Credentialing and Privileging of Independent Pathologists

Effective immediately, The Joint Commission will no longer require hospitals, critical access hospitals, and ambulatory care organizations to credential and privilege pathologists who provide diagnostic services through a reference laboratory. A reference (contract) laboratory is a laboratory owned and operated by an organization other than a hospital and which a hospital or other health care organization contracts for testing.

Clinical Laboratory Improvement Amendments (CLIA) regulations 42 CFR 493.1351–493.1495 outline specific and rigorous competency requirements for laboratory personnel, including requirements for pathology services and its subspecialties. Because pathologists practicing in the United States are required to comply with these requirements, Joint Commission–accredited organizations that seek the services of pathologists within independent reference laboratories (that comply with CLIA regulations) can safely presume that the pathologists are qualified and competent to perform all diagnostic services within their pathology practice, making an additional credentialing and privileging process unnecessary.

To reflect this change, the following exception was added to the Introduction of Leadership Standard LD.04.03.09:

- Services provided by a pathologist through a contracted reference laboratory compliant with CLIA (Clinical Laboratory Improvement Amendments) regulations.

Impact to Survey Process
Credentialing and privileging is no longer required when the contracted pathologist from a reference laboratory is performing tests and/or providing his or her professional services off-site. For example, when a laboratory or an organization sends a specimen to a reference laboratory to be interpreted by an independent pathologist(s), the pathologist(s) who is providing the interpretation does not need to be credentialed and privileged by the hospital.

Please note that anytime the pathologist provides his or her professional service, including consultation in the same laboratory or organization where the specimen was collected or prepared, credentialing and privileging would be required.

This change is reflected in the January 2018 E-dition® release as well as the 2018 print products for the Comprehensive Accreditation Manuals for ambulatory care, critical access hospitals, and hospitals (including 2017 Update 2 for ambulatory care and hospitals). For more information, please contact Ron S. Quicho, MS, associate project director, Department of Standards and Survey Methods, at rquicho@jointcommission.org.