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State/Territory Name: New York

State Plan Amendment (SPA) #: 25-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 3, 2026

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza Rm. 1605
Albany, NY 12237

Re: New York State Plan Amendment (SPA) – 25-0004

Dear Director Bassiri:

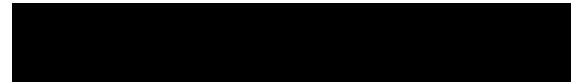
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-25-0004. This amendment proposes to define and allow for Portable X-Ray services, including reimbursement for setup and transportation, in long-term care settings or for individuals who are homebound in residential settings.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that New York's Medicaid SPA TN 25-0004 was approved on February 3, 2026, with an effective date of May 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New York State Plan.

If you have any questions, please contact Melvina Harrison at (212) 616-2247 or via email at Melvina.Harrison@cms.hhs.gov.

Sincerely,



Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

cc: Regina Deyette

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130(a)
§ 1905(a)(3) Other laboratory and X-ray services

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplemental Page: 2(a)(ii)(d)
Attachment 3.1-B Supplemental Page: 2(a)(ii)(d)
Attachment 4.19-B Page: 4(a)(i)(6.1)

1. TRANSMITTAL NUMBER
2 5 — 0 0 0 4

2. STATE
N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT XIX XXI

4. PROPOSED EFFECTIVE DATE
May 01, 2025

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 05/01/25-09/30/25 \$ (364,910)
b. FFY 10/01/25-09/30/26 \$ (875,784)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment: NEW

9. SUBJECT OF AMENDMENT

Portable Radiology

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED

June 30, 2025

15. RETURN TO

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR CMS USE ONLY

16. DATE RECEIVED

June 30, 2025

17. DATE APPROVED

February 3, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

May 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

The State authorizes the following pen and ink changes to the HCFA-179:

Box 5- Federal Statute/Regulation Citation:

42 CFR 440.130(a)

**New York
2(a)(ii)(d)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Portable x-ray

13b. Diagnostic services include portable x-ray services provided by a Medicaid-enrolled portable x-ray provider under the general supervision of a physician. Portable x-ray procedures are limited to skeletal films involving the extremities, pelvis, vertebral column, or skull; and chest or abdominal films that do not involve the use of contrast media. Portable EKGs are not covered as a stand-alone service but may be covered when performing a portable x-ray.

TN #25-0004
Supersedes TN NEW

Approval Date February 03, 2026
Effective Date May 01, 2025

**New York
2(a)(ii)(d)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

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**New York
4(a)(i)(6.1)****1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services****Portable X-Ray**

The agency's fee schedule rate was set as of April 1, 2025, and is effective for services provided on or after that date. Rates reflect reimbursement for both the technical component (equipment, setup, and transport) and the professional component (physician supervision and interpretation). Transportation and setup are reimbursable only when performed as part of a covered portable X-ray procedure; these components are not separately reimbursable. All rates are published on the agency's eMedNY website at:

<https://www.emedny.org/ProviderManuals/OrderedAmbulatory/>

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of portable X-ray services authorized under Items 13.a and 13.b Screening and Diagnostic Services.

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