



MASSACHUSETTS
Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Diagnostic Imaging Professional Privileging Application

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Please submit this application if you intend to bill BCBSMA[†] for diagnostic imaging interpretation (the "professional component").

All sections, including Representations, must be completed if relevant to you. Incomplete applications will be returned.

When completed, please submit this Application to **fax: 617-246-3163**.

To inquire about the status of this Application, you may 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. You may download the *Technical Privileging Application* from our Provider Central website at www.bluecrossma.com/provider. Click on **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: _____

Contact person for questions about this Application (we will send further information, if any, to this person):

Name and title: _____

Email: _____

Telephone: () _____ Fax: () _____

Part 1. Standard Modalities/CPT Codes for Your Specialty

Upon receipt of your properly completed Professional Privileging Application, BCBSMA will designate you as *privileged* for CPT codes appropriate to the specialty or specialties that you identified above. This means that BCBSMA will 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 seek to be privileged for additional CPT codes beyond your specialty, please list the codes below. If you are unsure whether certain services are considered to be beyond your specialty, please list those codes. The appropriate criteria will be sent to you at the fax number or email address you provide in this Application.

Until BCBSMA designates you as privileged for these codes, the professional component of claims submitted for these codes will be rejected. You will be notified of your approved privileges by fax or email.

Please check the modality and list the CPT codes included:

- X-ray _____
- CT _____
- Nuclear Medicine _____

[†] BCBSMA refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue[®], Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation. [®]Registered Mark of the Blue Cross Blue Shield Association.

- Nuclear Cardiology _____
- Other Interventional _____
- Fluoroscopy _____
- Diagnostic Ultrasound _____
- Vascular Ultrasound _____
- MRI _____
- Angiography (including vascular or cardiac) _____
- 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: _____