Payment Policies

To date, the IAC is aware that the following insurers or companies have adopted vascular testing reimbursement directives. While the IAC attempts to stay abreast of reimbursement policies as a service to the vascular 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.
Anthem BCBS (Virginia)

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 Virginia Facility Provider Manual (Updated December 2023).
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:

<table>
<thead>
<tr>
<th>Modality</th>
<th>Technical requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac CT Scan</td>
<td>Accreditation from IAC or ACR</td>
</tr>
<tr>
<td>Endovenous Laser Treatment</td>
<td>Free-standing facility and hospitals&lt;br&gt;Accreditation from IAC</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging (MRI)</td>
<td>Accreditation from IAC or ACR</td>
</tr>
<tr>
<td>Ultrasound, Vascular</td>
<td>Accreditation from IAC or ACR</td>
</tr>
</tbody>
</table>

Note from IAC: Only the modalities that require IAC accreditation are listed above, for full listing of requirements by modality, please visit the BCBSMA website.
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 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).

Accreditation applications for new installations (new facility, additional modality or replacement equipment) must be submitted to an approved accrediting organization within three (3) months of first clinical use.

Low -Tech Requirements (as applicable by Network):

Ultrasound Standards

- **Current ACR, IAC, TJC, AIUM, or ASBS ultrasound accreditation for each facility.**
- **Current ACR, AIUM, or ASBS accreditation specifically approved for breast ultrasound services.**
- **Appropriate transducers to be available for examinations offered by the practice as follows:**
  - 3-5 MHz for abdominal, retroperitoneal, pelvic, and obstetrical examinations
  - 2-2.25 MHZ should be available for use in obese patients
  - Curved 7.0MHz pediatric abdomen, renal, and pelvic examinations
  - Linear 7.0 – 10.0 MHz vascular examinations
  - Linear 12MHz minimum-breast, thyroid, testicular, and small parts examinations
  - 5-10 MHz endovaginal examinations
  - 9.0 MHz endorectal examinations
  - High frequency stick probe
  - Cardiac
- **If a unit is more than ten (10) years old, there must be documentation stating that it conforms to all manufacturer specifications, meets all applicable accreditation standards, and has the most current software appropriate for the examinations performed at the facility. Performance must be evaluated annually by a medical physicist.**
- **If the last major software upgrade is more than seven (7) years old, written confirmation is required from the service engineer confirming that the unit has the most up-to-date software upgrade available.**

Quick Links:

- [eviCore Healthcare Network Facility Standards](#) (Effective 11/16/2023)
Horizon BCBS of New Jersey

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) and The Joint Commission (TJC). If a radiology site performs echocardiography, accreditation by the Intersocietal Accreditation Commission (IAC) is required. Accreditation must include the appropriate modules for exams being performed.

Accreditation Modules (Ultrasound):

<table>
<thead>
<tr>
<th>IAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extracranial Cerebrovascular</td>
</tr>
<tr>
<td>Intracranial Cerebrovascular</td>
</tr>
<tr>
<td>Peripheral Arterial</td>
</tr>
<tr>
<td>Peripheral Venous</td>
</tr>
<tr>
<td>Visceral Vascular</td>
</tr>
</tbody>
</table>

Tufts Health Plan
Referenced from the 2023 Commercial Provider Manual

Tufts Health Plan Imaging Privileging Program - Imaging Privileges for Non-Radiologists

Tufts Health Plan requires service-specific certification or accreditation for providers to be compensated for the following imaging services. The certifications and accreditations are required from the organizations listed within the category of service identified and providers will only be reimbursed when Tufts Health Plan receives a copy of the certification or accreditation.

Note: Service-specific privileges are not granted retroactively.

VASCULAR ULTRASOUND:

Accreditation by the Intersocietal Accreditation Commission (IAC) is required for providers who are not board certified or eligible in general vascular surgery or cardiovascular disease. For more information about this accreditation, contact IAC at 800.838.2110 or access their website. A copy of the accreditation must be sent to 705 Mount Auburn Street, Mailstop 84, Watertown MA 02472, Attn: Tufts Health Plan Imaging Privileging Committee.

For full details, review the Imaging Privileging Program: Commercial Provider Manual.
UnitedHealthCare - Oxford Health Plans (CT, NJ, NY)

Accreditation Requirements for Participating Providers

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>
</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</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.

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).

Note from IAC: The above requirements list only a portion of the full reimbursement directive. Please refer to the Wellmark Provider Guide (updated Dec 2023) for additional information on the complete requirements and for specific requirements for other modalities.