

Network Physician Standards

*eviCore healthcare Physician 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.

- Specialties: Radiologists and Licensed Practitioners interpreting images.
- Please contact us if you have questions at **Credentiaing@eviCore.com**.

Radiologists:

1. Completion of all relevant facility and physician credentialing forms.
2. Must possess a Doctor of Medicine (MD) degree or Doctor of Osteopathy (DO) degree.
3. Must participate with Medicare and be in good standings.
4. Current facility accreditation (*where the applicant practices greater than 50% of his/her professional time*) by The American College of Radiology (ACR), the American Institute of Ultrasound in Medicine (AIUM), the American Society of Breast Surgeons (ASBS), Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL), Intersocietal Commission for the Accreditation of Computed Tomography Laboratories (ICACTL), Intersocietal Commission for the Accreditation of Nuclear Laboratories (ICANL), The Joint Commission (TJC), or RadSite will be accepted as meeting credentialing requirements in those areas for interpreting physicians.
5. Each physician at the facility who is a Radiologist, providing Facility Services to Members, must be board certified by the American Board of Radiology (ABR) in Radiology or Diagnostic Radiology, by the American Osteopathic Board of Radiology (AOBR), or by the Royal College of Physicians and Surgeons of Canada (RCPSC).
6. Radiologists who provide professional interpretation of Nuclear Medicine studies, including PET, must be board certified in Radiology or Diagnostic Radiology, Nuclear Radiology, or Nuclear Medicine by the ABR, American Board of Nuclear Medicine (ABNM), AOBR, American Osteopathic Board of Nuclear Medicine (AOBNM), or RCPSC.
7. If not Board certified, Radiologist must be within two years following completion of a Diagnostic Radiology Residency or Fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), with plans for completing the board examination within 15 months of the date of application. This timeframe follows current ABR regulations for testing.
8. If not Board certified at the time of application, the highest level of education must be verified.
9. Each physician must possess a current license that is in good standing, to practice medicine in the state where services are to be rendered.
10. Each physician may submit his/her CAQH application in lieu of their State Mandated Application, if applicable for their state.
11. Must provide proof of current professional liability insurance coverage.
12. Foreign medical school graduates must submit an Educational Commission for Foreign Medical Graduates (ECFMG) certificate.
13. Provide disclosure of malpractice history for the preceding 5 years.
14. Provide disclosure of any disciplinary issues or reportable actions to the NPDB or state medical board, or any sanction against the applicant's ability to possess a current Drug Enforcement Administration (DEA) certificate or State level Controlled Dangerous Substance (CDS) certificate.

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Licensed Practitioners:

1. Completion of all relevant facility and physician credentialing forms.
2. Each physician may submit his/her CAQH application in lieu of their State Mandated Application, if applicable for their state
3. Each physician must possess a current license that is in good standing, to practice medicine in the state where services are to be rendered.
4. Each licensed practitioner at facility must be board certified by the ABMS or AOA in the specialty practiced.
5. Current facility accreditation (*where the applicant practices greater than 50% of his/her professional time*) by the American College of Radiology (ACR), the Intersocietal Accreditation Commission (IAC), The Joint Commission, or RadSite in MRI/MRI BREAST/CT/NM/PET will be accepted as meeting credentialing requirements in those areas for interpreting physicians.
6. Licensed practitioners who provide professional interpretation of CT examinations: **Must meet the following criteria if working at a non-accredited facility.**
 - Must show proof of completion of an accredited specialty residency and **50** hours of Category 1 CME hours in the performance as well as interpretation of CT in the subspecialty where CT reading occurs, *and* interpretation and reporting of 500 cases during the past 36 months in a supervised situation.
7. Licensed practitioners who provide professional interpretation of MR examinations: **Must meet the following criteria if working at a non-accredited facility.**
 - Must show proof of completion of an accredited specialty residency and **50** hours of Category 1 CME hours in MR to include, but not limited to: MRI physics, recognition of MRI artifacts, safety, instrumentation, and clinical applications of MRI in the subspecialty area where MRI readings occur *and* 300 MRI cases in that specialty area shall have been interpreted and reported in the past 36 months in a supervised situation.
 - For Neurologic MRI, at least 50 of the 300 cases shall have been MRA or the central nervous system.
8. Non-Nuclear Medicine licensed practitioners interpreting Cardiovascular Nuclear Medicine only: **Must meet one of the following criteria if working at a non-accredited facility.**
 - Must be Board Certified in Cardiology by either the American Board of Internal Medicine, Royal College of Physicians and Surgeons of Canada (RCPSC), or Le College des Medecins du Quebec, and provide a letter from the program director and person responsible for the nuclear cardiology training showing completion of the Level 2 Core Cardiology Training Symposium (COCATS) training program in nuclear cardiology.
 - Cardiologist who trained prior to July 1995 must be Board certified in Cardiology and provide a letter from the program director and person responsible for the completion of the Level 2 training.
 - All other physicians must provide a letter from the program director and person responsible for the completion of the Level 2 training from a formal Accredited Council of Graduate Medical Education (ACGME) approved general nuclear medicine program (see attachment).
9. Non-Nuclear Medicine licensed practitioners interpreting Cardiovascular PET only: **Must meet one of the following criteria if working at a non-accredited facility.**

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- Must be Board Certified in Cardiology by either the American Board of Internal Medicine, Royal College of Physicians and Surgeons of Canada (RCPSC), or Le College des Medecins du Quebec, Certification in nuclear cardiology by the Certification Board of Nuclear Cardiology (CBNC) and provide a letter from the program director and person responsible for the nuclear cardiology training showing completion of the Level 2 Core Cardiology Training Symposium (COCATS) training program in nuclear cardiology.
 - Cardiologist who trained prior to July 1995 must be Board certified in Cardiology and provide a letter from the program director and person responsible for the completion of the Level 2 training.
 - All other physicians must provide a letter from the program director and person responsible for the completion of the Level 2 training from a formal Accredited Council of Graduate Medical Education (ACGME) approved general nuclear medicine program.
10. If not Board certified, licensed practitioner must be within one year following completion of a residency or fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), with plans for completing the board examination within one year from the date of the submitted credentialing application.
 11. Depending upon responses given on the credentialing application, a more detailed analysis of the applicant's training and experience may be required. If this is necessary, the Credentialing Committee may grant approval, pending receipt and review of the required materials.
 12. Must provide proof of current professional liability insurance coverage.
 13. Foreign medical school graduates must submit an Educational Commission for Foreign Medical Graduates (ECFMG) certificate.
 14. Provide disclosure of malpractice history for the preceding 5 years.
 15. Provide disclosure of any disciplinary issues or reportable actions to the NPDB or state medical board, or any sanction against the applicant's ability to possess a current Drug Enforcement Administration (DEA) certificate or State level Controlled Dangerous Substance (CDS) certificate.
 16. Applicants who are **not** radiologists will be required, each time credentialed, to provide CME hours and volumes as listed in the charts below.

CT specific CME: <u>50</u> hours in the past 36 months. <i>(half of which must be category 1)</i>	MR specific CME: <u>50</u> hours in the past 36 months. <i>(half of which must be category 1)</i>	PET specific CME: <u>50</u> hours in the past 36 months. <i>(half of which must be category 1)</i>	NM specific CME : <u>50</u> hours in the past 36 months. <i>(half of which must be category 1)</i>
CT Volume: Qualified Licensed practitioners must interpret at least 500 CT exams in the past 36 months.	MR Volume: Qualified Licensed practitioners must interpret at least 500 MR exams in the past 36 months.	PET Volume: Qualified Licensed practitioners must interpret at least 30 Brain Exams, 80 Oncologic Exams, 20 Cardiac Exams in the	NM Volume: Qualified Licensed practitioners must interpret at least 15 scans per month in the past 24 months.