

## Network Standards for Physicians Performing Professional Interpretations *(effective 11.16.2023)*



All physicians performing professional interpretations at facilities in an eviCore network are required to meet the criteria set forth in these Standards. In-network physicians are required to maintain compliance with these quality Standards.

- Please contact us at [Credentialing@eviCore.com](mailto:Credentialing@eviCore.com) if you have any questions.

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### Radiologists:

1. Completion of all relevant facility and physician credentialing forms.
2. Each physician may submit their Council for Affordable Healthcare (CAQH) application in lieu of their state mandated application, if applicable for their state.
3. Must possess a Doctor of Medicine (MD) degree or Doctor of Osteopathy (DO) degree. Each physician must possess a clean, active license to practice medicine or osteopathic medicine in the state(s) where services are to be rendered.
4. Must be enrolled with Medicare and be in good standing. The facility where the applicant practices greater than 50% of their professional time must hold the required accreditation(s) as stipulated in the eviCore Imaging Facility Network Standards.
5. Radiologists must be board certified in Radiology or Diagnostic Radiology through the American Board of Radiology (ABR), the American Osteopathic Board of Radiology (AOBR), the Royal College of Physicians and Surgeons of Canada (RCPSC), or by Le College des Medecins du Quebec.
6. Radiologists who provide professional interpretation of Nuclear Medicine studies, including Positron Emission Tomography (PET), must be board certified in Radiology, Diagnostic Radiology, Nuclear Radiology, or Nuclear Medicine by the ABR, American Board of Nuclear Medicine (ABNM), AOBR, American Osteopathic Board of Nuclear Medicine (AOBNM), RCPSC or by Le College des Medecins du Quebec.
7. If not board certified, the applicant must be certified within 18 months following completion of a Radiology or Diagnostic Radiology Residency or a fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Bureau of Osteopathic Specialists.



8. If not board certified at the time of application, the highest level of education must be verified.
9. Foreign medical school graduates must submit an Educational Commission for Foreign Medical Graduates (ECFMG) certificate.
10. Must provide proof of current professional liability insurance coverage.
11. Provide disclosure of malpractice history for the preceding 5 years.
12. Provide disclosure of any disciplinary issues or reportable actions to the National Practitioner Data Bank (NPDB) or state medical board.

#### **Other Physicians Performing Professional Interpretations:**

1. Completion of all relevant facility and physician credentialing forms.
2. Each physician may submit their CAQH application in lieu of their state mandated application, if applicable for their state
3. Must possess a Doctor of Medicine (MD) degree or Doctor of Osteopathy (DO) degree. Each physician must possess a clean and active license to practice medicine or osteopathic medicine in the state(s) where services are to be rendered.
4. Must be enrolled with Medicare and be in good standing.
5. Each applicant must be board certified by an (American Board of Medical Specialties) ABMS or (American Osteopathic Association) AOA board in the specialty practiced.
6. The facility where the applicant practices greater than 50% of their professional time must hold the required equipment and/or facility accreditation(s) as stipulated in the eviCore Imaging Facility Network Standards
7. If not Board certified, cardiologist (or other specialist) must be certified within 18 months following completion of a residency or fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME) or Bureau of Osteopathic Specialists.
8. Foreign medical school graduates must submit an Educational Commission for Foreign Medical Graduates (ECFMG) certificate.
9. Physicians must meet the modality specific training requirements established by the American College of Radiology (ACR) or the Intersocietal Accreditation Commission (IAC) for each modality that the physician interprets.
10. Must provide proof of current professional liability insurance coverage.
11. Provide disclosure of malpractice history for the preceding 5 years.

12. 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.
13. During each credentialing cycle, applicants who are not radiologists will be required to provide CME hours and volumes relevant to the types of imaging studies that they are interpreting.

