

Highmark Provider Privileging Requirements

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Highmark
Provider Privileging Requirements

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Highmark Provider Privileging Requirements

I. Introduction

At a projected \$100 billion annually, diagnostic imaging is one of the fastest growing expenses in American health care. Much of the recent growth in diagnostic imaging is a result of technological advances that allow physicians and other health care professionals to more accurately identify a patient's condition to avoid more invasive treatment. There is growing concern, however, about the appropriateness and quality of imaging services, leading to questions about the clinical benefits of these services to patients.

Highmark, with the assistance of National Imaging Associates Inc. (NIA), implemented a new imaging privileging process effective July 1, 2004, using new privileging requirements. The process was designed to help ensure quality and proper use of diagnostic imaging consistent with clinical guidelines. The goal is to make sure that all network providers who perform imaging services meet stringent quality and patient safety guidelines.

II. How to Apply for Privileging

To be reimbursed for imaging services provided to Highmark members, you must complete the appropriate Highmark Privileging Application (see links below). The completed application should be returned to NIA at the fax number or address listed on the application.

- [Highmark Professional Privileging Application](#)
- [Highmark Facility Privileging Application](#)

For questions regarding the application, contact NIA at: 1-888-972-9642.

For questions regarding Highmark's privileging requirements, please contact your Provider Relations Representative. If you do not know which representative is assigned to your facility or practice, please click on the link below to access the search function. You can also locate this information on the Provider Resource Center, which can be accessed through NaviNet or the Highmark website for your region.

[What Region Am I?](#)

- [Central Region Provider Relations Representatives](#)
- [Northeastern Region Provider Relations Representatives](#)
- [Western Region Provider Relations Representatives](#)

III. Providers Billing Globally

Definition

A physician practice performing diagnostic imaging studies and billing one charge for both performing and interpreting the diagnostic image. Services are reported using one CPT code that represents both the professional and technical components of each study.

Purpose

The following requirements are intended to promote reasonable and consistent quality and safety standards for the provision of imaging services. Highmark will not reimburse providers billing globally for imaging services performed if they do not satisfy the applicable requirements set forth below. These requirements affect providers of imaging services for all Highmark members except those covered under traditional indemnity plans.

General Requirements for Imaging Providers Billing Globally

- All imaging providers must provide a written report to the ordering provider within 10 business days from the date of service. (Mammography reports must be completed within 30 days, per the Mammography Quality Standards Act (MQSA) requirements.)
- All imaging locations must have a documented Quality Control Program inclusive of both imaging equipment and film processors.
- All imaging locations must have a documented Radiation Safety Program and an As Low As Reasonably Achievable (ALARA) Program.
- All imaging locations utilizing equipment producing ionizing radiation must have a current (within three years) letter of State inspection, or calibration report, or physicist's report.
- Highmark Medical Policy applies to the delivery of services detailed in the requirements.
- All imaging providers must be credentialed by Highmark (hereinafter referred to as "credentialed").
- All imaging providers must complete a Highmark Privileging Application and receive written notice of privileging approval prior to receiving reimbursement for imaging services.
- Highmark will only reimburse providers for diagnostic imaging services if the services are provided on imaging equipment:
 1. owned by the provider and used by that provider on a full-time basis* or
 2. leased by the provider on a full-time basis*.

*Full-time basis is defined as:

- the provider has possession of the equipment on the provider's property and the equipment is under the provider's direct control, and
- the provider has exclusive use of the equipment, such that the provider, and only the provider, uses the equipment.

- “Personal supervision” means that the professional provider must be present in the immediate vicinity or must be immediately available by electronic means (e.g. telephone, radio, and telecommunications) in the event his or her personal assistance is required for care of the patient. All supervision must be in accordance with the State licensure requirements of the performing licensed health care practitioner. (Source: Highmark Medical Policy Z-27)
- All imaging providers are subject to unannounced site inspections. Those providers found to have misrepresented information on their Privileging Application, or those who do not maintain compliance with the requirements, are subject to termination of imaging privileges by Highmark in its sole discretion.
- Privileging status does not guarantee reimbursement or coverage. Factors that do impact reimbursement include, but are not limited to: prior-authorization requirements, Highmark Medical Policy, and member benefits and eligibility.

Requirements Specific to Each Modality:

Bone Densitometry

- Bone Densitometry must be performed by credentialed radiologists, endocrinologists, rheumatologists, obstetricians/gynecologists, orthopedists, internists, or family physicians.
- Bone Densitometry must be performed on an axial Dual Energy X-ray Absorption (DEXA) system or a Quantitative CT.
- At least one physician at each imaging location must be a credentialed radiologist or achieve certification by the International Society for Clinical Densitometry (ISCD), or one technologist at each imaging location must be certified by the American Registry of Radiologic Technologists (ARRT) or achieve certification by the ISCD within one year of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for certification within three months of receipt of letter indicating Provisional acceptance.]*

Breast Ultrasound

- Breast Ultrasound must be performed by a credentialed radiologist, or a credentialed surgeon who has breast ultrasound certification from the American Society of Breast Surgeons (ASBS).
- Credentialed surgical practices that do not have a credentialed surgeon who has breast ultrasound certification from the ASBS, must achieve accreditation in breast ultrasound by the American College of Radiology (ACR), or American Institute of Ultrasound in Medicine (AIUM), within one year of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

Cardiac CT

- Cardiac CT must be performed at a practice that fulfills the requirements in the “CT and MR” section.
- Cardiac CT must be performed on a CT scanner with a minimum of 40 slices.

- The practice must employ an appropriately licensed or certified technologist (State certified, American Registry of Diagnostic Medical Sonographers (ARDMS), Nuclear Medicine Technologist Certification Board (NMTCB) trained in the performance of Cardiac CT).
- Radiologists must meet the Qualifications of Personnel outlined in the ACR Clinical Statement on Noninvasive Cardiac Imaging for Cardiac CT (not including examinations performed exclusively for calcium scoring):
 - Certified in radiology or diagnostic radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or Le College des Medecins du Quebec, and have supervised and interpreted 75 cardiac CT cases, excluding those performed exclusively for calcium scoring, in the past 36 months; or completed an Accreditation Council for Graduate Medical Education (ACGME)-approved radiology residency program and have supervised and interpreted 75 cardiac CT cases, excluding those performed exclusively for calcium scoring in the past 36 months; and
 - Completed at least 40 hours of category I continuing medical education in cardiac imaging, including cardiac CT, anatomy, physiology, and/or pathology or documented equivalent supervised experience in a center actively performing Cardiac CT, and
 - Demonstrate maintenance of competence with a minimum of 75 examinations, excluding those performed exclusively for calcium scoring, and maintain 150 hours of approved continuing medical education every three years.
- Cardiologists must meet the training to achieve clinical competence in Cardiac CT outlined and defined in the American College of Cardiology Foundation/American Heart Association Clinical Competence Statement on Cardiac Imaging With Computed Tomography and Magnetic Resonance and the American College of Cardiology Foundation/American Heart Association Clinical Competence Task Force 12: Training in Advanced Cardiovascular Imaging (Computed Tomography) Level 2- contrast, defined as the minimum recommended training for a physician to independently perform and interpret Cardiac CT:
 - Two months cumulative duration of training (35 or more hours per week which includes 140 or more hours in the laboratory), and
 - Minimum of 50 mentored non-contrast cardiac CT examinations interpreted, and
 - Minimum of 150 mentored contrast cardiac CT examinations interpreted, and
 - At a minimum of 35 of the mentored cardiac CT examinations interpreted by the cardiologist, the cardiologist must be physically present during the performance, and
 - During training, the review of all cardiac CT cases includes non-cardiac findings, and

- Review of the cardiac CT cases should include the review of a dedicated teaching file of 25 cardiac CT cases featuring the presence of significant non-cardiac pathology, and
- Completion of 20 hours/lectures related to CT in general and/or cardiac CT in particular, and
- Demonstrate maintenance of competence with a minimum of 50 cardiac CT examinations conducted and interpreted per year.

CT and MR

- CT and MR must be performed at an imaging location that provides at least five of the following modalities:
 - Plain Films or DEXA (either or both count as one)
 - General or OB/GYN Ultrasound (either or both count as one)
 - Peripheral Vascular (PV) Ultrasound
 - Echocardiography/Stress Echocardiography (either or both count as one)
 - Mammography
 - Computed Tomography/Computed Tomography Angiography/Cardiac CT (CT/CTA/CCT) (individually or any combination count as one)
 - Magnetic Resonance Imaging/Magnetic Resonance Angiography (MR/MRA)
 - Fluoroscopy
 - Nuclear Medicine/Nuclear Cardiology
- Hours of operation requirement – Must offer diagnostic imaging services for a minimum of 40 hours per week.
- Must employ an appropriately licensed or certified technologist, based upon the imaging procedure performed (State certified, American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonographers (ARDMS), Nuclear Medicine Technology Certification Board (NMTCB)).
- If offering MRI services, must also provide MRA capability.
- If offering MRI services, must achieve accreditation by the American College of Radiology (ACR) for MRI within one year of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*
- If offering CT services, must achieve accreditation by the American College of Radiology (ACR) within one year of provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*
 - Imaging centers privileged prior to December 31, 2008 must meet this requirement by January 1, 2010, and must submit evidence of application for accreditation by April 1, 2009.
- Must be staffed on-site by a credentialed radiologist who has a current Advanced Cardiac Life Support (ACLS) or Advanced Radiology Life Support (ARLS) certification during the hours outlined in the hours of operation requirement, and whenever contrast enhanced procedures or diagnostic mammography are performed (including during non-standard hours).

- The practice location is not required to have an on-site radiologist when the practice location utilizes teleradiology, submits a teleradiology application approved by Highmark, and meets the following requirements:
 - A Highmark credentialed physician:
 - is on-site during normal business hours (40 hours per week minimum).
 - is a member of the imaging provider group.
 - is available for patient, referring physician and teleradiologist consultation.
 - has a current ACLS or ARLS certification.
 - is on-site when contrast enhanced procedures or diagnostic mammography are performed.
 - The radiologist performing the imaging interpretation services via teleradiology:
 - is credentialed by Highmark and licensed in the state where the imaging location is physically located and where diagnostic services are rendered to the patient.
 - is a member of the imaging provider group.
 - is dedicated to providing radiology services via teleradiology during the practice location's normal business hours (40 hours per week minimum).
 - is available for consultation with the imaging practice, ordering physician and patient at the time of service during the practice location's normal business hours (40 hours per week minimum).
- Images must be transmitted in a real-time or near real-time mode (< two minutes) to ensure that the interpreting radiologist can collaborate with the rendering physician and radiology technicians performing the studies.
 - At a minimum, imaging locations must be connected via broadband or the necessary bandwidth to ensure real-time or near real-time image acquisition through transmission for final image display.
 - Imaging locations must have a PACS (picture archiving and communications system)
 - Imaging locations must have minimum monitor resolution (matrix) of 512 x 512 at 8-bit pixel depth for MR, CT, nuclear medicine and fluorography; and 2.5 lp/mn at 10-bit pixel depth for plain film.

Notwithstanding the foregoing, the above requirements do not preclude credentialed cardiologists from performing echocardiography/stress echocardiography, peripheral vascular ultrasound, and nuclear medicine/nuclear cardiology diagnostic services.

Echocardiography/Stress Echocardiography

- Echocardiography must be performed by physicians credentialed in diagnostic radiology or cardiology, or under the personal supervision of a physician credentialed in diagnostic radiology or cardiology.
- Echocardiography systems must have Color Flow Doppler capability.

- Stress echocardiography must be performed under the direct supervision (physician must be present) of a credentialed physician who has a current Advanced Cardiac Life Support (ACLS) certification.
- Echocardiography practices must achieve accreditation by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) within two years of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

Fluoroscopy

- Fluoroscopy must be performed by, or under the personal supervision of, a credentialed radiologist.

General Ultrasound Imaging

- Unless otherwise noted in the specific ultrasound requirements for Peripheral Vascular (PV), Obstetrical/Gynecological (OB/GYN), Urological Imaging, and Breast Ultrasound, General Ultrasound imaging must be performed by or under the personal supervision of a physician credentialed in diagnostic radiology.
- Practices must employ a technologist or sonographer certified by the American Registry of Diagnostic Medical Sonographers (ARDMS) or American Registry of Radiologic Technologists (ARRT).
- Practices must achieve accreditation in Ultrasound by the American Institute of Ultrasound in Medicine (AIUM) or American College of Radiology (ACR) within one year of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*
 - Practices privileged prior to December 31, 2008 must meet this requirement by January 1, 2010, and must submit evidence of application for accreditation by April 1, 2009.

Mammography

- Diagnostic mammography must be performed under the personal supervision of a credentialed radiologist.
- Mammography facilities must have a current Mammography Quality Standards Act (MQSA) certificate issued by the FDA.

Nuclear Cardiology

- Nuclear cardiology practices must employ at least one physician who is credentialed in diagnostic radiology, nuclear medicine or has received certification by the Certification Board of Nuclear Cardiology (CBNC).
- Nuclear cardiology practices that do not meet the above criteria will be considered for participation upon submitting evidence that at least one physician has satisfied the Level II training in Nuclear Cardiology as recommended in the American College of Cardiology/American Society of Nuclear Cardiology, Core Cardiology Training Symposium (COCATS) Training Guidelines.
- Nuclear cardiology imaging systems must have the capability of assessing both

myocardial perfusion and contractile function (ejection fraction and regional wall motion).

- Cardiac stress tests must be performed under the direct supervision (physician must be present) of a credentialed physician who has a current Advanced Cardiac Life Support (ACLS) certification.
- Nuclear cardiology practices must provide a copy of a Radioactive Materials License that indicates the practice address and the name of the nuclear cardiology physician(s) performing and/or interpreting nuclear cardiology studies. The address and physician name(s) must be the same as those listed on the Privileging Application completed by the practice.
- Nuclear cardiology practices must use a technologist who is certified in Nuclear Medicine through the American Registry of Radiologic Technologists (ARRT), Certified Nuclear Medicine Technologist (CNMT) or Nuclear Medicine Technology Certification Board (NMTCB) or licensed by the State in nuclear medicine technology.
- Nuclear cardiology practices must achieve accreditation by the Intersocietal Commission for the Accreditation of Nuclear Cardiology Laboratories (ICANL) or the American College of Radiology (ACR) within two years of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

Obstetrical/Gynecological (OB/GYN) Ultrasound

- OB/GYN Ultrasound must be performed by credentialed radiologists, obstetricians, gynecologists, or family physicians, or under the personal supervision of credentialed radiologists, obstetricians, gynecologists, or family physicians.
- Practices that do not achieve accreditation are eligible to be reimbursed for limited OB/GYN Ultrasound procedures as specified in the Obstetrics I Diagnostic Imaging Privileging (DIP) Level.
- Practices that achieve accreditation in OB/GYN Ultrasound by the American Institute of Ultrasound in Medicine (AIUM) or American College of Radiology (ACR) within one year of Provisional acceptance in the Privileging Program are eligible to be reimbursed for imaging procedures as specified in the Obstetrics II Diagnostic Imaging Privileging (DIP) Level. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*
- Practices that employ credentialed perinatologists, and achieve AIUM or ACR accreditation, are eligible to be reimbursed for imaging procedures as specified in the Obstetrics III Diagnostic Imaging Privileging (DIP) Level.
- Practices that do not employ credentialed perinatologists are eligible to be reimbursed for fetal nuchal translucency testing (procedure codes 76813 and 76814) as specified in the Obstetrics III Diagnostic Imaging Privileging (DIP) level by employing a technologist who is certified by the Fetal Medicine Foundation or the Nuchal Translucency Quality Review Program.
- Practices are eligible to be reimbursed for fetal echocardiography testing

(procedure codes 76825, 76826, 76827, 76828 and 93325) as specified in the Obstetrics III Diagnostic Imaging Privileging (DIP) level by achieving accreditation in Fetal Echocardiography from the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) within two years of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

Peripheral Vascular (PV) Ultrasound

- PV Ultrasound must be performed by physicians credentialed in diagnostic radiology, vascular surgery, cardiology or neurology, or under the personal supervision of a physician credentialed in diagnostic radiology, vascular surgery, cardiology or neurology.
- PV Ultrasound providers must employ a sonographer certified by the American Registry of Diagnostic Medical Sonographers (ARDMS) or American Registry of Radiologic Technologists (ARRT).
- PV Ultrasound systems must have Color Flow Doppler capability.
- PV Ultrasound providers must achieve accreditation by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) or the American College of Radiology (ACR) within two years of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

Plain Films

- Providers must have a State certified or American Registry of Radiologic Technologists (ARRT) certified technologist on-site taking all films, or must arrange for a credentialed radiologist to over-read all films within five business days from the date of service.
- At a minimum, an automatic processor must be used to develop all analog plain films.

Positron Emission Tomography (PET)

- PET can only be performed:
 - by a hospital, or
 - when partially owned by a hospital as part of a joint venture or other partnership, or
 - when owned and operated by an oncology practice clinically affiliated with hospital or community based cancer treatment programs, or
 - when there is an access need.
- PET facilities must employ technologists certified in Nuclear Medicine through the American Registry of Radiologic Technologists (ARRT), Certified Nuclear Medicine Technologist (CNMT) or Nuclear Medicine Technology Certification Board (NMTCB), or licensed by the State in nuclear medicine technology.
- Only high performance full ring PET systems will be considered.
- PET scan providers must achieve accreditation by the Intersocietal Commission

for the Accreditation of Nuclear Laboratories (ICANL) or the American College of Radiology (ACR) within two years of provisional acceptance in the Privileging Program. *[Note: Provider must submit evidence of application for accreditation to NIA within three months of receipt of letter indicating Provisional acceptance.]*

Urological Imaging

- Urological imaging must be performed by credentialed radiologists or urologists, or under the personal supervision of credentialed radiologists or urologists.
- Contrast enhanced procedures must be performed under the direct supervision (physician must be present) of a credentialed physician who has a current Advanced Cardiac Life Support (ACLS) or Advanced Radiology Life Support (ARLS) certification.
- Urology practices that do not employ a technologist or sonographer certified by the American Registry of Diagnostic Medical Sonographers (ARDMS) or American Registry of Radiologic Technologists (ARRT) are eligible to be reimbursed for imaging procedures as specified in the Urology I Diagnostic Imaging Privileging (DIP) Level.
- Urology practices that employ a technologist or sonographer certified by the ARDMS or ARRT are eligible to be reimbursed for imaging procedures as specified in the Urology II Diagnostic Imaging Privileging (DIP) Level.
- Urology practices that do not employ a certified technologist or sonographer are eligible to be reimbursed for imaging procedures as specified in the Urology II Diagnostic Imaging Privileging (DIP) level by successfully completing the American Urology Association's (AUA) Hands-on Ultrasound Course. Practices must submit documentation of successful completion to NIA.

Women's Health

- Providers must provide at least the following three modalities:
 - Mammography
 - OB/GYN Ultrasound
 - DEXA
- Locations must have a current Mammography Quality Standards Act (MQSA) certificate issued by the FDA.
- Diagnostic mammography must be performed under the direct supervision (physician must be present) of a credentialed radiologist.
- Providers must employ an appropriately licensed or certified technologist (State licensed, American Registry of Radiologic Technologists (ARRT), American Registry of Radiologic Technologists examination for Advanced Qualification in Mammography (ARRT (M)), American Registry of Diagnostic Medical Sonographers (ARDMS)).
- Providers must achieve accreditation in Obstetrical and/or Gynecological Ultrasound by the American Institute of Ultrasound in Medicine (AIUM) or American College of Radiology (ACR) within one year of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of*

*application for accreditation within three months of receipt of letter indicating
Provisional acceptance.]*

IV. Providers Billing the Professional (Read Only) Component Only

Definition

Professional or “Read Only” providers interpreting imaging procedures at a Highmark contracted physician office or facility. To bill only the professional component, the radiology CPT code must be billed with modifier- 26.

Purpose

The following requirements are intended to promote reasonable and consistent quality and safety standards for the provision of professional imaging interpretation services. These requirements list the specialties Highmark credentialed practitioners must have, other than Highmark credentialed radiologists, and the imaging services that may be eligible for reimbursement once the requirements are met. These requirements affect providers of imaging services for all Highmark members except those covered under traditional indemnity plans.

General Requirements for Imaging Providers Billing Professional Component

- The interpretation and report of imaging services is eligible for reimbursement only if the imaging service is performed at a Highmark contracted location.
- Interpreting providers billing the professional component of imaging services must be listed on the currently active accreditation application with the accredited imaging location for which they render interpretation and report. The currently active accreditation application must be submitted with the imaging provider’s Highmark Privileging Application.
- When an imaging location adds a new interpreting physician, they must contact the provider’s applicable accrediting body and NIA (National Imaging Associates) to report the change and add the new physician to their accreditation. If an interpreting physician no longer provides services at an imaging location for any reason, the imaging location must report this change to the accrediting body and NIA to have the physician’s name removed from their accreditation.
- If requesting read only privileges performed solely at a Highmark contracted medical facility, privileges will be limited to that facility as the place of service. The accredited facility granting the interpreting physician privileges is required to provide a statement in writing that the physician can interpret specific imaging procedure codes at their facility. Any additional place of service must be approved in advance by Highmark through the submission of a Highmark Privileging Application.
- Interpreting physicians will be granted read only privileges for those DIP levels assigned to the facilities or professional provider locations at which they interpret.
- All interpreting providers must submit a Highmark Privileging Application and receive written notice of privileging approval prior to being eligible to receive reimbursement for imaging services.
- All interpreting providers must be credentialed by Highmark (hereinafter referred to as “credentialed”) in one of the specialties listed in the section that follows.
- Highmark Medical Policy will apply to the delivery of services detailed in the requirements.

Professional (Read Only) Services By Provider Specialty

- **Cardiology**
 - Nuclear Cardiology
 - Echocardiography/ Stress Echocardiography
 - Peripheral Vascular Ultrasound
 - Cardiac CT

- **Endocrinology**
 - Bone Densitometry

- **Family Practice**
 - Bone Densitometry
 - Obstetrical/Gynecological Ultrasound

- **General Surgery***
 - Breast Ultrasound

*Must have certification from the American Society of Breast Surgeons

- **Internal Medicine**
 - Bone Densitometry

- **Neurology**
 - Peripheral Vascular Ultrasound
 - CT and MR

- **Nuclear Medicine**
 - Nuclear Cardiology

- **Obstetrics/Gynecology**
 - Bone Densitometry
 - Obstetrical/Gynecological Ultrasound

- **Orthopedic Surgery**
 - Bone Densitometry

- **Radiology**
 - All Imaging Services

- **Rheumatology**
 - Bone Densitometry

- **Urology**
 - Urological Imaging

- **Vascular Surgery**

- Peripheral Vascular Ultrasound

Requirements Specific to Each Modality:

Bone Densitometry

- Must be interpreted by a credentialed radiologist, endocrinologist, rheumatologist, obstetrician/gynecologist, orthopedist, internist, family physician or a Highmark credentialed physician who is listed on the current International Society for Clinical Densitometry (ISCD) application with the imaging location that is certified.

Breast Ultrasound

- Must be interpreted by a credentialed radiologist, a credentialed surgeon who has breast ultrasound certification from the American Society of Breast Surgeons (ASBS) or a Highmark credentialed physician who is listed on the current American College of Radiology (ACR) or American Institute of Ultrasound in Medicine (AIUM) application with the imaging location that is accredited.

Cardiac CT

- Radiologists must meet the Qualifications of Personnel outlined in the ACR Clinical Statement on Noninvasive Cardiac Imaging for Cardiac CT (not including examinations performed exclusively for calcium scoring):
 - Certified in radiology or diagnostic radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or Le College des Medecins du Quebec, and have supervised and interpreted 75 cardiac CT cases, excluding those performed exclusively for calcium scoring, in the past 36 months; or completed an Accreditation Council for Graduate Medical Education (ACGME)-approved radiology residency program and have supervised and interpreted 75 cardiac CT cases, excluding those performed exclusively for calcium scoring in the past 36 months; and
 - Completed at least 40 hours of category I continuing medical education in cardiac imaging, including cardiac CT, anatomy, physiology, and/or pathology or documented equivalent supervised experience in a center actively performing Cardiac CT, and
 - Demonstrate maintenance of competence with a minimum of 75 examinations, excluding those performed exclusively for calcium scoring, and maintain 150 hours of approved continuing medical education every three years.
- Cardiologists must meet the training to achieve clinical competence in Cardiac CT outlined and defined in the American College of Cardiology Foundation/American Heart Association Clinical Competence Statement on Cardiac Imaging With Computed Tomography and Magnetic Resonance and the American College of Cardiology Foundation/American Heart Association Clinical Competence Task Force 12: Training in Advanced Cardiovascular Imaging (Computed Tomography) Level 2- contrast, defined as the minimum

recommended training for a physician to independently perform and interpret Cardiac CT:

- Two months cumulative duration of training (35 or more hours per week which includes 140 or more hours in the laboratory), and
- Minimum of 50 mentored non-contrast cardiac CT examinations interpreted, and
- Minimum of 150 mentored contrast cardiac CT examinations interpreted, and
- At a minimum of 35 of the mentored cardiac CT examinations interpreted by the cardiologist, the cardiologist must be physically present during the performance, and
- During training, the review of all cardiac CT cases includes non-cardiac findings, and
- Review of the cardiac CT cases should include the review of a dedicated teaching file of 25 cardiac CT cases featuring the presence of significant non-cardiac pathology, and
- Completion of 20 hours/lectures related to CT in general and/or cardiac CT in particular, and
- Demonstrate maintenance of competence with a minimum of 50 cardiac CT examinations conducted and interpreted per year.

CT and MR

- Must be read by a credentialed radiologist or credentialed physician who is listed on the current American College of Radiology (ACR) application with the imaging location that is accredited.

Echocardiography/Stress Echocardiography

- Must be read by a physician credentialed in diagnostic radiology or cardiology or a credentialed physician who is listed on the current Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) application with the imaging location that is accredited.

Fetal Echocardiography

- Must be read by a credentialed radiologist, perinatologist, obstetrician, or a credentialed physician who is listed on the current Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) application with the imaging location that is accredited.

General Ultrasound Imaging

- Must be read by a credentialed radiologist or credentialed physician who is listed on the current American College of Radiology (ACR) or American Institute of Ultrasound in Medicine (AIUM) application with the imaging location that is accredited.

Nuclear Cardiology

- Must be read by a physician credentialed in diagnostic radiology, nuclear medicine or a credentialed physician who is listed on the current Intersocietal Commission for the Accreditation of Nuclear Cardiology Laboratories (ICANL) or the American College of Radiology (ACR) application with the imaging location that is accredited.

Obstetrical/Gynecological Ultrasound

- Must be read by a credentialed radiologist, obstetrician, gynecologist, or family physician, or a credentialed physician who is listed on the current American Institute of Ultrasound in Medicine (AIUM) or American College of Radiology (ACR) application with the imaging location that is accredited.

Peripheral Vascular (PV) Ultrasound

- Must be read by a physician credentialed in diagnostic radiology, vascular surgery, cardiology or neurology or a credentialed physician who is listed on the current Intersocietal Commission of the Accreditation of Vascular Laboratories (ICAVL) or the American College of Radiology (ACR) application with the imaging location that is accredited.

Urological Imaging

- Must be read by a credentialed radiologist or urologist.

V. Providers Billing the Technical Component Only

Definition

Providers that perform the imaging procedure. The equipment must be owned by the provider and used by that provider on a full-time basis, or leased by the provider on a full-time basis. The provider does not review and document the results. To bill only the technical component, the radiology CPT code must be billed with modifier- TC.

Purpose

The following requirements are intended to promote reasonable and consistent quality and safety standards for the provision of imaging services. Highmark will not reimburse providers billing the technical component only for imaging services performed if they do not satisfy the following requirements. These requirements affect providers of imaging services for all Highmark members except those covered under traditional indemnity plans.

General Requirements for Imaging Providers Billing Technical Component

- All imaging locations must have a documented Quality Control Program inclusive of both imaging equipment and film processors.
- All imaging locations must have a documented Radiation Safety Program and As Low As Reasonably Achievable (ALARA) Program.
- All imaging locations utilizing equipment producing ionizing radiation must have a current (within 3 years) letter of State inspection, or calibration report, or physicist's report.
- All imaging locations must use Highmark imaging privileged providers for all radiologic interpretations specific to the modality provided.
- Hospital imaging locations that are considered extensions of hospital-based imaging departments/services must be located within a 35-mile radius of the main campus of the hospital.
- Highmark Medical Policy will apply to the delivery of services detailed in the requirements.
- All imaging providers must submit a Highmark Privileging Application and receive written notice of privileging approval prior to being eligible to receive reimbursement for imaging services.
- Highmark will only reimburse providers for eligible diagnostic imaging services if the services are provided on imaging equipment:
 1. owned by the provider and used by that provider on a full time basis* or
 2. leased by the provider on a full-time basis*.
 - *Full-time basis is defined as:
 - the provider has possession of the equipment on the provider's property and the equipment is under the provider's direct control, and
 - the provider has exclusive use of the equipment, such that the provider, and only the provider, uses the equipment.
- All imaging locations are subject to unannounced site inspections. Those imaging

locations that are found to have misrepresented information on their Highmark Privileging Application may be subject to termination of imaging privileges by Highmark in its sole discretion.

Requirements Specific to Each Modality:

Bone Densitometry

- Bone Densitometry must be performed by hospitals, or by credentialed radiologists, endocrinologists, rheumatologists, obstetricians/gynecologists, orthopedists, internists, and family physicians.
- Must be performed on an axial Dual Energy X-ray Absorption (DEXA) system or a Quantitative CT.
- At least one physician from each imaging location must be a credentialed radiologist or achieve certification by the International Society for Clinical Densitometry (ISCD), or one technologist from each imaging location must be American Registry of Radiologic Technologists (ARRT) certified or achieve certification by the ISCD within one year of Provisional acceptance in the Privileging Program. *[Note: Each imaging location must submit evidence of application for certification within three months of receipt of letter indicating Provisional acceptance.]*

Cardiac CT

- Cardiac CT must be performed at an imaging location that fulfills the conditions in the "CT and MR" section.
- Cardiac CT must be performed on a CT scanner with a minimum of 40 slices.
- The imaging location must employ an appropriately licensed or certified technologist (State certified, American Registry of Diagnostic Medical Sonographers (ARDMS), Nuclear Medicine Technologist Certification Board (NMTCB) trained in the performance of Cardiac CT).

CT and MR

- When CT and/or MR are performed at a non-hospital imaging location, that location must provide at least five of the following modalities:
 - Plain Films or DEXA (either or both count as one)
 - General or OB/GYN Ultrasound (either or both count as one)
 - Peripheral Vascular (PV) Ultrasound
 - Echocardiography/Stress Echocardiography (either or both count as one)
 - Mammography
 - Computed Tomography/Computed Tomography Angiography (CT/CTA)
 - Magnetic Resonance Imaging/Magnetic Resonance Angiography (MR/MRA)
 - Fluoroscopy
 - Nuclear Medicine/Nuclear Cardiology
- If CT and/or MR are performed at a hospital imaging site, it must be apparent to patients that they are in an outpatient department of the hospital, (e.g. signage and outpatient registration process).
- Hours of operation requirement – Must offer diagnostic imaging services for a

minimum of 40 hours per week.

- Must employ an appropriately licensed or certified technologist, based upon the imaging procedure performed (State licensed, American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonographers (ARDMS), Nuclear Medicine Technologist Certification Board (NMTCB)).
- If offering MRI services, must also provide MRA capability.
- If offering MRI services, must achieve accreditation by the American College of Radiology (ACR) for MRI within one year of Provisional acceptance in the Privileging Program. *[Note: Each imaging site must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*
 - Imaging centers privileged prior to December 31, 2008 must meet this requirement by January 1, 2010, and must submit evidence of application for accreditation by April 1, 2009.
- If offering CT services, must achieve accreditation by the American College of Radiology (ACR) within one year of provisional acceptance in the Privileging Program. *[Note: Each imaging site must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*
- Must be staffed on-site by a credentialed radiologist who has a current Advanced Cardiac Life Support (ACLS) or Advanced Radiology Life Support (ARLS) certification during the hours outlined in the hours of operation requirement and whenever contrast enhanced procedures or diagnostic mammography are performed (including during non-standard hours). However, if these services are provided within an acute care facility, the presence of an emergency department will fulfill the ACLS and ARLS requirements.
- The imaging site is not required to have an on-site radiologist when the imaging site utilizes teleradiology and meets the following requirements:
 - A credentialed physician:
 - is on-site during normal business hours (40 hours per week minimum)
 - is available for patient, referring physician and teleradiologist consultation.
 - has a current ACLS or ARLS certification (if these services are provided within an acute care facility, the presence of an emergency department will fulfill the ACLS or ARLS requirements).
 - is on-site when contrast enhanced procedures or diagnostic mammography are performed.
 - The radiologist performing the imaging interpretation services via teleradiology:
 - is credentialed by Highmark and licensed in the State where the imaging site is physically located and where diagnostic services are rendered to the patient.
 - is dedicated to providing radiology services via teleradiology during the site's normal business hours (40 hours per week

within one year of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

- Practices privileged prior to December 31, 2008 must meet this requirement by January 1, 2010, and must submit evidence of application for accreditation by April 1, 2009.

Mammography

- Mammography locations must have a current Mammography Quality Standards Act (MQSA) certificate issued by the FDA.
- Diagnostic mammography may only be performed under the direct supervision (physician must be present) of a credentialed radiologist.

Nuclear Cardiology

- Nuclear cardiology imaging systems must have the capability of assessing both myocardial perfusion and contractile function (ejection fraction and regional wall motion).
- Cardiac stress tests must be performed under the direct supervision (physician must be present) of a licensed physician who has a current Advanced Cardiac Life Support (ACLS) certification. However, if these services are provided within an acute care facility, the presence of an emergency department will fulfill the ACLS requirements.
- Nuclear cardiology sites must provide a copy of the Radioactive Materials License that indicates the site's address and the name of the nuclear cardiology physician(s) performing and/or interpreting nuclear cardiology studies.
- Nuclear cardiology sites must use a technologist who is certified in Nuclear Medicine through the American Registry of Radiologic Technologists (ARRT), Certified Nuclear Medicine Technologist (CNMT) or Nuclear Medicine Technology Certification Board (NMTCB), or licensed by the State in nuclear medicine technology.
- Nuclear cardiology locations must achieve accreditation by the Intersocietal Commission for the Accreditation of Nuclear Cardiology Laboratories (ICANL) or the American College of Radiology (ACR) within two years of Provisional acceptance in the Privileging Program. *[Note: Each imaging site must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

Obstetrical/Gynecological (OB/GYN) Ultrasound

- OB/GYN ultrasound sites must achieve accreditation in Obstetrical and/or Gynecological Ultrasound by the American Institute of Ultrasound in Medicine (AIUM) or the American College of Radiology (ACR) within one year of Provisional acceptance in the Privileging Program. *[Note: Each imaging site must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*
- Imaging sites that do not employ credentialed perinatologists may be eligible to be reimbursed for fetal nuchal translucency testing (procedure codes 76813 and

76814) as specified in the Obstetrics III Diagnostic Imaging Privileging (DIP) level by employing a technologist or physician who is certified by the Fetal Medicine Foundation or the Nuchal Translucency Quality Review Program.

- Practices are eligible to be reimbursed for fetal echocardiography testing (procedure codes 76825, 76826, 76827, 76828 and 93325) as specified in the Obstetrics III Diagnostic Imaging Privileging (DIP) level by achieving accreditation in Fetal Echocardiography from the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) within two years of Provisional acceptance in the Privileging Program. *[Note: Practice must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

Peripheral Vascular (PV) Ultrasound

- PV ultrasound sites must employ a sonographer certified by the American Registry of Diagnostic Medical Sonographers (ARDMS) or ARRT.
- PV ultrasound systems must have Color Flow Doppler capability.
- PV ultrasound sites must achieve accreditation by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) or the American College of Radiology (ACR) within two years of Provisional acceptance in the Privileging Program. *[Note: Each imaging site must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

Plain Films

- Must have a State certified or American Registry of Radiologic Technologists (ARRT) certified technologist on-site taking all films.
- At a minimum, an automatic processor must be used to develop all analog plain films.

Positron Emission Tomography (PET)

- PET can only be performed:
 - by a hospital, or
 - when partially owned by a hospital as part of a joint venture or other partnership, or
 - when owned and operated by an oncology practice clinically affiliated with hospital or community based cancer treatment programs, or
 - when there is an access need.
- PET sites must employ technologists certified in Nuclear Medicine through the American Registry of Radiologic Technologists (ARRT), Certified Nuclear Medicine Technologist (CNMT) or Nuclear Medicine Technologist Certification Board (NMTCB), or licensed by the State in nuclear medicine technology.
- Only high performance full ring PET systems will be considered
- PET sites must achieve accreditation by the Intersocietal Commission for the Accreditation of Nuclear Laboratories (ICANL) or the American College of Radiology (ACR) within two years of Provisional acceptance in the Privileging Program. *[Note: Each imaging site must submit evidence of application for*

accreditation within three months of receipt of letter indicating Provisional acceptance.]

Urological Imaging

- Contrast enhanced procedures must be performed under the direct supervision (physician must be present) of a credentialed physician who has a current Advanced Cardiac Life Support (ACLS) or Advanced Radiology Life Support (ARLS) certification. However, if these services are provided within an acute care facility, the presence of an emergency department will fulfill the ACLS or ARLS requirements.
- Sites that employ a technologist or sonographer certified by the American Registry of Diagnostic Medical Sonographers (ARDMS) or American Registry of Radiologic Technologists (ARRT) are eligible to be reimbursed for certain imaging procedures of the abdomen, pelvis and genitalia, as specified in the Urology II Diagnostic Imaging Privileging (DIP) Level.
- Sites that do not employ a technologist or sonographer certified by the ARDMS or ARRT are eligible to be reimbursed for prostate ultrasound only.

Women's Health

- Imaging sites must provide at least the following three modalities:
 - Mammography
 - OB/GYN ultrasound
 - DEXA
- Sites must have a current Mammography Quality Standards Act (MQSA) certificate issued by the FDA.
- Diagnostic mammography may only be performed under the direct supervision (physician must be present) of a Highmark credentialed radiologist.
- Imaging sites must employ an appropriately licensed or certified technologist (State licensed, American Registry of Radiologic Technologists (ARRT), American Registry of Radiologic Technologists examination for Advanced Qualification in Mammography (ARRT (M)), American Registry of Diagnostic Medical Sonographers (ARDMS)).
- Imaging sites must achieve accreditation in Obstetrical and/or Gynecological Ultrasound by the American Institute of Ultrasound in Medicine (AIUM) or American College of Radiology (ACR) within one year of Provisional acceptance in the Privileging Program. *[Note: Each imaging site must submit evidence of application for accreditation within three months of receipt of letter indicating Provisional acceptance.]*

VI. Privileging Appeal Process

First Level

Highmark requires that all network providers comply with the terms and conditions of their contracts and meet the applicable requirements for performing imaging services. Highmark has established privileging requirements for providers who bill for imaging services in an outpatient setting.

Highmark provides an appeal process for Highmark Privileging Application denials. The following outlines the procedure for provider appeals of Highmark Privileging Application denials:

1. Written appeals must be requested in writing within 60 days of receiving a denial letter.
2. Appeals should be submitted on letterhead that indicates the provider name, and includes the billing provider number and tax ID number of the provider/location that has been denied privileges.
3. Documentation supporting the request for an exception to the Requirements or reason why the decision was incorrect should be included.
4. Appeals and accompanying documentation should be sent to:

Highmark
Fifth Avenue Place
120 Fifth Avenue, Suite 721
Pittsburgh, PA 15222-3099
ATTN: Privileging Appeal

5. The Highmark Privileging Appeal Hearing Panel will review all submitted documentation and issue a written decision that includes a statement of the basis for the decision, within 60 days of receipt of your appeal.

Second Level

You have the right to appeal a First Level decision to uphold a denial to the Highmark Medical Review Committee. If you choose to appeal the decision to the Medical Review Committee, you must notify Highmark in writing of your desire to appeal no later than 60 days from the date of the First Level Appeal decision letter, at the following address:

Provider Claims Review Research and Analysis
Highmark Blue Shield
1 W Senate Plaza
Camp Hill, PA 17089

You will be provided with information regarding the Medical Review Committee appeal process. The appeal will be conducted in accordance with the Guidelines of the Medical Review Committee.

The decision of the Medical Review Committee is final and binding on all parties thereto and not subject to further appeal within Highmark, in a court of competent jurisdiction or otherwise.

VII. Diagnostic Imaging Privileging (DIP) Levels

An all inclusive listing of DIP levels is located on Highmark's Provider Resource Center, which can be accessed through NaviNet or the Highmark website for your region. From the Resource Center, hover on *Highmark Radiology Management Program* and select *DIP Levels* from the fly-out menu.

What Region Am I?

- Central and Northeastern Region Provider Resource Center- DIP Levels
- Western Region Provider Resource Center- DIP Levels

VIII. Appendix

Accreditations and Certifications

Certain modalities require a provider to obtain specific accreditations and/or certifications from various sources. Below is a list of these organizations, their websites and the modalities that relate to each one:

- Advanced Cardiac Life Support (ACLS)
 - CT and MR
 - Echocardiography/Stress Echocardiography
 - Nuclear Cardiology
 - Urological Imaging

* www.aclsonline.us
- Advanced Radiology Life Support (ARLS)
 - CT and MR
 - Urological Imaging

* www.mayo.edu/cme/radiology.html
- American College of Radiology (ACR)
 - Breast Ultrasound
 - CT and MR
 - General Ultrasound Imaging
 - Nuclear Cardiology
 - Obstetrical/Gynecological (OB/GYN) Ultrasound
 - Peripheral Vascular (PV) Ultrasound
 - Positron Emission Tomography (PET)
 - Women's Health

* www.acr.org
- American Institute of Ultrasound in Medicine (AIUM)
 - Breast Ultrasound
 - General Ultrasound Imaging
 - Obstetrical/Gynecological (OB/GYN) Ultrasound
 - Women's Health

* www.aium.org
- American Registry of Diagnostic Medical Sonographers (ARDMS)
 - Cardiac CT
 - CT and MR
 - General Ultrasound Imaging
 - Peripheral Vascular (PV) Ultrasound
 - Urological Imaging
 - Women's Health

* www.ardms.org
- American Registry of Radiologic Technologists (ARRT)
 - Bone Densitometry
 - CT and MR
 - General Ultrasound Imaging
 - Nuclear Cardiology
 - Peripheral Vascular (PV) Ultrasound

- Plain Films
- Positron Emission Tomography (PET)
- Urological Imaging
- Women's Health
- * www.arrrt.org
- American Registry of Radiologic Technologists examination for Advanced Qualification in Mammography (ARRT (M))
 - Women's Health
- * www.arrrt.org
- American Society of Breast Surgeons (ASBS)
 - Breast Ultrasound
- * www.breastsurgeons.org
- Certification Board of Nuclear Cardiology (CBNC)
 - Nuclear Cardiology
- * www.cbnc.org
- Certified Nuclear Medicine Technologist (CNMT)
 - Nuclear Cardiology
 - Positron Emission Tomography (PET)
- * www.nmtcb.org
- Fetal Medicine Foundation
 - Obstetrical/Gynecological (OB/GYN) Ultrasound
- * www.fetalmedicine.com
- International Society for Clinical Densitometry (ISCD)
 - Bone Densitometry
- * www.iscd.org
- Intersocietal Commission for the Accreditation of Computed Tomography Laboratories (ICACTL)
 - CT and MR
- * www.icactl.org
- Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL)
 - Echocardiography/Stress Echocardiography
- * www.icael.org
- Intersocietal Commission for the Accreditation of Nuclear Cardiology Laboratories (ICANL)
 - Nuclear Cardiology
 - Positron Emission Tomography (PET)
- * www.icanl.org
- Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)
 - Peripheral Vascular (PV) Ultrasound
- * www.icavl.org
- Mammography Quality Standards Act (MQSA) certificate
 - Mammography
 - Women's Health
- * www.fda.gov/CDRH/MAMMOGRAPHY
- Nuchal Translucency Quality Review Program.

- Obstetrical/Gynecological (OB/GYN) Ultrasound
- * www.ntqr.org
- * www.genecare.com
- Nuclear Medicine Technologist Certification Board (NMTCB)
 - Cardiac CT
 - CT and MR
 - Nuclear Cardiology
 - Positron Emission Tomography (PET)
- * www.nmtcb.org

Questions

If you have any questions regarding Highmark's privileging requirements, please contact your Provider Relations Representative. If you do not know which representative is assigned to your facility or practice, please click on the link below to access the search function. You can also locate this information on the Provider Resource Center, which can be accessed through NaviNet or the Highmark website for your region.

What Region Am I?

- [Central Region Provider Relations Representatives](#)
- [Northeastern Region Provider Relations Representatives](#)
- [Western Region Provider Relations Representatives](#)