Payment Policies

To date, the IAC is aware that the following insurers or companies (see index to the left) have adopted nuclear medicine, nuclear cardiology and/or PET reimbursement directives. While the IAC attempts to stay abreast of reimbursement policies as a service to the nuclear/PET 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.

Select a policy below to view the accreditation requirements (listed alphabetically):

Aetna (National) .........................................2
Anthem BCBS (Virginia) .........................3
Arkansas BCBS ........................................4
BCBS of Alabama ......................................5
Blue Cross of Idaho ..................................6
BCBS of Michigan ....................................7
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BCBS of North Carolina ............................9
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Centers for Medicare and Medicaid Services (National) ..................11
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Highmark (DE, PA, WV) ............................15
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Independence Blue Cross Group (Philadelphia and Southeastern PA) ......17
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National Imaging Associates (NIA) (National) ................................................19
TriWest Healthcare Alliance (coverage map) ........................................19
UnitedHealthcare (National) .....................21
UnitedHealthcare - Oxford Health Plans (CT, NJ, NY) .......................22
Wellmark BCBS (Iowa, South Dakota) .........23
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 component 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 »
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 USAbles 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 USAbles 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).

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

Preferred Radiology Provider (PRP) Program FAQS
Preferred Radiology Credentialing Verification
Blue Cross of Idaho
Referenced from the Blue Cross of Idaho Provider Administrative Policy

Imaging Accreditation

Purpose and Statement of Intent: This policy is intended to promote reasonable and consistent quality and safety requirements for providers of imaging services. We established these requirements to describe the accreditation and certification conditions a person might associate with high-quality imaging services. We hope to establish an environment where qualified operators perform imaging studies using appropriate equipment and techniques and where qualified physicians interpret images.

These requirements apply to all non-hospital providers of advanced imaging services. They supplement the requirements for facility providers and physicians as contained in the Facility, Physician and Clinic Agreements. As of January 1, 2014, all non-hospital providers of advanced imaging services are required to register in the AIM OptiNet system in order to receive the higher compensation for the advanced imaging services. Clinics that complete registration after January 1, 2014, will be effective the first of the following month of notification of complete registration is received by your provider network management specialist by the 15th of the prior month.

The OptiNet Registration can be accessed through the provider portal atbcidaho.com.

Requirements Specific to Nuclear Cardiology

- Nuclear cardiology practices must achieve accreditation by IAC Nuclear/PET (formerly ICANL) or the ACR (American College of Radiology) within two years of Provisional acceptance in the Privileging Program.

Please note: The above requirements list only a portion of the full reimbursement directive as related to accreditation. Review the complete policy (Reviewed February 2018) on the Blue Cross of Idaho website at https://providers.bcidxaho.com/policies-and-procedures/pap/pap249.page.
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

BCBS of Minnesota

Non Credentialied 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 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 BCBS 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.

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 [Nuclear Medicine [Nuclear Cardiology or PET] Standards]:

- Current ACR, IAC, TJC, or RadSite accreditation for each NM or PET on site.
- Current ACR, IAC, or TJC accreditation specifically recognizing Cardiac approval for each NM or PET on site which is placed in the program.
  1. RadSite NM or PET accreditation doesn’t recognize sub modules, therefore will not be recognized for Cardiac approval.
  2. Those sites currently in the network without Cardiac approval 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.
- New requests to perform PET/CT utilizing scanners with less than a 4 slice CT are acceptable if the CT is NEVER utilized as a diagnostic CT scanner and there is an additional qualifying CT scanner (minimum 4 slices per rotation) at the site if diagnostic CT scanning is performed.
- For current participating providers utilizing a PET only scanner, fusion software purchased or upgraded in the last five (5) years must be used on every case. If purchasing new equipment, the PET/CT machine, the CT is accepted with less than 4 slice CT capabilities if the CT is NEVER utilized as a diagnostic CT scanner.
  1. If the last major software upgrade is more than five (5) years old, written confirmation is required from the service engineer confirming that the unit has the most up-to-date software upgrade available.
- PET or PET/CT Machine utilizing Sodium iodide detector systems are unacceptable regardless of configuration.
- Phantom testing to be performed semi-annually but recommended to be performed quarterly.

Quick Links:

- eviCore Healthcare Network Facility Standards
- Accreditation Requirements Reviewed During Onsite Evaluation
- Accreditation Modules
Emblem Health (New York)
REFERENCE FROM EMBLEM PROVIDER MANUAL (HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT POLICY>>REQUIREMENTS FOR ECHO AND NUCLEAR STUDIES)
(Note from IAC: The information about our programs listed below from the Emblem Provider Manual was updated for this document to reflect the current program names [i.e., ICANL is now IAC Nuclear/PET, etc.]).

There are many clinical reasons practitioners other than radiologists perform in-office imaging as part of their diagnostic and treatment plans. We have radiology and cardiology imaging privileging protocols for HIP/HIPIC-underwritten Benefit Plans that are administered by EmblemHealth, which include Commercial (including GHI HMO, Vytra branded plans), statesponsored and Medicare plans. These privileging protocols make up the Diagnostic Imaging Self-Referral Payment Policy. They are designed to promote the appropriate use of diagnostic imaging by clinicians in office settings.

The payment policy applies to services performed in an office setting (POS 11). It is based on a careful review of the literature and standards of the American Society of Echocardiography (ASE), Intersocietal Accreditation Commission (IAC), American College of Cardiology (ACC) and American Board of Radiology (ABR). The policy designates which imaging procedures will be reimbursed (subject to the member’s benefit plan) according to practitioner specialty. It also describes the minimum accreditation and certification requirements.

For providers to perform imaging procedures within their specialty, they must meet and maintain the minimum certification requirements. These requirements are listed in the Outpatient Imaging Self-Referral Payment Policy chart in this chapter. When imaging procedures are performed outside the practitioner’s specialty or when the practitioner fails to maintain the minimum certification requirements or obtain Prior Approval when required, claims for such services will be denied, with no liability to the member.

REQUIREMENTS FOR ECHOCARDIOGRAPHY AND NUCLEAR STUDIES:

EmblemHealth will reimburse cardiologists for approved echocardiography studies (CPT codes 93303, 93304, 93306, 93307, 93308, 93350 and 93351) and nuclear studies (CPT codes 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483 and 78494), but only if they are performed at accredited locations. Prior approval rules continue to apply where applicable.

Accreditation for echocardiography studies requires both:

1. Cardiology board certification of the physician by the American Board of Internal Medicine (ABIM) or American Osteopathic Board of Internal Medicine (AOBIM) and
2. That services are rendered in laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Echocardiography (formerly ICAEL)

Accreditation for nuclear studies requires both:

1. Certification of the physician by the American Board of Radiology (ABR), American Board of Nuclear Medicine (ABNM) or Certification Board of Nuclear Cardiology (CBNC) and
2. That services are rendered in laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Nuclear/PET (formerly ICANL) or American College of Radiology (ACR)

ACCREDITATION STATUS AND SUBMISSIONS

Participating practitioners will be reviewed for active accreditation. For echocardiography services, the review will appear in the national databases of IAC. For nuclear medicine/nuclear cardiology services, the review will appear in the national database of IAC or ACR. All other specialties must submit certification directly to CareCore by e-mail at provideraccreditations@carecorenational.com. For more information about accreditation status or certificate submissions, e-mail provideraccreditations@carecorenational.com or call 1-800-918-8924, ext. 27901.

Please note: The requirements listed above are only a portion of the complete reimbursement directive as related to echocardiography and nuclear/PET accreditation. For the complete requirements, please refer to the Emblem Health Provider Manual (Updated 6-8-2018).
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.

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 – Nuclear Cardiology, Nuclear Medicine, PET

Nuclear Cardiology:

- Practices must have achieved accreditation by the Intersocietal Accreditation Commission (IAC) Nuclear/PET or the American College of Radiology (ACR) upon submission of privileging application.

Nuclear Medicine:

- Nuclear medicine practices must achieve accreditation by ACR or Intersocietal Accreditation Commission (IAC) Nuclear/PET within 6 months of provisional approval.

Positron Emission Tomography (PET):

- Must have achieved accreditation by the Intersocietal Accreditation Commission (IAC) Nuclear/PET or the American College of Radiology (ACR) 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., ICANL is now IAC Nuclear/PET, 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):**

<table>
<thead>
<tr>
<th>Modality:</th>
<th>ACR</th>
<th>IAC</th>
<th>AIUM</th>
<th>AACE</th>
<th>ASBS</th>
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<tr>
<td>PET</td>
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<tr>
<td>Brain</td>
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<td>Neurologic Imaging</td>
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<td>Cardiac</td>
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<td>Oncology</td>
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<td>Nuclear Medicine</td>
<td>General Nuclear Medicine (Planar)</td>
<td>Nuclear Medicine</td>
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<td>SPECT</td>
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<tr>
<td>Nuclear Cardiology</td>
<td>Nuclear Cardiology</td>
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</table>

**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/hrm/MedPol2.nsf](https://services3.horizon-bcbsnj.com/hrm/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:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Accrediting or Certifying Organizations*</th>
<th>Accreditation Required</th>
</tr>
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<tbody>
<tr>
<td>Portable/Mobile X-Ray</td>
<td>ACR, Joint Commission, IAC</td>
<td>YES</td>
</tr>
<tr>
<td>Radiology – Advanced Diagnostic Imaging</td>
<td>ACR, IAC, Joint Commission</td>
<td>YES</td>
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</tbody>
</table>

*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).

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., ICANL is now IAC Nuclear/PET, 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

<table>
<thead>
<tr>
<th>Independent Physiological Lab (includes Cardiac Cath Lab and PET Center)</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility of Magnetic Resonance Imaging (MRI), Freestanding</td>
<td>MRI and Breast MRI – Accredited by the ACR, IAC, TJC or RadSite</td>
</tr>
<tr>
<td>Facility of Portable XRay</td>
<td>Accredited by the ACR or IAC</td>
</tr>
<tr>
<td>Outpatient Facility Providing Advanced Diagnostic Imaging</td>
<td>Accredited by the ACR, IAC, TJC or RadSite</td>
</tr>
</tbody>
</table>

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](http://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.
- Nuclear Medicine procedures noted with an * (in the pre-certification document) are only reimbursable to facilities with one of the following accreditations:
  - American College of Radiology (ACR)
  - IAC Nuclear/PET (formerly ICANL)

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.

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

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 the 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.