

## **Table of Contents**

**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. 12<sup>th</sup> St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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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](mailto: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**

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 0 4</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>May 01, 2025</b>
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5. FEDERAL STATUTE/REGULATION CITATION <del>§ 1905(a)(3) Other laboratory and X-ray services -</del> <b>42 CFR 440.130(a)</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>05/01/25 09/30/25</u> \$ <u>(364,910)</u> b FFY <u>10/01/25 09/30/26</u> \$ <u>(875,784)</u>
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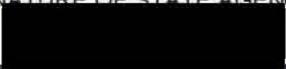
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A Supplemental Page: 2(a)(ii)(d) Attachment 3.1-B Supplemental Page: 2(a)(ii)(d) Attachment 4.19-B Page: 4(a)(i)(6.1)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment: NEW
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9. 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 	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
12. TYPED NAME <b>Amir Bassiri</b>	
13. TITLE <b>Medicaid Director</b>	
14. DATE SUBMITTED <b>June 30, 2025</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>June 30, 2025</b>	17. DATE APPROVED <b>February 3, 2026</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>May 1, 2025</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Wendy E. Hill Petras</b>	21. TITLE OF APPROVING OFFICIAL <b>Acting Director, Division of Program Operations</b>

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    

Approval Date     February 03, 2026    

Supersedes TN     NEW    

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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