Network Facility Standards

**eviCore healthcare Facility standards applicable to your contract*

As part of the eviCore healthcare network, we have designed a comprehensive set of standards to ensure patients have confidence they will receive the best service available. Please REVIEW all requirements listed within this document prior to applying/reapplying to the network.

NOTE:

- **Changes:** To ensure we collect and maintain current information on your site, if you experience a change in ownership, TIN, NPI, address, equipment, or services provided under your contract, please inform us at ***NetworkOperations.Contracts@eviCore.com.***
- **Radiologist:** eviCore encourages each radiology practice to have available at least one fellowship trained physician within each subspecialty area the practice performs (e.g. neuroradiology, breast imaging, musculoskeletal radiology, pediatric radiology, nuclear radiology, vascular and interventional radiology, or abdominal radiology).
- **Grace Period:** For those current participants in one of the following Legacy CareCore or MedSolutions networks impacted by a change or new additional standard, eviCore will allow a grace period to reach current requirement. Please contact the credentialing office for more information at ***Credentialing@eviCore.com.***
- **Site Visit and Image Review**: For those sites who participate in Legacy CareCore's site visit and image review programs, additional requirements for participation will be supplied via attachments. Those attachments are defined below:
  - Attachment 1 – Accreditation requirements reviewed during onsite evaluation.
    - Not required for all health plans.
  - Attachment 2 – Accreditation modules offered by recognized accreditation boards.
  - Attachment 3 – Routine Appointment Scheduling Standards.
    - Not required for all health plans.

General Requirements:

1. Completed application upon Initial and ReCredentialing cycles. This includes a current signed and dated attestation.
2. Facilities must provide contrast services.
3. Facility must have all appropriate license(s) and certification(s) mandated by governmental regulatory agencies, including, without limitation, any certificate of operation and certificate of occupancy.
4. Facilities 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 immediate control. The facility/provider must have sole and complete utilization of the equipment.
5. Practices will be expected to divulge ownership interest information about the facility in its entirety. Facilities that own and operate imaging equipment will not be unduly influenced by business arrangements with other physicians or practices.
6. Facilities must participate in Medicare.
7. Facilities 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.
8. Practices utilizing ionizing radiation are required to be participants in the Image Gently and Image Wisely programs. Compliance with these programs must be maintained and a medical physicist statement of compliance with these programs is required. The medical physicist statement of compliance could be requested upon credentialing.
9. Each applied modality where applicable must have an annual medical physicist report, signed and dated by the qualified medical physicist performing the test, demonstrating compliance with accreditation program requirements and that the scanner is functioning according to the manufacturer's specifications. This could be requested upon credentialing.
10. All advanced imaging studies will require interpreting physicians be approved or going through the credentialing process with the facility depending upon which health plan network approval you are requesting. If a site requesting network approval has only one interpreting physician and that physician is denied into the network, the site will not be granted networking privileges.
    - Sites participating under a current MedSolutions contract will be impacted by this requirement.
11. All advanced imaging studies will require interpretation be completed by 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 site is located.

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

12. Radiology Assistants must be certified by the American Registry of Radiologic Technologists (ARRT).
13. Each site of service providing CT must have at least one technologist certified with The American Registry of Radiologic Technologists (ARRT) in Computed Tomography.
    - Technologist performing within a site offering CT Cardiac and CCTA, the additional following requirements must be met and available upon request:
        1. Documentation of training specifically in Cardiac CT.
        2. Sr. Cardiac Technologist must document the performance of daily calibration of scanners 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.

For each modality performed, a site must have one technologist certified by one of the certification boards listed:
***DXA services must be performed by a certified tech or performed by a radiologist.**

MODALITY	ARRT	ARMRIT	NMTCB	ARDMS	CCI	ISCD
MRI	ARRT - MR	ARMRIT-MRI				
CT	ARRT - CT					
PET	ARRT - N		NMTCB - PET			
Nuclear Medicine	ARRT - N		NMTCB – N			
US	ARRT S ARRT – vascular sonography ARRT – vascular interventional sonography			RDMS RCDS RVT RMSK	RVS	
Breast US	ARRT –breast sonography			RDMS		
Echocardiography	ARRT – cardiac interventional sonography				RCS	
Mammography	ARRT - M					
X-ray	ARRT-R					
DXA *	ARRT-R ARRT-BD ARRT-N		NMTCB-N			CBDT

14. Exceptions to the general requirements can be made on a case-by-case basis to conform with network requirements at the request of a client health plan, providing the Facility otherwise meets the remainder of standards as stated in the following paragraphs.

Accreditations, Insurance, and Reporting Requirements:

1. Facilities seeking to furnish the technical component of advanced diagnostic imaging services in MR, MR Breast, CT, PET or NM, and Mammography under the eviCore program are **required** to be accredited in each module requested with one of the following: The American College of Radiology (ACR), the American Institute of Ultrasound in Medicine (AIUM), the American Society of Breast Surgeons (ASBS), Intersocietal Accreditation Commission (IAC) in MR, CT, NM/PET, and Echocardiography, The Joint Commission (TJC), or RadSite. The requirements of the accrediting organization must be met at all times to maintain reimbursement.
2. Facilities performing Cardiac procedures will be required to hold accreditation in that Cardiac module. *See the Equipment Requirements for specifics.*

3. New installations (brand new site, additional modality, replacement equipment) must have an application submitted to the ACR, IAC, TJC, RadSite, AIUM, and ASBS for accreditation within three (3) months of first clinical use.
4. Equipment that have been determined "end of life" and not currently supported by the manufacturer does not meet eviCore quality standards.
5. Facility shall maintain professional liability insurance that is required by applicable state law or at a minimum of $1,000,000 per claim and $3,000,000 in the annual aggregate. If site doesn't carry professional liability, it will be required that all interpreting MD or DO's submit a copy of professional liability insurance showing a minimum of $1,000,000 per claim and $3,000,000 in the annual aggregate.
6. Facility shall maintain comprehensive general liability insurance at minimum levels required by Payer, but in no event less than $1,000,000 per claim and $3,000,000 in the annual aggregate.
7. Facility's insurance shall cover the acts and omissions of its agents and employees and will ensure that participating providers have adequate coverage.
8. 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 be sure that there are no unexpected findings that require immediate attention and communication to the referring provider. Screening mammography must be interpreted and reports transmitted to referring providers within 10 business days.
    - Board Eligible Radiologist - Radiologist who within 24 months from the time of eligibility will meet board certification requirements set by eviCore. *Reference General Requirements, line 10.*
9. All practices must have the ability to submit images electronically for quality evaluation, when requested (the ability to create ("burn") CDs).
    - All MRI, CT, PET/CT, NM, Ultrasound, and X-Ray devices must be DICOM compatible for those sites in Legacy CareCore networks.
    - It's recommended that DICOM capabilities be available. This will be a requirement for those sites in Legacy MedSolutions network within the next 24 months.

Equipment Requirements:

1. CT Standards
    - Current ACR, IAC, TJC, or RadSite accreditation for each CT on site.
    - Current ACR, IAC, or TJC accreditation specifically recognizing Cardiac approval for each CT on site which is placed in the program.
        1. RadSite CT accreditation doesn't recognize sub modules, therefore will not be recognized for Cardiac approval.
    - 4 slice per rotation (minimum).
    - 16 slice per rotation (minimum) for Computed Tomographic Angiography (CTA) and Coronary Calcium scoring.
        1. Those sites currently in the network will be allowed 24 months to comply with current requirements. 1st review at 12 months will include proof accreditation has been applied for. 2nd review at 24 months will include proof accreditation is held and confirmed via the accreditation board. If not accredited by the 24th month, termination will be recommended.
    - 64 slice per rotation (minimum) for Cardiac Computed Tomography Angiography (CCTA).
        1. Those sites currently in the network will be allowed 24 months to comply with current requirements. 1st review at 12 months will include proof accreditation has been applied for. 2nd review at 24 months will include proof accreditation is held and confirmed via the accreditation board. If not accredited by the 24th month, termination will be recommended.
    - An eviCore credentialed physician must interpret all images.
2. MR Standards
    - Current ACR, IAC, TJC, or RadSite accreditation for each MR on site.
    - Current ACR, IAC, or TJC accreditation specifically recognizing Cardiac approval for each MR on site which is placed in the program.
        1. RadSite MR Accreditation doesn't recognize sub modules, therefore will not be recognized for Cardiac approval.
        2. Those sites currently in the network without Cardiac approval will be allowed 24 months to comply with current requirements. 1st review at 12 months will include proof accreditation has been applied for. 2nd review at 24 months will include proof accreditation is held and confirmed via the accreditation board. If not accredited by the 24th month, termination will be recommended.
    - Minimum field strength of 0.3 T field is required.
        1. Those sites currently in the network with less than a minimum of 0.3T you will be allowed 12 months to comply with current requirements.
    - An eviCore credentialed physician must interpret all images.

3. Nuclear Medicine (Nuclear Cardiology or PET) Standards
    - Current ACR, IAC, TJC, or RadSite accreditation for each NM or PET on site.
    - Current ACR, IAC, or TJC accreditation specifically recognizing Cardiac approval for each NM or PET on site which is placed in the program.
        1. RadSite NM or PET accreditation doesn't recognize sub modules, therefore will not be recognized for Cardiac approval.
        2. Those sites currently in the network without Cardiac approval will be allowed 24 months to comply with current requirements. 1st review at 12 months will include proof accreditation has been applied for. 2nd review at 24 months will include proof accreditation is held and confirmed via the accreditation board. If not accredited by the 24th month, termination will be recommended.
    - New requests to perform PET/CT utilizing scanners with less than a 4 slice CT are acceptable if the CT is NEVER utilized as a diagnostic CT scanner and there is an additional qualifying CT scanner (minimum 4 slices per rotation) at the site if diagnostic CT scanning is performed.
    - For current participating providers utilizing a PET only scanner, fusion software purchased or upgraded in the last five (5) years must be used on every case. If purchasing new equipment, the PET/CT machine, the CT is accepted with less than 4 slice CT capabilities if the CT is NEVER utilized as a diagnostic CT scanner.
        1. 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 Machine utilizing Sodium iodide detector systems are unacceptable regardless of configuration.
    - Phantom testing to be performed semi-annually but recommended to be performed quarterly.

4. Ultrasound Standards
    - Current ACR, IAC, TJC, AIUM, or ASBS accreditation for each US on site.
    - 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
    - For new applicants requesting a contract with eviCore's diagnostic imaging networks, units must be less than ten (10) years old.
        1. If equipment is more than ten (10) years old, there must be documentation on site 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 site. This documentation must be performed annually.
        2. 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.

5. 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.