Section:	Radiology
Policy Number:	001
Effective Date:	**09/26/2016**
Original Policy Date:	**01/24/1998**
Last Review Date:	**10/08/2019**
Next Review Date:	**10/08/2020**

Subject:
Standards for Diagnostic Radiology/Imaging Facilities/Freestanding-Office including Surgi-Centers and Diagnostic Dental - Radiographic Imaging

Description:

IMPORTANT NOTE:

The purpose of this policy is to provide general information applicable to the administration of health benefits that Horizon Blue Cross Blue Shield of New Jersey and Horizon Healthcare of New Jersey, Inc. (collectively "Horizon BCBSNJ") insures or administers. If the member's contract benefits differ from the medical policy, the contract prevails. Although a service, supply or procedure may be medically necessary, it may be subject to limitations and/or exclusions under a member's benefit plan. If a service, supply or procedure is not covered and the member proceeds to obtain the service, supply or procedure, the member may be responsible for the cost. Decisions regarding treatment and treatment plans are the responsibility of the physician. This policy is not intended to direct the course of clinical care a physician provides to a member, and it does not replace a physician's independent professional clinical judgment or duty to exercise special knowledge and skill in the treatment of Horizon BCBSNJ members. Horizon BCBSNJ is not responsible for, does not provide, and does not hold itself out as a provider of medical care. The physician remains responsible for the quality and type of health care services provided to a Horizon BCBSNJ member.

Horizon BCBSNJ medical policies do not constitute medical advice, authorization, certification, approval, explanation of benefits, offer of coverage, contract or guarantee of payment.

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Horizon BCBSNJ has adopted the standards set forth in this policy to evaluate outpatient diagnostic/therapeutic radiology/ imaging services. The standards focus on the new digital radiography systems, fluoroscopy (including c-arm), interventional radiology, CT, MRI, ultrasound, echocardiography, mammography, nuclear medicine, nuclear cardiology, PET, PET/CT, Cardiac PET and Nuclear/PET in Diagnostic Radiology/Imaging Facilities/Freestanding-Physician Offices, Hospitals including Surgi-Centers and Diagnostic Dental Offices. The standards have also been expanded to include Radiation Oncology/Therapy providers. The Standards include Federal and State laws and regulations, standards and guidelines applicable to outpatient radiology/diagnostic imaging services and standards established by nationally recognized and respected experts, agencies and professional associations focusing on quality management of radiology/diagnostic imaging. These laws, regulations, guidelines and standards are based on standards of practice for radiology/diagnostic imaging quality control, processor quality control, technologist training and certification, physician training and certification, radiation safety, radiographic quality, film standards, radiographic reporting, and film and record preservation. The providers of these services are required to ensure all certifications and credentials are valid and free of any restrictions. Compliance with these requirements is mandatory to participation but is not a guarantee for acceptance. All radiology/imaging facilities must complete a Radiology Center Assessment. This Assessment is one of the parameters used by Horizon BCBSNJ to evaluate network participation and adherence to Horizon BCBSNJ's quality standards. Completion of the Assessment of a radiology center/office is not a guarantee that the facility will receive participation into our network. An application request for assessment will need to be completed in compliance with our re-credentialing policies and must be amended and resent to Horizon BCBSNJ with any changes to equipment, ownership or change of accreditation status. In addition, any provider performing imaging in compliance with the Privileging Policy scope of services must adhere to all quality standards including the completion of an Assessment. All providers of radiology/imaging are subject to an initial site visit and spot audits as needed. Radiologist providing interpretation or teleradiography providers must complete the application request for assessment by contacting eviCore at:
email: credentialing@evicore.com
phone: 1-800-467-6424

Horizon BCBSNJ may request data periodically pertaining to the Standards to determine compliance.

Accreditation and Certification Body/Agency

Horizon BCBSNJ has adopted the following nationally recognized agency guidelines* for assessment of diagnostic radiology imaging personnel and the respective facilities/freestanding-offices:

American Board of Radiology (ABR)
American College of Cardiology (ACC)
American College of Nuclear Medicine (ACNM)
American College of Radiology (ACR)
American Osteopathic Board of Radiology (AOBR)
American Registry for Diagnostic Medical Sonography (ARDMS)
American Osteopathic Board of Nuclear Medicine (AOBNM)
American Registry of MRI Technologists (ARMRIT)
American Board of Cardiology (ABC)
American Board of Nuclear Medicine (ABNM)
American Registry of Radiologic Technologists (ARRT)
American Society of Breast Surgeons (ASBS)
American Society of Nuclear Cardiology (ASNC)
American Society for Radiation Oncology (ASTRO)
American Institute of Ultrasound in Medicine (AIUM)
American Association of Clinical Endocrinologists (AACE)

Canadian Association of Medical Radiation Technologists (CAMRT)
Center for Devices and Radiological Health (CDRH)
College des Medecins du Quebec (CMQ)
Food and Drug Administration (FDA)
International Society of Bone Densitometry (ISCD)
Intersocietal Accreditation Commission (IAC)
Intersocietal Commission for the Accreditation of Computed Tomographic Laboratories (ICACTL)
Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL)
Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL)
Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL)
Intersocietal Commission for the Accreditation for Vascular Imaging Procedures (ICAVL)
Mammography Quality Standards Act (MQSA)
New Jersey Department of Environmental Protection (NJDEP)
New Jersey Department of Health and Senior Services, Standards for Licensure of Ambulatory Care Facilities (NJDOHSS)
New York State Department of Health (NYDOH)
Nuclear Regulatory Commission (NRC)
Nuclear Medicine Technology Certification Board (NMTCB)
Pennsylvania State Department of Health
Royal College of Physicians and Surgeons of Canada
The Joint Commission

*See Reference Section for full URL address.

Accreditation/Certification Requirements (note Modality Specific Modules are required for the below services):

Modality:	**ACR**	**IAC**	**AIUM**	**AACE**	**ASBS**
MRI	Head/Neck	Neurological			
	Body	Body			
	Spine				
	Musculoskeletal (MSK)	MSK			
	MR Angiography (MRA)	MRA			
	Cardiac MRI	Cardiovascular			
	Breast MRI	Breast			
CT	Head/Neck	Neurological			
		Sinus/Temporal bone			
	Chest	Body			
	Abdomen				
	Cardiac				

	Adult/Pediatric	Coronary CTA			
		Calcium Scoring			
		Vascular/other			
PET	Brain	Neurologic Imaging			
	Cardiac	Cardiac Imaging			
	Oncology	Oncologic Imaging			
Nuclear Medicine	General Nuclear Medicine (Planar)	Nuclear Medicine			
	SPECT				
	Nuclear Cardiology	Nuclear Cardiology			
Ultrasound	General Body		Abdominal		
	Obstetrical (Trimester specific 1st, 2nd or 3rd).		Obstetrical (Trimester specific 1st, 2nd or 3rd).		
	Obstetrical				
	Gynecological		Gynecological		
	Vascular-Peripheral		Urologic		
	Vascular - Cerebrovascular				
	Vascular - Abdominal	Peripheral Venous			
	Vascular – Deep Vein/Abdominal	Peripheral Arterial			
	Breast Ultrasound		Breast Diagnostic		Breast Ultrasound Diagnostic and Interventional
	Breast Ultrasound with Biopsy		Breast Interventional		
		Visceral Vascular			
		Intracranial cerebrovascular			
		Extracranial cerebrovascular			
			Dedicated MSK		
			Dedicated Thyroid / Para-thyroid	Endocrine Certification in	

				Neck Ultrasound (ECNU) Note: Endocrinologists only	
			Fetal Echocardio-graphy		
Echocardio-graphy		Adult Transthoracic			
		Pediatric Transthoracic			
		Adult Stress			
		Adult Transesophageal			
		Pediatric Transesophageal			
		Fetal			
Mammography	Mammography				
Stereotactic Breast Biopsy	Stereotactic Breast Biopsy				Stereotactic Breast Biopsy

Policy:

I. **Policy:**

Facilities, free standing radiology/diagnostic imaging centers physician offices and radiation therapy providers performing radiology/imaging services or radiation therapy/oncology must comply with the quality standards set forth in the table below. New or newly installed used equipment wherein accreditation is required, must have an application submitted to the accrediting organization within three (3) months of first clinical use and accreditation must be obtained within six (6)months of first clinical use. All other equipment that is not subject to accreditation must comply with standards as set forth below without exception or modality privileges will be deactivated. In addition, all radiology/imaging centers must have undergone a site visit by Horizon BCBSNJ or designated representative prior to approval of participation for the contracted radiology/imaging center. Ambulatory Surgi Centers providing any imaging may be subject to a site visit and must comply with Horizon BCBSNJ's quality standards as set forth in this document. Cardiologist or providers performing nuclear stress test and approved mobile providers may be subject to a site visit as needed and must adhere to the quality standards set forth.

II. **Site Designations/Definitions:**

Facility: Refers to hospital, Outpatient hospital based facility or skilled nursing facility.
ASC: Ambulatory Surgi-Center
Radiology/Imaging Center: Free-standing or stand-alone imaging center not affiliated with hospital offering full service capabilities (at least three advance imaging service - AIS and one other imaging modality) i.e., CT, MRI, PET and Mammography.
Physician Office setting: Physician, Specialist or Radiologist office based imaging (less than four modalities).
Radiation Oncology/Therapy Providers: Hospitals, Outpatient hospital based, free standing centers or specialty/physician office.

Definition(s):
New Equipment - not previously sold by manufacturer, not more than 14 months old and approved by the FDA.
New equipment requirements are applicable to new services provided or reactivated service(s).

III. **Modality Grid:**

Modality/Procedure/ Therapy	State License/ Registration	Accreditation/ Registration	FDA	ALARA/Image Gently and Image Wisely	QA Program	DICOM
General Radiography	X	NA		X	X	X
Fluoroscopy &/ C-Arm	X	NA		X	X	X
Interventional	X	NA		X	X	X
Stereotactic	X	X	X	X	X	X
Mammography (Analog & Digital)	X	X	X	X	X	X
DXA	X	NA		X	X	X
Ultrasound (US)		X		NA	X	X
Ultrasound Breast		X			X	X
Ultrasound Vascular		X			X	X
Echocardiography		X		NA	X	X

Computerized Tomography (CT) including CTA	X	X		X	X	X
Cardiac CT Angiography (CCTA)	X	X		X	X	X
Computerized Tomography	X	X		X	X	X
Coronary Arteriography (CTCA)	X	X		X	X	X
MRI/MRA	X	X	X	NA	X	X
Cardiac MRI	X	X	X		X	X
PET	X	X		X	X	X
PET/CT	X	X		X	X	X
Cardiac PET	X	X		X	X	X
Nuclear Medicine	X	X		X	X	X
Nuclear Cardiac Imaging	X	X		X	X	X
Cardiac Catheterization	X	X		X	X	X

Radiation Therapy (IMRT, EBRT, PBRT, Gamma Knife, Linear Accelerator	X	X	X	X	X	X

IV. **Chart Legend:**

FDA	Food and Drug Administration
CDRH	Center for Devices and Radiologic Health
ALARA	As Low As Reasonably Achievable “Radiation Safety
QA Programs	Quality Assurance Programs
DICOM	Digital Imaging and Communications in Medicine
N/A	Not Applicable

V. **Additional areas of compliance which are inclusive within many of the accreditation agency requirements are listed below must be available upon request when applicable to site**:

- OSHA Compliance
- Blood Borne Pathogens Compliance
- Fire Safety and Disaster Procedures and Policies
- Emergency Cart
- Equipment and Patient Safety Procedures and Policies
- Incident reporting
- Patient and drug reactions
- Complaints
- Chemical hazards safety plan
- Quality control policies and procedures
- Image labeling policies
- Film processor, printer, and/or PACS maintenance policies
- Physician Site Coverage Policy
- Medical Records Policy
- Radiation Safety
- Nuclear Medicine Spills Policy
- HIPAA and Medical Record Retention/Release Policies and Procedures
- Contrast Media/Radiopharmaceutical Policy/Conscious Sedation/analgesia/Results Reporting
- Interpretation, Reporting and Peer Review Policies and Procedures
- Guidelines for Communication of Diagnostic/Imaging Findings
- MRI Safety (including specifications of safety zones)
- MRI Patient Screening

In addition, all licenses are non-transferrable; therefore time share, table time or equipment leases, other than direct leases with a manufacturer or financing company, whether or not on per diem basis, is not permitted.

VI. **Mobile Imaging Equipment Policy:**
Mobile imaging equipment is not generally acceptable and will be reviewed on a case by case basis for the following place of service locations where the patient is unable to travel due to a medical condition:

Place of Service Code	Place of Service Description
12	Home
13	Assisted Living Facility
31	Skilled Nursing Facility

32	Nursing Facility
33	Custodial Care Facility
34	Hospice

Exceptions:

1. In areas that Horizon BCBSNJ designate as under-served (where availability of imaging services is limited), the following sites will be allowed the use of mobile imaging for:
    a. office (Place of Service Code 11); or
    b. outpatient hospital (Place of Service Code 22).
2. Screening mammography clinic (Place of Service Code 15) provided by facilities that are:
    a. specifically contracted for mobile services;
    b. FDA/MQSA certified; and
    c. ACR, IAC, AIUM, or ASBS accredited.
3. Temporary equipment as approved by Horizon BCBSNJ.

Evaluation/Credentialing:

1. All authorized Mobile Equipment must comply with all Horizon BCBSNJ quality, personnel and equipment standards specific to the approved modality. Please refer to appropriate section below for compliance.
2. The mobile imaging services will be evaluated per location and credentialed for the site of service.

    Note: The provider must be in compliance with the reimbursement policy regarding Privileging. The Reimbursement Policy available at http://www.horizon-bcbsnj.com/providers/phs/CareCore_National.html?WT.svl=leftnav

VII. **Reporting Requirements for All Modalities**

"Typed" Reports are required for all imaging exams and must include all of the following:

- Clinical information including examination, indication for examination, findings, impression, and recommendations;
- Demographic information including date of service, identification number, patient name, referring physician, provider name responsible for examination/report, birth date or age of patient, sex/gender of patient and dictation date.
- Documentation and Tracking of Radiation Exposure for each procedure.
- A report must be issued for each imaging exam performed. The report must comply with accreditation guidelines for reporting. In addition, these reports must be available in the patient's permanent medical record. In addition to the aforementioned, all reports should, at a minimum, be consistent with the (ACR or accrediting body guidelines) Practice Guideline for Communication of Diagnostic Imaging Findings.

Report Turn Around Time Requirements:

- All screening and diagnostic imaging examinations must be interpreted and dictated by a NJ licensed and board-certified radiologist within 24 hours of completion of the examination. The records must be transcribed within 24-48 hours of completion of the examinations. The reports must be distributed to the referring physicians within 48 hours of completion of the examinations.
- Urgent examinations and any results that the radiologist deems positive findings must be interpreted and communicated to the referring physician within 30 minutes of completion of the examination. Communication must be via phone contact as well as fax. Such communications must be documented in the patient's chart. The office personnel will maintain a fax log for reference.

VIII. **PRACTICE/SITE/TECHNOLOGISTS REQUIREMENTS**

A. **Practice Requirements**

- A Horizon BCBSNJ Radiology Center Assessment must be completed on initial application and every three years thereafter or whenever there is a change in ownership, TIN, NPI, physician or technologist staff, address, equipment or services provided.
- Equipment that has been determined "end of life" and is not currently supported by the manufacturer does not meet Horizon BCBSNJ quality standards.
- 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). If a radiology site performs echocardiography, accreditation by The Intersocietal Commission of Echocardiography Laboratories (ICAEL) is required. Accreditation must include the appropriate modules for exams being performed.
- Any accreditation body or/state approved as an accrediting agency by the U.S. Food and Drug Administration (FDA) to administer requirements of the Mammography Quality Standards Act (MQSA).

Routine Appointment Scheduling Standards

Modality	MRI	CT	PET	Nuclear Medicine	Ultrasound	Mammography Diagnostic	Mammography Screening	General Radiography
Number of Business Days	5	5	5	7	5	3	100	2

- Each practice must show evidence of an ongoing Practice Quality Improvement Project and such projects should be consistent with the maintenance of certification requirements set forth by the specialty boards identified above as applicable.
- 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.
- All practices must have the ability to submit images electronically for quality evaluation, when requested (the ability to create ("burn") CDs and have Internet access).
- The Practice Guidelines and Technical Standards published by the accrediting organizations must be met at all times as applicable.
- Practices must have a formal physician peer review program. The results of this program must be available on request.
- Imaging reports must be consistent with the ACR's Practice Guideline for the Communication of Diagnostic Imaging Findings.
- Breast imaging reports must use the ACR's BIRADS lexicon for mammography, breast ultrasound and breast MRI.
- Any practice performing breast MRI must also perform mammography, breast ultrasound services and MRI breast guided biopsy.
- All MRI reports must use the terminology defined in the ACR's Glossary of MRI Terms. The glossary is available on the ACR's website at: http://www.acr.org/~/media/ACR/Documents/PDF/QualitySafety/Resources/GlossaryOfMRTerms.pdf
- 80% of non-emergent and non-expedited cases (except screening mammography) must 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 radiologist the day 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.
- Each of the practice's sites must be staffed by a board certified radiologist for all hours of operation either in person or by teleradiology.

- A physician with training and knowledge in the treatment of contrast reactions and, at least one member of staff with current Basic Life Support (BLS) Advanced Cardiac Life Support (ACLS) or Advanced Radiology Life Support (ARLS) must be onsite whenever contrast is administered.
- Each site of service providing general radiography and fluoroscopy services must employ only technologists who are certified in Radiography (RT) by the American Registry of Radiologic Technologists (ARRT).
- Each site of service providing ultrasound must employ technologists who are certified by the American Registry of Diagnostic Medical Sonographers (ARDMS), or the ARRT in-Sonography (S) or Cardiovascular Credentialing International (CCI) as a Registered Cardiac Sonographer (RCS) or a Registered Vascular Sonographer (RVS). There must be at least one sonographer certified in each ultrasound specialty area performed at the site (see grid below for all sonography specialty areas). (For example, if vascular ultrasound is performed at a site, at least one of the sonographers at that site must be certified in vascular ultrasound.)
- Each site of service providing CT services must have at least one technologist with current ARRT certification in Computed Tomography (CT) by January 3, 2014.
- Each site of service providing MRI services must have at least one technologist with current ARRT certification in Magnetic Resonance Imaging (MR) or the American Registry of Magnetic Resonance Imaging Technologists (ARMRIT) by January 3, 2014.
- Each site of service providing Nuclear Medicine services must have at least one technologist with current ARRT certification in Nuclear Medicine (N) or be certified by the Nuclear Medicine Technology Certification Board (NBTCB) by January 3, 2014.
- Each site of service providing PET services must have at least one technologist with current certification in PET from the Nuclear Medicine Technology Certification Board (NMTCB-PET) or have ARRT Nuclear Medicine (N) certification by January 3, 2014.
- Each site of service providing DXA services must have at least one technologist with current certification from the ARRT (ARRT-R, AART-BD or ARRT-N), International Society for Clinical Densitometry – Certified Bone Densitometry Technologist (ISCD –CBDT) certification or the Nuclear Medicine Technology Certification Board (NMTCB-N) by January 3, 2014 or the DXA exams must be performed by a radiologist.
- For practices providing mammography services all technologists must have current certification in mammography from the ARRT (ARRT-M).

B. **Summary of Technologists Certifications**

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					

Echocardiography	ARRT – cardiac interventional sonography				RCS	
Mammography	ARRT - M					
X-ray	ARRT-R					
DXA	ARRT-R ARRT-BD ARRT-N		NMTCB-N			CBDT

C. **Physician and Radiology Assistant Requirements**

Physicians must meet the following. Board certification in radiology or diagnostic radiology, nuclear radiology, or nuclear medicine by:

- American Board of Radiology,
- American Board of Nuclear Medicine,
- American Osteopathic Board of Radiology,
- American Osteopathic Board of Nuclear Medicine
- American Board of Cardiology
- Royal College of Physicians and Surgeons of Canada, or
- Le College des Medicins du Quebec

Note: American Board of Radiology criteria for 'board eligible' status have been revised as of January 1, 2012. The new policy has a transitional phase-in period. Phase-in timing commences with the completion of diagnostic radiology residency training. Termination of board eligibility is as follows:

1. 2004 or before: December 31, 2014
2. 2005: December 31, 2015
3. 2006 – 2010: December 31, 2016
4. 2011 and after: 6 full calendar years from end of training

- Each physician must provide a copy of a current board certification certificate along with the Application. Board recertification is required for those with time limited certificates. These documents must be available upon request.
- All physicians must be able to document at least 50 hours of continuing medical education (CME) hours, at least 25 of which must be Category 1, that are approved by the Accreditation Council for Continuing Medical Education (ACCME) annually or 100 hours every 2 years or 150 hours every 3 years. Certificates documenting these CME activities must be available if requested. For those with fellowship training at least half of those hours must be in their sub specialty area.
- All radiologists interpreting breast imaging must meet the requirements of MQSA.
- All radiologists performing CT Colonography (CTC) must be able to document the following training and experience:
- CME training course to include a minimum of 75 proven cases
- Mentoring of a minimum of 50 cases post initial training and prior to independent interpretation
- Interpret or co-interpret a minimum of 50 cases per year to meet CareCore National standards
- If a physician cannot document 50 cases per year beginning January 2009 then he/she will be required to document evidence of at least 15 hours of CME training in virtual colonoscopy every three years.
- An annual medical audit of all CT colonography cases must be maintained

D. **Recommendations**:

- It is encouraged 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).
- All fellowship trained physicians must submit written documentation of completion of the fellowship

E. **Radiology Assistants**

- All Radiology Assistants (R.A.) be certified by the American Registry of Radiologic Technologists (RT), maintain current registration and have at least 50 hours of appropriate continuing education (CE) every 2 years. Documentation of CE must be available upon request.

IX. EQUIPMENT STANDARDS

Equipment and accreditation standards must be met at all times. All MRI, CT, PET/CT, nuclear medicine, ultrasound and x-ray devices must be DICOM compatible. These standards are subject to regular and/or as needed review and will change as hardware and software technology evolves, and quality standards from appropriate accrediting organizations, such as the ACR, IAC, AIUM and/or ASBS.

X-RAY (GENERAL)

- Must be staffed by a NJ licensed Radiologic Technologist.
- Recommended that all new units have built in low-dose scanner preventive capabilities to prevent accidental radiation overexposure. These features are known as the automated exposure control units (AEC).
- Thyroid and other body shields should be made available to all patients to reduce the exposure of background or scatter radiation where applicable.

The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests.

- Preventive maintenance records.
- Quality Control and Improvement Program.
- Log of all service records.
- Annual physicist's report/performance testing. This report should include information indicating that the equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
- Records of initial acceptance testing.
- ALARA and Radiation Safety Protocols and Procedures.

MAGNETIC RESONANCE IMAGING (MRI)

- Devices with field strength greater than 3.0 T, and for which ACR and IAC accreditation is not yet available, will be accepted pending the availability of accreditation.

MRI EQUIPMENT

- All MRI scanners must be capable of performing Diffusion Weighted Imaging (DWI)
- Devices with Field Strength of less than 0.3T are not permitted.
- Devices with field strengths of <1.0 T are limited to performing examinations of the brain, spine, knees and extremities. If the devices described have gradient strengths of at least 20mT/meter and slew rates of at least 45T/meter/sec, the site may apply to perform MRI of the Body and/or

MRA studies by submitting images demonstrating their current capacity to perform at acceptable quality levels, as determined by Horizon BCBSNJ.

- Devices with field strengths of 1.0 T or greater may perform all examinations (other than Breast and Cardiac MRI), as long as Horizon BCBSNJ quality standards are met. In order to perform Breast and Cardiac MRI, additional criteria must be met (see those modality-specific standards set forth in this policy).

MRI Quality Control and Preventative Maintenance:

The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests.

- Preventive maintenance records demonstrating
  - Maintenance of hardware at original specifications at a minimum.
  - All major software upgrades, if available, must be not more than five (5) years old.
  - Quality Control testing in accordance with the requirements of the ACR or IAC MRI Accreditation Programs is required.
- Performance/ Quality Control testing report to include:
  - Equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards
- Weekly technologist testing as required per the ACR Guideline
  - Log of all service records
  - Records of initial acceptance testing for units installed within the last year
  - Annual physicist's report demonstrating compliance with ACR or IAC standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
- MRI equipment must meet all state and federal performance requirements, including those for:
- Maximum static magnetic field strength
  - Maximum rate of change of magnetic field strength (dB/dt)
  - Maximum radiofrequency power disposition (specific absorption rate)
  - Maximum auditory noise levels

BREAST MAGNETIC RESONANCE IMAGING

Facilities performing breast MRI must have the equipment and expertise to perform mammographic correlation, directed breast ultrasound and MRI-guided intervention within the practice.

All standards for MRI must be met in addition to the following standards for Breast MR imaging:

- Any device used for breast MRI must:
  - have a dedicated bilateral breast coil
  - be capable of simultaneous, bilateral imaging
  - produce images with a slice thickness =/< 3mm and an in-planar pixel resolution of =/< 1mm
  - utilize fat suppression on all contrast enhanced sequences
  - have the ability to perform MRI-guided biopsy intervention (Note: if the device lacks such ability, the facility must have a referral arrangement with a cooperating facility that can provide these services).
- MR equipment must meet all state and federal performance requirements, including those for:
  - maximum static magnetic field strength
  - maximum rate of change of magnetic field strength (dB/dt)
  - maximum radiofrequency power deposition (specific absorption rate)
  - maximum auditory noise levels.
- Quality Assurance:

- Facilities must establish and maintain a medical outcomes audit program to follow up positive and negative results and to correlate pathology results with the interpreting physician's findings.
- Facilities must use the Breast Imaging Reporting and Data System (BI-RADS) final assessment codes and terminology for reporting and tracking outcomes.
- The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests.
  - Preventive maintenance records
  - Log of all service records
  - Annual physicist's report/performance testing. This report should include information indicating that the equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
  - Records of initial acceptance testing installed within the last year.
  - Quality Control testing in accordance with the requirements of the ACR Accreditation Program

CARDIAC MAGNETIC RESONANCE IMAGING

All standards for MRI must be met in addition to the following for Cardiac Testing:

- All devices used for cardiac MR Imaging must possess a 1.5T or greater magnet field strength with a slew rate of at least 70mT/meter/sec.
- Any device used for cardiac work must be capable of EKG gating, including prospective, retrospective and triggered retrogating. Newly purchased scanners must have Vectorcardiographic gating.
- Device must have an MRI-compatible power injector.
- MRI used for cardiac testing must have FDA-approved processing software for calculation of the ejection fraction and reformatting the angiographic data.

The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests.

- Preventive maintenance records
- Log of all service records
- Annual physicist's report/performance testing. This report should include information indicating that the equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
- Records of initial acceptance testing installed within the last year
- Quality Control testing in accordance with the requirements of the ACR/IAC Accreditation Programs.

DIAGNOSTIC COMPUTED TOMOGRAPHY AND CCT/CCTA

CARDIAC CT AND CORONARY CT ANGIOGRAPHY (CCT & CCTA)

Thyroid and other body shields should be made available to all patients to reduce the exposure of background or scatter radiation where applicable.

CCT and CCTA Equipment:

- A multi-detector CT scanner capable of creating a minimum of sixty four (64) slices per gantry rotation is required.
- Complete gantry rotation should take no longer than 0.42 seconds.

- Tube heat capacity must allow for a single < 20 second acquisition.
- Minimum section thickness should be no greater than 1.0 mm.
- The CT scanner used for CCTA must allow display and interpretation of the full 12 bits (from -1000 to 3095 Hounsfield Units) of attenuation information.
- The display field of view must be sufficient to allow an assessment of the vasculature of interest, the end-organ, and adjacent tissues.
- For cardiac and some ascending aortic CTA, an ECG-gated acquisition should be performed that allows retrospective reconstruction of the scan volume at multiple phases through the cardiac cycle.
- A powered dual-head contrast medium injector that allows programming of both the volume and flow rate must be used for CCTA examinations.
- An independent workstation capable of creating volume renderings or shaded-surface displays, maximal intensity projections, and multi-planar reformations must be available for CT examination analysis.
- The workstation should also allow the direct measurement of vascular dimensions and, when appropriate, path lengths and angles.

CTA and CCTA Quality Control and Preventative Maintenance:

- Quality Control testing must be in accordance with the requirements of the ACR/IAC CT Accreditation Programs.
- The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests.
    - Preventive maintenance records
    - Log of all service records
    - Annual physicist's report and performance testing. This report should include that equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
    - Records of initial acceptance testing for units installed within the last year.
    - All other Quality Control testing in accordance with the requirements of the ACR/IAC CT Accreditation Programs

DIAGNOSTIC COMPUTED TOMOGRAPHY(CT)

- Major software must be no greater 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 and complies with manufactures specifications.
- Adherence to the As Low as Reasonably Achievable (ALARA) principle as well as a medical physicist statement that the CT protocols comply with the ALARA principles.
- Thyroid and other body shields should be made available to all patients to reduce the exposure of background or scatter radiation where applicable.

CT EQUIPMENT:

- For non-angiographic CT scanning, there must be a minimum of 4 slices per rotation.
- In addition to the above requirements, for Computed Tomographic Angiography (CTA) there must be a minimum of 16 slices per rotation.
- In addition to the above requirements, for Cardiac CTA there must be a minimum of 64 slices per rotation.
- See Horizon BCBSNJ Equipment Standard for Cardiac CT and Coronary CT Angiography. **Note:** These standards also apply to all PET/CT scanners unless the CT portion of the scanner is NEVER utilized for diagnostic CT scanning. CT equipment specifications and performance must meet all applicable ACR Practice Guidelines and Technical Standards.

CT Quality Control and Preventative Maintenance:

- Quality Control testing must be in accordance with the requirements of the ACR/IAC CT Accreditation Programs
- The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests.
    - Preventive maintenance records.
    - Log of all service records.
    - Annual physicist's report and performance testing. This report should include that equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
    - Records of initial acceptance testing for scanners installed within the last year.
    - All other Quality Control testing in accordance with the requirements of the ACR Practice Guideline for the Performance of Diagnostic CT.

CT COLONOGRAPHY (CTC or VC)

CT SCANNER:
- Sixteen (16) slice or greater multi-detector computed tomography (MDCT) is required.
- Must be able to scan entire abdomen and pelvis in a single breath hold with a slice thickness of ≤2.5mm.
- Images must be reconstructed at a slice thickness of ≤1.5 mm.3

WORK STATION:
- Work station must have specific CT colonography software.
- The software must be capable of simultaneously integrating 2D and 3D images of the colon.

TRAINING AND EXPERIENCE:

Physician:
- Minimum of fifty (50) cases per year to maintain Horizon BCBSNJ accreditation.
- If a physician cannot document fifty (50) cases per year beginning January 2009 then he/she will be required to document evidence of at least fifteen (15) hours of CME training in virtual colonoscopy every three (3) years.
- An annual medical audit must be maintained.
- Initially, privileges to perform virtual colonoscopy can be obtained if the following requirements are met:
    - Meets the ACR minimum standards for a reader of CT studies
    - Fifteen (15) hours of CME in CT every three (3) years
    - Evidence of a training course in virtual colonoscopy to include a minimum of 50 proven cases in the last five (5) years
    - Mentoring of a minimum of fifty (50) cases post initial training and prior to independent interpretation
    - Evidence of primary reader of fifty (50) virtual colonoscopy studies in the last three (3) years

NUCLEAR MEDICINE AND CARDIAC NUCLEAR MEDICINE

NUCLEAR MEDICINE:
- New service or requests for renewed service after service lapse must have single photon-emission positron computed tomography (SPECT) capability.
- For centers performing general SPECT studies, an existing single head camera is acceptable, but for all new replacement equipment dual headed cameras are required.
- Collimator Requirements:
    - LEHR Low Energy – for High Resolution studies

    - Medium Energy – for Indium and Gallium studies
    - High Energy - for centers performing Iodine 131 whole body studies
- Quality Assurance Requirements:
    - Automatic Integral & Field Uniformity must meet manufacturer specifications.
    - COR (Center of Rotation) must meet the manufacturer specifications.
    - See Horizon-BCBSNJ Equipment Standards for Cardiac Nuclear Medicine below

Nuclear Medicine Quality Control and Preventative Maintenance:

Quality Control testing must be in accordance with the requirements of the ACR or IAC Nuclear Medicine Accreditation Programs.

Note: for SPECT systems Quality Control: for ACR and ICANL accredited sites overall system performance testing with an approved phantom must be in accordance with the accrediting organizations standards.

- The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests.
- Preventive maintenance records
- Log of all service records
- Annual physicist's report and performance testing. This report should include information indicating that equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
- Records of initial acceptance testing installed within the last year.
- All other Quality Control testing in accordance with the requirements of the ACR Practice Guideline for Performance of Nuclear Medicine and IAC Accreditation Program.

CARDIAC NUCLEAR MEDICINE

- New single-photon emission computed tomography (SPECT) cameras must have dual detectors.
- For centers performing Cardiac Nuclear Imaging ONLY, single head detectors are acceptable.
- Cardiac Nuclear Imaging Equipment must have:
    - Quantitative Analysis software
    - Cardiac Gating
    - EF (Ejection Fraction) Calculation software
    - Motion correction, back filter projection reconstruction, or line spread function software.
- The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests:
    - Preventive maintenance records
    - Log of all service records
    - Annual physicist's report/performance testing. This report should include that equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
    - Records of initial acceptance testing for equipment installed within the last year.
    - All other Quality Control testing in accordance with the requirements of the ACR/IAC Accreditation Programs for Cardiac Nuclear Medicine.

POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY(PET/CT)

PET EQUIPMENT

- Sodium iodide detector systems are unacceptable regardless of configuration.
- PET scanners used solely for cardiac and/or brain imaging can be utilized without CT.

PET/CT EQUIPMENT

- Sodium iodide detector systems are unacceptable regardless of configuration.
- For current participating providers utilizing a PET only machine, fusion software, purchased or upgraded in the last 5 years, must be utilized on every case.
- New applicants requesting participation with Horizon BCBSNJ's Diagnostic Imaging Network may utilize a PET/CT machine with less than a 4 slice CT if it is **never** utilized as a diagnostic CT scanner and there is an additional qualifying CT scanner (minimum of 4 slices per rotation) at the site. If new equipment is purchased by participating providers it must meet the same standard.

PET Quality Control and Preventative Maintenance:

- Quality Control testing must be in accordance with the requirements of the ACR/IAC PET Accreditation Programs
- Phantom testing to be performed quarterly with a phantom acceptable to the accrediting organization
- The following documentation must be available for inspection at the site at any time. The document must be signed and dated by the individual performing the tests:
    - Preventive maintenance records
    - Log of all service records
    - All PET scanners have an annual physicist's report/annual performance testing. This report should include that equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
    - Records of initial acceptance testing for all scanners installed within the last year.
    - All other Quality Control testing in accordance with the requirements of the ACR/IAC accreditation programs.
- If new equipment is purchased by participating providers it must meet the same standard. This is inclusive of replacement equipment.

ULTRASOUND AND ECHOCARDIOGRAPHY

ULTRASOUND Equipment:

- The equipment must have the 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
    - High frequency stick probe
    - 1.0 - 5 MHz Cardiac
    - Cardiac
- For new applicants requesting participation with Horizon BCBSNJ's Diagnostic Imaging Networks, units must be less than 10 years old.
- If equipment is more than 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. If the last 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.

Ultrasound Quality Control and Preventative Maintenance:

- Quality Control testing in accordance with the requirements of the ACR/IAC/AIUM/ASBS accreditation programs.
- The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests:
    - Preventive maintenance records.
    - Log of all service records.
    - Documentation of routine Quality Control testing performed at least every 6 months either by medical physicist or service engineer.
    - Electrical and mechanical safety
    - Image uniformity
    - Sensitivity and penetration
    - Measurement of vertical and horizontal distance accuracy
    - Testing of the transducers
    - All other Quality Control testing in accordance with the requirements of the ACR/IAC accreditation programs.

ECHOCARDIOGRAPHY: ADULT AND PEDIATRIC

Echocardiography Quality Control and Preventative Maintenance:

- Quality Control testing in accordance with the requirements of the IAC Accreditation Program is required.
- The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests:
    - Preventive maintenance records
    - Log of all service records
    - Documentation of routine Quality Control testing performed at least every 6 months either by medical physicist or service engineer.
    - Electrical and mechanical safety
    - Image uniformity
    - Sensitivity and penetration
    - Measurement of vertical and horizontal distance accuracy
    - Testing of the transducers
    - All other Quality Control testing in accordance with the requirements of the IAC Accreditation Programs

MAMMOGRAPHY /STEREOTACTIC

- Facilities performing screening and/or diagnostic mammography must be certified by the FDA, in accordance with the requirements of the MQSA.
- Computer aided detection (CAD) is considered acceptable for analog and digital mammography units. (Note: Soft paddle technology is recommended for comfort of member.)
- Must be staffed by a NJ licensed Radiographic Technologist.

BONE DENSITY/DXA EQUIPMENT

- DXA equipment must be capable of performing lumbar spine, hip, and forearm studies
- Only fan beam or new pencil beam technology is acceptable. If pencil beam technology is used, the equipment must be manufactured after 2007.
- All DXA scans must be performed by a radiologist, a certified ARRT -R, ARRT-BD, ARRT-N, ISCD-CBDT or NMTCB-N certified technologist, in accordance with applicable state regulations.

Bone Densitometry Preventative Maintenance and Quality Control:

The following documentation must be available for inspection at the site at any time. The documents must be signed and dated by the individual performing the tests:

- Preventive maintenance records: Quality control procedures must be performed and recorded by a trained technologist at least three (3) days a week and always before the first patient measurement of the day.
- Log of all service records
- Annual medical physicist's report and performance testing. This report should include that equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
- Records of initial acceptance testing for units installed within the last year.
- All other Personnel Qualifications and Quality Control testing must be in accordance with the requirements of the ACR Practice Guideline for the Performance of Diagnostic Radiography and DXA.

C-ARMS AND SPECIAL PROCEDURES (INCLUDING ANGIOGRAPHY)

- Must be staffed by a NJ licensed Radiographic Technologist.
- Must maintain and provide upon request the OR/Surgi Center log indicating RT or physician present and performing the procedure.
- Annual physicist's report/performance testing. This report should include that equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards. Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiology at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
- Must have a Quality Control and Improvement program as designated in the ACR guidelines for the performance of Diagnostic Radiography.
- Comply with ACR guidelines for Fluoroscopy and interventional radiography.

Dental Radiographic Studies:

- Dental x-ray film must have an ISO Speed Range of 28.0 – 56.0 S, Film Speed "E".
- Cone Beam CT (CBCT) – CBCT must have a QA program in compliance with NJDEP regulations and comply with ACR guidelines for Diagnostic Radiography.
- CBCT must comply with manufacture's preventive maintenance and submit annual performance report to Radiology committee.
- Software must have built in low-dose scanner preventive capabilities to prevent accidental radiation overexposure.
- Film and x-ray unit must be in Compliance with ALARA principles.
- Thyroid shields should be made available to all patients to reduce the exposure of background or scatter radiation.

Radiation Oncology/Therapy:

- Completed or implemented ASTRO/ACR Target Safely (2010) program.
- Quality management program for radiation therapy equipment, simulators, treatment planning systems, and monitor unit calculation algorithms.
- Annual physicist's report and performance testing. This report should include that equipment is functioning per manufacturer's specifications and meets all applicable accreditation standards.
- Medical Physicist Reports must be examined and contemporaneously signed by the MD Director of Radiation Therapy at each site. The physician's signature and the date of the MD review must be placed on the report to reflect evidence of the review.
- Must have a Quality Control and Improvement program as designated in the ASTRO/ACR guidelines for Radiation Therapy.
- Comply with safety reporting of errors relating to therapy.

- Documentation of compliance with AAPM TG-40, TG 142, TG-51
- Documentation of treatment planning system quality assurance program TG- 53
- Independent Verification of Output of each beam.

Qualified Medical Physicist
- American Board of Radiology certified in Therapeutic Radiological Physics and Radiological Physics.

Radiation Therapists and Simulation Staff
- Radiation therapists and simulation staff must fulfill state licensing requirements and should have American Registry of Radiologic Technology (ARRT) certification in radiation therapy.

Dosimetrist
- Certification by the Medical Dosimetrist Certification Board is recommended.

IX. Additional Administrative Standards:

A. The documentation and tracking of radiation exposure for each procedure in the patient's medical report is required and must be made available to the patient and or Horizon BCBSNJ as requested.

B. If available on equipment, the total amount of radiation the patient receives by mSv shall be recorded on the member's chart for each exam. In addition, this data may be requested by Horizon BCBSNJ in collaboration with a radiation safety program and/or for the patient's permanent electronic record. The information regarding the member's radiation exposure may be shared with the member, provided an educational program is present and the results are explained by either a radiologist or trained, certified radiologic technologist.

C. All providers performing diagnostic radiology/imaging are required to participate in the "Image Gently and Image Wisely" programs. Requirements for and/or membership in the Image Gently and Image Wisely programs may be accessed via the ACR website where accreditation status is viewable.

D. A board certified radiologist must be immediately available to supervise cases, and/or respond to requests for protocol alterations by the technologist 100% of the time that any site is in operation. All contrast studies must be performed under the direct supervision of a board certified radiologist, or a NJ licensed physician trained in knowledge and treatment of contrast reactions. Physician's name and signature should be denoted on contrast consent form and available in patient's chart for review or audit.

E. The facility must comply with the requirements of HIPAA, Horizon BCBSNJ policies pertaining to HIPAA and must document appropriate employee training. Such documents must be available upon request for inspection by a representative of Horizon BCBSNJ or its designee.

X. Recommendations:

Oversight Committees:
Radiology / Imaging Quality Workgroup - Review and Advisement - Internal Source
Clinical Policy Workgroup (CPW) - Quality Subcommittee - Internal Source
Clinical Policy Committee (CPC) - Oversight and Approval - Internal/External Source

Horizon BCBSNJ Medical Policy Development Process:

This Horizon BCBSNJ Medical Policy (the "Medical Policy") has been developed by Horizon BCBSNJ's Medical Policy Committee (the "Committee") consistent with generally accepted standards of medical practice, and reflects Horizon BCBSNJ's view of the subject health care services, supplies or procedures, and in what circumstances they are deemed to be medically necessary or experimental/ investigational in nature. This Medical Policy also considers whether and to what degree the subject health care services, supplies or procedures are clinically appropriate, in terms of type, frequency, extent, site and duration and if they are considered effective for the illnesses, injuries or diseases discussed. Where relevant, this Medical Policy considers whether the subject health care services, supplies or procedures are being requested primarily for the convenience of the covered person or the health care provider. It may also consider whether the services, supplies or procedures are more costly than an alternative service or sequence of services, supplies or procedures that are at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the relevant illness, injury or disease. In reaching its conclusion regarding what it considers to be the generally accepted standards of medical practice, the Committee reviews and considers the following: all credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician and health care provider specialty society recommendations, the views of physicians and health care providers practicing in relevant clinical areas (including, but not limited to, the prevailing opinion within the appropriate specialty) and any other relevant factor as determined by applicable State and Federal laws and regulations.

History:

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Imaging Facility Radiographic Imaging Standards
Office Radiographic Imaging Standards
Radiographic Imaging, Standards for Diagnostic
Surgi-Center Radiographic Imaging Standards
X-ray Standards, Imaging Facility/Freestanding Facility/Office
Mobile Imaging Equipment Policy

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Codes:

(The list of codes is not intended to be all-inclusive and is included below for informational purposes only. Inclusion or exclusion of a procedure, diagnosis, drug or device code(s) does not constitute or imply authorization, certification, approval, offer of coverage or guarantee of payment.)

CPT*

HCPCS
