CHAPTER 35

BOARD OF MEDICAL EXAMINERS

Authority

N.J.S.A. 45:9–2.

Source and Effective Date

R.1999 d.356, effective September 20, 1999.
See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

Executive Order No. 66(1978) Expiration Date

Chapter 35, Board of Medical Examiners, expires on September 20, 2004.

Chapter Historical Note

Chapter 35, Board of Medical Examiners, was filed and became effective prior to September 1, 1969.

Chapter 35, Board of Medical Examiners, was repealed and Chapter 35, Board of Medical Examiners, was adopted as new rules by R.1983 d.314, effective August 1, 1983. See: 15 N.J.R. 503(a), 15 N.J.R. 1255(a).

Subchapter 7, Chiropractic Practice, was adopted as R.1984 d.533, effective November 19, 1984. See: 16 N.J.R. 686(a), 16 N.J.R. 3208(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1989 d.532, effective September 21, 1989. See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

Subchapter 6A, Declarations of Death upon the Basis of Neurological Criteria, was adopted as R.1992 d.309, effective August 3, 1992. See: 23 N.J.R. 3635(a), 24 N.J.R. 2731(c).

Subchapter 2A, Limited Licenses: Certified Nurse Midwifery, was adopted as R.1992 d.332, effective Subchapter 8, 1992. See: 23 N.J.R. 3632(a), 24 N.J.R. 3094(a).

Subchapter 9, Acupuncture, was adopted as R.1993 d.299, effective June 21, 1993. See: 24 N.J.R. 4013(a), 25 N.J.R. 2689(c).

Subchapter 10, Athletic Trainers, was adopted as R.1993 d.546, effective November 1, 1993. See: 25 N.J.R. 265(a), 25 N.J.R. 4935(a), 26 N.J.R. 483(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1994 d.522, effective September 19, 1994, and Subchapter 7, Chiropractic Practice, was repealed by R.1994 d.522, effective October 17, 1994. See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Subchapter 2B, Limited Licenses: Physician Assistants, was adopted as R.1994 d.538, effective November 7, 1994. See: 25 N.J.R. 5099(b), 26 N.J.R. 4411(b).

Subchapter 11, Alternate Resolution Program, was adopted as R.1995 d.339, effective June 19, 1995. See: 27 N.J.R. 1363(a), 27 N.J.R. 2412(a).

Subchapter 7, Prescription, Administration and Dispensing of Drugs, was adopted as R.1997 d.475, effective November 3, 1997. See: 29 N.J.R. 842(a), 29 N.J.R. 4706(a).

Subchapter 4A, Surgery, Special Procedures, and Anesthesia Services Performed in an Office Setting, was adopted as R.1998 d.294, effective June 15, 1998. See: 29 N.J.R. 2238(a), 30 N.J.R. 2236(b).

Petition for Rulemaking. See: 30 N.J.R. 740(c), 1642(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1999 d.356, effective September 20, 1999. See: Source and Effective Date. See, also, section annotations.

Law Review and Journal Commentaries

How New Jersey Regulates Doctors. Theodosia Tamborlane, 132 N.J.L.J. No. 15, S24 (1992).

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SUBCHAPTER 1. MEDICAL SCHOOLS, COLLEGES, EXTERNSHIPS, CLERKSHIPS AND POST-GRADUATE WORK

13:35-1.1 Observership program

(a) "Observer" shall mean an undergraduate medical student of an allopathic or osteopathic school accredited either by the Liaison Committee on Medical Education or the American Osteopathic Association or a foreign medical school listed in the World Health Organization Directory and whose graduates are accepted by the New Jersey Board of Medical Examiners as eligible to sit for the licensure examination. Observerships are limited to the student's vacation period in an extra-curricular professional experience as delineated in this section.

(b) An observership program shall be limited to:

1. Observation of operative procedures;

2. The taking of histories;

3. The performance of physical examinations;

4. The performance of non-invasive procedures under the direct supervision of and in the immediate presence of the supervising licensed physician; and

5. The participation in patient rounds and other organized patient care activities of the supervising physician.

(c) At no time shall the observer be delegated any responsibility for the care of the patient, the patient's diagnosis or any aspect of the patient's treatment, including the prescription of medication for the patient. An observer shall make no entries on the patient's permanent record.

(d) The observer shall at all times of patient contact wear an identifying badge inscribed "Medical Student."

(e) Prior to commencing participation in an observership program, the student shall have obtained written permission

from the Chief of Staff and the Administration of the participating hospital and shall retain such letter.

(f) Under no circumstances shall the performance of any of the duties listed in (b) above by an observer, while engaged in such a program, be construed as the practice of medicine.

(g) The time spent in an observership program shall not be considered as part of or credited toward fulfillment of any statutory academic or clinical requirements for licensure.

Amended by R.1999 d.356, effective October 18, 1999.
See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).
Substituted references to observers for references to externs and substituted references to observerships for references to externships throughout; in (a), substituted "delineated in this section" for "hereafter delineated" at the end; and in (f), substituted "duties listed in (b) above" for "above duties" following "any of the".

13:35–1.2 Fifth Pathway

(a) The Board shall accept application for licensure from an applicant who does not meet the usual statutory prerequisites for educational background, in the following circumstances to be known as the Fifth Pathway:

1. The applicant has completed the entirety of the academic curriculum in residence at a medical school in a foreign country located outside of the United States, Puerto Rico or Canada or in a school-authorized clinical training program;

2. The medical school was approved throughout the applicant's period of education by the government of the country of domicile to confer the degree of Doctor of Medicine and Surgery or its equivalent, and was listed in the World Health Organization Directory;

3. The applicant has satisfactorily completed all the requirements for a matriculated student of that foreign medical school to receive a diploma, except for internship and/or social service;

4. The applicant has achieved a passing score on a screening examination acceptable to the Educational Commission on Foreign Medical Graduates (ECFMG) even though not eligible for ECFMG certification; and

5. The applicant has had his or her academic record reviewed and approved by a medical school approved by the Liaison Committee on Medical Education, which school has accepted the applicant in a one-academic-year program of supervised clinical training under its direction, and the applicant has satisfactorily completed that program as evidenced by receipt of a certificate issued by the sponsoring medical school.

(b) The applicant meeting the requirements in (a) shall thereafter be deemed by the Board to be eligible to enter a graduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). Upon satisfactory completion of the three years of post-graduate training required by N.J.A.C. 13:35–3.11, the applicant may apply for licensure in this State.

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Rule deleted and replaced with new text.

13:35–1.3 Postgraduate training

Postgraduate training shall be taken under the auspices of a hospital or hospitals accredited for such training by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA) or by the American Podiatric Medical Association (APMA), as applicable to the profession. The program shall further be acceptable to the Board, which shall take into account the standards adopted by the Advisory Graduate Medical Education Council (AGMEC).

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Rule deleted and replaced with new text.

Case Notes

Reasonable regulation of advertising. Att'y Gen. Form Op. No. 20 (1977).

13:35–1.4 Military service in lieu of M.D. or D.O. internship or postgraduate training

The Board may grant a license to practice medicine and surgery to any person who shall furnish proof, satisfactory to the Board, that such person has fulfilled all of the formal requirements established by law, and who has served at least two years in active military service in the United States Army, Air Force, Navy, Marine Corps, Coast Guard or the U.S. Public Health Service as a commissioned officer and physician and surgeon in a medical facility which the Board determines constitutes the substantial equivalent of the approved internship or residency training program required by law; provided, however, that such military service actively occurred subsequent to graduation from an approved medical school.

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Reference to N.J.S.A. deleted and replaced with word "law".

13:35–1.5 Registration and permit requirements for graduate medical education programs in medicine or podiatry

(a) The following words and terms shall have the following meanings unless the context in this section indicates otherwise:

"Applicant" means a graduate of a medical or podiatric school, unlicensed in this State, seeking authorization to engage in the practice of medicine or podiatry as a resident in a graduate medical education program. A registration applicant is seeking authorization to participate in the first year of a graduate medical education program. A permit applicant is seeking authorization to participate in his or her second year (or beyond) of a graduate medical education program.

1. The application shall include a certified check for $10,000 drawn on a United States bank payable to the New Jersey State Board of Examiners, which sum shall serve as a deposit for costs incurred by the Board and the Department of Higher Education for review of the program and also for subsequent inspections to assure compliance during such period as the Board has authorized the program to function. If the school's application is denied, the Board shall deliver a statement of account and shall arrange to refund to the school in United States dollars any sum received in excess of the amount due. If the application is approved, with or without conditions, and the school elects to proceed with the program as approved, the Board shall deliver a statement of account to the school from time to time, and shall arrange to refund to the school at the conclusion of Board monitoring of the program any sum received in excess of the amount due, in United States dollars. Should the statement of account at any time show a balance due and payable, the school shall promptly remit the payment due in United States dollars.

(c) An on-site inspection shall be required at the affiliate institution during the review period, and also may be required at the parent medical school, taking into account alternatives available under N.J.A.C. 13:35-1A.1(a). The parent medical school shall agree in advance to be responsible for all reasonable out-of-pocket expenses incurred by the Board and an inspection committee appointed by the Board.

(d) Following review of the program and on-site inspection visit, if any, the inspection committee shall submit a report to the Board, a copy of which shall be provided to the parent medical school and the proposed affiliate institution. The report shall evaluate program strengths and weaknesses, provide suggestions for improvement and make recommendations respecting approval.

(e) The parent medical school and/or affiliate shall have 30 days to comment in writing on the report, if desired.

(f) Following review of the report and written comments, if any, the Board shall attempt to issue notice of its decision no later than three months before the anticipated start of the program.

(g) The Board's decision may provide for any of the following:

1. Approval for a period of two years;

2. Probationary approval for a specified period, with status reporting requirements;

3. Denial of approval, with reason;

4. Revocation of prior approval, with reasons;

5. Reapproval of prior approved program following review of status report updating all the elements of prior application.

(h) Subsequent to notice of program approval and prior to the start of any clinical program in this State, the medical school shall provide the Board a list identifying each student participating in the clinical program, a listing of the facilities and locations at which all didactic education is to be received, the affiliate institution(s) to which such person is assigned, and dates for such program participation. The school shall bring such records up to date as necessary.

Amended by R.1999 d.356, effective October 18, 1999.
See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).
In (c), rewrote the last sentence; in (d), substituted a reference to the inspection committee for a reference to the Department of Education in the first sentence, and rewrote the last sentence; and in (h), inserted "a listing of the facilities and locations at which all didactic education is to be received" following "program,".

13:35-1A.7 Public record

A list of currently approved schools and affiliates together with the final Board determination on the status of their programs shall be maintained at the office of the New Jersey State Board of Medical Examiners and shall be available on request.

13:35-1A.8 Termination of program approval

(a) A program approved by the Board shall be deemed to have continuing approval for the time set forth in the Board decision unless and until:

1. A notice of revocation is sent by the Board to the parent medical school which may then request hearing on the matter;

2. Any substantial change is made by the medical school relative to the site of the didactic education of the students participating in the program, or any substantial change is made by either the parent medical school or affiliate institution in the program respecting general subject matter of the program, length of course components or topics, credentials or number of faculty assigned to the instruction, number of students per program, financial security of the program, program facilities at the affiliate institution or management thereof; or

3. A notice of termination is sent to the Board by either the parent medical school or the affiliate institution.

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)2, inserted "substantial change is made by the medical school relative to the site of the didactic education of the students participating in the program, or any" following "Any".

13:35-1A.9 Violations

Violation of the above requirements for establishing a clinical education program in this State, or maintaining or participating in an unapproved program whether as student or faculty, may be regarded as engaging in the unlicensed practice of medicine or aiding and assisting in the unlicensed practice, pursuant to the residual or other general

powers of the Medical Practice Act, N.J.S.A. 45:9-1 et seq. and also, in particular, N.J.S.A. 18A:68-12 et seq., N.J.S.A. 45:9-6, 45:9-8, 45:9-18, 45:9-22, and 45:1-21(c) and 45:1-23. Violators shall be subject to the monetary penalties and/or other disciplinary sanctions authorized by law.

13:35-1A.10 Severability

If any provisions of this rule or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect any other provisions or applications of the rule which can be given effect without the invalid provision or application, and to this end the provisions of this rule are declared to be severable.

13:35-1A.11 Clerkship program approvals: effective date; limited waiver provision; no new applications

This rule shall apply to all clinical training programs, as defined in N.J.A.C. 13:35-1A.1, taking place in New Jersey on or after January 1, 1983. However, the Board recognizes that, prior to the adoption of this rule, it has granted to a number of foreign medical schools permission to sponsor modest clinical programs which were not required to meet the explicit standards now set forth herein, and which permission reserved all rights of the Board respecting the ultimate evaluation of the adequacy of any such program. No new applications for clinical clerkship programs shall be accepted.

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Reference to clerkship programs added.

SUBCHAPTER 2. LIMITED LICENSES: PODIATRY, DIAGNOSTIC TESTING CENTERS AND MISCELLANEOUS

13:35-2.1 Approved colleges of podiatry

An applicant for podiatric licensure shall have graduated from a college or colleges of podiatry approved during the entire course of the applicant's training by the American Podiatric Association and approved by the Board.

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Deleted N.J.S.A. reference.

13:35-2.2 Podiatry internship or postgraduate work

The applicant for licensure shall have successfully completed an internship or postgraduate program fully approved by the American Podiatric Medical Association in a duly licensed clinic, hospital or institution acceptable to the Board, which shall take into account the standards adopted by the Advisory Graduate Medical Education Council (AGMEC).

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Old text deleted, replaced with new text.

13:35-2.3 Military service in lieu of internship in podiatry

The Board may grant a license to practice podiatry to any person who shall furnish proof, satisfactory to the Board, that such person has fulfilled all of the formal requirements established by the Podiatric Practice Act, N.J.S.A. 45:5-1 et seq., and has served at least two years in active military service in the United States Army, Air Force, Navy, Marine Corps, Coast Guard or the United States Public Health Service as a commissioned officer and podiatrist in a medical facility which the Board determines constitutes the postgraduate training program required by law; provided, however, that such military service actively occurred subsequent to graduation from an approved school of podiatry.

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Reference to Podiatric Practice Act.

13:35-2.4 (Reserved)

Amended by R.1985 d.102, effective March 4, 1985.
See: 16 N.J.R. 3177(a), 17 N.J.R. 605(a).
(k) substantially amended.
Amended by R.1985 d.631, effective December 16, 1985.
See: 17 N.J.R. 2231(b), 17 N.J.R. 2991(b).
Deleted "effective date of this rule" and substituted "March 4, 1985"; deleted "August 1, 1987" and substituted "March 31, 1988."
Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
At (k), reference made to March 18, 1988 as date prior to which students are recognized.
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 "Requirements for approval of college of chiropractic."

Case Notes

Emphasis on common subjects in medical and chiropractic education noted; medical doctor competent as expert in chiropractic diagnosis and use of x-rays in each area which the disciplines share in common in terms of education, training and licensure (citing former N.J.A.C. 13:35-10.0 and 13:35-10.9). Rosenberg by Rosenberg v. Cahill, 99 N.J. 318, 492 A.2d 371 (1985).

13:35-2.5 Medical standards governing screening and diagnostic medical testing offices

(a) As used in this section, the following terms shall have the following meanings:

1. "Screening facility or office" means a private practice location not licensed by the State Department of Health, which practice offers services to the medical profession or to the public in the form of one or more types of medical testing. Such a practice shall be owned and under the control, supervision and direction of a physician or group of physicians licensed and currently registered in New Jersey.

2. "Screening test" means a test which results in a determination less complete than a physical examination performed by a licensed physician and does not purport to substitute for a complete examination. The definition is not intended to include a community-sponsored one-modality service such as, for example, a hypertension or glaucoma screening sponsored by a municipal or regional health department or a community screening volunteered by a non-profit professional society at no cost to examinees.

3. "Diagnostic center" means a practice not licensed by the State Department of Health, which practice offers services to the medical profession or to the public and which contains the equipment and medical staff necessary to establish a medical diagnosis and which may recommend a course of treatment for the examinee who elects to become a patient. Such a practice shall be owned and under the control, supervision and direction of a physician or group of physicians licensed and currently registered in New Jersey.

(b) Medical screening or medical diagnostic testing (other than clinical laboratory testing), conducted primarily for persons not receiving medical treatment from the testing entity, is nevertheless deemed to be a medical service. Such a practice shall be owned and under the responsibility of one or more physicians each of whom holds a plenary license from the State Board of Medical Examiners. All such testing, irrespective of the stationary or mobile nature of the facility, shall be performed under the authority of a designated responsible physician who shall establish a protocol and a quality assurance program for the specific type of screening or study. Results of all such procedures shall be interpreted by a physician holding a plenary license in this State, and documented in a written report which is preserved by the physician as required by N.J.A.C. 13:35–6.5.

(c) A copy of the test report shall be issued promptly, by preliminary verbal report when necessary and no later than three business days from the date of receipt of the report by the testing facility, to the referring physician, if any, and upon request to the examinee or other authorized person, to the extent authorized by N.J.A.C. 13:35–6.5. An interpretation delayed pending receipt of additional material shall be issued as soon as possible thereafter. In the event that a report is directed by an examinee to a designated physician who has not personally ordered the test, said physician shall incur no obligation with respect to such report and the testing facility shall formally advise all examinees of this at the time of testing. All abnormalities shall be clearly identified for the attention of a physician. For an examinee without physician referral, an abnormal or questionable result shall be identified in the report with interpretation sufficient to strongly advise the examinee to seek medical consultation. The facility protocol shall make available a referral source for examinees with suspicious findings or suspected disease, which source identifies specialists pertinent to the pathology involved, such as internal medicine, gynecology, hematology, general surgery, surgical and medical oncology and radiation oncology, for follow-up when the examinee does not indicate a primary care provider as recipient of test results.

(d) Requirements for a screening or diagnostic facility not having a full-time physician present on the premises are as follows:

1. Non-invasive screening tests or diagnostic studies may be performed in facilities at which the responsible physician is not physically present at all times of facility operation. For such testing services, the responsible physician may delegate certain tasks to another licensed health care practitioner, such as a registered professional nurse or x-ray technician, consistent with that person's scope of practice. Tasks of a non-medical nature may be delegated to non-licensed employees under the supervision of a licensed employee, where not inconsistent with applicable law or rule and with accepted standards of practice pertinent to that screening or diagnostic procedure. The physician responsible for such screening or diagnostic service shall take the necessary measures to assure compliance with the requirements of this section and accepted standards of practice. Services performed from mobile facilities parked on the premises of or providing services to a licensed health care facility must have approval from the State Department of Health.

2. There shall be a written protocol which specifies at a minimum: equipment operation, procedure manuals, eligibility criteria for persons to be accepted for examination, methods for securing informed consent, record documentation, and provision for follow-up to examinees and/or referring physicians, as applicable. There shall be procedures for authorized billing, and other factors consistent with accepted standards of practice pertinent to the screening test or diagnostic procedure.

3. There shall be a quality assurance program which requires the following:

i. At least annually, documented inspection of personnel credentials upon hire and at least annually thereafter or sooner as required by circumstances including dates of certification and license renewal; review of the procedure manuals; determination of the qualifications, identity and supervision of employees designated to perform specific functions; and assessment of accuracy in test results;

ii. At least quarterly, evaluation of personnel skills and review of test performance techniques and data recordation or more frequently as required by demonstrated staff performance; verification of billing accuracy; and observance of other factors consistent with accepted standards of practice pertinent to the screening test or diagnostic study procedure;

iii. The required quality assurance program shall include documented regular mechanical inspections as

customary for that equipment, but no less frequently than four times per year, and before re-use after the reporting of a mechanical or pertinent personnel problem; and

iv. Minimum safety precaution standards shall be established, observed by all personnel and confirmed by the supervising physician.

(e) For screening services accepting examinees without physician referral, the responsible physician shall prepare and produce, at the request of the Board, a report for a specified calendar year(s) designating the total number of examinees issued abnormality reports and the advisory letter required by (c) above.

(f) For radiologic procedures, the responsible physician shall assure compliance with the applicable requirements of the Radiation Protection Act, N.J.S.A. 26:2D-1 et seq. and the Radiation Protection Code, N.J.A.C. 7:28. Certification of inspection results shall be kept on the premises. The responsible physician may delegate certain tasks to a New Jersey-licensed x-ray technologist within that person's scope of practice, provided that the physician has complied with (d) above.

(g) In addition to compliance with all other subsections of this rule, a mammography screening program shall establish a written protocol which shall be documented in the facility policy and procedure manual and which shall be brought to the attention of pertinent personnel.

1. The protocol shall include specific criteria for screening: for example, age, family history, personal medical history, permissible frequency of testing and other indicators. It shall provide for palpation by a physician or by instructed licensed registered nurse personnel, and for appropriate positioning preparatory to the test. The screening program shall include instruction in breast self-examination, which may be provided in the form of written materials.

2. The physician shall require that anyone other than a physician operating mammography equipment shall be currently licensed as a diagnostic (or mammographic) radiologic technologist as shall be required by the Department of Environmental Protection and Energy in accordance with N.J.S.A. 26:2D-1 et seq. and N.J.A.C. 7:28-19 et seq. The equipment used shall conform to the applicable sections of N.J.A.C. 7:28. Baseline mammography images and periodic images shall be maintained as part of the record of the examinee or referred patient and preserved for seven years from date of last entry. The physician may release the original of any image, providing that signed documentation thereof is retained in the patient's file.

3. Mammography services offered in mobile settings shall be furnished only under the supervision of a doctor of medicine or of osteopathy who is certified by the American Board of Radiology or by the American Osteopathic Board of Radiology or who possesses equivalent certification requirements as determined by the Board of Medical Examiners and who successfully completes a minimum of 20 hours of post-graduate work in mammography interpretation every 24 months after the date he or she begins reading mammographies. Documentation shall be kept on the premises. Physicians practicing in any setting, mobile or otherwise, who offer mammography services as authorized Medicare providers or as meeting requirements of the American College of Radiology, must meet the more stringent training requirements of those programs.

4. The physician shall require that anyone operating mammography equipment, other than a physician, shall be currently licensed by the New Jersey Radiologic Technologist Board of Examiners to perform radiographic procedures. Documentation shall be kept on the premises.

(h) A physician may request a radiologist to perform diagnostic radiology services intended to confirm or rule out suspected pathology. The radiologist shall ascertain whether sufficient objective or clinical data have been provided to determine that the tests are appropriate to the apparent problem. When, in the opinion of a reasonable radiologist, further information is needed to select the appropriate test, then the radiologist, whenever feasible, shall personally consult with the referring doctor in advance of performing the test. In addition or as an alternative, at the professional discretion of the radiologist, he or she shall perform a focused clinical examination in appropriate cases. Whenever feasible, the radiologist shall be notified of the patient's appearance at the radiologic facility and shall direct the licensed x-ray technologist as to procedure, method of obtaining the test data, scheduling of the physician's oral and written report, and timely notification to the patient or referring physician of results or the need to repeat the test.

(i) A patient or examinee shall not be billed for a test result which is professionally incomplete, or which is found to be non-diagnostic due to inadequate equipment or technique.

(j) This rule shall be effective April 6, 1992, except that subsections (d), (e), (f) and (g) shall be operative July 6, 1992.

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Recodification and reference made to specific Acts.
Repeal and New Rule, R.1992 d.169, effective April 6, 1992 (subsections (d), (e), (f) and (g) operative July 6, 1992.
See: 23 N.J.R. 2858(a), 24 N.J.R. 1367(a).
Section was "Standards concerning testing and diagnostic centers".

Case Notes

Providers of medical diagnostic services were not entitled to personal injury protection benefits, even if the treatment was reasonable and necessary, unless the practice was owned and under the responsibility of one or more physicians with a plenary license, the testing was performed under the authority of a designated responsible physician a holding plenary license and was documented in a written report. Allstate Insurance Company v. Schick, 328 N.J.Super. 611, 746 A.2d 546 (N.J.Super.L. 1999).

Provider of mobile diagnostic X-ray testing services was ineligible to recover personal injury protection benefits for services provided to insureds, since chiropractor without a plenary license owned the provider. Prudential Property and Casualty Insurance Co. v. Midlantic Motion X-Ray, Inc., 325 N.J.Super. 54, 737 A.2d 711 (N.J.Super.L. 1999).

Mobile testing service for evaluation of orthopedic injuries was subject to regulatory authority of state Board of Medical Examiners (BME), even though service performed majority of its testing at behest of chiropractors; regulation by BME is determined by nature of service performed, and not by identity of those to whom service is rendered. Allstate Ins. Co. v. Orthopedic Evaluations, Inc., 304 N.J.Super. 278, 700 A.2d 372 (A.D. 1997).

Failure of mobile-testing service to comply with regulations mandating ownership of and responsibility for such services by licensed physician precluded eligibility for reimbursement from personal injury protection (PIP) benefits, even if service was medically necessary. Allstate Ins. Co. v. Orthopedic Evaluations, Inc., 300 N.J.Super. 510, 693 A.2d 500 (A.D.1997).

13:35–2.6 Determinations with respect to the validity of certain diagnostic tests

(a) As used in this section, the following terms shall have the following meanings, unless the context clearly indicates otherwise.

"Board" means the New Jersey State Board of Medical Examiners.

"Clinically supported" means that a practitioner, prior to selecting, performing or ordering the administration of a diagnostic test, has:

1. Personally performed a physical examination, making an assessment of any current and/or historical subjective complaints, observations, objective findings, neurological indications;

2. Considered any and all previously performed test relating the patient's medical condition and the results; and

3. Documented in the patient record positive and negative findings, observations and medical indications to justify the test.

"Diagnostic test" means a medical service utilizing biomechanical, neurological, neurodiagnostic, radiological, vascular or any means, other than bioanalysis, intended to assist in establishing a medical diagnosis, for the purpose of recommending a course of treatment for the tested patient to be implemented by the treating practitioner or by the consultant.

"Emergency care" means all medically necessary treatment of a traumatic injury or a medical condition manifesting itself by acute symptoms of sufficient severity such that absence of immediate attention could reasonably be expected to result in: death; serious impairment of bodily functions; or serious dysfunction of a bodily organ or part. Such emergency care shall include all medically necessary care immediately following a traumatic injury, including, but not limited to, immediate pre-hospitalization care, transportation to a hospital or trauma center, emergency room care, surgery, critical and acute care. Emergency care extends during the period of initial hospitalization until the patient is discharged from acute care by the attending physician.

"Normal" or "normally" means the usual, routine, customary or common experience and conclusion, which may in unusual circumstances differ from the actual judgment or course of treatment. The unusual circumstances shall be based on clinically supported findings of a practitioner. The use of these terms is intended to indicate some flexibility and avoid rigidity in the application of these rules and to recognize the good faith educated judgment of a practitioner.

"Physician" means a medical or osteopathic physician holding a plenary license issued by the New Jersey State Board of Medical Examiners.

"Practitioner" means a physician, podiatric physician, physician assistant or certified nurse midwife licensed by or registered with the New Jersey State Board of Medical Examiners.

(b) A practitioner who identifies a need for a patient to undergo a diagnostic test:

1. Is authorized, if consistent with the practitioner's scope of practice, to perform the diagnostic test, for which a specific CPT code is assigned and for which a fee shall be charged, upon the attainment of education and supervised training in the pertinent test;

2. May directly request a specific diagnostic test, for which a specific CPT code is assigned and for which a fee shall be charged, when clinically supported, provided that referring practitioner:

i. Is capable of recognizing scientifically supportable and practical indications for the test;

ii. Has knowledge in the proper administration of the test;

iii. Possesses skill at proper interpretation of the test; and

iv. Has obtained training in how to integrate the test results into management of the patient's condition; or

3. May refer the patient to a practitioner who is deemed to meet the criteria identified at (b)2i through iv above.

(c) A practitioner qualified pursuant to (b) above to perform a diagnostic test may charge the patient or bill a third party payor for that test, except that:

1. No practitioner shall bill for any diagnostic tests which fail to yield data of sufficient clinical value in the development, evaluation or implementation of a plan of treatment, including the following:

i. Spinal diagnostic ultrasonography/ultrasound imaging of the spine;

ii. Iridology;

iii. Reflexology;

iv. Surrogate arm mentoring;

v. Brain mapping, when not done in conjunction with appropriate neurodiagnostic testing;

vi. Surface EMG;

vii. Mandibular tracking and stimulation;

viii. Videofluoroscopy; and

ix. Computer supported range of motion tests.

2. The practitioner may bill for any of the following diagnostic tests which can yield data of sufficient clinical value in the development, evaluation or implementation of a plan of treatment, when clinically supported, subject to the limitations relating to timing, frequency and manner as follows:

i. Thermography when used to evaluate pain associated with reflex sympathetic dystrophy ("RSD"), in a controlled setting by a physician experienced in such use and properly trained.

ii. Needle electromyography (needle EMG) when used in the evaluation and diagnosis of neuropathies and radicular syndrome where clinically supported findings reveal a loss of sensation, numbness or tingling. A needle EMG is not indicated in the evaluation of TMJD and is contraindicated in the presence of infection on the skin or cellulitis. This test should not normally be performed within 14 days of a traumatic injury and should not be repeated where initial results are negative. Only one followup exam is normally appropriate.

iii. Somasensory evoked potential (SSEP), visual evoked potential (VEP), brain audio evoked potential (BAEP), or brain evoked potential (BEP), nerve condition velocity (NCV) and H-reflex Study when used to evaluate neuropathies and/or signs of atrophy, but not within 21 days following the traumatic injury.

iv. Electroencephalogram (EEG) when used to evaluate head injuries, where there are clinically supported findings of an altered level of sensorium and/or a suspicion of seizure disorder. This test, if indicated by clinically supported findings, can be administered immediately following a traumatic injury. Repeat testing is not normally conducted more than four times per year.

v. Magnetic resonance imaging (MRI) when used in accordance with the guidelines contained in the American College of Radiology, Appropriateness Criteria to evaluate injuries in numerous parts of the body, particularly the assessment of nerve root compression and/or motor loss. MRI is not normally performed within five days of a traumatic injury. However, clinically supported indications of neurological gross motor deficits, incontinence or acute nerve root compression with neurologic symptoms may justify MRI testing during the acute phase immediately post injury.

vi. Computer assisted tomographic studies (CT or CAT scan) when used to evaluate injuries in numerous aspects of the body. With the exception of suspected brain injuries, CAT scan is not normally administered immediately post injury, but may become appropriate within five days of the trauma. Repeat CAT scans should not be undertaken unless there is clinically supported indications of an adverse change in the patient's condition.

vii. Sonograms/ultrasound when used in the acute phase to evaluate the abdomen and pelvis for intra-abnormal bleeding. These tests are not normally used to assess joints (knee and elbow) because other tests are more appropriate. Where MRI is performed, sonograms/ultrasound are not necessary. These tests should not be used to evaluate TMJD. However, echocardiogram is appropriate in the evaluation of possible cardiac injuries when clinically supported.

3. Notwithstanding the limitations set forth at (c)1 and 2 above, a practitioner may perform an enumerated diagnostic test, for which there shall be no charge to the patient or third party payor, after assuring that written informed consent has been obtained.

4. Notwithstanding the limitations set forth at (c)1 and 2 above, a practitioner may perform and charge for diagnostic tests necessary to provide emergency care.

New Rule, R.1999 d.70, effective March 1, 1999.
See: 30 N.J.R. 3751(a), 31 N.J.R. 659(a).

13:35–2.7 (Reserved)

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Deleted qualification of 2 years Obstetrical clinical experience.
Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Qualifications".

13:35–2.8 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Minimum conditions of practice".

13:35–2.9 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Minimum standards for C.N.M. and lay midwife practice during prenatal stages".

13:35–2.10 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Management by a physician C.N.M. team for high-risk patients".

13:35–2.11 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Intrapartum management".

13:35–2.12 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Postpartum and other care".

13:35–2.13 Limited privileges and conditions of practice permitted for a graduate physician pending licensure

(a) Persons who are graduates of medical schools recognized by the Board may commence a period of supervised post-graduate training in a licensed hospital with an Accreditation Council on Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) approved residency training program in this State immediately upon graduation. A training period commencing prior to the start of a formal ACGME or AOA approved post-graduate year term shall not exceed six months and shall be documented in the hospital record.

(b) Persons who are graduates of foreign medical schools recognized by the Board but who are not yet deemed eligible for licensure in this State because of the requirements of N.J.S.A. 45:9–8 and N.J.A.C. 13:35–3.11 may sit for the USMLE Step 3 upon completion of one year of approved post-graduate training and satisfaction of all other requirements of N.J.S.A. 45:9–1 et seq. and N.J.A.C. 13:35–3.1.

R.1984 d.138, effective April 16, 1984.
See: 16 N.J.R. 216(a), 16 N.J.R. 920(a).
Amended by R.1994 d.522, effective October 17, 1994.
See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

13:35–2.14 (Reserved)

R.1984 d.245, effective June 18, 1984.
See: 16 N.J.R. 685(a), 16 N.J.R. 1612(a).
Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Old section "Reserved" recodified to 13:35–2A.10. Section was "Limited privileges and conditions of practice permitted for a graduate nurse midwife pending results of certifying examination and licensure".

SUBCHAPTER 2A. LIMITED LICENSES: CERTIFIED NURSE MIDWIFERY

13:35–2A.1 Certified Nurse Midwife practice

(a) A Certified Nurse Midwife ("CNM") shall mean a registered professional nurse licensed in the State of New Jersey who, by virtue of added knowledge and skill gained through an organized program of study and clinical experience, is qualified to manage the care of women and/or newborns during the antepartum, intrapartum and postpartum periods and to provide well-woman health care as expressly limited and set forth below.

(b) A CNM shall maintain current registration with the Board of Medical Examiners (hereinafter the "Board") in order to discharge those responsibilities set forth in this subchapter.