

Accreditation Requirements for Radiology Services

Policy Number: ADMINISTRATIVE 248.14
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[Instructions for Use](#)

Table of Contents	Page
Purpose	1
Definitions	1
Policy	1
Procedures and Responsibilities	2
Policy History/Revision Information	3
Instructions for Use	3

- ### Related Policies
- [Cardiology Procedures for eviCore Healthcare Arrangement](#)
 - [Credentialing Guidelines: Participation in the eviCore Healthcare Network](#) for New York and New Jersey
 - [Magnetic Resonance Imaging \(MRI\) and Computed Tomography \(CT\) Scan – Site of Service](#)
 - [Oxford's Outpatient Imaging Self-Referral Policy](#)
 - [Radiology Procedures for eviCore healthcare Arrangement](#)

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

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.

Provider Specialty	Accreditation in Appropriate Module	Modality/Procedure
Radiology Facilities	ACR	MRI, Breast MRI, CT, Nuclear Medicine, PET, Ultrasound, Breast Ultrasound, Mammography, Stereotactic Biopsy
	AIUM	Ultrasound, Breast Ultrasound
	IAC	MRI, CT, Nuclear Medicine, PET, Ultrasound
	RadSite (except cardiac procedures)	MRI, CT, Nuclear Medicine (SPECT), PET
	TJC	MRI, CT, Nuclear Medicine, PET, Ultrasound, X-ray, Breast Ultrasound, Stereotactic Breast Biopsy

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

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 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 Policy](#) for accreditation and certification requirements. This policy assumes board certification by an American Board of Medical Specialties (ABMS) recognized in the provider specialty listed above.
- 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 Prior Authorization in addition to a site of service review.

- Refer to the following Clinical Policies for additional information:
 - Radiology Procedures: [Radiology Procedures for eviCore Healthcare Arrangement](#)
 - Cardiology Procedures: [Cardiology Procedures 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

Date	Summary of Changes
08/01/2023	<p>Policy</p> <ul style="list-style-type: none"> • Replaced language indicating “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 <i>and perform Coronary CT Angiography (CCTA)</i> must also be credentialed” with “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 must also be credentialed” <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version ADMINISTRATIVE 248.13

Instructions for Use

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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.