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MASSACHUSETTS

LIMITED TECHNICAL PRIVILEGING APPLICATION

TECHNICAL COMPONENT

Use this application if you would like to bill for the technical component of:

- ✓ X-rays
- ✓ Ophthalmic A Scans – CPT 76511, 76516
- ✓ Limited/Follow-up Obstetrical Ultrasounds – CPT 76815, 76816

If you want to bill for the technical component of fluoroscopy or ophthalmic B scans, please submit the Technical Diagnostic Imaging Application instead.

Your practice or organization must own, lease, or otherwise incur the full usage cost of diagnostic imaging equipment.

PROFESSIONAL COMPONENT

Practitioners associated with your practice or organization who would like to bill Blue Cross for the interpretation of diagnostic imaging should submit the Professional Privileging Application if they are not already privileged by us. You must receive approval before billing for these services.

READY TO SUBMIT? BE SURE TO INCLUDE THE ATTACHMENTS.

Fax your completed application to **1-617-246-3163** with the following documents as they relate to your organization/practice. All documents must be current.

- A signed and dated IRS Form W-9 showing the name and Tax ID number to which payments should be directed. A blank form is attached.
- Professional practices are strongly encouraged to have a unique NPI for each location, as it may facilitate claims processing.
- If applying for X-ray, submit all documents shown on page 4 in the Service Site Information section.

ABOUT OUR EVALUATION OF THIS APPLICATION

Blue Cross will evaluate this application according to its completeness and the organization's ability to meet pre-established privileging criteria and network need, as determined solely by Blue Cross.

We reserve the unqualified right to reject any and all applications, subject to the terms of this application and applicable law.

By accepting this application for evaluation, we agree that any patient-specific or identifying information, any non-publicly available information that you designate as confidential set forth in this application, and any non-publicly available information that is obtained in the application process will remain confidential unless its release is required or permitted by law, regulation, or valid court order.

We will notify you of the privileging decision within 60 days, using the main business address on page 2.

The following information collected for privileging purposes will be available for your review:

- Information submitted in this application and supporting documents.
- Certain information we collect from outside primary sources, such as malpractice insurance carriers and state licensing boards.

You may contact us about the status of your participation at providerapplicationstatus@bcbsma.com or **1-800-316-BLUE (2583)**.

Please check **all** that apply:

- ❑ You want to bill for the technical component of a new modality.
- ❑ You are adding a service site.
- ❑ You are changing service site information, such as diagnostic imaging equipment or personnel.
- ❑ Other (please specify): _____

ORGANIZATION INFORMATION

Provider's legal name	
DBA (**as it appears on the W-9**)	
Type of organization	❑ Facility ❑ Professional practice
Tax ID Number	
National Provider Identifier (NPI)	
Medicare participating provider number	

Main business location

Address		
City, state, zip		
Phone/Fax		

Management or parent company

Management or parent company name		
Address		
City, state, zip		
Phone/Fax		

SERVICE SITE INFORMATION

Copy and complete pages 3 and 4 for **each** location where you would like to bill for the technical component. All sites submitted with this application must bill using **the same Tax ID number**.

❑ By checking this box, I acknowledge that my organization must immediately submit a new application when there are changes to any of the service site information below.

SERVICE SITE

Site # ____ **of** ____ **(total number of service sites)**

Please enter your primary site as Site #1

Site name		
Address		
City, state, zip		
Phone to schedule appointments/Fax		
NPI for this site		
Medicare participating # for this site		

BILLING ADDRESS

Same as….

❑ This site ❑ Main business location ❑ Management/parent company ❑ Other:

Billing company name		
Address 1		
Address 2		
City, state, zip		
Phone/Fax		

CLINICIANS

Please list your on-site, supervising physicians.

Name	NPI (Type 1)

Please list each technologist on staff at this site.

Name	License or registration #	Modality

Please list the Blue Cross-participating physicians, chiropractors, optometrists, or podiatrists who provide professional interpretation.

Any who are not privileged by Blue Cross should submit the Professional Privileging Application.

Name	NPI (Type 1)	Specialty

IMAGING MODALITIES

Enter the information only if your organization owns, leases, or otherwise incurs the full usage cost of the equipment at this site.

Imaging modality at this site	How many machines at this site	How many licensed technologists or practitioners perform the technical component at this site	Required documents for this site
X-ray			See list below
Ophthalmic A scans CPT codes 76511 and 76516		N/A	None
Obstetrical ultrasounds (limited/follow-up) CPT codes 76815 and 76816			None

LIST OF X-RAY DOCUMENTS REQUIRED FOR THIS SITE

Write these two numbers on every document:

- Site # from the top of page 4
- Item # shown below

	Item #	
❑	**1**	Annual inspection reports for the current year (physicist report, such as FX Masse-Diagnostic X-Ray survey). If recommendations are noted on the survey, please provide a statement outlining how issue was addressed/resolved.
		Quality assurance/quality control plans specific to your facility, which should include descriptions of:
❑	**2**	How you minimize radiation exposure to patients, staff, and the public
❑	**3**	How you ensure the quality of diagnostic information
❑	**4**	How you use, store, and dispose of hazardous materials and equipment
❑	**5**	How you address medical and other emergencies
		Your safety hazard monitoring plan, which should include descriptions and/or copies of:
❑	**6**	Pregnancy questionnaire
❑	**7**	Infection control process
❑	**8**	Blood-borne pathogen exposure response
❑	**9**	Medical emergency response
❑	**10**	Radiation safety procedures and appropriate signage
❑	**11**	Shielding records
❑	**12**	Floor plan
❑	**13**	A copy of the credentials for your Radiation Safety Officer (RSO). Enter the name of your RSO below. The RSO is the on-site specialist who is responsible for overseeing the quality of radiation safety for the facility and personnel. For details about the credentials of an RSO, see Section 5 of the AAPM report: http://www.acr.org/~/media/ACR/Documents/PDF/QualitySafety/Radiation%20Safety/Radiation%20Safety%20Officer%20Qualifications.PDF **Name** _____
❑	**14**	Equipment maintenance log for the past 12 months, if available; for a new office, please submit a sample form
❑	**15**	Procedures and policies for operating imaging equipment
❑	**16**	Documented process for retake rates that are measured and discussed quarterly
❑	**17**	Medical record reporting and retention policies and standards
❑	**18**	Record management and storage policies
❑	**19**	Radiologic Technologist License for personnel operating the equipment (technologist or practitioner)
❑	**20**	Current registration from the Mass. Department of Public Health's Radiation Control Program If the name on the registration is different than your organization's legal name on page 2, please attach a letter of explanation.

REPRESENTATIONS

❑ By checking this box, I hereby affirm and represent that all statements, answers, and information included in this 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 provider named on page 2.

Name of person completing form	
Title	
Business name	
Email **Required**	
Date	

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