



MRI

Payment Policies

To date, the IAC is aware that the following insurers or companies have adopted MRI reimbursement directives. While the IAC attempts to stay abreast of reimbursement policies as a service to the MRI 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.

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 » Select Virginia >> Download Facility Manual.

Arkansas BCBS

Referenced from the ABCBS Provider Manual (Updated June 2020)

Imaging Centers Purchased by Hospitals

Per the terms of participation for the Arkansas Blue Cross and Blue Shield Preferred Payment Plan, Health Advantage HMO network, and USABLE Corporation's Arkansas' FirstSource® and True Blue PPO networks, **advanced imaging centers must be accredited by one of the agencies that meets approval per these networks' required accreditation program.** This includes advanced imaging centers purchased by another organization, including hospitals.

In most situations, a currently accredited imaging center can simply notify the accrediting agency (e.g., American College of Radiology or [Intersocietal Accreditation Commission](#)) and ask for a certificate with the new organization's name applied to it. Arkansas Blue Cross, Health Advantage, and USABLE Corporation will need a copy of the new certificate.

Please understand that if the imaging center's new owner is a hospital, the hospital's Joint Commission accreditation does not automatically apply. In order for this to apply, the hospital must be performing both inpatient and outpatient imaging services and the imaging center must have been part of the on-site review performed by the Joint Commission when the accreditation was given.

Please note: The above requirements list only a portion of the full reimbursement directive as related to accreditation. For more information on the ABCBS requirements, please review the [ABCBS Provider Manual](#)»

BCBS of Alabama

Radiology Facility and Technology Assessment Program ([link](#))

All Blue Cross and Blue Shield of Alabama Preferred Radiology (PRP) Providers **must have current accreditation** through American College of Radiology (ACR) and or [Intersocietal Accreditation Commission \(IAC\)](#).

Exhibit B: Credentialing Criteria

At least one of the following accreditation standards must be met by Provider and Provider's practice site at all times:

- Current American College of Radiology (ACR), IAC Nuclear/PET, IAC CT, IAC MRI, or other national accreditation agencies or standards as determined by Corporation, as applicable. Accreditation **must** be maintained for every example of the following devices at each practice site: magnetic resonance imaging (MRI), computed tomography (CT) and PET.

[Preferred Radiology Credentialing Verification](#)»

Blue Cross of Idaho

Referenced from the Blue Cross of Idaho Provider Administrative Policy

Imaging Accreditation

This policy is intended to promote reasonable and consistent quality and safety requirements for providers of imaging services. We established these requirements to describe the accreditation and certification conditions a person might associate with high-quality imaging services. We hope to establish an environment where qualified operators perform imaging studies using appropriate equipment and techniques and where qualified physicians interpret images.

These requirements apply to all non-hospital providers of advanced imaging services. They supplement the requirements for facility providers and physicians as contained in the Facility, Physician and Clinic Agreements. All non-hospital providers of advanced imaging services are required to register in the AIM OptiNet system in order to receive the higher compensation for the advanced imaging services. Clinics that complete registration, will be effective the first of the following month of notification of complete registration is received by your provider network management specialist by the 15th of the prior month.

The OptiNet Registration can be accessed through the provider portal at bccidaho.com.

Specific Requirements for Physician and Facility Imaging Providers

- Physician or clinic providers that use advanced imaging equipment in their practice to diagnose and treat their own patients within their own specialty area of practice may not accept referrals from other providers for the purpose of performing diagnostic imaging tests for other providers' patients.
- Facility providers must be certified by Medicare as an Independent Diagnostic Testing Facility (IDTF) or radiology clinic.
- These facilities may accept referrals from community physicians. These facilities must be available for diagnostic imaging services for a minimum of 40 hours per week and have images available after hours.

General Requirements for Imaging Providers

- **All imaging providers must obtain accreditation by the ACR (American College of Radiology) or the [Intersocietal Commission for the Accreditation \(IAC\) MRI](#) if performing MRI services.**

Please note: The above requirements list only a portion of the full reimbursement directive as related to accreditation. Review the complete policy (Reviewed February 2020) on the Blue Cross of Idaho website at providers.bccidaho.com/policies-and-procedures/pap/pap249.page.

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
- Bone Densitometry
- Cardiac CT Scan
- Endovenous Laser Treatment
- Fluoroscopy
- Mammography
- **MRI**
- Nuclear Medicine, including PET scan
- Ultrasound (general, breast, vascular, thyroid)
- 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
CT Scan	Accreditation from IAC CT or ACR
Endovenous Laser Treatment	<i>Free-standing facility or hospital only</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 provider.bluecrossma.com click on Office Resources>> Enrollment>> Privileging.

BCBS of Michigan

Freestanding Radiology Center

To enroll, providers in a freestanding radiology center are required to submit an accreditation certificate from one of the following:

- American College of Radiology or,
- [Intersocietal Accreditation Commission](#) or,
- The Joint Commission

For more information, reference the Provider Enrollment and Change Process Required Document Checklist on the BCBS of Michigan website (www.bcbsm.com/content/dam/public/Providers/Documents/enrollment/WP-11225-Req-Doc-Checklist.pdf).

BCBS of Mississippi

All Network Providers billing the technical component of the MRI must be accredited in MRI by the [Intersocietal Accreditation Commission \(IAC\)](#) or a MRI module by the American College of Radiology (ACR). The professional component of the MRI will be reimbursed based upon the accreditation of the facility as the ACR and the IAC facility accreditations require that interpreting professional physicians also be accredited.

Provider Accreditation for MRI – Network Providers	
Magnetic Resonance Imaging (MRI) of the Chest and Cardiac	Magnetic Resonance Imaging (MRI) of the Spine
Magnetic Resonance Imaging (MRI) of the Abdomen and Pelvis	Magnetic Resonance Imaging (MRI) of the Brain and Head
Magnetic Resonance Imaging (MRI) of the Lower Extremity	Magnetic Resonance Imaging (MRI) of the Breast
Magnetic Resonance Imaging (MRI) of the Upper Extremity	Magnetic Resonance Imaging (MRI) of the Orbit, Face, Temporomandibular Joint (TMJ) and Neck

Please note: The above requirements list only a portion of the full reimbursement directive as related to accreditation. To review the complete medical policies for MRI, please visit www.bcbsms.com/medical-policy-search and use the search tool to locate any of the MRI medical policies listed above.

BCBS of North Carolina

Free Standing Radiology Facilities (Blue Medicare HMO and Blue Medicare PPO Networks Only)

Please include the following documents with your application:

- A copy of a NC license or Certificate of Need (if applicable per state or federal regulatory requirements)
- **One of the following accreditation certificates is required:**
 - American College of Radiology (ACR)
 - [Intersocietal Accreditation Commission \(IAC\)](#)
 - The Joint Commission (JCAHO)
- Medicare certification
- A general liability malpractice insurance face sheet. It must include current coverage dates, provider name, address, and limits of coverage (\$1 million per occurrence/\$3 million per aggregate) or letter attesting to all covered sites.

For more information on the credentialing process as related to accreditation, visit www.bluecrossnc.com/node/1756 >> under Facility List, select Free Standing Radiology.

Centers for Medicare and Medicaid Services (National)

Accreditation of Advanced Diagnostic Imaging Suppliers

I. Background

Section 135(a) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (P.L. 110-275) amended section 1834(e) of the Social Security Act (the Act). This amendment requires suppliers of the technical component of advanced diagnostic imaging (ADI) services to be accredited by a designated accrediting organization in order to receive Medicare reimbursement. This accreditation requirement for ADI suppliers was effective January 1, 2012. CMS has the statutory authority to designate accrediting organizations which accredit suppliers furnishing the technical component of ADI services. These requirements do not apply to hospitals or critical access hospitals.

Under section 1861(d) of the Act, an ADI supplier is defined as a physician or other practitioner, or facility such as an Independent Diagnostic Testing Facility that furnishes the technical component of ADI services. “Technical component” is defined as all non-physician work performed by an ADI supplier, including administrative and non-physician personnel time and use of the ADI equipment and facility.

Section 1834(e)(1)(B) of the Act defines “advanced diagnostic imaging” procedures as diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine imaging procedures, such as positron emission tomography (PET). ADI procedures do not include x-ray, ultrasound, fluoroscopy procedures or diagnostic and screening mammography.

Note: Diagnostic and screening mammography are subject to oversight by the U.S. Food and Drug Administration.

II. Information about the Advanced Diagnostic Imaging Accrediting Organizations

- Application for CMS-designation as an ADI accrediting organization is a voluntary process. Application and re-application procedures are set forth at 42 CFR 414.68(c). (A link to these regulations is available in the “Related Links” section below).
- Each designated ADI accrediting organization may establish its own individual quality standards. At a minimum, these standards must address, but are not limited to, the following areas: staff qualifications; equipment standards and safety; safety of patients, family and staff; medical records; and patient privacy.
- While the standards among the designated ADI accrediting organizations may vary, each accrediting organization must demonstrate that its accreditation program standards meet or exceed the standards established by statute and in the Medicare regulations.
- Designated ADI accrediting organizations are private entities which charge fees for their accreditation services.
- Suppliers or other entities seeking additional information about CMS-designated ADI accrediting organizations and their accreditation programs may contact the accrediting organizations listed below.

III. CMS-designated ADI Accrediting Organizations:

- American College of Radiology (ACR)
- Intersocietal Accreditation Commission (IAC)
- RadSite
- The Joint Commission (TJC)

For complete policy details, [please visit the CMS website](#)»

eviCore Healthcare (National)

Accreditations, Insurance, and Reporting Requirements:

A facility seeking to furnish the technical component of advanced diagnostic imaging services (MR, CT, PET or NM) is required to be accredited by one of the following: the American College of Radiology (ACR), the [Intersocietal Accreditation Commission \(IAC\)](#), The Joint Commission (TJC), or RadSite. Accreditation by the American Institute for Ultrasound in Medicine (AIUM) or the American Society of Breast Surgeons (ASBS) is also acceptable for facilities in networks requiring ultrasound accreditation. ACR accreditation or state certification, is required for all mammography units. Accreditation is required at a modular level for each type Imaging Facility Network Standards NCQA CR-1 Factors 3 & 4 3 effective: 12/13/2019 of service rendered at the facility (for example: the cardiac module is required for all cardiac CT procedures). The requirements of the accrediting organization must be met at all times to maintain reimbursement. (See specific modular requirements under Equipment Requirements).

Equipment Requirements – MRI

- Current ACR, IAC, TJC, or RadSite accreditation for each MR unit at the facility.
- Current ACR, IAC, or TJC accreditation specifically recognizing cardiac approval for each MR unit that that is utilized to render cardiac MRI services. *(Note: RadSite does not accredit at a modular level and will not be recognized for cardiac MR services.)*
- Current ACR, IAC, or TJC accreditation specifically recognizing breast approval for each MR unit at that is utilized to render breast MRI services. *(Note: RadSite does not accredit at a modular lever and will not be recognized for breast MR services).*
- Minimum field strength of 0.3T field is required.

Quick Links:

- [eviCore Healthcare Network Facility Standards](#) (Effective 12-13-2019)
- [Accreditation Requirements Reviewed During Onsite Evaluation](#)
- [Accreditation Modules](#)

Florida Blue

Referenced from the Florida Blue Physicians and Provider Manual

Advanced Imaging Service (AIS) Providers Quality Program

AIS include such services as CT scans, MRIs, Nuclear Cardiology, and PET scans whereas contracted providers including physicians and Independent Diagnostic Testing Centers (IDTCs) that render diagnostic imaging services to our members are required to participate in the Diagnostic Imaging Quality Program, which is a component of our Quality Improvement Program.

We work collaboratively with National Imaging Associates (NIA), an independent vendor, to administer the Diagnostic Imaging Quality Program. **A component of our Quality Programs, accreditation through either American College of Radiology (ACR) or [Intersocietal Accreditation Commission \(IAC\)](#) will be a requirement for obtaining a pre-authorization or Voluntary Predetermination for Select Services (Voluntary Predetermination for Select Services) from National Imaging Associates (NIA) for all lines of business.**

Payment for AIS will be conditional based upon having met our Quality Programs criteria. This requirement applies to those physicians and non-hospital facilities that perform outpatient imaging studies and bill on a CMS-1500 Health Insurance Claim Form or its electronic equivalent. This includes, but is not limited to, office-based physicians and IDTCs that provide and bill for the technical or global component of advanced imaging services. This requirement does not apply to a bill submitted solely for professional services related to advanced imaging. To learn about diagnostic imaging utilization management programs, refer to the NIA section.

Accreditation can be obtained by contacting the ACR or IAC at the websites below.

- The American College of Radiology (ACR) www.acr.org/accreditation.aspx
- Intersocietal Accreditation Commission (IAC) www.intersocietal.org

Physicians may continue to provide professional services to members and refer their patients needing AIS to an IDTC that has met the quality criteria. Notify your physician contract manager if you will no longer provide these services. Your Florida Blue participation status for professional services will not be affected.

Please note: The above requirements list only a portion of the full reimbursement directive as related to accreditation. To review the complete [Florida Blue Provider Manual](#).

Health Care Facility Licensing Act of Rhode Island

Rhode Island facilities performing magnetic resonance imaging (MRI) services must be accredited by an organization approved by the United States Department of Health and Human Services in order to receive reimbursement. **The [Intersocietal Accreditation Commission \(IAC\)](#) has been designated as an approved accrediting organization.** Here are the major points of the bill related to accreditation MRI facilities should be aware of:

§ 23-17-51 Magnetic resonance imaging – Quality assurance standards. – (a) Except as otherwise provided in subsection (b) of this section, a magnetic resonance imaging examination eligible for reimbursement under the provisions of any individual or group health insurance contract, plan or policy delivered in this state shall be reimbursed only if the facility at which the examination has been conducted and processed is accredited by either the American College of Radiology (ACR), the Intersocietal Accreditation Commission (IAC), or an alternate nationally recognized accrediting organization whose accreditation standards are substantially similar to and no less stringent than current or subsequent ACR or IAC standards and have been reviewed and deemed adequate by the department of health. All accreditation standards under this section, whether promulgated by the ACR, IAC, or an alternate nationally recognized accrediting organization, shall include, but shall not be limited to, provisions for establishing the qualifications of the physician, standards for quality control and routine performance monitoring by a medical physicist, qualifications of the technologist including minimum standards of supervised clinical experience, personnel and patient safety guidelines, and standards for initial and ongoing quality control using clinical image review and quantitative testing.

(b) Any facility conducting and processing magnetic resonance imaging examinations which, as of June 30, 2006, is receiving reimbursement for such services by a health insurer, health maintenance organization or health plan, but is not accredited pursuant to subsection (a), shall file its application for accreditation within eighteen (18) months of July 14, 2006. Such accreditation shall be obtained not later than twelve (12) months after submission of its application. A facility which begins conducting and processing of magnetic resonance imaging examinations after June 30, 2006 shall file its application for accreditation within twelve (12) months of the date of initiation of the magnetic resonance imaging examinations. Such accreditation shall be obtained not later than twelve (12) months after submission of its application. After such accreditation is obtained, a facility conducting and processing magnetic resonance imaging examinations shall, at all times, maintain accreditation with the appropriate accrediting body. Notwithstanding anything herein to the contrary, any facility which has filed for accreditation pursuant to this subsection (b) and which has not been refused accreditation or withdrawn its application, will be deemed provisionally accredited for the twelve (12) month period dating from the application filing date. Provided, further, that notwithstanding any provision of the general laws or public laws to the contrary, any facility conducting and processing magnetic resonance imaging examinations shall conform to the standards of the appropriate accrediting body at all times, including during the accreditation process and shall certify said conformance to any reimbursing health insurer, health maintenance organization or health plan.

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 – MRI

- MRI must be performed at an imaging location that provides at least five of the following modalities: Plain Films or DEXA (either or both count as one)
 - General or OB/GYN Ultrasound (either or both count as one)
 - Peripheral Vascular (PV) Ultrasound
 - Echocardiography/Stress
 - Echocardiography
 - Mammography
 - Computed Tomography/Computed Tomography Angiography/Cardiac Computed Tomography Angiography (CT/CTA/CCTA) (individually or any combination count as one)
 - Magnetic Resonance Imaging/Magnetic Resonance Angiography (MRI/MRA)
 - Fluoroscopy
 - Nuclear Medicine/Nuclear Cardiology
- Must offer diagnostic imaging services for a minimum of 40 hours per week.
- Must be performed by an appropriately licensed or certified technologist (State certified, ARRT(MR), or ARRT (R))
- If offering Breast MRI, examinations must be performed with a dedicated breast MRI coil unless obesity or other patient consideration requires modification of the imaging procedure.
- **If offering MRI services, must have achieved accreditation by the American College of Radiology (ACR) or the [Intersocietal Accreditation Commission \(IAC\) MRI](#) upon submission of privileging application.**

Quick Links:

- [Organizational Provider Participation, Credentialing and Contracting Requirements](#)

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.

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
MRI	Head/Neck	Neurological			
	Body	Body			
	Spine				
	Musculoskeletal (MSK)	MSK			
	MR Angiography (MRA)	MRA			
	Cardiac MRI	Cardiovascular			
	Breast MRI	Breast			
	Oncology	Oncologic Imaging			

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.

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 (Updated 3-2019), please visit www.ibx.com/providers/interactive_tools/credentialing/index.html.

Minnesota House Bill 2276

Effective August 1, 2013, Minnesota facilities and hospitals that furnish advanced diagnostic imaging (ADI) services (inclusive of Nuclear/PET, MRI and CT) must be accredited by an organization approved by the United States Department of Health and Human Services in order to receive reimbursement. **The [Intersocietal Accreditation Commission \(IAC\)](#) has been designated as an approved accrediting organization.** Here are the major points of the bill related to accreditation, facilities should be aware of:

SECTION 1 (SUBDIVISION 2)

Accreditation required. (a)(1) *Except as otherwise provided in paragraph (b), advanced diagnostic imaging services eligible for reimbursement from any source, including, but not limited to, the individual receiving such services and any individual or group insurance contract, plan, or policy delivered in this state, including, but not limited to, private health insurance plans, workers' compensation insurance, motor vehicle insurance, the State Employee Group Insurance Program (SEGIP), and other state health care programs, shall be reimbursed only if the facility at which the service has been conducted and processed is accredited by one of the following entities:*

- (i) American College of Radiology (ACR);
- (ii) [Intersocietal Accreditation Commission \(IAC\)](#);
- (iii) the Joint Commission; or
- (iv) other relevant accreditation organization designated by the secretary of the United States Department of Health and Human Services pursuant to United States Code, title 42, section 1395M.

(2) All accreditation standards recognized under this section must include, but are not limited to:

- (i) provisions establishing qualifications of the physician;
- (ii) standards for quality control and routine performance monitoring by a medical physicist;
- (iii) qualifications of the technologist, including minimum standards of supervised clinical experience;
- (iv) guidelines for personnel and patient safety; and
- (v) standards for initial and ongoing quality control using clinical image review and quantitative testing.

(b) Any facility that performs advanced diagnostic imaging services and is eligible to receive reimbursement for such services from any source in paragraph (a)(1) must obtain accreditation by August 1, 2013. Thereafter, all facilities that provide advanced diagnostic imaging services in the state must obtain accreditation prior to commencing operations and must, at all times, maintain accreditation with an accrediting organization as provided in paragraph (a).

Subd. 3. Reporting. (a) Advanced diagnostic imaging facilities and providers of advanced diagnostic imaging services must annually report to the commissioner demonstration of accreditation as required under this section.

(b) The commissioner may promulgate any rules necessary to administer the reporting required under paragraph (a). [View the full requirements for bill](#)»

If your facility is not granted accreditation through one of the approved organizations by August 1, 2013, it will not receive reimbursement. Your facility must, at all times, maintain accreditation with an accrediting organization.

[Read more on the Minnesota Department of Health website](#)»

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., ICACTL is now IAC CT, 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.

TriWest Healthcare Alliance

Provider Credentialing Requirements (Updated July 2020)

The Department of Veterans Affairs (VA) may perform random onsite visits to provider locations through coordination with TriWest to inspect physical operations and/or review records of Veterans, speak with Veterans, review quality and completeness of accreditation, certification and credentialing, privileging and licensing documentation.

Additional Credentialing Requirements for Clinics/Facilities

Independent Physiological Lab (includes Cardiac Cath Lab and PET Center)	Positron Emission Tomography (PET) Centers shall be accredited by the American College of Radiology (ACR), the Intersocietal Accreditation Commission (IAC) or The Joint Commission (TJC) or RadSite
Magnetic Resonance Imaging (MRI), Freestanding - Facility	MRI and Breast MRI – Accredited by the ACR, IAC, TJC or RadSite
Facility of Portable XRay	Accredited by the ACR or IAC
Outpatient Facility Providing Advanced Diagnostic Imaging	Accredited by the ACR, IAC, TJC or RadSite

For complete details, [please visit the TriWest Healthcare website](#)»

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.*

UnitedHealthCare - Oxford Health Plans (CT, NJ, NY)

Accreditation Requirements for Participating Providers (Effective January 1, 2020)

Note: Hospitals are currently excluded from the accreditation requirements listed below.

All MRI, PET, and CT studies must be performed on an American College of Radiology (ACR), [Intersocietal Accreditation Commission \(IAC\)](#), RadSite or The Joint Commission (TJC) accredited unit or at accredited facilities. Refer to [Accreditation Requirements for Radiology Services](#) (Updated June 2020).

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
	ASBS	Breast Ultrasound, Stereotactic Breast Biopsy
	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	

Please Note: The details above list only a small portion of UnitedHealthCare's requirements as related to accreditation only. For complete NA requirements, visit the [UHC website](#).

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.