ACCRREDITATION REQUIREMENTS FOR RADIOLOGY SERVICES

Policy Number: ADMINISTRATIVE 248.11 T0

Effective Date: June 1, 2020

Table of Contents

<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE</td>
<td>1</td>
</tr>
<tr>
<td>DEFINITIONS</td>
<td>1</td>
</tr>
<tr>
<td>POLICY</td>
<td>1</td>
</tr>
<tr>
<td>PROCEDURES AND RESPONSIBILITIES</td>
<td>2</td>
</tr>
<tr>
<td>POLICY HISTORY/REVISION INFORMATION</td>
<td>3</td>
</tr>
<tr>
<td>INSTRUCTIONS FOR USE</td>
<td>3</td>
</tr>
</tbody>
</table>

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

ASBS: 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 advanced imaging studies in the eviCore imaging network are required to obtain and maintain accreditation as a condition for reimbursement for the below services. Radiologists seeking reimbursement for advanced imaging must have the laboratory/facility accreditation on file.

<table>
<thead>
<tr>
<th>Provider Specialty</th>
<th>Accreditation in Appropriate Module</th>
<th>Modality/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology Facilities</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</td>
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<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</td>
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</table>
Accreditation Requirements for Radio
tology Services

Provider Specialty | Accreditation in Appropriate Module | Modality/Procedure
--- | --- | ---
Radiology Facilities | 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.

Refer to the Clinical Policy titled [Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement](#) for applicable CPT codes requiring precertification.

Oxford has engaged eviCore healthcare to manage the accreditation process for our provider network. Accreditations should be submitted directly to the [eviCore healthcare website](#). To ensure prompt handling of the accreditation, 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. Refer to the Administrative Policy titled [Credentialing Guidelines: Participation in the eviCore healthcare Network](#) for additional information.

**Exceptions:**
- 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 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 Administrative Policy titled [Credentialing Guidelines: Participation in the eviCore healthcare Network](#) for additional information.

**PROCEDURES AND RESPONSIBILITIES**

**This policy is only applicable to radiology centers.**

- For diagnostic imaging performed by primary care physicians, specialty physicians and other health care professionals in office settings, refer to the Clinical Policy titled [Oxford’s Outpatient Imaging Self-Referral](#) 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 in addition to a site of service review.**
- 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](#)
  - Site of Service: [Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service](#)
- Or contact eviCore via one of the two options listed below:
  - Providers can call eviCore at 1-877-PreAuth (773-2884); or
  - Providers can log onto the [Prior Authorization and Notification App](#).
POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
</table>
| 06/01/2020 | **Procedures and Responsibilities**  
  • Added language to indicate some radiology and cardiology procedures require precertification in addition to a site of service review  
  • Added reference link to the Clinical Policy titled Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service  
**Supporting Information**  
  • Archived previous policy version ADMINISTRATIVE 248.10 T0 |

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. 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 specific benefit plan document 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 specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.