Imaging Privileging Program

Imaging Privileges for Nonradiologists

Tufts Health Plan's Imaging Privileging Program addresses quality and utilization issues related to nonemergency; outpatient diagnostic imaging provided by nonradiologists. The program's goal is to enhance quality and patient safety, assure the appropriateness of tests, and improve cost-effectiveness while minimizing disruption of healthcare delivery. Privileging is a condition of payment; however, claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral and utilization management guidelines when applicable, adherence to plan policies and procedures, and claims editing logic.

Providers who are nonradiologists and provide imaging services within an office setting must be privileged. Services for which a provider is privileged are considered integral to the practice of the provider and are reimbursable. In most instances, privileging to perform specialty appropriate procedures is granted based on a provider's specialty designation.

Note: Tufts Health Plan does not backdate privileging requests.

Tufts Health Plan does not compensate MRI/MRA, CT/CTA, and PET services performed by a nonradiologist. This includes both the technical and professional component. MRI/MRA, CT/CTA, and PET procedures must be performed in a contracted designated freestanding imaging center or a contracting hospital.

Note: Refer to the High-Tech Imaging Prior Authorization Program for more information on specific procedures that may require prior authorization.

The Tufts Health Plan specialty- and service-specific privileging tables below list approved procedures by specialty and CPT code. Providers who do not have specialty- or service-specific training addressed in these tables do not have imaging privileges and will not be compensated for any imaging services performed in an office setting. Providers may not bill the member for such services unless the member has agreed in advance, in writing, to forego services by a privileged provider. In these cases, providers are expected to direct members back to their PCP to have the necessary diagnostic imaging study performed by the appropriate Tufts Health Plan participating radiologist or imaging facility.

The following is additional information about the Tufts Health Plan Imaging Privileging Program:

- **Mammographies** may be performed in an office setting, regardless of provider specialty. All facilities must comply with the Mammography Quality Standards Act (MQSA) regulations. American College of Radiology (ACR) accreditation is required.
- **Mobile imaging services** are subject to the same privileging restrictions established for the provider for whom they perform services, except for obstetrical (OB) ultrasound. If a mobile provider performs an OB ultrasound in an office setting, a Tufts Health Plan board-certified radiologist or American Institute of Ultrasound Medicine (AIUM) accredited provider must interpret the films.

Specialty-Specific Privileging Tables

Board-certified or board-eligible providers in the specialties indicated in the following tables can only be reimbursed for the imaging procedures listed under that specialty. A Tufts Health Plan radiologist or imaging provider must perform all other imaging procedures. The description under each specialty indicates whether the provider will be privileged for reimbursement of the technical or global component of each procedure.

Note: Specialists who are privileged for the technical component must have a Tufts Health Plan network radiologist perform the final reading (professional component) of the study. Specialists who are privileged to perform the global component must comply with the ACR standards for communication and to generate a written report.

The specialty-specific tables address the privileges for the following specialties:

- Anesthesiology or physical medicine and rehabilitation
- Cardiovascular disease
- Echocardiography
- Endocrinology
- General vascular surgery
- Hand surgery
- Nuclear cardiology
- Obstetrical ultrasound
- Ophthalmology
- Orthopedic surgery and rheumatology
- Podiatric medicine
- PCPs (internal medicine, family practice, pediatrics)
- Pulmonary disease
- Urology

Anesthesiology or Physical Medicine and Rehabilitation

Providers who specialize in anesthesiology or physical medicine and rehabilitation are privileged to perform the following services and are eligible for global compensation, if appropriate.

Procedure Code	Description
72275	Epidurography, radiological supervision and interpretation
77002	Fluoroscopic guidance for needle placement
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)

Cardiovascular Disease

Providers who specialize in cardiovascular disease are privileged to perform the following services and are eligible for technical compensation only. The professional component of these procedures must be performed by a radiologist.

Procedure Code	Description
71045	Chest, 1 view
71046	Chest, 2 views
71047	Chest, 3 views
71048	Chest, 4 or more views
76706	Ultrasound, abdominal aortic, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
93880	Duplex scan, extracranial arteries, complete
93882	Duplex scan, extracranial arteries, limited (follow-up)
93886	Doppler, intracranial arteries, complete
93888	Doppler, intracranial arteries, limited (follow-up)
93922	Physiologic extremity study
93923	Physiologic extremity study
93924	Physiologic extremity study
93925	Lower extremity artery study, complete
93926	Lower extremity artery study, limited
93930	Upper extremity artery study, complete
93931	Upper extremity artery study, complete
93970	Extremity veins study, complete
93971	Extremity veins study, limited
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete
93976	Limited study
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete
93979	Unilateral or limited study
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete
93981	Follow-up limited study
93990	Duplex scan, hemodialysis access

Echocardiography (ECG)

Providers who specialize in cardiovascular disease, pulmonary disease, cardiac electrophysiology, or pediatric cardiology are privileged to perform the following services.

Procedure Code	Description
93303	Transthoracic ECG for congenital cardiac anomalies; complete
93304	Transthoracic ECG for congenital cardiac anomalies; complete follow-up or limited study
93306	ECG, transthoracic, real-time with image documentation (2D), includes M-mode recording
93307	ECG, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete
93308	ECG, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete follow-up or limited study
93312	ECG, transesophageal (TEE), real-time with image documentation (2D) with or without M-mode recording
93313	Placement of TEE probe only
93314	Image acquisition, interpretation and report only
93315	ECG, TEE, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316	Placement of TEE probe only
93317	Image acquisition, interpretation and report only
93318	ECG, TEE, for monitoring purposes, including probe placement, real time 2D image acquisition and interpretation
93320*	Doppler ECG, pulsed wave and/or continuous wave with spectral display; complete
93321*	Follow-up or limited study
93325*	Doppler ECG color flow velocity mapping
93350	ECG, transthoracic, real-time with image documentation (2D), with or without M-mode recording
93351	ECG, transthoracic, real-time with image documentation (2D), includes M-mode recording
93352*	Use of ECG contrast agent during stress ECG

* List separately in addition to codes for ECG imaging primary procedure

Note: Prior authorization is required for outpatient high-tech imaging services through National Imaging Associates (NIA). The procedure codes listed above require prior authorization, which can be obtained by logging into RadMD or calling NIA at 866-642-9703 prior to scheduling the test. For additional information, refer to the High-Tech Imaging Prior Authorization Program.

Endocrinology

Providers specializing in endocrinology are privileged to perform the following services.

Procedure Code	Description
76942	Ultrasonic guidance for needle placement, imaging supervision, and interpretation
76536	Ultrasound, soft tissues of head and neck, real-time with image documentation

General Vascular Surgery

Providers with a specialty of general vascular surgery are privileged to perform the following services.

Procedure Code	Description
93880	Duplex scan, extracranial arteries, complete
93882	Duplex scan, extracranial arteries, limited (follow-up)
93886	Doppler, intracranial arteries, complete
93888	Doppler, intracranial arteries, limited (follow-up)
93922	Physiologic extremity study
93923	Physiologic extremity study
93924	Physiologic extremity study
93925	Lower extremity artery study, complete
93926	Lower extremity artery study, limited
93930	Upper extremity artery study, complete
93931	Upper extremity artery study, complete
93970	Extremity veins study, complete
93971	Extremity veins study, limited
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	Limited study
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	Unilateral or limited study
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	Follow-up limited study
93990	Duplex scan, hemodialysis access

Hand Surgery

Providers who specialize in hand surgery are privileged to perform the following services.

Procedure Code	Description
73070	Radiology exam, elbow, anteroposterior and lateral views
73080	Radiology exam, elbow, anteroposterior and lateral views; complete, 3+ views
73090	Radiologic examination forearm; 2 views
73100	X-ray exam of wrist
73110	X-ray exam of wrist, complete
73120	X-ray exam of hand, 2 views
73130	X-ray exam of hand, 3+ views
73140	X-ray exam of finger(s), 2+ views

Nuclear Cardiology

Providers who specialize in nuclear medicine, cardiovascular disease or cardiac electrophysiology are privileged to perform the following services:

Procedure Code	Description
78451	Myocardial perfusion imaging, tomographic (SPECT); single study

Procedure Code	Description
78452	Myocardial perfusion imaging, tomographic (SPECT); multiple studies
78453	Myocardial perfusion imaging; single study
78454	Myocardial perfusion imaging, planar; multiple studies
78466	Myocardial imaging
78468	With ejection fraction by first pass
78469	Tomographic SPECT
78472	Nuclear scan, cardiac blood pool, single, gated equilibrium
78473	Multiple studies
78481	Nuclear scan, cardiac blood pool
78483	Nuclear scan, multiple studies
78494	Cardiac blood pool imaging, SPECT at rest
78496	Cardiac blood pool imaging, single study
A4641	Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified

Note: Prior authorization is required for outpatient high-tech imaging services through National Imaging Associates (NIA). The procedure codes listed above require prior authorization, which can be obtained by logging into RadMD or calling NIA at 866-642-9703 prior to scheduling the test. For additional information, refer to the High-Tech Imaging Prior Authorization Program.

Obstetrical Ultrasound

Providers who specialize in obstetrics and gynecology are privileged to perform the following services:

Procedure Code	Description
76801	OB ultrasound, pregnant uterus, <14 weeks, single fetus
76802	Each additional gestation, <14 weeks
76805	OB ultrasound, complete
76810	OB ultrasound, complete multi gestate
76811	OB ultrasound, detailed fetal anatomic exam, single fetus
76812	OB ultrasound, detailed fetal anatomic exam, each additional fetus
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814	Each additional gestation (List separately in addition to code for primary procedure)
76815	OB ultrasound, limited
76816	OB ultrasound, follow-up (repeat)
76817	Ultrasound, pregnant uterus, real time with image documentation, transvagina
76818	Fetal biophysical profile
76819	Fetal biophysical profile; without non-stress testing
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; middle cerebral artery
76825	Fetal echocardiography, real time with image documentation (2D) with or without M-mode recording
76826	Fetal echocardiography, follow-up (repeat)
76827	Fetal Doppler echocardiography
76828	Fetal Doppler echocardiography, follow-up (repeat)
76830	Transvaginal ultrasound

Procedure Code	Description
76831	Hysterosonography, with or without color flow Doppler
76856	Echography, pelvic B-scan/complete
76857	Echography, pelvic B-scan/limited
76941	Ultrasound guide for intrauterine fetal transfusion
76945	Ultrasound guide for Chorionic Villus sampling
76946	Ultrasound guide for amniocentesis and amnio guidance codes
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation

Ophthalmology

Providers who specialize in ophthalmology are privileged to perform the following services:

Procedure Code	Description
76510	Ophthalmic ultrasound, diagnostic, B-scan and quantitative A-scan performed during same patient encounter
76511	Ophthalmic ultrasound, diagnostic, A-scan only
76512	Ophthalmic ultrasound, diagnostic, contact B-scan (w/ or w/o A-scan)
76513	Ophthalmic ultrasound, diagnostic, immersion (water bath) B-scan
76514	Ophthalmic ultrasound, corneal pachymetry
76516	Ophthalmic biometry by ultrasound, A-scan
76519	Ophthalmic biometry by ultrasound, A-scan, w/ intraocular lens power calculation
76529	Echo exam of eye for foreign body

Orthopedic Surgery and Rheumatology

Providers who specialize in orthopedic surgery or rheumatology are privileged to perform the following services:

Procedure Code	Description
71100	Ribs, unilateral; 2 views
71101	Ribs, posteroanterior chest; 3+ views
71110	Ribs, bilateral; 3 views
71111	Ribs, posteroanterior chest; 4+ views
72010	Spine, complete survey
72020	Spine, 1 view, specific level
72040	Cervical spine, 2 views
72050	Cervical spine, 4+ views
72052	Cervical spine, w/oblique & flexion
72070	Thoracic spine, 2 views
72072	Thoracic spine, 2 views, w/swim view
72074	Thoracic spine, 4+ views, w/obliques
72080	Thoracolumbar spine, 2 views
72081	Spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); 1 view
72082	Spine, entire thoracic and lumbar; 2-3 views
72083	Spine, entire thoracic and lumbar; 4-5 views
72084	Spine, entire thoracic and lumbar; 6+ views

Procedure Code	Description
72100	Lumbosacral spine, AP & LAT
72110	Lumbosacral spine, complete w/obliques
72114	Lumbosacral spine, complete, bending
72120	Lumbosacral spine, 4+ views, bending
72170	Pelvis, AP only
72190	Pelvis, 3+VW
72200	X-ray exam of sacroiliac joints
72202	X-ray exam of sacroiliac joints
72220	X-ray exam of tailbone, 2+ views
73000	Clavicle, complete
73010	Scapula, complete
73020	Shoulder, 1 view
73030	Shoulder, complete, 2+ views
73050	Acromioclavicular joints, bilateral
73060	Humerus, 2+ views
73070	Elbow 2 views (AP & LAT)
73080	Elbow, complete, 3+ views
73090	Forearm 2 views (AP & LAT)
73092	Upper extremity, infant, 2+ views
73100	Wrist 2VW (AP & LAT)
73110	Wrist, complete, 3+VW
73120	Hand 2VW
73130	Hand 3+VW
73140	Finger(s), 2+VW
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
73502	Radiologic examination, hip, unilateral; 2-3 views
73503	Radiologic examination, hip, unilateral; 4+ views
73521	Radiologic examination, hips, bilateral; 2 views
73522	Radiologic examination, hips, bilateral; 3-4 views
73523	Radiologic examination, hips, bilateral; 5+ views
73551	Radiologic examination, femur; 1 view
73552	Radiologic examination, femur; 2+ views
73560	Knee, 2 views (AP & LAT)
73562	Knee w/obliques 3+ views
73564	Knee w/obliques, tunnel, patellar, standing
73565	Knees, both, stand, AP
73590	Tibia and fibula AP & LAT
73592	Lower extremity infant 2+ views
73600	Ankle, 2 views (AP & LAT)
73610	Ankle, complete, 3+ views
73620	Foot, 2 views (AP & LAT)

Procedure Code	Description
73630	Foot, complete, 3+ views
73650	Heel, 2+ views
73660	Toe(s) 2+ views
77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated

Podiatric Medicine

Providers who specialize in podiatric medicine are privileged to perform the following services:

Procedure Code	Description
73600	Ankle, 2 views (AP & LAT)
73610	Ankle, complete
73620	Foot, 2 views (AP & LAT)
73630	Foot, complete, 3+ views
73650	Heel, 2+ views
73660	Toe(s) 2+ views

PCPs (Internal Medicine, Family Practice, Pediatrics)

PCPs are able to perform the following services and are eligible for compensation of the technical component only, if appropriate. The professional component of these procedures must be performed by a radiologist.

Procedure Code	Description
71045	Chest, 1 view
71046	Chest, 2 views
73020	Shoulder, 1 view
73030	Shoulder, complete 2+ views
73050	Acromioclavicular joints, bilateral
73060	Humerus, 2+ views
73070	Elbow 2 views (AP & LAT)
73080	Elbow, complete, 3+ views
73090	Forearm 2 views (AP & LAT)
73092	Upper extremity, infant, 2+ views
73100	Wrist 2 views (AP & LAT)
73110	Wrist, complete, 3+ views
73120	Hand 2 views
73130	Hand 3+VW
73140	Finger(s), 2+VW
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
73502	Radiologic examination, hip, unilateral; 2-3 views
73503	Radiologic examination, hip, unilateral; 4+ views
73521	Radiologic examination, hips, bilateral; 2 views
73522	Radiologic examination, hips, bilateral; 3-4 views
73523	Radiologic examination, hips, bilateral; 5+ views
73551	Radiologic examination, femur; 1 view

Procedure Code	Description
73552	Radiologic examination, femur; minimum 2 views
73560	Knee 2 views (AP & LAT)
73562	Knee w/obliques 3+ views
73564	Knee w/obliques, tunnel, patellar, standing
73565	Knee, both, stand, AP
73590	Tibia and fibula AP & LAT
73592	Lower extremity infant 2+ views
73600	Ankle, 2 views (AP & LAT)
73610	Ankle, complete, 3+ views
73620	Foot, 2 views (AP & LAT)
73630	Foot, complete 3+ views
73650	Heel, 2+ views
73660	Toe(s) 2+ views
74018	Radiologic examination, abdomen; 1 view
74022	Complete acute abdomen series

Pulmonary Disease

Providers who specialize in pulmonary disease are privileged to perform the following services and are eligible for compensation of the technical component only, if appropriate. The professional component of these procedures must be performed by a radiologist.

Procedure Code	Description
71045	Chest, 1 view
71046	Chest, 2 views
71047	Chest, 3 views
71048	Chest, 4 or more views

Urology

Providers who specialize in urology are privileged to perform the following services.

Procedure Code	Description
74420	Retrograde urography
74455	Urethrocystography, voiding
76770	Echography, retroperitoneal B-scan, complete
76775	Echo exam, retroperitoneal, limited
76856	Echo exam of pelvis, complete
76857	Echo exam of pelvis, limited
76870	Echo exam of scrotum
76872	Echo exam of prostate
76942	Ultrasound guide for needle biopsy

Service-Specific Certifications

Tufts Health Plan requires service-specific certification or accreditation for providers to be compensated for the following imaging services. The certifications and accreditations are required from the organizations listed within the category of service identified, and providers will only be reimbursed when Tufts Health Plan receives a copy of the certification or accreditation.

Providers may send a copy of the certificate or accreditation to:

Attn: Tufts Health Plan Imaging Privileging Committee
1 Wellness Way, **Canton, MA 02021**

Note: Service-specific privileges are not granted retroactively.

The following service-specific privileges allow for global compensation (providers are required to comply with the ACR standards for communication and to generate a written report). The service-specific certifications are:

- Bone densitometry
- Breast ultrasound
- Vascular ultrasound

Bone Densitometry

International Society for Clinical Densitometry (ISCD) certification is required for providers who wish to perform and/or interpret the bone densitometry studies listed below. To perform these services, providers must submit a copy of the ISCD certification and a completed Bone Density Equipment Information Form to Tufts Health Plan.

For information about the individual certification programs and course availability, contact ISCD at 860-259-1000 or access their website.

Procedure Code	Description
76977	Quantitative ultrasound
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (e.g., hips, pelvis, spine)
77080	DEXA (dual energy x-ray absorptiometry), bone density study
77081	DEXA, peripheral
77085	Axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment
77086	Vertebral fracture assessment via dual-energy x-ray absorptiometry (DXA)
G0130	SEXA

Breast Ultrasound

Accreditation by the American Institute of Ultrasound in Medicine (AIUM) or certification by the American Society of Breast Surgeons (ASBS) is required for all providers who wish to perform and/or interpret the breast ultrasounds listed below. To contact AIUM for more information on becoming an accredited facility, call 800-638-5352 or visit their website.

Providers who have been initially privileged with an ASBS certification must be re-privileged (at the expiration of the ASBS certification) with an AIUM accreditation.

Procedure Code	Description
76641	Ultrasound, breast, unilateral; complete
76642	Ultrasound, breast, unilateral; limited
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation

Vascular Ultrasound

Accreditation by the Intersocietal Accreditation Commission (IAC) is required for providers who are not board-certified or eligible in general vascular surgery or cardiovascular disease. For more information about this accreditation, contact IAC at 800-838-2110 or visit their website.

Procedure Code	Description
93880	Duplex scan, extracranial arteries, complete
93882	Duplex scan, extracranial arteries, limited (follow-up)
93886	Doppler, intracranial arteries, complete
93888	Doppler, intracranial arteries, limited (follow-up)
93922	Physiologic extremity study
93923	Physiologic extremity study
93924	Physiologic extremity study
93925	Lower extremity artery study, complete
93926	Lower extremity artery study, limited
93930	Upper extremity artery study, complete
93931	Upper extremity artery study, complete
93970	Extremity veins study, complete
93971	Extremity veins study, limited
93975	Duplex scan of arterial inflow & venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	Limited study
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	Unilateral or limited study
93980	Duplex scan of arterial inflow & venous outflow of penile vessels; complete study
93981	Follow-up limited study
93990	Duplex scan, hemodialysis access