

# **Highmark**

## **Professional Provider Privileging Requirements**

### **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 for imaging services performed if they do not satisfy the applicable requirements set forth in this document. These requirements affect providers of imaging services for all Highmark members except those covered under traditional indemnity plans.

### **General Requirements for Imaging Providers**

- 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 facilities must have a documented Quality Control Program inclusive of both imaging equipment and film processors.
- All imaging facilities must have a documented Radiation Safety Program and an As Low As Reasonably Achievable (ALARA) Program.
- All imaging facilities 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 will apply 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.

### **Requirements Specific to 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.

### **Requirements Specific to 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 from each practice location must be a credentialed radiologist or achieve certification by the International Society for Clinical Densitometry (ISCD), and one technologist from each practice 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 accreditation within three months of receipt of letter indicating Provisional acceptance.]*

### **Requirements Specific to 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 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.]*

### **Requirements Specific to 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 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.]*

#### **Requirements Specific to General Ultrasound Imaging**

- Unless otherwise noted in the following 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]*

#### **Requirements Specific to 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.]*

#### **Requirements Specific to 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.

#### **Requirements Specific to Breast Ultrasound**

- Breast Ultrasound may only be performed by a credentialed radiologist, or a credentialed surgeon who has breast ultrasound certification from the American Society of Breast Surgeons (ASBS).
- 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.]*

#### **Requirements Specific to Mammography**

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

#### **Requirements Specific to 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 personal supervision of a credentialed physician who has a current Advanced Cardiac Life Support (ACLS) or Advanced Radiology Life Support (ARLS) certification.
- 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.
- 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.

#### **Requirements Specific to Positron Emission Tomography (PET)**

- PET must be performed by a provider that is: a hospital; partially owned by a hospital as part of a joint venture or other partnership; owned and operated by an oncology practice clinically affiliated with hospital or community based cancer treatment programs; in an area where 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: Facility must submit evidence of application for accreditation to NIA within three months of receipt of letter indicating Provisional acceptance.]*

#### **Requirements Specific to Fluoroscopy**

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

#### **Requirements Specific to CT and MR**

- CT and MR must be performed at a practice site 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 (CT/CTA)
  - ◊ Magnetic Resonance Imaging/Magnetic Resonance Angiography (MRI/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 (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.]*
- 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, successfully completes a teleradiology application, 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 reading 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 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, sites must be connected via broadband or the necessary bandwidth to ensure real-time or near real-time image availability to the radiologist (< two minutes).
  - ◊ 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.
    - Sites must have a PACS (picture archiving and communications system)
    - Sites 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.

The above requirements do not preclude credentialed cardiologists from performing echocardiography/stress, echocardiography, peripheral vascular ultrasound, arterial angiography, and nuclear medicine/nuclear cardiology diagnostic services at this practice site.

### **Requirements Specific to Cardiac CT**

- Cardiac CT must be performed at a practice that fulfills the conditions in the "Requirements Specific to CT and MR" section.
- Cardiac CT must be performed on a 40 or 64 slice CT scanner.
- The practice must employ an appropriately licensed or certified technologist (state certified, American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonographers (ARDMS), Nuclear Medicine Technology Certification Board (NMTCB)) trained in the performance of Cardiac CT.

- The practice must be staffed on-site by a Highmark-credentialed radiologist or cardiologist with the documented minimal experience and training in the performance and interpretation 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
    - Minimum of 35 of the mentored cardiac CT examinations interpreted 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.

### **Requirements Specific to Practices Specializing in Women's Health**

- Providers must provide at least the following three modalities:
  - ◊ Mammography
  - ◊ OB/GYN Ultrasound
  - ◊ DEXA
- Facilities must have a current Mammography Quality Standards Act (MQSA) certificate issued by the FDA.
- Diagnostic mammography must be performed under the direct supervision of a credentialed radiologist.
- Providers must employ an appropriately licensed or certified technologist (state licensed, American Registry of Radiologic Technologists (ARRT), 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.]*

### **Additional Provisions:**

- Highmark will only reimburse providers for diagnostic imaging services if the services are provided on imaging equipment (i) owned by the provider or (ii) leased by the provider on a full-time basis. Owned or leased on a full-time basis is defined as (a) the provider has possession of the equipment on the provider's property and the equipment is under the provider's direct control and (b) the provider has exclusive use of the equipment, such that the provider and only the provider uses the equipment.
- "Personal supervision" means that the provider must be in the immediate vicinity so that he or she can personally assist in the procedure, or to assume the primary care of the patient, if necessary. (Source: Highmark Medical Policy Z-27)
- All imaging providers are subject to unannounced site inspections. Those providers who are found to have misrepresented information on their Privileging Application, or have not maintained compliance with the requirements, may be subject to termination of imaging privileges.
- The Highmark Professional Provider Privileging Requirements are not intended to disadvantage any specialist from providing imaging services.
- Privileging status does not guarantee reimbursement. Factors that do impact reimbursement include, but are not limited to: prior-authorization requirements, whether the services are experimental/investigational, and member benefits and eligibility.