

Highmark Radiology Privileging Guidelines for Hospitals

Purpose

The following guidelines 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 following guidelines. These guidelines affect all Highmark members, except those covered under traditional indemnity plans.

General 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 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.
- All imaging locations 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 guidelines.

Guidelines Specific to Plain Films

- Must have a state certified or American Registry of Radiologic Technologists (ARRT) certified technologist on-site taking all films.
- An automatic processor must be used to develop all plain films.

Guidelines Specific to Fluoroscopy

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

Guidelines Specific to 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 practice location or hospital site must be a credentialed radiologist or achieve certification by the ISCD (International Society for Clinical Densitometry), and one technologist from each practice location or hospital site must be ARRT certified or achieve certification by the ISCD (International Society for Clinical Densitometry) within one year of Provisional acceptance in the Privileging Program. *[Note: Practice or hospital site must submit evidence of application for accreditation within 3 months of receipt of letter indicating Provisional acceptance.]*

Guidelines Specific to 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 of a licensed physician who has a current Advanced Cardiac Life Support (ACLS). However, if these services are provided within an acute care facility, the presence of an emergency department will fulfill the ACLS requirements.
- Nuclear cardiology locations must provide a copy of a Radioactive Materials License that indicates the location's address and the name of the nuclear cardiology physician(s) performing and/or interpreting nuclear cardiology studies.

- Nuclear cardiology locations must use a technologist who is certified in Nuclear Medicine through the 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 ICANL (Intersocietal Commission for the Accreditation of Nuclear Cardiology Laboratories) or the ACR (American College of Radiology) within two years of Provisional acceptance in the Privileging Program.
[Note: Location must submit evidence of application for accreditation within 3 months of receipt of letter indicating Provisional acceptance.]

Guidelines Specific to Echocardiography/Stress Echocardiography

- Echocardiography systems must have Color Flow Doppler capability.
- Echocardiography locations must achieve accreditation by ICAEL (Intersocietal Commission for the Accreditation of Echocardiography Laboratories) within two years of Provisional acceptance in the Privileging Program. [Note: Location must submit evidence of application for accreditation within 3 months of receipt of letter indicating Provisional acceptance.]
- Stress Echocardiography must be performed under the direct supervision of a Highmark 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.

Guidelines Specific to Peripheral Vascular (PV) Ultrasound

- PV Ultrasound locations 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 locations must achieve accreditation by ICAVL (Intersocietal Commission for the Accreditation of Vascular Laboratories) or the ACR (American College of Radiology) within two years of Provisional acceptance in the Privileging Program.
[Note: Location must submit evidence of application for accreditation within 3 months of receipt of letter indicating Provisional acceptance.]

Guidelines Specific to Obstetrical/Gynecological (OB/GYN) Ultrasound

- OB/GYN Ultrasound locations must achieve accreditation in Obstetrical and/or Gynecological Ultrasound by the AIUM (American Institute of Ultrasound in Medicine) or ACR (American College of Radiology) within one year of Provisional acceptance in the Privileging Program.
[Note: Location must submit evidence of application for accreditation within 3 months of receipt of letter indicating Provisional acceptance.]

Guidelines Specific to Urological Imaging

- Contrast enhanced procedures must be performed under the direct supervision of a Highmark 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.
- Locations that employ a technologist or sonographer certified by the ARDMS or 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.
- Locations that do not employ a technologist or sonographer certified by the ARDMS or ARRT are eligible to be reimbursed for prostate ultrasound only.

Guidelines Specific to Mammography

- Mammography locations must have a current MQSA certificate issued by the FDA.
- Diagnostic mammography may only be performed under the direct supervision of a Highmark credentialed radiologist.

Guidelines Specific to Positron Emission Tomography (PET)

- PET must be performed by a hospital; or partially owned by a hospital as part of a joint venture or other partnership; or owned and operated by an oncology practice clinically affiliated with hospital or community based cancer treatment programs; or there is an access need.
- PET facilities must employ technologists certified in Nuclear Medicine through the ARRT, CNMT or 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 ICANL (Intersocietal Commission for the Accreditation of Nuclear Laboratories) or the ACR (American College of Radiology) within two years of provisional acceptance in the Privileging Program.

[Note: Facility must submit evidence of application for accreditation within 3 months of receipt of letter indicating Provisional acceptance.]

Guidelines Specific to CT and MRI

- Must be apparent to patients that they are in an outpatient department of the hospital, (examples: 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 (state licensed, ARRT, ARDMS, NMTCB).
- If offering MRI services, must also provide MRA capability.
- If offering MRI services, must achieve accreditation by the ACR (American College of Radiology) for MRI within one year of Provisional acceptance in the Privileging Program.

[Note: Location must submit evidence of application for accreditation within 3 months of receipt of letter indicating Provisional acceptance.]

- Must be staffed on-site by a Highmark 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 hospital site is not required to have an on-site radiologist when the hospital site utilizes teleradiology 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 hospital's imaging reading group, (the on-site Highmark credentialed physician does not have to be a member of the hospital's imaging reading group if these services are provided within an acute care facility. The presence of an emergency department will fulfill this requirement).
 - ✓ 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 and ARLS requirements).
 - ✓ 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 hospital's imaging reading group.
 - ✓ is dedicated to providing radiology services via teleradiology during the hospital site's normal business hours (40 hours per week minimum).

- ✓ is available for consultation with the hospital's imaging reading group, ordering physician and patient at the time of service during the hospital site's normal business hours (40 hours per week minimum).
- Images must be transmitted in a real-time or near real-time mode (< 2 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 (< 2 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, fluorography and 2.5 lp/mn at 10-bit pixel depth for plain film.
- Meet all other Highmark Hospital Privileging guidelines.

Guidelines Specific to Locations Specializing in Women's Health

- Must provide at least the following three modalities:
 - Mammography
 - OB/GYN Ultrasound
 - DEXA
- Locations must have a current MQSA (Mammography Quality Standards Act) certificate issued by the FDA.
- Diagnostic mammography may only be performed under the direct supervision of a Highmark credentialed radiologist.
- Must employ an appropriately licensed or certified technologist (state licensed, ARRT, ARRT (M), ARDMS).
- Must achieve accreditation in Obstetrical and/or Gynecological Ultrasound by the AIUM (American Institute of Ultrasound in Medicine) or ACR (American College of Radiology) within one year of Provisional acceptance in the Privileging Program.
[Note: Location must submit evidence of application for accreditation within 3 months of receipt of letter indicating Provisional acceptance.]

Additional Provisions:

All imaging providers are subject to unannounced site inspections. Those providers who are found to have misrepresented information on their Privileging Application may be subject to termination of imaging privileges.