

# Highmark Provider Privileging Requirements

## I. Introduction

Since 2005, Highmark has maintained a Radiology Management Program to promote quality and patient safety of selected outpatient, non-emergency, advanced imaging services for its group customers and members. Highmark retains the services of National Imaging Associates, Inc. (NIA), an affiliate of Magellan Health, Inc., a radiology benefits management firm, to support the program. Using Highmark medical policy and nationally accepted clinical criteria, Highmark and NIA work closely with imaging providers and ordering physicians to ensure that members receive the appropriate diagnostic imaging tests; avoid the inconvenience and expense of unnecessary and/or duplicative services; and reduce their exposure to unnecessary radiation.

## II. How to Apply for Privileging

If you are a facility or professional provider and perform diagnostic imaging services and would like to apply to become a privileged provider, you must complete the online Highmark Privileging Application.

A separate privileging application is required for **each practice location** performing diagnostic imaging services, as well as for **each billing methodology** utilized. If your practice has more than one location performing diagnostic imaging services, or if you utilize more than one billing methodology (global, professional, technical), please contact NIA at 1-888-972-9642 or by sending an email to [RADPrivilege@Magellanhealth.com](mailto:RADPrivilege@Magellanhealth.com). NIA will need the following information in order to assign a new login:

- Provider name
- Address of additional location
- Tax identification number
- Highmark Billing Number

You may access the Highmark Privileging application by directing your Web browser to:

[www.highmarkhealth.org](http://www.highmarkhealth.org):

- Click "Health Insurance Plans."
- Click the appropriate region under "Learn More About Our Companies," then click on the region name below in blue.
- Click the "Provider Resource Center" link under "HELPFUL LINKS" at the bottom left hand side of the page.
- Click the + beside "Care Management Programs", on the left side of the page.
- Click on "Radiology Management Program."
- Click on "Highmark Privileging Application and Requirements."
- Click on "Highmark Privileging Application" link.
- Enter [insert MIS] and click login.

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

If any changes to your practice take place you will need to update your current privileging application to reflect the changes. Some of the changes that need to be reported are:

- Adding or removing modalities
- Accreditation status
- Equipment
- Technologist/sonographer certifications
- Practice specialty

Also note that specialty composition changes to your practice can lead to specialty DIP level changes. Just because you were previously granted a DIP level doesn't mean you will always meet the requirements to continue to bill utilizing that DIP level. Make sure your privileging application always reflects the most up to date information about your practice to make sure you are granted the correct DIP levels.

### **III. Billing Methodologies (Global, Technical, Professional)**

#### **Global 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.

#### **Global 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.

#### **Professional 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.

#### **Professional 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.

#### **Technical Definition**

Providers that perform the imaging procedure and bill only the technical component, the radiology CPT code must be billed with modifier- TC.

#### **Technical 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.

#### IV. General Requirements for All Imaging Providers

General Requirements for All Imaging Providers	Global	Professional	Technical
All imaging providers must provide a written report to the ordering provider within 5 business days from the date of service. (Mammography reports must be completed within 30 days, per the Mammography Quality Standards Act (MQSA) requirements.) <b>If the ordering and rendering provider are the same, this location produces a written report for the patient's file within 5 business days from the date of service.</b>	X	X	
All imaging locations must have a documented Quality Control Program inclusive of both imaging equipment and film processors.	X		X
All imaging locations must have a documented Radiation Safety Program and an As Low As Reasonably Achievable (ALARA) Program. <b>*ALARA refers to the principle that all radiation exposure, both to patients and to radiologic personnel, should be minimized in diagnostic imaging.</b>	X		X
All imaging locations utilizing imaging equipment or radioactive materials emitting ionizing radiation must have a current (within three years) letter of State inspection, or calibration report, or physicist's report.	X		X
Imaging locations performing MR (with contrast), CT (with contrast), PET, Nuclear Medicine, Nuclear Cardiology, or Stress Echocardiography must have emergency policies, procedures and equipment on site (i.e. crash cart, AED).	X		X
All imaging providers must have a formal preventative maintenance program per original equipment specifications.	X		X
Highmark Medical Policy applies to the delivery of services detailed in the requirements.	X	X	X
All interpreting and imaging providers must be credentialed by Highmark (hereinafter referred to as "credentialed").	X	X	
All interpreting and imaging providers must complete a Highmark Privileging Application and receive written notice of privileging approval prior to receiving reimbursement for imaging services.	X	X	X
Highmark will only reimburse providers for diagnostic imaging services if the services are provided on imaging equipment: <ul style="list-style-type: none"> <li>• owned by the provider and used by that provider on a full-time basis* or</li> <li>• leased by the provider on a full-time basis*</li> </ul> *Full-time basis is defined as: <ul style="list-style-type: none"> <li>• the provider has possession of the equipment on the provider's property and the equipment is under the provider's direct control, and</li> <li>• the provider has exclusive use of the equipment, such that the provider, and only the provider, uses the equipment.</li> </ul>	X		X
All imaging providers are subject to unannounced site inspections. Those providers found to have misrepresented information on their Privileging Application, or those who do	X		X

<b>General Requirements for All Imaging Providers</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
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.	X	X	X
The interpretation and reporting of imaging services is eligible for reimbursement only if the imaging service is performed at a Highmark contracted location.	X	X	
All imaging locations must use Highmark imaging privileged providers for all radiologic interpretations specific to the Highmark product and modality provided.			X

#### **V. Requirements Specific to Each Modality**

<b>Bone Densitometry</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be performed on a Dual Energy X-ray Absorption (DEXA) system or a Quantitative CT.	X		X
Must be performed and interpreted by a credentialed radiologist, endocrinologist, rheumatologist, obstetrician/gynecologist, orthopedist, internist, or family physician.	X	X	
Each imaging location performing peripheral DEXA must have at least one physician who is certified or becomes certified by the International Society for Clinical Densitometry (ISCD) within one year of Provisional acceptance in the Privileging Program. The ISCD requirement is waived for physicians with a practice specialty of radiology. Non-physicians are not eligible to achieve ISCD certification for peripheral DEXA.	X		X
Each imaging location performing axial DEXA or Quantitative CT must have at least one physician or technologist who is certified or becomes certified by the International Society for clinical Densitometry (ISCD) within one year of Provisional acceptance in the Privileging Program. The ISCD requirement is waived for physicians with a practice specialty of radiology and technologists who are certified by the ARRT(R) or ARRT(BD).	X		X

<b>Breast Ultrasound</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be performed and interpreted by a credentialed radiologist, or a credentialed surgeon who has breast ultrasound certification from the American Society of Breast Surgeons (ASBS)	X		X
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 6 months of Provisional acceptance in the Privileging Program.	X		X

<b>Fluoroscopy (76000 &amp; 76001)</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be performed and interpreted by or under the personal supervision of a credentialed radiologist. **“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.	X	X	X

<b>CT (At this time we do not privilege providers that utilize a cone-beam CT scanner.)</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
CT must be performed at an imaging location that provides at least five of the following modalities: <ul style="list-style-type: none"> <li>• Plain Films or DEXA (either or both count as one)</li> <li>• General or OB/GYN Ultrasound (either or both count as one)</li> <li>• Peripheral Vascular (PV) Ultrasound</li> <li>• Echocardiography/Stress Echocardiography</li> <li>• Mammography</li> <li>• Computed Tomography/Computed Tomography Angiography/Cardiac Computed Tomography Angiography (CT/CTA/CCTA) (individually or any combination count as one)</li> <li>• Magnetic Resonance Imaging/Magnetic Resonance Angiography (MRI/MRA)</li> <li>• Fluoroscopy</li> <li>• Nuclear Medicine/Nuclear Cardiology</li> </ul>	X		X
Hours of operation requirement – Must offer diagnostic imaging services for a minimum of 40 hours per week.	X		X
Must be performed by an appropriately licensed or certified technologist (State certified, ARRT (CT) or ARRT (R))	X		X
Must have achieved accreditation by the American College of Radiology (ACR) or the Intersocietal Accreditation Commission (IAC) CT upon submission of privileging application.	X		X
ACR Lung Cancer Screening Center designation is unit specific. Information on how to apply for this designation is available on the ACR's website <a href="http://www.acr.org">www.acr.org</a> . All sites applying for this designation must meet the ACR Lung Cancer Screening Center designation requirements, including having an active ACR CT accreditation in the chest module on the designated unit(s).	X		X
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. However, if these services are provided within an acute care facility the presence of an emergency department will fulfill the ACLS and ARLS requirements.	X		X

<b><u>CT (At this time we do not privilege providers that utilize a cone-beam CT scanner.)</u></b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
<p>The practice location is not required to have an on-site radiologist when they utilize teleradiology and meet the following requirements:</p> <p>*A Highmark credentialed physician:</p> <ul style="list-style-type: none"> <li>• is on-site during normal business hours (40 hours per week minimum).</li> <li>• is a member of the imaging provider group.</li> <li>• is available for patient, referring physician and teleradiologist consultation.</li> <li>• has a current ACLS or ARLS certification.</li> <li>• is on-site when contrast enhanced procedures or diagnostic mammography are performed.</li> </ul> <p>*The radiologist performing the imaging interpretation services via teleradiology:</p> <ul style="list-style-type: none"> <li>• is credentialed and licensed in the state where the imaging location is located and where diagnostic services are rendered to the patient.</li> <li>• is dedicated to providing radiology services via teleradiology during the practice location's normal business hours (40 hours per week minimum).</li> <li>• 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.</li> </ul>	X		X
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 availability to the radiologist.	X		X
When a teleradiology system is used to render the official interpretation, there is no clinically significant loss of data from image acquisition through transmission for final image display.	X		X
Imaging facilities performing CT must utilize a dual auto injector effective July 1, 2015	X		X
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.	X		X
Must be interpreted by a credentialed radiologist.		X	
If CT is 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.)			X

<b>Cardiac CT</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be performed at a practice that fulfills the requirements in the "CT" section.	X		X
Must be performed on a CT scanner with a minimum of 64 slices.	X		X
Must be performed by an appropriately licensed or certified technologist trained in the performance of Cardiac CT (State certified, ARRT (CT) or ARRT (R))	X		X
Radiologists must meet the Qualifications of Personnel outlined in the ACR Clinical Statement on Noninvasive Cardiac Imaging for Cardiac CT ( <b>not including examinations performed exclusively for calcium scoring</b> ).	X	X	
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 (CT) Level 2- contrast, defined as the minimum recommended training for a physician to independently perform and interpret Cardiac CT.	X	X	

<b><u>MRI: (At this time we do not privilege providers that utilize an extremity scanner.)</u></b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
MRI must be performed at an imaging location that provides at least five of the following modalities: <ul style="list-style-type: none"> <li>• Plain Films or DEXA (either or both count as one)</li> <li>• General or OB/GYN Ultrasound (either or both count as one)</li> <li>• Peripheral Vascular (PV) Ultrasound</li> <li>• Echocardiography/Stress Echocardiography</li> <li>• Mammography</li> <li>• Computed Tomography/Computed Tomography Angiography/Cardiac Computed Tomography Angiography (CT/CTA/CCTA) (individually or any combination count as 1)</li> <li>• Magnetic Resonance Imaging/Magnetic Resonance Angiography (MRI/MRA)</li> <li>• Fluoroscopy</li> <li>• Nuclear Medicine/Nuclear Cardiology</li> </ul>	X		X
Must offer diagnostic imaging services for a minimum of 40 hours per week.	X		X
Must be performed by an appropriately licensed or certified technologist (State certified, ARRT (MR), or ARRT (R))	X		X
If offering Breast MRI, examinations must be performed with a dedicated breast MRI coil unless obesity or other patient consideration requires modification of the imaging procedure.	X		X
If offering MRI services, must have achieved accreditation by the American College of Radiology (ACR) or the International Accreditation Commission (IAC) MRI upon submission of	X		X

<b><u>MRI: (At this time we do not privilege providers that utilize an extremity scanner.)</u></b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
privileging application.			
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 of operation, and whenever contrast enhanced procedures or diagnostic mammography are performed. However, if these services are provided within an acute care facility, the presence of an emergency department will fulfill the ACLS and ARLS requirements.	X		X
Must be interpreted by a credentialed radiologist.		X	
The practice location is not required to have an on-site radiologist when they utilize teleradiology and meet the following requirements: *A Highmark credentialed physician: <ul style="list-style-type: none"> <li>• is on-site during normal business hours (40 hours per week minimum).</li> <li>• is a member of the imaging provider group.</li> <li>• is available for patient, referring physician and teleradiologist consultation.</li> <li>• has a current ACLS or ARLS certification.</li> <li>• is on-site when contrast enhanced procedures or diagnostic mammography are performed.</li> </ul> *The radiologist performing the imaging interpretation services via teleradiology: <ul style="list-style-type: none"> <li>• is credentialed and licensed in the state where the imaging location is located and where diagnostic services are rendered to the patient.</li> <li>• is dedicated to providing radiology services via teleradiology during the practice location's normal business hours (40 hours per week minimum).</li> <li>• 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.</li> </ul>	X		X
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 availability to the radiologist.	X		X
When a teleradiology system is used to render the official interpretation, there is no clinically significant loss of data from image acquisition through transmission for final image display. <ul style="list-style-type: none"> <li>• Imaging locations must have a PACS</li> <li>• 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.</li> </ul>	X		X
MR – Tesla strength requirements: <ul style="list-style-type: none"> <li>• Providers that utilize devices with field strength less</li> </ul>	X		X



<b><u>MRI: (At this time we do not privilege providers that utilize an extremity scanner.)</u></b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
<p>than 0.3T <b>will not be considered for MR privileges.</b></p> <ul style="list-style-type: none"> <li>• Providers that utilize devices with field strength of 0.3T to 1.0T <u>without parallel processing capabilities</u> (and meet all of Highmark's other privileging requirements) <b>will be assigned the MR-L DIP Level which includes MRI examinations of the brain, spine and extremities.</b></li> <li>• Providers that utilize devices with field strength of 1.0T or greater <u>with parallel processing capabilities</u> (and meet all of Highmark's other privileging requirements) <b>will be assigned the MR-2 DIP level which includes MRI and MRA examinations.</b></li> <li>• Providers that utilize devices with field strength of 1.0T or greater <u>with parallel processing capabilities</u> (and meet all of Highmark's other Cardiac MR privileging requirements) <b>will be assigned the CMRI DIP Level in addition to the MR-2 DIP level.</b></li> <li>• Providers that utilize devices with field strength of 1.5T or greater (and meet all of Highmark's other Breast MR privileging requirements) <b>will be assigned the BMRI DIP level in addition to the MR-2 DIP Level.</b></li> </ul>			

<b><u>Cardiac MRI</u></b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be performed at a practice that fulfills the requirements in the "MRI" section.	X		X
CMR devices must have electrocardiogram (EKG) gating and at least 8 channel parallel processing.	X		X
Cardiologists must meet the training to achieve clinical competence in Cardiac Magnetic Resonance (CMR) 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/American College of Physicians Task Force on Clinical Competence and Training: Minimal Knowledge and Skills Required for CMR Expertise (Task Force) Level 2 – defined as the minimum recommended training for a physician to independently perform and interpret CMR.	X	X	

<b><u>Echocardiography/Stress Echocardiography</u></b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
<p>Must be performed and interpreted by or under the personal supervision of a physician credentialed in radiology or cardiology.</p> <p><b>**“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</b></p>	X	X	

<b>Echocardiography/Stress Echocardiography</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
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.			
Echocardiography systems must have Color Flow Doppler capability.	X		X
Practices must achieve accreditation by the Intersocietal Accreditation Commission (IAC) Echocardiography within 6 months of Provisional acceptance in the Privileging Program.	X		X
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.	X		X

**\*Network pediatric cardiologists are not required to use a sonographer for pediatric echocardiography.**

<b>General Ultrasound</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be performed or interpreted by or under the personal supervision of a physician credentialed in radiology. <b>**“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)</b>	X	X	
Must use a technologist or sonographer certified by the American Registry of Diagnostic Medical Sonographers (ARDMS) or American Registry of Radiologic Technologists (ARRT (S)).	X		X
Practices must achieve accreditation in Ultrasound by the American Institute of Ultrasound in Medicine (AIUM) or American College of Radiology (ACR) within 6 months of Provisional acceptance in the Privileging Program.	X		X

<b>Mammography</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Diagnostic mammography must be performed under the personal supervision of a credentialed radiologist. <b>**“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.</b>	X		X
Mammography facilities must have a current Mammography Quality Standards Act (MQSA) certificate issued by the FDA.	X		X
Diagnostic mammography must be interpreted by a credentialed radiologist.		X	

<b>Nuclear Cardiology</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be performed and interpreted by a physician credentialed in radiology or nuclear medicine, or a physician who has received certification by the Certification Board of Nuclear Cardiology (CBNC), or a physician who 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.	X	X	
Imaging systems must have the capability of assessing both myocardial perfusion and contractile function (ejection fraction and regional wall motion).	X		X
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. However, if these services are provided within an acute care facility, the presence of an emergency department will fulfill the ACLS requirements.	X		X
Nuclear cardiology practices must have a Radioactive Materials License that indicates the practice address and the name of the 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.	X		X
Practices must have achieved accreditation by the Intersocietal Accreditation Commission (IAC) Nuclear/PET or the American College of Radiology (ACR) upon submission of privileging application.	X		X
Must use a technologist who is certified in Nuclear Medicine through the American Registry of Radiologic Technologists (ARRT) (N), Certified Nuclear Medicine Technologist (CNMT) or Nuclear Medicine Technology Certification Board (NMTCB) or licensed by the State in nuclear medicine technology.	X		X

<b>Nuclear Medicine</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Nuclear medicine practices must employ at least one physician who is board certified in diagnostic radiology or nuclear medicine.	X	X	
Nuclear medicine practices must employ a technologist who is either ARRT registered and certified in Nuclear Medicine or is certified by the NMTCB or hold equivalent state license in nuclear medicine technology.	X		X
Nuclear medicine practices must provide a copy of a Radioactive Materials License that is specific for the practice address where the nuclear medicine studies are being performed. The physician listed on the Radioactive Materials License must be a member of the provider group requesting privileges.	X		X
Nuclear medicine practices must provide a copy of a	X		X

<b>Nuclear Medicine</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Radioactive Materials License that is specific for the practice address where the nuclear medicine studies are being performed. The physician listed on the Radioactive Materials License must be a member of the provider group requesting privileges.			
Nuclear medicine practices must achieve accreditation by ACR or IAC Nuclear/PET within 6 months of provisional approval.	X		X

<b>Obstetrical/Gynecological Ultrasound</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Obstetrical/Gynecological Ultrasound must be performed and interpreted by or under the personal supervision of credentialed radiologists, obstetricians, gynecologists, or family physicians. <b>*“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: HM Medical Policy Z-27)</b>	X	X	
Practices that achieve accreditation in Obstetrical and Gynecological Ultrasound by the American Institute of Ultrasound in Medicine (AIUM) or American College of Radiology (ACR) within 6 months of Provisional acceptance in the Privileging Program are eligible to be reimbursed for imaging procedures as specified in the Obstetrics II (OB/GYN Ultrasound) Diagnostic Imaging Procedure (DIP) Level (OB-US).	X		X
Practices that achieve accreditation in Obstetrical Ultrasound by the AIUM or ACR within 6 months of provisional acceptance in the Privileging Program are eligible to be reimbursed for imaging procedures in the Obstetrics VI (OB Ultrasound) Diagnostic Imaging Procedure (DIP) Level (OB).	X		X
Practices that do not achieve accreditation are eligible to be reimbursed for limited Obstetrical Ultrasound procedures as specified in the Obstetrics I Diagnostic Imaging Procedure (DIP) Level (OB-L).	X		X
Practices that achieve accreditation in Gynecological Ultrasound by the AIUM or ACR within 6 months of provisional acceptance in the Privileging Program are eligible to be reimbursed for imaging procedures in the Gynecological Ultrasound Diagnostic Imaging Procedure (DIP) Level (U-41).	X		X
Perinatologists (Maternal Fetal Medicine physicians) that are AIUM or ACR accredited in Obstetrical Ultrasound, or achieve accreditation within 6 months of provisional acceptance, are eligible to be reimbursed for imaging procedures as specified in the Obstetrics III (Maternal/Fetal Medicine) Diagnostic Imaging Procedure (DIP) Level (OB-FM).	X		
Practices that do not employ credentialed Perinatologists	X		X

<b>Obstetrical/Gynecological Ultrasound</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
(Maternal Fetal Medicine physicians) are eligible to be reimbursed for fetal nuchal translucency testing (procedure codes 76813, 76814) and fetal doppler velocimetry, middle cerebral artery (76821) as specified in the Obstetrics III (Maternal Fetal Medicine) Diagnostic Imaging Procedure (DIP) level (OB-FM) by utilizing a technologist who is certified by the Fetal Medicine Foundation or the Nuchal Translucency Quality Review Program.			
Perinatologists (Maternal Fetal Medicine physicians) are eligible to be reimbursed for the interpretation of imaging procedures as specified in the Obstetrics III (Maternal/Fetal Medicine) Diagnostic Imaging Procedure (DIP) Level (OB-FM).		X	
Practices are eligible to be reimbursed for fetal echocardiography testing (procedure codes 76825, 76826, 76827, 76828 and 93325) as specified in the Obstetrics IV (Fetal Echocardiography) DIP level (OB-FE) by achieving accreditation in Fetal Echocardiography from the Intersocietal Accreditation Commission (IAC) Echocardiography or from American Institute of Ultrasound in Medicine (AIUM) within 6 months of Provisional acceptance in the Privileging Program.	X		X
Fetal Echocardiography must be interpreted by a credentialed radiologist, perinatologist (Maternal Fetal Medicine), or obstetrician.		X	
Practices are eligible to be reimbursed for duplex scans of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs (procedure codes 93975 and 93976) as specified in the Obstetrics V DIP Level (OB-PV) if they are staffed by an obstetrician, gynecologist or perinatologist (Maternal Fetal Medicine physician) who has received an additional 4 AMA PRA Category 1 credits in Doppler Ultrasound.	X		X

<b>Peripheral Vascular (PV) Ultrasound</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be interpreted by or under the personal supervision of physicians credentialed in radiology, vascular surgery, cardiology or neurology. <b>*“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)</b>	X	X	
PV Ultrasound providers must use a sonographer certified by the American Registry of Diagnostic Medical Sonographers (ARDMS), American Registry of Radiologic Technologists (ARRT (S), ARRT (VS), RVT), or Cardiovascular Credentialing International (CCI)	X		X
PV Ultrasound systems must have Color Flow Doppler capability.	X		X

<b>Peripheral Vascular (PV) Ultrasound</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
PV Ultrasound providers must achieve accreditation by the Intersocietal Accreditation Commission (IAC) Vascular Testing or the American College of Radiology (ACR) within 6 months of Provisional acceptance in the Privileging Program.	X		X

<b>Plain Films</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Plain films not otherwise noted in the specific specialty DIP levels (PCP, P-PF, C-PF, M-36, M-56, E-PF, G-PF, UR-3, F-45, S-11, S-12, S-46 & S-47), must be performed and interpreted by or under the personal supervision of a physician credentialed in radiology. <b>*“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)</b>	X	X	
Providers must have a State certified; or an American Registry of Radiologic Technologists (ARRT (R)) certified technologist; or, for chiropractic practices, a network credentialed doctor of chiropractic medicine who has completed four hours of continuing education in the field of radiology (approved subjects listed below), every twenty-four months; 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. *Documentation will be required for completion of continuing education on the approved subjects for chiropractic practices: <ul style="list-style-type: none"> <li>• Competence in the production and interpretation of X-rays.</li> <li>• Producing X-rays of diagnostic quality.</li> <li>• Patient exposure to radiation based on clinical necessity</li> <li>• Radiographic ethics and forensics.</li> <li>• Patient preparation and positioning</li> <li>• State and Federal regulations regarding X-rays.</li> </ul>	X		X
At a minimum, an automatic processor must be used to develop all analog plain films.	X		X

<b>Positron Emission Tomography (PET)</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
PET can only be performed: <ul style="list-style-type: none"> <li>• by a hospital, or</li> <li>• when partially owned by a hospital as part of a joint venture or other partnership, or</li> <li>• when owned and operated by an oncology practice clinically affiliated with hospital or community based cancer treatment program,</li> <li>• when there is an access need.</li> </ul>	X		X

<b>Positron Emission Tomography (PET)</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
PET facilities must employ technologists certified in Nuclear Medicine through the American Registry of Radiologic Technologists (ARRT(N)), Certified Nuclear Medicine Technologist (CNMT) or Nuclear Medicine Technology Certification Board (NMTCB), or licensed by the State in nuclear medicine technology.	X		X
Only high performance full ring PET systems will be considered.	X		X
Must have achieved accreditation by the Intersocietal Accreditation Commission (IAC) Nuclear/PET or the American College of Radiology (ACR) upon submission of privileging application.	X		X
Must have a Radioactive Materials License that indicates the practice address and the name of the physician(s) performing and/or interpreting PET studies. The address and physician name(s) must be the same as those listed on the Privileging Application completed by the practice.	X		X

<b>Thyroid Ultrasound</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be performed and interpreted by or under the personal supervision of credentialed radiologists or endocrinologists. <b>*“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)</b>	X	X	
Endocrinology practices that employ a sonographer certified by the ARDMS or ARRT(S) are eligible to be reimbursed for imaging procedures as specified in the Endocrinology Ultrasound Diagnostic Imaging Procedure (DIP) level.	X		X
Practices that do not employ a certified sonographer are eligible to be reimbursed for imaging procedures as specified in the Endocrinology Ultrasound Diagnostic Imaging Procedure (DIP) by successfully completing the American Association of Clinical Endocrinologists (AACE)/American Institute of Ultrasound in Medicine (AIUM) Endocrine certification in Neck Ultrasound.	X		X

<b>Urological Ultrasound</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
Must be performed and interpreted by or under the personal supervision of credentialed radiologists or urologists. <b>*“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</b>	X	X	

<b>Urological Ultrasound</b>	<b>Global</b>	<b>Professional</b>	<b>Technical</b>
<b>health care practitioner. (Source: Highmark Medical Policy Z-27)</b>			
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.	X		X
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 (S)) are eligible to be reimbursed for imaging procedures as specified in the Urology I Diagnostic Imaging Procedure (DIP) Level.	X		X
Urology practices that employ a technologist or sonographer certified by the ARRT(S) or ARDMS or a physician who has successfully completed the American Urology Association's (AUA) Hands-on Ultrasound Course are eligible to be reimbursed for imaging procedures as specified in the Urology II Diagnostic Imaging Procedure (DIP) Level.	X		X

## **VI. Privileging Appeal Process**

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 faxed to:
  - **1-866-552-7589 for Pennsylvania, West Virginia, & Delaware**
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 Appeal Rights for PA providers**

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:



Medical Review Committee (MRC) Coordinator  
Financial Investigations and Provider Review - 1A L3  
Highmark Inc.  
PO Box 890089  
Camp Hill, PA 17089-0089

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 Procedure (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, click on *Highmark Radiology Management Program* and then click *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](http://www.aclsonline.us)
- Advanced Radiology Life Support (ARLS)
  - CT and MR
  - Urological Imaging

\* [www.mayo.edu/cme/radiology.html](http://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)

\* [www.acr.org](http://www.acr.org)
- American Institute of Ultrasound in Medicine (AIUM)
  - Breast Ultrasound
  - Fetal Echocardiography
  - General Ultrasound Imaging
  - Obstetrical/Gynecological (OB/GYN) Ultrasound

\* [www.aium.org](http://www.aium.org)
- American Registry of Diagnostic Medical Sonographers (ARDMS)
  - General Ultrasound Imaging
  - Peripheral Vascular (PV) Ultrasound
  - Urological Imaging

\* [www.ardms.org](http://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
- \* [www.arrt.org](http://www.arrt.org)
- American Registry of Radiologic Technologists examination for Advanced Qualification in Mammography (ARRT (M))
  - \* [www.arrt.org](http://www.arrt.org)
- American Society of Breast Surgeons (ASBS)
  - Breast Ultrasound
- \* [www.breastsurgeons.org](http://www.breastsurgeons.org)
- Certification Board of Nuclear Cardiology (CBNC)
  - Nuclear Cardiology
- \* [www.cbnc.org](http://www.cbnc.org)
- Certified Nuclear Medicine Technologist (CNMT)
  - Nuclear Cardiology
  - Positron Emission Tomography (PET)
- \* [www.nmtcb.org](http://www.nmtcb.org)
- Fetal Medicine Foundation
  - Obstetrical/Gynecological (OB/GYN) Ultrasound
- \* [www.fetalmedicine.com](http://www.fetalmedicine.com)
- International Society for Clinical Densitometry (ISCD)
  - Bone Densitometry
- \* [www.iscd.org](http://www.iscd.org)
- Intersocietal Accreditation Commission (IAC) CT
  - CT
- \* [www.intersocietal.org](http://www.intersocietal.org)
- Intersocietal Accreditation Commission (IAC) MRI
  - MR
- \* [www.intersocietal.org](http://www.intersocietal.org)
- Intersocietal Accreditation Commission (IAC) Echocardiography
  - Echocardiography/Stress Echocardiography
- \* [www.intersocietal.org](http://www.intersocietal.org)
- Intersocietal Accreditation Commission (IAC) Nuclear/PET
  - Nuclear Cardiology
  - Positron Emission Tomography (PET)
- \* [www.intersocietal.org](http://www.intersocietal.org)
- Intersocietal Accreditation Commission (IAC) Vascular Testing
  - Peripheral Vascular (PV) Ultrasound
- \* [www.intersocietal.org](http://www.intersocietal.org)
- Mammography Quality Standards Act (MQSA) certificate
  - Mammography
- \* [www.fda.gov/CDRH/MAMMOGRAPHY](http://www.fda.gov/CDRH/MAMMOGRAPHY)
- Nuchal Translucency Quality Review Program.
  - Obstetrical/Gynecological (OB/GYN) Ultrasound
- \* [www.ntqr.org](http://www.ntqr.org)
- \* [www.genecare.com](http://www.genecare.com)

- Nuclear Medicine Technologist Certification Board (NMTCB)
    - Nuclear Cardiology
    - Positron Emission Tomography (PET)
- \* [www.nmtcb.org](http://www.nmtcb.org)