulemaking.

See: 42 N.J.R. 859(b), 1255(d).

### 13:35-2B.11 Recordkeeping

(a) Licensees shall make contemporaneous, permanent entries into professional treatment records which shall accurately reflect the treatment or services rendered. To the extent applicable, professional treatment records shall reflect:

1. The dates and times of all treatments;
2. The patient complaint;
3. The history;
4. Findings on appropriate examination;
5. Any orders for tests or consultations and the results thereof;
6. Diagnosis or medical impression; and
7. Treatment ordered. If medications are ordered, the patient record shall include:
  - i. Specific dosages, quantities and strengths of medications;
  - ii. A statement indicating whether the medication order is written pursuant to protocol or specific physician direction. Acceptable abbreviations are "prt" for protocol and "spd" for specific physician direction;
  - iii. The physician assistant's full name, printed or stamped, and the license number; and
  - iv. The supervising physician's full name, printed or stamped.

(b) If the information required pursuant to (a)8iii and iv appears at least once in the patient record, it need not be repeated each time a medication order is entered in the patient record.

(c) The physician assistant shall sign each entry in the patient record and record the designation "PA-C" following his or her signature.

(d) To the extent a physician assistant is charged with independent responsibility for the provision of information used to prepare bills and claims forms, such information shall accurately reflect the treatment or services rendered.

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), deleted former 5 and recodified former 6 through 8 as 5 through 7.

### 13:35-2B.12 Requirements for issuing prescriptions for medications; special requirements for issuance of CDS

(a) A physician assistant may issue prescriptions for medications only in accordance with the requirements contained in this section.

(b) A physician assistant shall provide the following on all prescription blanks:

1. The physician assistant's full name, professional identification ("PA-C"), license number, address and telephone number. This information shall be printed on all prescription blanks;
2. The supervising physician's full name, printed or stamped;
3. A statement indicating whether the prescription is written pursuant to protocol or specific physician direction. Acceptable abbreviations are "prt" for protocol and "spd" for specific physician direction;
4. The full name, age and address of the patient;
5. The date of issuance of the prescription;
6. The name, strength and quantity of drug or drugs to be dispensed and route of administration;
7. Adequate instruction for the patient. A direction of "p.r.n." or "as directed" alone shall be deemed an insufficient direction;
8. The number of refills permitted or time limit for refills, or both;
9. The signature of the prescriber, hand-written;
10. The words "substitution permissible" and "do not substitute" and shall contain space for the physician assistant's initials next to the chosen option, in addition to the space required for the signature required by (b)9 above; and
11. The physician assistant's Drug Enforcement Administration (DEA) registration number, if the physician assistant is authorized to issue CDS.

(c) A physician assistant may order or prescribe controlled dangerous substances (CDS) if:

1. A supervising physician has authorized a physician assistant to order or prescribe Schedule II, III, IV or V controlled dangerous substances in order to:

i. Continue or reissue an order or prescription for a controlled dangerous substance issued by the supervising physician;

ii. Adjust the dosage of an order or prescription for a controlled dangerous substance originally ordered or prescribed by the supervising physician, provided there is prior consultation with the supervising physician;

iii. Initiate an order or prescription for a controlled dangerous substance for a patient, provided there is prior consultation with the supervising physician if the order or prescription is not pursuant to iv below; or

iv. Initiate an order or prescription for a controlled dangerous substance as part of a treatment plan for a patient with a terminal illness, which for the purposes of this subparagraph means a medical condition that results in a patient's life expectancy being 12 months or less as determined by the supervising physician; and

2. The physician assistant has registered with and obtained authorization to order or prescribe controlled dangerous substances from the appropriate State and Federal agencies.

(d) Only one controlled dangerous substance shall appear on a prescription blank.

(e) Written prescriptions shall be issued only on New Jersey Prescription Blanks (NJPB), secured from an approved vendor and subject to the required security mandates of the prescription blank program pursuant to N.J.S.A. 45:14-14.

Amended by R.1999 d.356, effective October 18, 1999.  
See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

In (a), deleted a former 1, and recodified former 2 and 3 as 1 and 2.  
Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), added 3.

Amended by R.2008 d.135, effective June 2, 2008.

See: 39 N.J.R. 2201(a), 40 N.J.R. 3316(a).

Section was "Requirements for issuing prescriptions for medications; memorialization of verbal orders for CDS given by physicians". In the introductory paragraph of (a), inserted "for medications" and substituted "requirements contained in this section" for "following conditions:"; added (b); recodified former (a)1 as the introductory paragraph of (c) and rewrote (c); deleted former (a)2 through (a)3; and added (d) and (e).

### 13:35-2B.13 Eligibility for temporary licensure

(a) An individual who has filed an application for licensure and is waiting to take the next scheduled examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or awaiting the results of the examination may apply to the Board for a temporary license

to be employed under the direct supervision of a physician, as defined in N.J.A.C. 13:35-2B.2 and 2B.15.

(b) An applicant for temporary licensure shall submit to the Board, with the completed application form, the documents required pursuant to N.J.A.C. 13:35-2B.5, the required fee, and evidence that the applicant has filed an application for the NCCPA examination.

New Rule, R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

### 13:35-2B.14 Temporary licensure; scope of practice

(a) A temporary license holder who has complied with the practice requirements set forth in N.J.A.C. 13:35-2B.3 may perform all of the procedures within the scope of practice of a physician assistant, as set forth in N.J.A.C. 13:35-2B.4(a) and (b) and subject to the limitations therein, except that a temporary license holder shall not issue prescriptions. A temporary license holder may write orders for medication, treatment, or testing consistent with the provisions of N.J.A.C. 13:35-2B.15.

(b) A temporary license holder shall engage in practice only under the direct supervision of a physician pursuant to the provisions of N.J.A.C. 13:35-2B.15.

New Rule, R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), added the last sentence.

### 13:35-2B.15 Supervision of temporary license holder

(a) A temporary license holder shall not render care unless the following conditions are met:

1. In any setting, the supervising physician, physician designee or a designated physician assistant:

i. Is continuously present on-site; and

ii. Countersigns, immediately after its entry in the chart, any order for medication, treatment, or testing written by the temporary license holder.

2. In the event that the countersignature in (a)1 above is that of a designated physician assistant, the supervising physician or physician designee, within the appropriate conditions set in N.J.A.C. 13:35-2B.10(b) 4, shall:

i. Personally review all charts and patient records and the temporary license holder's entry in the chart and record; and

ii. Countersign any order for medication, treatment, or testing written by the temporary licensee.

New Rule, R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

Rewrote (a).

prohibition on use of testimonials, discounts and offering of free services.

Added new (c)11 and 12, deleting old (c)11.

Added new (g)1-8 and new (m) and (n), recodifying old "n" as new "o".

Amended by R.1994 d.329, effective July 5, 1994.

See: 26 N.J.R. 1219(b), 26 N.J.R. 2795(c).

Amended by R.1994 d.522, effective October 17, 1994.

See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Amended by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

In (a)5, added a reference to the Internet.

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

Rewrote (m).

Petition for Rulemaking.

See: 42 N.J.R. 859(b), 1255(d).

#### Case Notes

Abstention; action by podiatrist association challenging constitutionality of regulation restricting medical professionals' advertising of board certification. *American Institute of Foot Medicine v. New Jersey State Bd. of Medical Examiners*, D.N.J.1992, 807 F.Supp. 1170.

Former N.J.A.C. 13:35-4.1 and 13:35-6.13 requiring degree designations on licenses and regulating advertising, respectively, held invalid as outside Board's authority under the Medical Practices Act. *Eatough v. Bd. of Medical Examiners*, 191 N.J.Super. 166, 465 A.2d 934 (App.Div.1983).

#### 13:35-6.11 Excessive fees

(a) The Board of Medical Examiners shall review information and complaints concerning allegations of excessive fees charged by licensees of the Board and may establish Excessive Fee Review Committees to perform various aspects of the review function. This regulation is not intended to impinge upon the strong public policy in favor of a competitive, free enterprise economy embodied in the antitrust laws of the United States and of this State. Excessive Fee Review Committees shall consider comparable fees charged by licensees not under inquiry only to the minimum extent necessary to render a determination as to whether a fee is excessive.

(b) A licensee of the Board of Medical Examiners shall not charge an excessive fee for services. A fee is excessive when, after a review of the facts, a licensee of ordinary prudence would be left with a definite and firm conviction that the fee is so high as to be manifestly unconscionable or overreaching under the circumstances.

(c) Factors which may be considered in determining whether a fee is excessive include, but are not limited to, the following:

1. The time and effort required;
2. The novelty and difficulty of the procedure or treatment;
3. The skill required to perform the procedure or treatment properly;
4. Any requirements or conditions imposed by the patient or by the circumstances;

5. The nature and length of the professional relationship with the patient;

6. The experience, reputation and ability of the licensee performing the services;

7. The nature and circumstances under which services are provided. Unless services are provided during an emergency or other circumstances where opportunity, custom and practice will preclude discussion prior to the rendition of such services, the licensee shall, in advance of providing services, specify or discuss and agree with the patient, the fee or basis for determination of the fee to be charged.

(d) Charging an excessive fee in violation of (b) above shall constitute professional misconduct subjecting the licensee to disciplinary action by the Board of Medical Examiners.

Amended by R.1989 d.532, effective October 16, 1989.

See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

(c)4 deleted, 5-8 recodified to 4-7.

#### Case Notes

Physician found guilty by New York Board of Regents properly had New Jersey medical license revoked. In the Matter of the Suspension or Revocation of the License of Del Gizzo, 94 N.J.A.R.2d (BDS) 1.

#### 13:35-6.12 (Reserved)

Amended by R.1989 d.532, effective October 16, 1989.

See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

Superfluous language deleted from (f).

Repealed by R.1994 d.522, effective October 17, 1994.

See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Section was "Excessive fee review committees".

#### 13:35-6.13 Fee schedule

(a) The following fees shall be charged by the Board of Medical Examiners:

1. Medicine and Surgery (M.D. or D.O. license)		
i.	Initial application fee	\$325.00
ii.	Initial license fee	
	(1) If paid during the first year of a biennial renewal period	580.00
	(2) If paid during the second year of a biennial renewal period	290.00
iii.	N.J.S.A. 45:9-21(n)—exemption	225.00
iv.	N.J.S.A. 45:9-21(b)—temporary license	50.00
v.	Endorsement	225.00
vi.	Biennial license	580.00
vii.	Biennial license for licensee over 65 without health care facility or HMO affiliation	125.00
viii.	Permit	50.00
2. Podiatry (license)		
i.	Application fee	\$125.00
ii.	Examination	\$150.00

iii.	Initial license fee		New Rule, R.1983 d.510, effective November 7, 1983.
(1)	If paid during the first year of a biennial renewal period	580.00	See: 15 N.J.R. 784(a), 15 N.J.R. 1865(e). Deleted old fee schedule and added new fee schedule.
(2)	If paid during the second year of a biennial renewal period	290.00	Amended by R.1985 d.223, effective May 6, 1985. See: 17 N.J.R. 562(a), 17 N.J.R. 1132(a). Substantially amended.
iv.	Endorsement	150.00	Amended by R.1987 d.201, effective May 4, 1987.
v.	Biennial license	580.00	See: 19 N.J.R. 353(a), 19 N.J.R. 772(a).
vi.	Biennial license for licensee over 65 without health care facility or HMO affiliation	85.00	Both components raised from \$300.00 to \$425.00; Component I raised from \$200.00 to \$250.00 and Component II raised from \$225.00 to \$300.00.
vii.	Permit	50.00	Amended by R.1987 d.371, effective September 8, 1987. See: 19 N.J.R. 1054(a), 19 N.J.R. 1648(a). Increased the biennial registration fee.
3. Bioanalytical laboratory directorship, plenary or specialty license			Amended by R.1989 d.532, effective October 16, 1989. See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a). Biennial registration fee decreased from \$120 to \$60 and endorsement fee set at \$60.
i.	Application fee	125.00	Amended by R.1990 d.525, effective November 5, 1990.
ii.	Examination	350.00	See: 22 N.J.R. 1988(a), 22 N.J.R. 3384(a).
iii.	Exemption	150.00	Medicine and surgery examination fees increased.
iv.	Initial license fee		Amended by R.1991 d.286, effective June 3, 1991.
(1)	If paid during the first year of a biennial renewal period	390.00	See: 23 N.J.R. 833(a), 23 N.J.R. 1815(a). Added (a)1viii and (a)2v.
(2)	If paid during the second year of a biennial renewal period	195.00	Deleted (a)2 [Chiropractic (license) ]; redesignated existing (a)3 through 11 as (a)2 through 10.
v.	Biennial license	390.00	Changed fees in (a)1 through 8. Amended by R.1993 d.91, effective February 16, 1993. See: 24 N.J.R. 4011(a), 25 N.J.R. 708(a). Revised (a)1 through 4.
4. Midwifery (license)			Amended by R.1993 d.92, effective February 16, 1993.
i.	Application fee	125.00	See: 24 N.J.R. 4334(a), 25 N.J.R. 709(a).
ii.	Examination	50.00	Added new (a)10; redesignated old (a)10 to (a)11.
iii.	Endorsement	50.00	Amended by R.1993 d.260, effective June 7, 1993.
iv.	Initial license fee		See: 25 N.J.R. 1058(a), 25 N.J.R. 2487(a).
(1)	If paid during the first year of a biennial renewal period	270.00	Amended by R.1993 d.299, effective June 21, 1993.
(2)	If paid during the second year of a biennial renewal period	135.00	See: 24 N.J.R. 4013(a), 25 N.J.R. 2689(c).
v.	Biennial license	270.00	Amended by R.1994 d.170, effective April 4, 1994. See: 25 N.J.R. 4583(a), 26 N.J.R. 1520(a).
vi.	Biennial prescriptive authorization (Certified Nurse Midwife)	50.00	Administrative Correction. See: 26 N.J.R. 2589(b). Amended by R.1994 d.522, effective October 17, 1994. See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).
5. Physician assistant (license)			Amended by R.1995 d.330, effective June 19, 1995. See: 27 N.J.R. 640(a) (see also, 27 N.J.R. 1746(a)), 27 N.J.R. 2410(a). Increased some of the fees.
i.	Application fee	125.00	Amended by R.1995 d.423, effective August 7, 1995.
ii.	Temporary license fee	50.00	See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).
iii.	Initial license fee		Added Physician Assistant temporary license fee at (a)8.ii.
(1)	If paid during the first year of a biennial renewal period	220.00	Administrative correction. See: 33 N.J.R. 1411(a).
(2)	If paid during the second year of a biennial renewal period	110.00	Amended by R.2005 d.120, effective April 18, 2005. See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a). Rewrote the section.
iv.	License renewal fee, biennial	220.00	Amended by R.2005 d.175, effective June 6, 2005.
v.	Late renewal fee	100.00	See: 37 N.J.R. 206(a), 37 N.J.R. 1203(a), 37 N.J.R. 2041(b).
vi.	Reinstatement fee	175.00	In (a), increased the fees in Iii(1), Iii(2), Ivi, Iiii(1), Iiii(2), 2v, 3iv(1), 3iv(2), 3v, 5iv(1), 5iv(2) and 5v.
vii.	Duplicate license fee	40.00	Administrative correction.
viii.	Duplicate wall certificate	50.00	See: 37 N.J.R. 2553(a). Amended by R.2005 d.378, effective November 7, 2005. See: 37 N.J.R. 1918(a), 37 N.J.R. 4281(a). Increased fees in (a).
6. General			
i.	Recording of name change and issuance of replacement license	50.00	
ii.	Replacement of lost engrossed copy/certified true copy/biennial registration certificate	50.00	
iii.	Preparation of certification papers for applicants to other states	50.00	
iv.	Late renewal fee	100.00	
v.	Reinstatement fee	175.00	
vi.	Inactive license fee (to be determined by Director by regulation)		

**Case Notes**

Degree designation on license. *Eatough v. Albano*, 673 F.2d 671 (1982) certiorari denied 102 S.Ct. 2931, 457 U.S. 1119, 73 L.Ed.2d 1331, see: dissenting opinion.

Preliminary injunction against rule. *Davis v. Board of Medical Examiners*, 497 F. Supp. 525 (1980).

treatment and health monitoring records shall apply to persons receiving care or evaluation in this setting.

iii. The corporation is a non-profit corporation sponsored by a union, social or religious or fraternal-type organization providing health care services to members only.

iv. The corporation is an accredited educational institution which maintains a medical clinic for health care service to students and faculty.

v. The corporation is licensed by the State Department of Insurance as an insurance carrier offering coverage for medical treatment and the licensee is employed to perform quality assurance services for the insurance carrier.

5. A licensee may also have an equity or employment interest in a professional practice (including a professional service corporation or limited liability company) which is a limited partner to a general business corporation which, in turn, has a contractual agreement with the professional service entity, in the following circumstances only. The general business corporation may contract to provide the professional practice with services exclusively of a non-professional nature such as, but not limited to, routine office management, hiring of non-professional staff, provision of office space and/or equipment and servicing thereof, and billing services. The licensee shall nevertheless be responsible, at all times except as excused by (g) below, to assure that an appropriate licensed health care professional determines and carries out all services and medical care policies set forth in (b) and (c) above, including retention of sole discretion regarding establishment of patient fees and modification or waiver thereof in an individual case. The licensee shall assure, as a condition of such contractual arrangement, that the general business corporation makes no representations to the public of offering, under its own corporate name, health care services which require licensure.

(g) A licensee employed or having a significant beneficial interest in any of the practice forms listed in (f) above shall terminate such employment or sever professional affiliation upon acquiring personal knowledge that the entity regularly fails to provide or observe the quality control/assurance mechanisms listed in (b) and (c) above and refuses, upon request, to implement such mechanisms. A licensee terminating employment or affiliation with a general business corporation as described in (f)4 above for reasons required by this section shall so notify the Board.

(h) In addition to the practice forms set forth above, a licensee may participate in organized managed health care plans including, but not limited to, those involving wholly or partially pre-paid medical services. By way of example, this includes plans commonly described as health maintenance organizations, preferred provider organizations, competitive medical plans, individual practice associations, or other simi-

lar designations. Such plans typically cover certain types of health care services but only when the services are rendered by licensees who are provider-members of the plan; or the patient has been referred to a specialist or admitted to a hospital by a provider-member and has secured the advance approval of the plan administration. Such plans usually permit coverage for referrals in situations of emergency or other special conditions. A licensee may participate in any such plan which complies with the following professional requirements:

1. The licensee retains authority at all times to exercise professional judgment within accepted standards of practice regarding care, skill and diligence in examinations, diagnosis and treatment of each patient.

2. The licensee retains authority at all times to inform the patient of appropriate referrals to any other health care providers:

i. Whether or not those persons are provider-members of the plan; and

ii. Whether or not the plan covers the cost of service by such non-member providers to the patient.

3. Plan patients are informed that they may be personally responsible for the cost of treatment by a provider who is not a member-provider within the plan, or for treatment not having the approval of the plan administration.

4. Provisions for remuneration to the licensee shall not be inconsistent with the principles listed in N.J.A.C. 13:35-6.17(f).

(i) The following pertain to laboratory service:

1. A Board-licensed physician having a financial interest in a laboratory for the performance of bioanalytical tests may prescribe and/or perform such tests on the physician's primary medical office premises solely for the patients of the prescribing licensee. The licensee is responsible for establishing and maintaining a protocol for quality and cost control and for compliance with the provisions of the Clinical Laboratory Improvement Act, N.J.S.A. 45:9-42.26 et seq. Billing shall be done only in the name of the practitioner's medical office and in compliance with N.J.S.A. 45:1-10.

2. A Board-licensed physician having a financial interest in a laboratory offering services only to patients of the owning licensee(s) but conducted at a site other than the office premises of the owners shall assure that such laboratory has a director and that the laboratory is licensed under the New Jersey Clinical Laboratory Improvement Act. The physician shall assure compliance with N.J.S.A. 45:1-10 and with N.J.S.A. 45:9-22.4 as amended, and the name of the laboratory shall be accompanied at all times by the name(s) of the owning licensee(s) except as authorized for media advertising pursuant to N.J.A.C. 13:35-6.10(f). Petition may be made for exemption on billing forms for

good cause shown. Patient referral may be made only by a licensee holding such financial interest prior to July 31, 1991.

3. A Board licensee having a financial interest in a laboratory which accepts referrals from physicians who are not owners/investors shall assure that such laboratory is licensed under the New Jersey Clinical Laboratory Improvement Act and is directed by a bioanalytical laboratory director licensed pursuant to N.J.S.A. 45:9-42 et seq. who shall establish and maintain quality and cost control. The physician shall assure compliance with N.J.S.A. 45:1-10 and with N.J.S.A. 45:9-22.4, as amended, and the name of the laboratory shall be accompanied at all times by the name(s) of the owning licensee(s), except as authorized for media advertising pursuant to N.J.A.C. 13:35-6.10(l). Petition may be made for exemption on billing forms for good cause shown. Patient referral may be made only by a licensee holding such financial interest prior to July 31, 1991.

(j) The following pertain to physical therapy:

1. A physician may perform and/or prescribe physical therapy to be administered in the physician's office. Billing shall be done only in the name used by the physician's office. A bill for services of a physician's employees, which were rendered by licensed professionals authorized to provide services without medical supervision, shall identify the provider of service by name and degree.

2. A physician having a financial interest in a physical therapy entity at a location other than the physician's office, whether conducted under the physician's name or under another name, shall establish quality control/assurance provisions as required by (b) and (c) above. The physician shall assure compliance with service provider identification in (j)1 above, and with N.J.S.A. 45:9-22.4, as amended, and the name of the entity shall be accompanied at all times by the name(s) of the owning licensee(s) except as authorized for media advertising pursuant to N.J.A.C. 13:35-6.10(l). Petition may be made for exemption on billing forms for good cause shown. Patient referral may be made only by a licensee holding such financial interest prior to July 31, 1991.

(k) The following pertain to radiology:

1. A physician may prescribe and/or perform radiologic services on the physician's office premises. Billing shall be done only in the name of the prescriber or office. Where reading of film is done by an outside consultant, see N.J.A.C. 13:35-6.17(c)3.

2. A physician having a financial interest in a radiologic service facility at a location other than the physician's fixed office premises, whether conducted under the physician's name or under another name, shall establish quality control/assurance provisions as required by (b) and (c) above. The physician shall assure compliance with N.J.S.A. 45:9-22.4, as amended, and the name of the

facility shall be accompanied at all times by the name(s) of the licensee(s) except as authorized for media advertising by N.J.A.C. 13:35-6.10(l). Petition may be made for exemption on billing forms for good cause shown. Patient referral may be made only by a licensee holding such financial interest prior to July 31, 1991, or by a licensee having a financial interest in a facility offering radiation therapy pursuant to an oncological protocol.

(l) The following pertain to ophthalmology:

1. A physician may prescribe eyeglasses or external contact lenses and may offer to sell the devices. Billing shall be done only in the name of the physician or office. A bill for services of a physician's employees, which were rendered by licensed professionals authorized to provide services without medical supervision, shall identify the provider of service by name and degree.

2. A physician having a financial interest in a service entity for the selling of eyewear at a location other than the physician's office, conducted under the physician's name or another name, shall establish quality control/assurance provisions as required by (b) and (c) above. The physician shall assure compliance with service provider identification in (l)1 above, and with N.J.S.A. 45:9-22.4, as amended, and the name of the entity shall be accompanied at all times by the name(s) of the owning licensee(s) except as authorized for media advertising pursuant to N.J.A.C. 13:35-6.10(l). Patient referral may be made only by a licensee holding such financial interest prior to July 31, 1991.

(m) The provisions of this rule shall be operative on April 15, 1992, except that the requirements of managed health care plans in (h) above, and requirements of a director of laboratory in (i)2 and 3 above shall be operative April 15, 1993. Licensees who have been providing professional services in a business format which does not comply with the present codification of Board interpretation of permissible practice formats shall complete a transfer to an acceptable format as soon as possible but no later than October 15, 1992.

New Rule, R.1992 d.75, effective February 18, 1992 (operative April 15, 1992, except as noted).

See: 23 N.J.R. 161(a), 23 N.J.R. 1063(a), 24 N.J.R. 626(a).

Amended by R.2005 d.193, effective June 20, 2005.

See: 36 N.J.R. 3499(a), 37 N.J.R. 2210(a).

In (f), rewrote 2 and inserted "or limited liability company" following "professional service corporation" in 5.

Petition for Rulemaking.

See: 38 N.J.R. 848(a), 1246(b), 1608(b), 4762(a), 5419(b).

Petition for Rulemaking.

See: 42 N.J.R. 859(b), 1255(d).

#### Law Review and Journal Commentaries

Examiners' Board Hits Physician Referrals. 133 N.J.L.J. No. 4, 11 (1993).

Rules Changes Target Medical Group Practices. Theodosia A. Tamborlane, 136 N.J.L.J. No. 11, 10 (1994).

Joint Physician-Chiropractor Practice in New Jersey. Markley S. Roderick, 154 N.J.L.J. 966 (1998).