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CT

Payment Policies

To date, the IAC is aware that the following insurers or companies (see index to the left) have adopted CT reimbursement directives. While the IAC attempts to stay abreast of reimbursement policies as a service to the CT community, these policies are changed and updated regularly by the insurance carriers. Therefore, the IAC recommends that applicant facilities contact the insurance carriers in their area for the most accurate and current information to ensure compliance with reimbursement requirements at all times. If you are aware of additional payment policies, or have questions about the information posted, please e-mail reimbursement@intersocietal.org.

PLEASE NOTE: The policy details within this document detailing accreditation requirements are referenced directly from insurer websites and manuals and are only a portion of the full reimbursement directives, please search for the full policy using the links provided.

Aetna (National)

Referenced from [Office Manual for Health Care Professionals](#) (applies to all regions) – 4/2018

Radiology accreditation requirements

To be eligible for reimbursement for the technical component of advanced diagnostic imaging procedures, the following types of providers must be accredited by the American College of Radiology (ACR), the [Intersocietal Accreditation Commission \(IAC\)](#), and The Joint Commission (TJC), and/or RadSite:

- Independent diagnostic testing facilities
- Freestanding imaging centers
- Office-based imaging facilities
- Physicians
- Non-physician practitioners
- Suppliers of advanced diagnostic imaging procedures

This accreditation requirement applies to the technical part of advanced diagnostic imaging procedures. For these purposes, advanced diagnostic imaging procedures exclude X-ray, ultrasound, fluoroscopy and mammography. Included are:

- Magnetic resonance imaging (MRI)
- Magnetic resonance angiography (MRA)
- **Computed tomography (CT)**
- Echocardiograms
- Nuclear medicine imaging, such as positron emission tomography (PET)
- Single photon emission computed tomography (SPECT)

Note the following:

- Providers not accredited by the ACR, IAC, TJC by January 1, 2012, and/or RadSite by September 2013, will not be eligible for payment for advanced diagnostic imaging services.
- This requirement will not apply to patients who are in the hospital or in hospital emergency departments.
- This policy will not apply to hospitals, unless they own one of the above listed providers.
- The accreditation process can take nine to twelve months.*

**Note from IAC: The IAC accreditation review process generally takes approximately 8 to 12 weeks to complete and the decision returned to the facility. Review the IAC Policies & Procedures for complete details at www.intersocietal.org/iac/legal/policies.htm.*

Please note: The above requirements list only a portion of the full reimbursement directive as related to accreditation. For full requirements, please refer to the [Mid-America Office Manual Supplement](#)»

Anthem BCBS (Virginia)

Referenced from the Anthem Provider Manual

Diagnostic Imaging Accreditation:

Within 30 days of receipt of a written request, participating provider shall provide to Anthem such information as may be requested concerning diagnostic imaging services, equipment, licensure and/or accreditation. Participating providers shall provide such information in the manner and format reasonably required by Anthem (including, without limitation, using a web-based tool). Additionally, after making its original submission of this information to Anthem, whenever any material change occurs with respect to Provider's diagnostic imaging services, equipment, licensure and/or accreditation, Provider shall update Anthem on such change within 30 days of the change (unless a shorter timeframe is required elsewhere in this Agreement).

Providers that perform or conduct any Ultrasound, CT, CTA, MRI, MRA, MRS, PET, Cardiac Echocardiography and/or Nuclear/Nuclear Cardiology studies shall be accredited by the American College of Radiology (ACR), [Intersocietal Accreditation Commission \(IAC\)](#), American Institute of Ultrasound in Medicine (AIUM) or the American Society of Breast Surgeons (ASBS) for each piece of equipment utilized in such studies. Provider has one year from the acquisition of the modality to obtain accreditation.

Provider will make no charge or render no bill to any Plan, the Covered Individual, or the Covered Individual's guarantor for any of the studies listed above, and they shall have no obligation to make any payment to anyone, including Provider, for such studies, unless the studies are performed on accredited equipment as specified above.

Please note: The above requirements list only a portion of the full reimbursement directive as related to accreditation. For full requirements, please refer to the [Anthem Provider Manual](#)»

Arkansas BCBS

Referenced from the ABCBS Provider Manual (Updated May 2018)

High Tech Imaging Center Participation Standards

The following participation standards will become effective January 1, 2015, for all imaging centers participating in the Preferred Payment Plan, Medi-Pak® Advantage PFFS, Medi-Pak® Advantage LPPO, Medi-Pak® Advantage HMO, Arkansas' FirstSource® PPO, True Blue PPO and Health Advantage HMO (the foregoing referred to collectively hereinafter as the "networks").

These standards and requirements are intended to promote reasonable and consistent quality and safety standards for the provision of imaging services. These standards apply to all non-hospital based imaging centers (ICs), including ICs and in-office ICs performing high-tech imaging procedures which include computed tomography (CT), magnetic resonance (MR), positron emission tomography (PET), nuclear medicine and nuclear cardiology services. ICs must maintain ongoing compliance with these standards as a condition of participation in the networks.

II. Modality Specific Guidelines

A. Computed Tomography (CT), Magnetic Resonance (MR) and/or Positron Emission Tomography (PET) Services

6. Accreditation: All ICs who perform CT, MRI, breast MRI, nuclear medicine imaging, nuclear cardiology and PET must have acceptable accreditation for each modality as follows:

- a. CT: American College of Radiology (ACR); or [IAC CT](#);
- b. MRI and Breast MRI: ACR or IAC MRI; and
- c. PET, Nuclear Medicine and Nuclear Cardiology: ACR or IAC Nuclear/PET

Imaging Centers Purchased by Hospitals

Per the terms of participation for the Arkansas Blue Cross and Blue Shield Preferred Payment Plan, Health Advantage HMO network, and USABLE Corporation's Arkansas' FirstSource® and True Blue PPO networks, **advanced imaging centers must be accredited by one of the agencies that meets approval per these networks' required accreditation program.** This includes advanced imaging centers purchased by another organization, including hospitals.

In most situations, a currently accredited imaging center can simply notify the accrediting agency (e.g. American College of Radiology or Intersocietal Accreditation Commission) and ask for a certificate with the new organization's name applied to it. Arkansas Blue Cross, Health Advantage, and USABLE Corporation will need a copy of the new certificate.

Please understand that if the imaging center's new owner is a hospital, the hospital's Joint Commission accreditation does not automatically apply. In order for this to apply, the hospital must be performing both inpatient and outpatient imaging services and the imaging center must have been part of the on-site review performed by the Joint Commission when the accreditation was given.

Please note: The above requirements list only a portion of the full reimbursement directive as related to accreditation. For more information on the ABCBS requirements, please review the [ABCBS Provider Manual](#).

BCBS of Alabama

Radiology Facility and Technology Assessment Program ([link](#))

All Blue Cross and Blue Shield of Alabama Preferred Radiology (PRP) Providers must have current accreditation through American College of Radiology (ACR) and or [Intersocietal Accreditation Commission \(IAC\)](#).

Exhibit B: Credentialing Criteria

At least one of the following accreditation standards must be met by Provider and Provider's practice site at all times:

- Current ACR, IAC Nuclear/Positron Emission Tomography (IAC Nuclear/PET), **IAC Computed Tomography (IAC CT)**, IAC Magnetic Resonance Imaging (IAC MRI), or other national accreditation agencies or standards as determined by Corporation, as applicable.
- Accreditation must be maintained for every example of the following devices at each practice site: magnetic resonance imaging (MRI), computed tomography (CT) and PET.

[Preferred Radiology Provider \(PRP\) Program FAQs](#)»

[Preferred Radiology Credentialing Verification](#)»

BCBS of Massachusetts

To receive reimbursement, all professional providers, technical providers, and non-hospital-based free-standing facilities must have privileges for the following diagnostic imaging services:

- Angiography, including cardiac catheterization
- Bone densitometry
- **CT Scan**
- Endovenous laser treatment
- Fluoroscopy
- Mammography X-ray
- MRI, including magnetic resonance angiography
- Nuclear cardiology
- Nuclear medicine, including PET scan
- Ultrasound including all vascular ultrasound and echocardiography
- X-ray

BCBS of Massachusetts applies distinct reimbursement criteria to *technical providers* — who *perform* imaging services — and *professional providers* — who *read and interpret* the images.

Apply to provide technical services:

- You can apply to be reimbursed for costs for owning, leasing, or use of diagnostic imaging for the services listed below.
- Complete a separate application for each location where you own, lease, or otherwise incur the full usage cost of diagnostic imaging equipment for any of the modalities listed below.
- If there are changes to the diagnostic imaging equipment or service site information, submit a new copy of the application with an explanation attached.

For the following modalities, use the [TDI Privileging Application](#):

Note from IAC: Only the modalities that require IAC accreditation are listed below, for full listing of requirements by modality, please visit the [BCBSMA website](#).

Modality	Technical requirements
Cardiac CT Scan	Accreditation from IAC CT or ACR
Endovenous Laser Treatment	<i>Free-standing facility and hospitals</i> Accreditation from IAC Vein Center
Magnetic Resonance Imaging (MRI)	Accreditation from IAC MRI or ACR
Ultrasound, Vascular	Accreditation from IAC Vascular Testing or ACR

For complete requirements, visit <https://provider.bluecrossma.com> click on Office Resources>> Enrollment>> Privileging.

BCBS of Michigan

Freestanding Radiology Center

To enroll, providers in a freestanding radiology center are required to submit an accreditation certificate from one of the following:

- American College of Radiology or,
- [Intersocietal Accreditation Commission](#) or,
- The Joint Commission

For more information, reference the Provider Enrollment and Change Process Required Document Checklist on the BCBS of Michigan website (www.bcbsm.com/content/dam/public/Providers/Documents/enrollment/WP-11225-Req-Doc-Checklist.pdf).

BCBS of Minnesota

Non Credentialed Provider Requirements: Advanced Diagnostic Imaging

Advanced diagnostic imaging services are required to be properly accredited in order to bill for or be reimbursed for services, due to Federal and State laws. The following services are subject to these laws:

- Magnetic Resonance Imaging (MRI)
- **Computed Tomography (CT)**
- Nuclear Imaging, Positron Emission Tomography (PET)
Advanced diagnostic imaging does not include x-ray, ultrasound, or fluoroscopy.

Accreditation of the above providers is required by one of the following entities:

- American College of Radiology (ACR)
- [Intersocietal Accreditation Commission \(IAC\)](#)
- The Joint Commission (TJC); or
- Other relevant accreditation organizations designated by the Secretary of the United States Department of Health and Human Services

All contracted facilities that provide advanced diagnostic imaging (ADI) services must have obtained accreditation by August 1, 2013, and continue to maintain accreditation thereafter. ADI providers requesting network participation must hold current accreditation before a contract offer will be considered. Blue Cross may require advanced diagnostic imaging providers to produce evidence of this required accreditation.

For complete details, refer to the [BCBS of Minnesota Credentialing Policy Manual](#)»

BCBS of Mississippi

REFERENCED FROM THE BCBSMS WEBSITE

All Network Providers billing the technical component of the CT must be accredited in CT by the [Intersocietal Accreditation Commission \(IAC\)](#) or a CT module by the American College of Radiology (ACR). The professional component of the CT will be reimbursed based upon the accreditation of the facility as the ACR and the IAC facility accreditations require that interpreting professional physicians also be accredited.

Provider Accreditation for CT – Network Providers	
Computed Tomography (CAT Scan) and Computed Tomographic Angiography (CTA) of the Abdomen and Pelvis	Computed Tomography (CAT Scan) and Computed Tomographic Angiography (CTA) of the Chest and Thorax
Computed Tomography (CAT Scan) and Computed Tomographic Angiography (CTA) of Extremity or Joint	Computed Tomography (CAT Scan) and Computed Tomographic Angiography (CTA) of the Head and Neck
Computed Tomography (CAT Scan) of the Cervical, Thoracic, and Lumbar Spine	Cardiac Computed Tomographic Angiography (CCTA)

Please note: The above requirements list only a portion of the full reimbursement directive as related to accreditation. To review the complete medical policies for CT, please visit www.bcbsms.com/medical-policy-search and use the search tool to locate any of the MRI medical policies listed above.

BCBS of North Carolina

Free Standing Radiology Facilities (Blue Medicare HMO and Blue Medicare PPO Networks Only)

BlueCross and BlueShield of North Carolina partners with [American Imaging Management \(AIM\)](#) to implement the diagnostic imaging program for high-tech outpatient imaging services. **BCBS of North Carolina implemented a credentialing and accreditation requirement as a condition for network participation for all freestanding diagnostic imaging providers and the equipment used to perform the following modalities: CT/CTA, MRI/MRA, PET, nuclear cardiology and echocardiography.** The company requires that all freestanding diagnostic facilities be accredited by [Intersocietal Accreditation Commission \(IAC\)](#), American College of Radiology (ACR) or The Joint Commission (JCAHO) for any or all of the aforementioned modalities.

For more information on the credentialing process as related to accreditation, please visit www.bcbsnc.com/content/providers/application/free-standing-radiology.htm.

BCBS of South Carolina

Radiology Precertification

Some groups require National Imaging Associates (NIA) to precertify certain advanced imaging services when performed and billed in an outpatient or office location. NIA is an independent company that handles precertification for certain imaging services on behalf of BlueCross.

Review the [Radiology Precertification](#) information to learn more.

National Imaging Associations, Inc. (NIA) will allow the ordering or delivering physician to get prior authorization for the services/procedures in the Radiology Program. We designed this guide to assist the delivering provider in getting prior authorization for NIA. On behalf of BlueCross BlueShield of South Carolina, NIA handles preauthorization for certain imaging services. NIA is an independent company.

Services/Procedures Included in the Radiology Program*

- **Computerized Axial Tomography (CAT) Scan**
- Positron Emission Tomography (PET)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)

*Non-emergency outpatient diagnostic imaging services performed in a freestanding imaging center, hospital outpatient setting or in-office via physician-owned high tech equipment preauthorization.

For complete NIA requirements, download NIA's Imaging Provider Handbook at www1.radmd.com/resources/imaging-provider-handbook.aspx.

California Senate Bill 1237 (Medical Radiation Safety Act)

Beginning July 1, 2013, facilities that furnish computed tomography (CT) services must be accredited by an organization that is approved by the Centers for Medicare and Medicaid Services (CMS), an accrediting agency approved by the Medical Board of California or the State Department of Public Health. This bill also requires the facility to report certain information to the department, the affected patient and the patient's treating physician. **The [Intersocietal Accreditation Commission \(IAC\)](#) has been designated as an approved accrediting organization.** Here are the major points of the bill related to accreditation, CT facilities should be aware of:

This bill would, commencing July 1, 2013, require facilities that furnish CT X-ray services to be accredited by an organization that is approved by the federal Centers for Medicare and Medicaid Services, an accrediting agency approved by the Medical Board of California, or the State Department of Public Health. The bill would also require the facility to report certain information to the department, the affected patient, and the patient's treating physician.

SECTION 1:

- a) Commencing July 1, 2012, subject to subdivision (e), a person that uses a computed tomography (CT) X-ray system for human use shall record the dose of radiation on every CT study produced during a CT examination.
- b) The facility conducting the study shall electronically send each CT study and protocol page that lists the technical factors and dose of radiation to the electronic picture archiving and communications system.
- c) The displayed dose shall be verified annually by a medical physicist to ensure the displayed doses are within 20 percent of the true measured dose measured in accordance with subdivision (f) unless the facility is accredited.
- d) Subject to subdivision (e), the radiology report of a CT study shall include the dose of radiation by either recording the dose within the patient's radiology report or attaching the protocol page that includes the dose of radiation to the radiology report.
- e) The requirements of this section shall be limited to CT systems capable of calculating and displaying the dose.
- f) For the purposes of this section, dose of radiation shall be defined as one of the following:
 - The computed tomography index volume (CTDI vol) and dose length product (DLP), as defined by the International Electrotechnical Commission (IEC) and recognized by the federal Food and Drug Administration (FDA).
 - The dose unit as recommended by the American Association of Physicists in Medicine

SEC. 2. Section 115112 is added to the Health and Safety Code, to read:

115112. Commencing July 1, 2013, facilities that furnish CT X-ray services shall be accredited by an organization that is approved by the federal Centers for Medicare and Medicaid Services, an accrediting agency approved by the Medical Board of California, or the State Department of Public Health. To review the entire chaptered version of the bill, [click here](#).

If your facility is not granted accreditation through one of the approved organizations by July 1, 2013, it will not receive reimbursement. Your facility must, at all times, maintain accreditation with an accrediting organization.

Centers for Medicare and Medicaid Services (National)

Accreditation of Advanced Diagnostic Imaging Suppliers

I. Background

Section 135(a) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (P.L. 110-275) amended section 1834(e) of the Social Security Act (the Act). This amendment requires suppliers of the technical component of advanced diagnostic imaging (ADI) services to be accredited by a designated accrediting organization in order to receive Medicare reimbursement. This accreditation requirement for ADI suppliers was effective January 1, 2012. CMS has the statutory authority to designate accrediting organizations which accredit suppliers furnishing the technical component of ADI services. These requirements do not apply to hospitals or critical access hospitals.

Under section 1861(d) of the Act, an ADI supplier is defined as a physician or other practitioner, or facility such as an Independent Diagnostic Testing Facility that furnishes the technical component of ADI services. "Technical component" is defined as all non-physician work performed by an ADI supplier, including administrative and non-physician personnel time and use of the ADI equipment and facility.

Section 1834(e)(1)(B) of the Act defines "advanced diagnostic imaging" procedures as diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine imaging procedures, such as positron emission tomography (PET). ADI procedures do not include x-ray, ultrasound, fluoroscopy procedures or diagnostic and screening mammography.

Note: Diagnostic and screening mammography are subject to oversight by the U.S. Food and Drug Administration.

II. Information about the Advanced Diagnostic Imaging Accrediting Organizations

- Application for CMS-designation as an ADI accrediting organization is a voluntary process. Application and re-application procedures are set forth at 42 CFR 414.68(c). (A link to these regulations is available in the "Related Links" section below).
- Each designated ADI accrediting organization may establish its own individual quality standards. At a minimum, these standards must address, but are not limited to, the following areas: staff qualifications; equipment standards and safety; safety of patients, family and staff; medical records; and patient privacy.
- While the standards among the designated ADI accrediting organizations may vary, each accrediting organization must demonstrate that its accreditation program standards meet or exceed the standards established by statute and in the Medicare regulations.
- Designated ADI accrediting organizations are private entities which charge fees for their accreditation services.
- Suppliers or other entities seeking additional information about CMS-designated ADI accrediting organizations and their accreditation programs may contact the accrediting organizations listed below.

III. CMS-designated ADI Accrediting Organizations:

- American College of Radiology (ACR)
- Intersocietal Accreditation Commission (IAC)
- RadSite
- The Joint Commission (TJC)

For complete policy details, [please visit the CMS website](#)»

eviCore Healthcare (National)

Accreditations, Insurance, and Reporting Requirements:

1. Facilities seeking to furnish the technical component of advanced diagnostic imaging services in MR, MR Breast, CT, PET or NM, and Mammography under the eviCore program are **required to be accredited in each module requested** with one of the following: The American College of Radiology (ACR), the American Institute of Ultrasound in Medicine (AIUM), the American Society of Breast Surgeons (ASBS), [Intersocietal Accreditation Commission \(IAC\)](#) in MR, CT, NM/PET, and Echocardiography, The Joint Commission (TJC), or RadSite. The requirements of the accrediting organization must be met at all times to maintain reimbursement.
2. Facilities performing Cardiac procedures will be required to hold accreditation in that Cardiac module. See the Equipment Requirements for specifics.
3. **New installations (brand new site, additional modality, replacement equipment) must have an application submitted to the ACR, IAC, TJC, RadSite, AIUM, and ASBS for accreditation within three (3) months of first clinical use.**

Equipment Requirements (CT Standards):

- **Current ACR, IAC, TJC, or RadSite accreditation for each CT on site.**
- **Current ACR, IAC, or TJC accreditation specifically recognizing Cardiac approval for each CT on site which is placed in the program.**
 1. RadSite CT accreditation doesn't recognize sub modules, therefore will not be recognized for Cardiac approval.
- 4 slice per rotation (minimum).
- 16 slice per rotation (minimum) for Computed Tomographic Angiography (CTA) and Coronary Calcium scoring.
 1. Those sites currently in the network will be allowed 24 months to comply with current requirements. 1st review at 12 months will include proof accreditation has been applied for. 2nd review at 24 months will include proof accreditation is held and confirmed via the accreditation board. If not accredited by the 24th month, termination will be recommended.
- 64 slice per rotation (minimum) for Cardiac Computed Tomography Angiography (CCTA).
 1. Those sites currently in the network will be allowed 24 months to comply with current requirements. 1st review at 12 months will include proof accreditation has been applied for. 2nd review at 24 months will include proof accreditation is held and confirmed via the accreditation board. If not accredited by the 24th month, termination will be recommended.
- An eviCore credentialed physician must interpret all images.

Quick Links:

- [eviCore Healthcare Network Facility Standards](#)
- [Accreditation Requirements Reviewed During Onsite Evaluation](#)
- [Accreditation Modules](#)

Florida Blue

Referenced from the Florida Blue Physicians and Provider Manual

Advanced Imaging Service (AIS) Providers Quality Program

AIS include such services as CT scans, MRIs, Nuclear Cardiology, and PET scans whereas contracted providers including physicians and Independent Diagnostic Testing Centers (IDTCs that render diagnostic imaging services to our members are required to participate in the Diagnostic Imaging Quality Program, which is a component of our Quality Improvement Program.

We work collaboratively with National Imaging Associates (NIA), an independent vendor, to administer the Diagnostic Imaging Quality Program. **A component of our Quality Programs, accreditation through either American College of Radiology (ACR) or Intersocietal Accreditation Commission (IAC) will be a requirement for obtaining a pre-authorization or Voluntary Predetermination for Select Services (Voluntary Predetermination for Select Services) from National Imaging Associates (NIA) for all lines of business.** Payment for AIS will be conditional based upon having met our Quality Programs criteria. This requirement applies to those physicians and non-hospital facilities that perform outpatient imaging studies and bill on a CMS-1500 Health Insurance Claim Form or its electronic equivalent. This includes, but is not limited to, office-based physicians and IDTCs that provide and bill for the technical or global component of advanced imaging services. This requirement does not apply to a bill submitted solely for professional services related to advanced imaging. To learn about diagnostic imaging utilization management programs, refer to the NIA section.

Accreditation can be obtained by contacting the ACR or IAC at the websites below.

- The American College of Radiology (ACR)
- [Intersocietal Accreditation Commission \(IAC\)](#)

Physicians may continue to provide professional services to members and refer their patients needing AIS to an IDTC that has met the quality criteria. Notify your physician contract manager if you will no longer provide these services. Your Florida Blue participation status for professional services will not be affected.

To learn about Diagnostic Imaging Quality Program, visit www.floridablue.com/providers/tools-resources/provider-manual and click on Physicians and Provider Manual (updated 5-16-18).

Highmark (DE, PA, WV)

Referenced from [Highmark Radiology Management Program Privileging Requirements](#) (Effective January 1, 2018)

Since 2005, Highmark has maintained a Radiology Management Program to promote quality and patient safety of selected outpatient, non-emergency, advanced imaging services for its group customers and members. Highmark retains the services of NIA Magellan, a radiology benefits management firm, to support the program. Using Highmark medical policy and nationally accepted clinical criteria, Highmark and NIA Magellan work closely with imaging providers and ordering physicians to ensure that members receive the appropriate diagnostic imaging tests; avoid the inconvenience and expense of unnecessary and/or duplicative services; and reduce their exposure to unnecessary radiation.

Requirements Specific to Each Modality – CT

CT (At this time we do not privilege providers that utilize a cone-beam CT scanner.)

- CT must be performed at an imaging location that provides at least five of the following modalities:
 - Plain Films or DEXA (either or both count as one)
 - General or OB/GYN Ultrasound (either or both count as one)
 - Peripheral Vascular (PV) Ultrasound
 - Echocardiography/Stress
 - Echocardiography
 - Mammography
 - Computed Tomography/Computed Tomography Angiography/Cardiac Computed Tomography Angiography (CT/CTA/CCTA) (individually or any combination count as one)
 - Magnetic Resonance Imaging/Magnetic Resonance Angiography (MRI/MRA)
 - Fluoroscopy
 - Nuclear Medicine/Nuclear Cardiology
- Hours of operation requirement – Must offer diagnostic imaging services for a minimum of 40 hours per week
- Must be performed by an appropriately licensed or certified technologist (State certified, ARRT (CT) or ARRT (R))
- **Must have achieved accreditation by the American College of Radiology (ACR) or the [Intersocietal Accreditation Commission \(IAC\) CT upon submission of privileging application.](#)**

Quick Links:

- [Organizational Provider Participation, Credentialing and Contracting Requirements](#) (Revised 2/23/2018)

Please note: This is only a portion of the Highmark Provider Privileging Requirements as related to the requirements for accreditation. For complete requirements, please review the Highmark Provider Privileging Requirements on the Highmark website at hbs.highmarkprc.com/Care-Management-Programs/Radiology-Management-ProgramPrivileging-Application-and-Requirements.

Horizon BCBS of New Jersey

Referenced from the HBCBSNJ Medical Policy Manual (Reviewed 11/14/2017)

(**Note from IAC:** The information about our programs listed below from the HBCBSNJ Medical Policy Manual was updated for this document to reflect the current program names [i.e., ICACTL is now IAC CT, etc.]

Standards for Diagnostic Radiology/Imaging Facilities/Freestanding-Office including Surgi-Centers and Diagnostic Dental - Radiographic Imaging

Horizon BCBSNJ has adopted the standards set forth in this policy to evaluate outpatient diagnostic/therapeutic radiology/ imaging services. The standards focus on the new digital radiography systems, fluoroscopy (including c-arm), interventional radiology, CT, MRI, ultrasound, echocardiography, mammography, nuclear medicine, nuclear cardiology, PET, PET/CT, Cardiac PET and Nuclear/PET in Diagnostic Radiology/Imaging Facilities/Freestanding-Physician Offices, Hospitals including Surgi-Centers and Diagnostic Dental Offices.

Accreditation/Certification Requirements (note Modality Specific Modules are required for the below services):

Modality:	ACR	IAC	AIUM	AACE	ASBS
CT	Head/Neck	Neurological			
		Sinus/Temporal bone			
	Chest	Body			
	Abdomen				
	Cardiac				
	Adult/Pediatric	Coronary CTA			
		Calcium Scoring			
		Vascular/other			

POLICY

Facilities, free standing radiology/diagnostic imaging centers physician offices and radiation therapy providers performing radiology/imaging services or radiation therapy/oncology must comply with the quality standards set forth in the table below. New or newly installed used equipment wherein accreditation is required, must have an application submitted to the accrediting organization within three (3) months of first clinical use and accreditation must be obtained within six (6) months of first clinical use. All other equipment that is not subject to accreditation must comply with standards as set forth below without exception or modality privileges will be deactivated. In addition, all radiology/imaging centers must have undergone a site visit by Horizon BCBSNJ or designated representative prior to approval of participation for the contracted radiology/imaging center. Ambulatory Surgi Centers providing any imaging may be subject to a site visit and must comply with Horizon BCBSNJ’s quality standards as set forth in this document. Cardiologist or providers performing nuclear stress test and approved mobile providers may be subject to a site visit as needed and must adhere to the quality standards set forth.

PRACTICE/SITE/TECHNOLOGISTS REQUIREMENTS

A. Practice Requirements

All CT, MRI, Ultrasound, Nuclear Medicine and PET/CT scanners must be accredited for all applicable accreditation modules by either the American College of Radiology (ACR), the American Institute of Ultrasound in Medicine (AIUM), the Intersocietal Accreditation Commission (IAC) or the American Society of Breast Surgeons (ASBS). If a radiology site performs echocardiography, accreditation by IAC Echocardiography (formerly ICAEL) is required. Accreditation must include the appropriate modules for exams being performed.

EQUIPMENT STANDARDS

Equipment and accreditation standards must be met at all times. All MRI, CT, PET/CT, nuclear medicine, ultrasound and x-ray devices must be DICOM compatible. These standards are subject to regular and/or as needed review and will change as hardware and software technology evolves, and quality standards from appropriate accrediting organizations, such as the ACR, IAC, AIUM and/or ASBS.

Please note: The above requirements list only a portion of the complete Horizon BCBSNJ policy for Diagnostic Radiology to show the portions related to accreditation only. To review the complete policy for Horizon BCBSNJ, please visit <https://services3.horizon-bcbsnj.com/hcm/MedPol2.nsf> and click on the *Section* tab, click on *Radiology* and scroll down and click on *Standards for Diagnostic Radiology/Imaging Facilities/Freestanding-Office including Surgi-Centers and Diagnostic Dental - Radiographic Imaging*.

Independence Blue Cross Group (Philadelphia and Southeastern PA)

Network Participation and Credentialing

Independence requires that all providers be Medicare-certified; in addition, ancillary providers must be accredited by a third-party organization recognized by Independence:

Provider Type	Accrediting or Certifying Organizations*	Accreditation Required
Portable/Mobile X-Ray	ACR, Joint Commission, IAC	YES
Radiology – Advanced Diagnostic Imaging	ACR, IAC, Joint Commission	YES

**At the Plan's discretion, the Plan may recognize any approved accrediting organization deemed acceptable by CMS.*

For complete details about Independence Network Participation and Credentialing Program (Updated 9-2017), please visit www.ibx.com/providers/interactive_tools/credentialing/index.html.

Minnesota House Bill 2276

Effective August 1, 2013, Minnesota facilities and hospitals that furnish advanced diagnostic imaging (ADI) services (inclusive of Nuclear/PET, MRI and CT) must be accredited by an organization approved by the United States Department of Health and Human Services in order to receive reimbursement. The [Intersocietal Accreditation Commission \(IAC\)](#) has been designated as an approved accrediting organization. Here are the major points of the bill related to accreditation, facilities should be aware of:

SECTION 1 (SUBDIVISION 2)

Accreditation required. (a)(1) Except as otherwise provided in paragraph (b), advanced diagnostic imaging services eligible for reimbursement from any source, including, but not limited to, the individual receiving such services and any individual or group insurance contract, plan, or policy delivered in this state, including, but not limited to, private health insurance plans, workers' compensation insurance, motor vehicle insurance, the State Employee Group Insurance Program (SEGIP), and other state health care programs, shall be reimbursed only if the facility at which the service has been conducted and processed is accredited by one of the following entities:

- (i) American College of Radiology (ACR);
- (ii) [Intersocietal Accreditation Commission \(IAC\)](#);
- (iii) the Joint Commission; or
- (iv) other relevant accreditation organization designated by the secretary of the United States Department of Health and Human Services pursuant to United States Code, title 42, section 1395M.

(2) All accreditation standards recognized under this section must include, but are not limited to:

- (i) provisions establishing qualifications of the physician;
- (ii) standards for quality control and routine performance monitoring by a medical physicist;
- (iii) qualifications of the technologist, including minimum standards of supervised clinical experience;
- (iv) guidelines for personnel and patient safety; and
- (v) standards for initial and ongoing quality control using clinical image review and quantitative testing.

(b) Any facility that performs advanced diagnostic imaging services and is eligible to receive reimbursement for such services from any source in paragraph (a)(1) must obtain accreditation by August 1, 2013. Thereafter, all facilities that provide advanced diagnostic imaging services in the state must obtain accreditation prior to commencing operations and must, at all times, maintain accreditation with an accrediting organization as provided in paragraph (a).

Subd. 3. Reporting. (a) Advanced diagnostic imaging facilities and providers of advanced diagnostic imaging services must annually report to the commissioner demonstration of accreditation as required under this section.

(b) The commissioner may promulgate any rules necessary to administer the reporting required under paragraph (a). [View the full requirements for bill](#)»

If your facility is not granted accreditation through one of the approved organizations by August 1, 2013, it will not receive reimbursement. Your facility must, at all times, maintain accreditation with an accrediting organization.

[Read more on the Minnesota Department of Health website](#)»

National Imaging Associates (NIA) (National)

Referenced from the NIA Imaging provider handbook (March 2018)

(Note from IAC: The information about our programs and websites listed below from the NIA Imaging Provider Handbook was updated for this document to reflect the current program names [i.e., ICACTL is now IAC CT, etc.]

Provider Assessment

NIA Policy

Provider assessment encompasses both credentialing and privileging. NIA employs credentialing criteria and decision-making processes in the review and selection of imaging providers for inclusion in our provider network. Our imaging facility credentialing criteria satisfy the requirements of applicable accreditation and regulatory bodies, in addition to those of our customers.

NIA's privileging program policies establish reasonable and consistent standards for the performance of all diagnostic imaging services. The program establishes minimum participation guidelines that include facility accreditation, equipment capabilities, physician and technologist education, training and certification, documented procedures for handling patient emergencies, ACLS, ARLS or BLS certified physician supervision on-site during contrast and non-contrast enhanced procedures and physician on-site during normal business hours, and facility management components such as radiation safety guidelines (i.e. ALARA —As Low as Reasonably Achievable). These guidelines are established and refined with consideration of the American College of Radiology (ACR) and other accreditation bodies, diagnostic imaging common practice standards, updated literature reviews and new technology assessments. NIA provides ongoing monitoring of imaging practices and facilities.

What NIA Will Do:

Complete the online NIA Diagnostic Imaging Provider Assessment Application on RadMD.com. The online tool has intuitive user interface capability and is very easy to use. Submit all required documents, including documentation of current accreditation, licensure and/or certification and insurance. Incomplete applications will not be processed.

The privileging portion requires that you:

- Comply with diagnostic imaging equipment standards (i.e. minimum MR Tesla strengths, CT slices, etc.).
- Utilize appropriately certified technologists.
- **Maintain accreditation by the American College of Radiology (ACR) or [Intersocietal Accreditation Commission \(IAC\)](#) for all modalities performed, as appropriate.**
- Maintain appropriate imaging policies and procedures (i.e. Radiation Safety, ALARA, etc.).

Quality Assessment Activities

NIA Policy

NIA conducts quality assessment activities with its network providers/facilities to:

- Support quality improvement initiatives.
- Evaluate provider clinical practices against guidelines or standards.
- Review potential quality of care concerns.
- **Assess non-accredited providers against NIA standards.***

NIA's quality assessment includes activities such as image reviews, record reviews and on-site visits.

**Acceptable recognized accreditation for providers includes: accreditation for MRI and CT by the American College of Radiology (ACR) and the Intersocietal Accreditation Commission (formerly ICAMRL, ICACTL); accreditation for PET by the ACR or IAC Nuclear/PET (formerly ICANL); accreditation for Nuclear Cardiology by the ACR or IAC Nuclear/PET (formerly ICANL); accreditation for Peripheral Vascular Ultrasound by the ACR or IAC Vascular Testing (formerly ICAVL); accreditation for Echocardiography by IAC Echocardiography (formerly ICAEL); accreditation for Ob/Gyn Ultrasound by the ACR or AIUM; and accreditation for General Ultrasound by the ACR or AIUM.*

Please Note: The details above list only a small portion of NIA's requirements as related to accreditation only. For complete NIA requirements, download NIA's Imaging Provider Handbook at www1.radmd.com/resources/imaging-provider-handbook.aspx.

TriWest Healthcare Alliance ([coverage map](#))

Provider Credentialing Requirements

The Department of Veterans Affairs (VA) may perform random onsite visits to provider locations through coordination with TriWest to inspect physical operations and/or review records of Veterans, speak with Veterans, review quality and completeness of accreditation, certification and credentialing, privileging and licensing documentation.

Additional Credentialing Requirements for Clinics/Facilities

Independent Physiological Lab (includes Cardiac Cath Lab and PET Center)	Positron Emission Tomography (PET) Centers shall be accredited by the American College of Radiology (ACR), the Intersocietal Accreditation Commission (IAC) or The Joint Commission (TJC) or RadSite
Facility of Magnetic Resonance Imaging (MRI), Freestanding	MRI and Breast MRI – Accredited by the ACR, IAC, TJC or RadSite
Facility of Portable XRay	Accredited by the ACR or IAC
Outpatient Facility Providing Advanced Diagnostic Imaging	Accredited by the ACR, IAC, TJC or RadSite

For complete details, [please visit the TriWest Healthcare website](#)»

UnitedHealthcare (National)

Referenced from the 2018 UnitedHealthcare Care Provider Administrative Guide (Effective April 1, 2018)

UnitedHealthcare is committed to ensuring that all of our members have access to quality health care, including medical imaging services. We believe patients deserve assurance that equipment, technologists and physician practices are in compliance with professional society-developed performance standards for CT, MRI, PET, nuclear medicine/cardiology and echocardiography procedures (collectively referred to as “Advanced Imaging Studies”).

If you perform Advanced Imaging Studies and bill on a Form CMS 1500, or the electronic equivalent, you must obtain accreditation from one of the accrediting agencies listed below.

- American College of Radiology (ACR)
- [Intersocietal Accreditation Commission \(IAC\)](#)
- RadSite
- The Joint Commission (TJC)

Accreditation is required for the following Advanced Imaging Studies:

- **CT scan**
- MRI
- Nuclear Medicine/Cardiology
- PET scan
- Echocardiography

What you can expect

- The Imaging Accreditation requirement applies to global and technical service claims.
- The accreditation process can take up to 9 months to complete.*
- Accreditation requires submitting an application and fulfilling accreditation standards.

**Note from IAC: The IAC accreditation review process generally takes approximately 8 to 12 weeks to complete and the decision returned to the facility. Review the IAC Policies & Procedures for complete details at www.intersocietal.org/iac/legal/policies.htm.*

Pursuant to UnitedHealthcare's Imaging Accreditation Program, we require accreditation for Advanced Imaging Studies. At this time, however, UnitedHealthcare will not require accreditation as a condition of eligibility for reimbursement, and therefore will not administratively deny claims for Advanced Imaging Studies based on lack of accreditation. When a decision is made to activate the claim denial component of the Imaging Accreditation Program, we will communicate the effective date to you. UnitedHealthcare remains committed to advancing the quality and safety of imaging services through the Imaging Accreditation Program and will keep you apprised of any changes to our program.

Stay up-to-date on any changes made to the Imaging Accreditation Protocol on the [UnitedHealthCare website](#) or reference page 76 of the [2018 UnitedHealthcare Care Provider Administrative Guide](#).

UnitedHealthCare - Oxford Health Plans (CT, NJ, NY)

Referenced from the *Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement (Effective June 1, 2018)*

Accreditation requirements for participating providers (*Note: Hospitals are currently excluded from the accreditation requirements listed below.*):

- All MRI, PET, and CT studies must be performed on an American College of Radiology (ACR), [Intersocietal Accreditation Commission \(IAC\)](#), RadSite or The Joint Commission (TJC) accredited unit or at accredited facilities.

ACCREDITATION REQUIREMENTS FOR RADIOLOGY SERVICES – Effective 5/1/2018 ([full PDF](#))

In diagnostic imaging, accreditation programs have emerged as key initiatives to advance the quality and safety of imaging studies. It is important that Members receive services from facilities whose equipment, technologists, and physicians are in compliance with established accreditation performance standards.

All freestanding facilities and physician offices performing outpatient radiology imaging studies are required to obtain and maintain accreditation as a condition for reimbursement for the below services.

Provider Specialty	Accreditation	Modality/Procedure
Radiologist, Radiology Facilities, and Multi-Specialty Provider Groups	ACR	MRI, Breast MRI, CT, Nuclear Medicine*, PET, Ultrasound, Breast Ultrasound, Mammography, Stereotactic Biopsy
	AIUM	Ultrasound, Breast Ultrasound, Echocardiography
	ASBS	Breast Ultrasound, Stereotactic Breast Biopsy
	IAC	MRI, CT, Nuclear Medicine*, PET, Ultrasound (Vascular), Echocardiography
	RadSite (except cardiac procedures)	MRI, CT, Nuclear Medicine (SPECT)*, PET
	TJC	MRI, CT, Nuclear Medicine*, PET, Ultrasound, X-ray, Breast Ultrasound, Stereotactic Breast Biopsy

*Note: *Nuclear Medicine procedures noted with an (*) are only reimbursable to radiologists when they have the appropriate certification.*

Please see [Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement \(effective June 1, 2018\)](#) for applicable CPT codes. Oxford has engaged eviCore healthcare to manage the accreditation process for our provider network. Accreditations should be faxed to eviCore healthcare at 866-699-8160 with the Accreditation Fax Cover sheet that can be found on the eviCore healthcare website at www.evicore.com. To ensure prompt handling of the accreditation please ensure that all applicable facility and physician information is included. If you have specific questions about the application process for accreditation, contact the ACR or IAC on their websites or by phone. For questions about Oxford's accreditation requirements, call 1-800-666-1353.

In addition to accreditation, all radiologists and radiology centers in New York (NY) and New Jersey (NJ), who are interested in participating in the Oxford network and/or radiologists and radiology centers that already participate in the Oxford network and want to add a modality to their practice must also be credentialed. Please refer to the policy titled [Credentialing Guidelines: Participation in the eviCore healthcare Network](#) for additional information.

Wellmark BCBS (Iowa, South Dakota)

REFERENCED FROM WELLMARK PROVIDER GUIDE

Facility/Entity Accreditation/CMS Requirements

All facilities/entities must have at least one of the following licenses/certifications/accreditations to meet credentialing requirements:

Radiology/Imaging Center (including, but not limited to, the following types of centers):

- General Radiology
- **CT, CTA**
- Echocardiography
- Mammography
- MRI, MRA
- Nuclear Cardiology
- PET Scan
- Radiation Oncology
- Ultrasound
- Portable X-Ray
- Mobile Imaging Center

Centers offering any of the services listed immediately below **must be accredited** by ACR or one of the accrediting agencies of the [Intersocietal Accreditation Commission](#) (IAC Vascular Testing, IAC Echocardiography, IAC Nuclear/PET, IAC MRI or IAC CT):

- **CT**
- **CTA**
- Nuclear Cardiology
- Echocardiography
- PET
- PET/CT
- MRI
- MRA

If the center does not offer any of the services above, it must be accredited by AAAHC, The Joint Commission, ACR, or one of the accreditation agencies of the Intersocietal Accreditation Commission (IAC Vascular Testing, IAC Echocardiography, IAC Nuclear/PET, IAC MRI or IAC CT).

Please note: The above requirements list only a portion of the full reimbursement directive. Please refer to the [Wellmark Provider Guide](#) (updated May 2018) for additional information on the complete requirements and for specific requirements for other modalities.