INSTRUCTIONS

1. Please complete a separate Teleradiology Application Supplement for each physical location where imaging services are provided and teleradiology is utilized for CT or MR. Note that a complete Privileging Application for each imaging site is also required.

2. Please call NIA at (888) 972-9642 or your Provider Relations representative if you have any questions regarding this application.

3. Completed application may be faxed to (916) 852-2676 or mailed to:

   National Imaging Associates, Inc.  
   Attn: Quality Assessment Department  
   11020 White Rock Road, Suite 200  
   Rancho Cordova, CA 95670

4. Please keep a copy of the completed application for your records.
The Teleradiology Supplement should be completed by practices providing MR and CT services and utilizing teleradiology (in lieu of an on-site credentialed radiologist).

I. Practice Information

Name of Practice (Legal Name) (DBA)  
Tax ID Number  Highmark Billing Provider Number

Address Line 1 (physician location of imaging site – complete one application for each site)

Address Line 2  
City  County

II. Diagnostic services covered by teleradiology (check as applicable)

☐ MRI / MRA  
☐ CT  
☐ Ultrasound  
☐ Diagnostic Nuclear Medicine  
☐ Nuclear Cardiology  
☐ PET  
☐ Plain Film  
☐ Mammography  ☐ Digital Mammography  
☐ Bone Densitometry  
☐ Fluoroscopy

III. On-site Physicians

List the credentialed physicians who provide on-site coverage to this imaging site. If needed, please attach a list with all of the applicable information.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
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<tbody>
<tr>
<td>Professional Designation?</td>
<td>☐ MD</td>
<td>☐ DO</td>
</tr>
<tr>
<td>Certification (provide copy)?</td>
<td>☐ ACLS</td>
<td>☐ ARLS</td>
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<tr>
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First Name

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Professional Designation? ☐ MD ☐ DO

Certification (provide copy)? ☐ ACLS ☐ ARLS

Highmark Provider ID Number

Tax ID Number

Specialty

III. Radiologist

A. Teleradiology Practice Information

List the practice and all of the credentialed radiologists who provide teleradiology coverage to this imaging site. If needed, please attach a list with all of the applicable information.

Name of Practice (Legal Name) (DBA)

Tax ID Number

Highmark Billing Provider Number

Address Line 1 (physical location of teleradiology practice)

Address Line 2

County

City

State

Zip Code

Telephone Number

Email Address

Contact Name

Contact Telephone Number

Contact Fax Number

B. Teleradiologist Physician Information

Last Name

First Name

MI

Professional Designation? ☐ MD ☐ DO

Is the physician licensed in the state where the imaging site is physically located and diagnostic services rendered as noted in Section I above (i.e. PA, WV, NY, OH)? ☐ Yes (provide copy of license) ☐ No

Highmark Provider ID Number

Tax ID Number

Specialty

Last Name

First Name

MI

Professional Designation? ☐ MD ☐ DO

Is the physician licensed in the state where the imaging site is physically located and diagnostic services rendered as noted in Section I above (i.e. PA, WV, NY, OH)? ☐ Yes (provide copy of license) ☐ No

Highmark Provider ID Number

Tax ID Number

Specialty
Last Name ___________________________________________ First Name ___________________________ MI

Professional Designation? □ MD □ DO

Is the physician licensed in the state where the imaging site is physically located and diagnostic services rendered as noted in Section I above (i.e. PA, WV, NY, OH)? □ Yes (provide copy of license) □ No

Highmark Provider ID Number ___________________________ Tax ID Number ___________________________ Specialty ___________________________

C. Hours of Operation

<table>
<thead>
<tr>
<th>Mon</th>
<th>Imaging Site Hours</th>
<th>On-site Physician Hours</th>
<th>Teleradiologist Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tues</td>
<td>__________________</td>
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<td>__________________</td>
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<tr>
<td>Wed</td>
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IV. Technology

A. Network

List the type of network used to connect the imaging site with the teleradiology site.

Network type (LAN, WAN): ___________________________________________

Connection type (T1, commercial class DSL, etc.): ___________________________

Data transmission speeds: Down load __________________ Up load ________________

Is the data encrypted? □ No □ Yes – list type ___________________________

Is the data compressed? □ No □ Yes – list ratio ___________________________

B. Teleradiology system

Does the imaging equipment meet DICOM standards? □ Yes □ No

Is a picture archiving and communications system (“PACS”) used? □ Yes □ No

Does the teleradiology site use the following minimum monitor resolution (matrix):

MR, CT, nuclear medicine, fluoroscopy - matrix of 512 x 512 at 8-bit pixel depth? □ Yes □ No

Plain film - matrix of 2.5 lp/mn at 10-bit pixel depth? □ Yes □ No
V. Attestation

A. A Highmark credentialed physician is on-site during normal business hours (40 hours per week minimum).
   - Yes  No

B. The on-site Highmark credentialed physician is a member of the imaging provider group’s Highmark billing number.
   - Yes  No

C. The on-site Highmark credentialed physician is available for patient, referring physician and teleradiologist consultation at the time of service during normal business hours.
   - Yes  No

D. The on-site Highmark credentialed physicians have current ACLS or ARLS certification.
   - Yes  No

E. The on-site Highmark credentialed physician is on-site when contrast enhanced procedures or diagnostic mammography are performed.
   - Yes  No

F. All of the radiologists providing imaging reading services via teleradiology for the imaging site are credentialed by Highmark and licensed in the state where the imaging site is physically located and where diagnostic services are rendered to the patient as noted in Section I above (PA, WV, NY, OH).
   - Yes  No

G. The radiologists providing imaging reading services via teleradiology are dedicated to providing radiology services during normal business hours (40 hours per week minimum).
   - Yes  No

H. The radiologists providing imaging reading services via teleradiology are available for consultation with the imaging practice, ordering physician and patient at the time of service during normal business hours (40 hours per week minimum).
   - Yes  No

I. Images can be transmitted in a real-time or near real-time mode (< 2 minutes from the time the study is completed to when it is available to the radiologist).
   - Yes  No

J. 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.
   - Yes  No

VI. Declaration and Release

I hereby declare the above information to be true, accurate and complete. I authorize Highmark and National Imaging Associates, Inc., to verify any of the information given. I agree to produce documentation supporting current compliance with the above guidelines, if requested. I acknowledge a continuing obligation to supplement these answers and agree to report any changes in this information within fifteen (15) days of the change to National Imaging Associates, Inc at fax # 916 852-2676. I understand and agree to comply with the imaging guidelines established by Highmark. I hereby release Highmark Inc., its subsidiaries and affiliates and National Imaging Associates, Inc. and each of their respective employees and agents from any and all liability resulting from their reliance on the information set forth herein. The undersigned is authorized to make the representations herein on behalf of the group practice identified herein and/or himself/herself and to bind the group practice.

<table>
<thead>
<tr>
<th>Signature of Authorized Practice Representative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
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