ACCREDITATION REQUIREMENTS FOR RADIOLOGY SERVICES

Policy Number: ADMINISTRATIVE 248.5 T0                    Effective Date: July 1, 2016

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Related Policies
• Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement
• Credentialing Guidelines: Participation in the eviCore healthcare Network for New York and New Jersey
• Oxford's Outpatient Imaging Self-Referral Policy
• Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage enrollees. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded Members and certain insured products. Refer to the Member's plan of benefits or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the Member's plan of benefits or Certificate of Coverage, the plan of benefits or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

PURPOSE

To outline the process and accreditation requirements for radiologists, radiology centers and multi-specialty provider groups interested in participating in the Oxford network, a United Healthcare Company.

DEFINITIONS

ACR: American College of Radiology

AIUM: American Institute of Ultrasound in Medicine

ASBA: American Society of Breast Surgeons

IAC: Intersocietal Accreditation Commission

TJC: The Joint Commission

POLICY

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>MRI, CT, Nuclear Medicine*, PET, Ultrasound (vascular), 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](#) 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](http://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.

**Exception:**
- Radiologists and radiology centers performing outpatient radiology imaging studies in Connecticut (CT) are excluded from credentialing requirements (accreditation requirements are applicable).
- Hospitals performing outpatient radiology imaging studies are excluded from the accreditation requirements.

All radiologists, radiology centers, and cardiologists in NY, NJ and CT who are currently participating in the Oxford network or wish to participate in the Oxford network and perform Coronary CT Angiography (CCTA) must also be credentialed. Refer to the policy titled [Credentialing Guidelines: Participation in the eviCore healthcare Network](#) for additional information.

**PROCEDURES AND RESPONSIBILITIES**

This policy is only applicable to radiologists, radiology centers and and multi-specialty provider groups.
- For diagnostic imaging performed by primary care physicians, specialty physicians and other health care professionals in office settings, refer to [Oxford's Outpatient Imaging Self-Referral Policy](#) for accreditation and certification requirements.
- This policy is not applicable to radiology services performed during an inpatient stay, ambulatory surgery, emergency room visit, or pre-operative/pre-admission testing.
- All X-rays performed at an urgent care facility are payable.
- **Some radiology and cardiology procedures require precertification.** Refer to the following policies for additional information:
  - Radiology Procedures: [Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement](#)
  - Cardiology Procedures: [Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement](#)

Or contact eviCore via one of the two options listed below:
POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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</table>
| 07/01/2016 | • Changed policy title; previously titled Accreditation Requirements For Radiologists and Radiology Centers  
          • Reformatted policy; transferred content to new template  
          • Updated policy overview to indicate the purpose of this policy is to outline the process and accreditation requirements for radiologists, radiology centers and multi-specialty provider groups interested in participating in the Oxford network; removed content/language specific to credentialing requirements  
          • Updated definitions:  
            o Added definition of:  
              ▪ ASBA: American Society of Breast Surgeons  
              ▪ TJC - The Joint Commission  
            o Removed definition of:  
              ▪ ABR - American Board of Radiology  
              ▪ ABNM - American Board of Nuclear Medicine  
              ▪ CBNC - Certification Board of Nuclear Cardiology (CBNC) [formerly known as the Certification Council of Nuclear Cardiology (CCNC)]  
              ▪ CCTA - Coronary CT Angiography  
              ▪ CT-PPPA - Coronary CT Angiography & Cardiac CT Professional Physician Practice Assessment  
              ▪ ICANL - The Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories  
          • Revised accreditation requirements for radiologists, radiology centers and multi-specialty provider groups to indicate 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: |
|          | Accreditation | Modality/Procedure                                                                                                                                   |
|          | ACR           | MRI, Breast MRI, CT, Nuclear Medicine*, PET, Ultrasound, Breast Ultrasound, Mammography, Stereotactic Biopsy  
          | AIUM          | MRI, CT, Nuclear Medicine*, PET, Ultrasound (vascular), 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  
          |              | *Nuclear Medicine procedures are only reimbursable to radiologists when they have the appropriate certification.  
          |              | • Archived previous policy version ADMINISTRATIVE 248.4 T0 |