Imaging Facility Network Standards

All facilities applying for participation in the network must meet the criteria set forth in these Standards. Network providers are required to maintain compliance with these quality standards.

NOTES:

- **Radiologists:** eviCore encourages each radiology practice to have at least one fellowship trained physician within each subspecialty area that the practice performs (e.g. neuroradiology, breast imaging, musculoskeletal radiology, pediatric radiology, nuclear radiology, vascular and interventional radiology, or abdominal radiology).
- **Grace Period:** The Grace Period that was allowed for imaging equipment within the eviCore national network that did not meet the minimum Standards for MRI and CT, will end December 31, 2020.
- **Site Visit and Image Review**: Facilities in our networks that are subject to Site and Image Reviews as defined in their agreements, have additional requirements defined in Attachments to these Standards.
    - Attachment 1 – Accreditation requirements and Scheduling Standards that are reviewed during onsite evaluation
    - Attachment 2 – Accreditation modules offered by recognized accreditation organizations

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General Requirements:

1. A complete, signed and dated application is required at each initial and recredentialing instance. All facilities must be recredentialed within 36 months.
2. Each facility must provide contrast services.
3. Each facility must have a physician with training and knowledge in the treatment of contrast reactions onsite whenever contrast is administered. There must be at least one member of staff present who has current Advanced Cardiac Life Support (ACLS) or Advanced Radiology Life Support (ARLS) at the facility whenever contrast is administered.
4. Facility must have all appropriate license(s) and certification(s) mandated by governmental regulatory agencies, including, without limitation, any certificate of operation and/or certificate of occupancy. This includes Radioactive Materials Licenses, as applicable.
5. Facility will be credentialed for imaging services only when the services are provided on imaging equipment owned by the provider or leased by the provider on a permanent basis. The equipment must be on the provider's property and must be under the provider's sole and immediate control.
6. Applicants will be expected to divulge all ownership interests on their application. Facilities that own and operate imaging equipment will not be unduly influenced by business arrangements with other physicians or practices.
7. Facility must participate in Medicare.
8. Facility must ensure they have not been excluded, sanctioned or opted out of Medicare before applying to the network. If any of these situations exist, an approval will not be granted.
9. A facility utilizing equipment that emits ionizing radiation is required to participate in the Image Gently (if applicable) and Image Wisely programs. Compliance with these programs must be maintained and a medical physicist statement of compliance with these programs is required and may be requested during credentialing.
    - Protocols and Techniques for adult and pediatric exams must be posted in all imaging suites
10. Annual MRI safety training for all staff and signage of MRI Safety Zones is required.
11. A signed and dated annual medical physicist report is required for each piece of imaging equipment. This may be requested during credentialing.
12. If a facility requesting network approval has only one interpreting physician and that physician is denied into the network, the facility will not be granted approval for the network.
13. All advanced imaging studies require interpretation by fully licensed physicians certified by the American Board of Radiology (ABR), American Board of Nuclear Medicine (ABNM), American Board of Internal Medicine (ABIM) - Cardiovascular Disease, American Osteopathic Board of Radiology (AOBR), American Osteopathic Board of Nuclear Medicine (AOBNM), Le College des Medicins du Quebec, or Royal College of Physicians and Surgeons of Canada (RCPSC). If a teleradiology service is utilized, the teleradiologist must be licensed in the state where the imaging facility is located.

- If not board certified, the radiologist must meet the board certification requirement within 24 months from the time of eligibility.

14. Radiology Assistants must be certified by the American Registry of Radiologic Technologists (ARRT).
15. For each modality performed, a facility must have at least one technologist certified by one of the certification organizations listed:

MODALITY	ARRT	ARMRIT	NMTCB	ARDMS	CCI	ISCD
MRI	ARRT - MR	ARMRI - MRI				
CT	ARRT - CT					
PET	ARRT - N		NMTCB - PET			
Nuclear Medicine	ARRT - N		NMTCB – N			
US	ARRT - S ARRT – VS ARRT – VI			RDMS RDCS RVT RMSKS	RVS	
Breast US	ARRT – BS			RDMS		
Echocardiography	ARRT – CV			RDCS	RCS	
Mammography	ARRT - M					
X-ray	ARRT-R					
DXA *	ARRT-R ARRT-BD ARRT-N		NMTCB-N			CBDT

*DXA services may be performed by a certified tech or by a radiologist.

16. Technologists performing Cardiac CT and CCTA - the additional following requirements must be met and documentation may be requested at credentialing:
    1. Documentation of training specifically in Cardiac CT.
    2. Sr. Cardiac Technologist must document the performance of daily calibration of units to be used for Cardiac CT.
    3. Certification in Basic life support (BLS), Advanced Cardiac Life Support (ACLS), or Advanced Radiology Life Support (ARLS).
    4. Completion of training in the use of a powered dual-head contrast injector.
17. Exceptions to the general requirements can be made on a case-by-case basis to support network requirements at the request of a client health plan, provided the facility meets the remainder of standards as stated in the following paragraphs.

Accreditations, Insurance, and Reporting Requirements:

1. 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

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)*

2. 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.
3. Equipment that has been determined "end of life" and not currently supported by the manufacturer does not meet eviCore Facility Standards.
4. Facility shall maintain professional liability insurance at a minimum $1,000,000 per claim and $3,000,000 in the annual aggregate or as applicable by state law. If the facility does not carry professional liability, it will be required that all interpreting physicians submit a copy of their professional liability insurance showing a minimum of $1,000,000 per claim and $3,000,000 in the annual aggregate or demonstrate that coverage meets state requirements.
5. Facility shall maintain comprehensive general liability insurance at minimum levels required by Payor, but in no event less than $1,000,000 per claim and $3,000,000 in the annual aggregate.
6. Facility's insurance shall cover the acts and omissions of its agents and employees and will ensure that participating providers have adequate coverage.
7. 80% of non-emergent and non-expedited cases should be interpreted and reports transmitted to referring physicians within 1 business day of the procedure being completed. However, all studies must be reviewed by a board certified or board eligible radiologist within 24 hours of completion to ensure that there are no unexpected findings that require immediate attention and communicated to the referring provider. Screening mammography must be interpreted and reports transmitted to referring providers within 10 business days.
8. All facilities must have the ability to create ("burn") CD's and submit images electronically for quality evaluation if requested.

Equipment Requirements:

High-Tech Requirements (applicable to all networks):

1. CT Standards
   - Current ACR, IAC, TJC, or RadSite modular accreditation for each CT unit at the facility. For example, facilities rendering coronary calcium scoring, cardiac CT or cardiac CTA must have cardiac CT accreditation.
   - 4 slice per rotation (minimum).
   - 16 slice per rotation (minimum) for Computed Tomographic Angiography (CTA) and Coronary Calcium scoring.
   - 64 slice per rotation (minimum) for Cardiac CT (CCT) and Cardiac Computed Tomography Angiography (CCTA).
   - Cone beam CT units will not be approved for the eviCore network if it is the only CT unit at the facility.
2. MR Standards
   - Current ACR, IAC, TJC, or RadSite modular accreditation for each MR unit at the facility. For example, facilities rendering breast MRI or cardiac MRI must have accreditation relevant to those specific exams.
   - Minimum field strength of 0.3T field is required.

3. Nuclear Medicine (including Nuclear Cardiology or PET) Standards
    - Current ACR, IAC, TJC, or RadSite modular accreditation for each NM or PET at the facility. For example, facilities performing cardiac NM or cardiac PET must have cardiac accreditation.
    - New applications to perform PET/CT units with less than a 4 slice CT are acceptable if the CT is NEVER utilized as a diagnostic CT unit.
    - For current participating facilities utilizing a PET only unit, fusion software purchased or upgraded in the last five (5) years must be used on every case.
    - If the last major software upgrade is more than five (5) years old, written confirmation is required from the service engineer confirming that the unit has the most up-to-date software upgrade available.
    - PET or PET/CT units utilizing Sodium Iodide Detector systems are unacceptable regardless of configuration and will not be approved for the eviCore networks.
    - Phantom testing to be performed semi-annually, but recommended to be performed quarterly.

Low -Tech Requirements (as applicable by Network):

1. Mammography Standards
    - Current ACR accreditation or state certification for each mammography unit at the facility
    - Current MQSA certification for each facility
    - Current ACR or ASBS accreditation specifically recognizing stereotactic breast biopsy approval for each unit that is utilized to render stereotactic breast biopsy services.
    - ACR accreditation with Dense Breast Tomosynthesis (DBT) module is required for each unit performing DBT and must be obtained at initial credentialing or through accreditation renewal by March 2021.

2. 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:
        1. 3-5 MHz for abdominal, retroperitoneal, pelvic, and obstetrical examinations
        2. 2-2.25 MHZ should be available for use in obese patients
        3. Curved 7.0MHz pediatric abdomen, renal, and pelvic examinations
        4. Linear 7.0 – 10.0 MHz vascular examinations
        5. Linear 12MHz minimum-breast, thyroid, testicular, and small parts examinations
        6. 5-10 MHz endovaginal examinations
        7. 9.0 MHz endorectal examinations
        8. High frequency stick probe
        9. 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.

3. DXA Standards
    - DXA equipment must be capable of performing lumbar spine, hip, and forearm studies.
    - Only fan beam or pencil beam technology is acceptable. If pencil beam technology is used, the equipment must be manufactured after 2007. If new equipment is purchased by participating providers it must meet the same Standards.
    - All DXA scans must be performed by a radiologist, a certified ARRT-R, ARRT-BD, ARRT-N, ISCD-CBDT, or NMTCB-N certified technologist.