



DIAGNOSTIC IMAGING PROFESSIONAL PRIVILEGING APPLICATION

Please submit this application if you intend to bill Blue Cross Blue Shield of Massachusetts for diagnostic imaging interpretation (the "professional component").

Complete all sections, including the Representations section, if relevant. We'll return incomplete applications to you.

- Fax the completed application to **1-617-246-3163**.
- If you have questions about the status of your application, call **1-800-316-BLUE (2583)** or email providerapplicationstatus@bcbsma.com.

Technical Component. If your practice owns, leases, or otherwise incurs the full usage cost of diagnostic imaging equipment, please apply for technical component reimbursement. Download the *Technical Privileging Application* from Provider Central at bluecrossma.com/provider. Navigate to **Office Resources>Enrollment>Privileging**.

Individual information

Practitioner's name:			
Street address:			
Suite/Building/P.O. Box:			
City, State, Zip code:			
National Provider Identifier (NPI) (Type 1):			
Massachusetts license number:			
Type of board certification/specialty:			
Year of certification:			
Who should we contact if we have questions or additional information to share regarding this application?			
Name and title:			
Email:			
Telephone:		Fax:	

Part 1. Standard modalities/CPT codes for your specialty

When we receive your completed professional privileging application, Blue Cross will designate you as "privileged" for CPT codes appropriate to the specialty or specialties that you identified above. This means we'll reimburse you for the professional component of claims submitted for those codes. No further communication regarding your status is needed.

Part 2. Additional CPT codes beyond your specialty

If you want to be privileged for additional CPT codes beyond your specialty, please list the codes below. If you're unsure whether certain services are considered beyond your specialty, please list those codes. We'll send the appropriate criteria to you at the fax number or email address you provide in this Application.

Until Blue Cross designates you as privileged for these codes, the professional component of claims submitted for these codes will be rejected. We'll notify you of your approved privileges by fax or email.

Please check the modality and list the CPT codes included:

<input type="checkbox"/> X-ray	
<input type="checkbox"/> CT	
<input type="checkbox"/> Nuclear Medicine	

<input type="checkbox"/> Nuclear Cardiology	
<input type="checkbox"/> Other Interventional	
<input type="checkbox"/> Fluoroscopy	
<input type="checkbox"/> Diagnostic Ultrasound	
<input type="checkbox"/> Vascular Ultrasound	
<input type="checkbox"/> MRI	
<input type="checkbox"/> Angiography (including vascular or cardiac)	
<input type="checkbox"/> Mammography	

Representations

By checking this box, I hereby affirm and represent that all statements, answers, and information included in this Diagnostic Imaging Professional Privileging Application are true and complete to the best of my knowledge and belief, and that I am duly authorized to provide information on behalf of the practitioner named above.

Name of person completing form:	
Title:	
Telephone:	
Date:	