



## Payment Policies

To date, the IAC is aware that the following insurers or companies have adopted echocardiography reimbursement directives. While the IAC attempts to stay abreast of reimbursement policies as a service to the echocardiography 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](mailto:reimbursement@intersocietal.org).

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**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.

## Aetna (National)

Referenced from [Network Participation Criteria](#) (applies to all regions)

### Diagnostic radiology facility additional criteria

If you are a diagnostic radiology facility, the following additional criteria apply:

**All independent diagnostic radiology centers that are freestanding or office based must be accredited by either the American College of Radiology (ACR) or the [Intersocietal Accreditation Commission \(IAC\)](#).** The following imaging procedures are subject to accreditation for Medicare providers: magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computed tomography (CT), positron emission tomography (PET), nuclear medicine, nuclear cardiology and echocardiography. Aetna defines advanced diagnostic imaging procedures as MRI, MRA, CT, echocardiograms, nuclear cardiology and nuclear medicine imaging, such as PET and single photon emission computed tomography (SPECT). This definition excludes X-ray, ultrasound, fluoroscopy and mammography.

Aetna defines advanced diagnostic imaging procedures as MRI, MRA, CT, **echocardiograms**, nuclear cardiology and nuclear medicine imaging, such as PET and single photon emission computed tomography (SPECT). This definition excludes x-ray, ultrasound, fluoroscopy and mammography.

**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 [Network Participation Criteria](#) or the [Office Manual for Health Care Professionals \(Updated Aug 2020\)](#)»

## **Anthem BCBS (Virginia)**

Referenced from the [Anthem Provider Manual](#) (Updated June 2020)

### **Diagnostic Imaging Accreditation:**

Within 30 days of receipt of a written request, Facility provider shall provide to Anthem such information as may be requested concerning diagnostic imaging services, equipment, licensure and/or accreditation. Facility 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 Facility's diagnostic imaging services, equipment, licensure and/or accreditation, Facility shall update Anthem on such change within 30 days of the change (unless a shorter timeframe is required elsewhere in this Agreement).

**Facilities 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.** Facility has one year from the acquisition of the modality to obtain accreditation. Facility will make no charge and render no bill to any Plan, the Member, or the Member's guarantor for any of the studies listed above, and they shall have no obligation to make any payment to anyone, including Facility, 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 at [www.anthem.com/provider/policies/manuals](http://www.anthem.com/provider/policies/manuals) » Select Virginia >> Download Facility 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](http://www.bcbsnc.com/content/providers/application/free-standing-radiology.htm).

## Emblem Health (New York)

Referenced from the [Emblem Health Provider Manual](#) (Chapter 21: Outpatient Diagnostic Imaging Privileging).

Our outpatient diagnostic imaging privileging protocols are based on a careful review of the literature and standards of the National Board of Echocardiography (NBE), Intersocietal Accreditation Commission (IAC), American College of Radiology (ACR), and American Board of Radiology (ABR).

Practitioners must meet the minimum certification requirements for their specialty. These protocols assume board certification (by an American Board of Medical Specialties recognized board) in the listed adult or pediatric provider specialties.

### REQUIREMENTS FOR ECHOCARDIOGRAPHY AND NUCLEAR STUDIES:

EmblemHealth reimburses 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. Pre-authorization rules apply where applicable.

#### Accreditation for echocardiography studies requires both:

- Cardiology board certification of the physician by the American Board of Internal Medicine (ABIM), American Osteopathic Board of Internal Medicine (AOBIM), or National Board of Echocardiography (NBE) and
- Services rendered in laboratories accredited in transthoracic echocardiography by the [Intersocietal Accreditation Commission \(IAC - Echocardiography\)](#).

Accreditation for nuclear studies requires both:

- 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
- Services rendered in laboratories accredited for Nuclear/PET by the Intersocietal Accreditation Commission (IAC-Nuclear/PET) or American College of Radiology (ACR-Nuclear Medicine).

Accreditation for PET studies requires:

- Certification of the physician by the American Board of Radiology (ABR) or American Board of Nuclear Medicine (ABNM) or American Board of Internal Medicine in cardiology, and
- Certification of the physician by Certification Board of Nuclear Cardiology (CBNC), and
- Services rendered in laboratories accredited for PET by the Intersocietal Accreditation Commission (IAC-Nuclear/PET w/cardiac imaging) or American College of Radiology (ACR in PET).

### 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](mailto:provideraccreditations@carecorenational.com). For more information about accreditation status or certificate submissions, e-mail [provideraccreditations@carecorenational.com](mailto:provideraccreditations@carecorenational.com) or call 1-800-918-8924, ext. 27901.

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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](#) (Chapter 21: Outpatient Diagnostic Imaging Privileging)»

## Highmark (DE, PA, WV)

Highmark, with the assistance of National Imaging Associates, Inc. (NIA), an affiliate of Magellan Health, Inc., has implemented a new imaging privileging process. On this page you will find Highmark's privileging requirements and online application instructions.

Privileging is only required for imaging provider sites that are physically located in the 29 counties of western Pennsylvania, the 21 counties of central Pennsylvania and the 13 counties in northeastern Pennsylvania. Highmark's indemnity members are excluded from this requirement.

- [Highmark Radiology Management Program Privileging Requirements](#) (Effective January 1, 2018)

### Requirements Specific to Each Modality – Echocardiography

#### Echocardiography/Stress Echocardiography:

- Must be performed and interpreted by or under the personal supervision of a physician credentialed in radiology or cardiology.  
*\*“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.*
- Echocardiography systems must have Color Flow Doppler capability.
- **Practices must achieve accreditation by the [Intersocietal Accreditation Commission \(IAC\) Echocardiography](#) within 6 months of provisional acceptance in the Privileging Program.**
- Stress Echocardiography must be performed under the direct supervision (physician must be present) of a credentialed physician who has a current Advanced Cardiac Life Support (ACLS) certification.

*\*Network pediatric cardiologists are not required to use a sonographer for pediatric echocardiography.*

#### Obstetrical/Gynecological Ultrasound (Fetal Echo):

- **Practices are eligible to be reimbursed for fetal echocardiography testing (procedure codes 76825, 76826, 76827, 76828 and 93325) as specified in the Obstetrics IV DIP level by achieving accreditation in Fetal Echocardiography from the [Intersocietal Accreditation Commission \(IAC\) Echocardiography](#) or from American Institute of Ultrasound in Medicine (AIUM) within 6 months of Provisional acceptance in the Privileging Program.**
- Fetal Echocardiography must be interpreted by a credentialed radiologist, perinatologist (Maternal Fetal Medicine), or obstetrician.

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 [hbcbs.highmarkprc.com/Care-Management-Programs/Radiology-Management-ProgramPrivileging-Application-and-Requirements](http://hbcbs.highmarkprc.com/Care-Management-Programs/Radiology-Management-ProgramPrivileging-Application-and-Requirements).

# Horizon BCBS of New Jersey

Referenced from the HBCBSNJ Medical Policy Manual (Reviewed 3/2020)

*(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., ICAEL is now IAC Echocardiography, 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
Echocardiography		Adult Transthoracic			
		Pediatric Transthoracic			
		Adult Stress			
		Adult Transesophageal			
		Pediatric Transesophageal			
		Fetal			

### 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.

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 [www.horizonblue.com/sites/default/files/2020-03/Standards\\_for\\_Diagnostic\\_Radiology.pdf](http://www.horizonblue.com/sites/default/files/2020-03/Standards_for_Diagnostic_Radiology.pdf).

#### **IAC Echocardiography (formerly ICAEL) – Payment Policies** (Last Reviewed by the IAC on 10/7/2020)

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](mailto:reimbursement@intersocietal.org).

## National Imaging Associates (NIA) (National)

Referenced from the NIA Imaging provider handbook

*(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., ICAEL is now IAC Echocardiography, 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/media/867770/nia-imaging-provider-handbook-10102019-final.pdf](http://www1.radmd.com/media/867770/nia-imaging-provider-handbook-10102019-final.pdf).

#### IAC Echocardiography (formerly ICAEL) – Payment Policies *(Last Reviewed by the IAC on 10/7/2020)*

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](mailto:reimbursement@intersocietal.org).

# UnitedHealthcare (National)

## Imaging Accreditation

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
- **Echocardiography**
- MRI
- Nuclear Medicine / Cardiology
- PET scan

### 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.

*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.*

## 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 July 2020) for additional information on the complete requirements and for specific requirements for other modalities.