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Payment Policies

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

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](#)»

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.

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 (Ultrasound Standards):

- **Current ACR, IAC, TJC, AIUM, or ASBS accreditation for each US on site.**
- Appropriate transducers to be available for examinations offered by the practice as follows:
 1. 3-5 MHz for abdominal, retroperitoneal, pelvic, and obstetrical examinations
 2. 2-2.25 MHz should be available for use in obese patients
 3. Curved 7.0MHz pediatric abdomen, renal, and pelvic examinations
 4. Linear 7.0 – 10.0 MHz vascular examinations
 5. Linear 12MHz minimum-breast, thyroid, testicular, and small parts examinations
 6. 5-10 MHz endovaginal examinations
 7. 9.0 MHz endorectal examinations
 8. High frequency stick probe
 9. Cardiac
- For new applicants requesting a contract with eviCore's diagnostic imaging networks, units must be less than ten (10) years old.
 1. If equipment is more than ten (10) years old, there must be documentation on site that it conforms to all manufacturer specifications, meets all applicable accreditation standards, and has the most current software appropriate for the examinations performed at the site. This documentation must be performed annually.
 2. If the last major software upgrade is more than seven (7) years old, written confirmation is required from the service engineer confirming that the unit has the most up-to-date software upgrade available.

Quick Links:

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

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 - Peripheral Vascular (PV) Ultrasound

- Must be interpreted by or under the personal supervision of physicians credentialed in radiology, vascular surgery, cardiology or neurology. **“Personal supervision” means that the professional provider must be present in the immediate vicinity or must be immediately available by electronic means (e.g. telephone, radio, and telecommunications) in the event his or her personal assistance is required for care of the patient. All supervision must be in accordance with the State licensure requirements of the performing licensed health care practitioner. (Source: Highmark Medical Policy Z-27)*
- PV Ultrasound providers must use a sonographer certified by the American Registry of Diagnostic Medical Sonographers (ARDMS), American Registry of Radiologic Technologists (ARRT (S), ARRT (VS), RVT), or Cardiovascular Credentialing International (CCI)
- PV Ultrasound systems must have Color Flow Doppler capability.
- **PV Ultrasound providers must achieve accreditation by the [Intersocietal Accreditation Commission \(IAC\) Vascular Testing](#) or the American College of Radiology (ACR) within 6 months of Provisional acceptance in the Privileging Program.**

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., ICAVL is now IAC Vascular Testing, 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
Ultrasound	General Body		Abdominal		
	Obstetrical (Trimester specific 1st, 2nd or 3rd).		Obstetrical (Trimester specific 1st, 2nd or 3rd).		
	Obstetrical				
	Gynecological		Gynecological		
	Vascular-Peripheral		Urologic		
	Vascular - Cerebrovascular				
	Vascular - Abdominal	Peripheral Venous			
	Vascular – Deep Vein/Abdominal	Peripheral Arterial			
	Breast Ultrasound		Breast Diagnostic		Breast Ultrasound Diagnostic and Interventional
	Breast Ultrasound with Biopsy		Breast Interventional		
		Visceral Vascular			
		Intracranial cerebrovascular			
		Extracranial cerebrovascular			
			Dedicated MSK		
		Dedicated Thyroid/Para-thyroid	Endocrine Certification in Neck Ultrasound (ECNU)		

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.

[CONTINUED ON NEXT PAGE]

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, please visit www.ibx.com/providers/interactive_tools/credentialing/index.html.

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., ICAVL is now IAC Vascular Testing, 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.

IAC Vascular Testing (formerly ICAVL) – Payment Policies *(Last Reviewed by the IAC on 6/26/2018)*

PLEASE NOTE: These policies are changed and updated regularly by the insurance carriers and list requirements as related to [IAC](#) accreditation *only*. 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. Further questions about IAC accreditation as related to reimbursement should be e-mailed to reimbursement@intersocietal.org.

Tufts Health Plan

Tufts Health Plan Imaging Privileging Program - Imaging Privileges for Non-Radiologists

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

Note: Service-specific privileges are not granted retroactively.

VASCULAR ULTRASOUND:

Accreditation by the Intersocietal Accreditation Commission (IAC) is required for providers who are not board certified or eligible in general vascular surgery or cardiovascular disease. For more information about this accreditation, contact IAC at 800.838.2110 or access their website. A copy of the accreditation must be sent to 705 Mount Auburn Street, Mailstop 84, Watertown MA 02472, Attn: Tufts Health Plan Imaging Privileging Committee.

For full details, review the [Imaging Privileging Program: Commercial Provider Manual](#).

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 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.

IAC Vascular Testing (formerly ICAVL) – Payment Policies (*Last Reviewed by the IAC on 6/26/2018*)

PLEASE NOTE: These policies are changed and updated regularly by the insurance carriers and list requirements as related to [IAC](#) accreditation *only*. 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. Further questions about IAC accreditation as related to reimbursement should be e-mailed to reimbursement@intersocietal.org.

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

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.