



Payment Policy:
Outpatient Imaging Self-Referral (Commercial)
(Administered by eviCore Healthcare)

Effective Date: 1/01/2021

Number: RP20210017

Reimbursement Guideline Disclaimer: EmblemHealth has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth’s policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by EmblemHealth due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to; CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how EmblemHealth handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

Policy Statement:

The Outpatient Imaging Self-Referral payment policies are designed to promote appropriate use of diagnostic imaging by primary care physicians, specialty physicians, and other health care professionals in an office setting. The EmblemHealth payment policies below designate which imaging procedures shall be payable by EmblemHealth (subject to member benefits) in primary care physicians’, specialty physicians’ and other health care professionals’ offices by provider practice specialty. In addition, these payment policies describe the minimum accreditation and certification requirements for ultrasound, echocardiography, and nuclear medicine. This payment policy assumes board certification (by an ABMS recognized board) in the provider specialties listed below. All specialty payment policies apply to the related pediatric specialties as well.

This policy does not apply to services rendered in Putnam, Ulster, and Onondaga Counties.

Guidelines:

KEY:	
*	These procedures require preauthorization; call 866-417-2345 (GHI City of New York members are exempt from preauthorization of certain codes by eviCore (for example, 78429, 78430, 78431, 78432, 78433, 93303, 93304, 93306, 93307, 93308, 93312, 93312, 93314, 93315, 93350, and 93351). Some codes may require preauthorization from Empire BCBS. See the Preauthorization Check Tool in the secure Provider Portal to see which codes need preauthorization and from whom.
**	Any studies beyond three (3) require preauthorization; call 866-417-2345 (GHI City of New York members are excluded from this requirement)
***	Code added effective 01/01/2021.
****	CBCMR certification required effective 08/01/2022
*****	Facility MRI accreditation required effective 10/01/2021 CPT codes 76815, 76816, 76817 are excluded from AIUM & ACR Accreditations effective 01/01/2017



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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
Primary Care Physicians: Internal Medicine and Family Practice	71045, 71046, 71047, 71048 74018, 74019, 74021 77080, 77081, 77085	Chest imaging Abdomen Imaging DEXA studies, bone densitometry	Board certification by an ABMS recognized board. <i>Accreditation not required for codes in this row.</i>
	93303*, 93304*, 93306*, 93307*, 93308* 93320, 93321, 93325	Transthoracic Echocardiography Doppler echocardiography, add- on codes	National Board of Echocardiography (NBE) certification in Adult Echocardiography AND Laboratories accredited by the Intersocietal Commission (IAC) in Adult Transthoracic Echocardiography
Cardiologists (Includes cardiovascular specialist, interventional cardiologist, and cardiac electrophysiologist.)	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board Accreditation not required for codes in this row.
	33016, 33017, 33018, 33019 76932 93303*, 93304*, 93306*, 93307*, 93308* 93350*, 93351* 93320, 93321, 93325	Pericardiocentesis Ultrasound guidance for endomyocardial biopsy Transthoracic Echocardiography Stress Echocardiography Doppler echocardiography, add- on codes	1) Cardiology certification by the American Board of Internal Medicine (ABIM) or 2) Cardiology Certification by the American Osteopathic Board of Internal Medicine (AOBIM) AND Laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Adult Transthoracic Echocardiography
	93312*, 93313*, 93314*, 93315*	Echocardiography, trans esophageal,	1) Cardiology certification by the American Board of Internal Medicine (ABIM) or 2) Cardiology Certification by the American Osteopathic Board of Internal Medicine (AOBIM) AND 3) Laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Adult Transesophageal



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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
			Echocardiography
	71555* 75557*, 75559*, 75561*, 75563*	MRA Chest Cardiac magnetic resonance Imaging	1) Certification Board of Cardiovascular Magnetic Resonance (CBCMR) certification**** 2) Facility MRI accreditation from: The American College of Radiology (ACR) with Cardiac module***** Or IAC with Cardiovascular MRI***** Or RadSite with Cardiac Module*****
Cardiologists (Nuclear)	78451*, 78452*, 78453*, 78454* 78466*, 78468*, 78469* 78472*, 78473*, 78481*, 78483*, 78494*, 78496* 78803***, 78830***	Myocardial perfusion imaging Myocardial infarction scans Cardiac blood pool imaging Gated heart planar SPECT	Certification by the American Board of Radiology (ABR) or American Board of Nuclear Medicine (ABNM) or American Board of Internal Medicine (ABIM), Cardiology and 1) Certification Board for Nuclear Cardiology (CBNC). or 2) Cardiologists who have recently completed an accredited cardiology fellowship within the last year and completion of Level 2 Core Cardiology Training Symposium (COCATS) training in nuclear cardiology AND 1) Laboratories accredited



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			by the Intersocietal Accreditation Commission (IAC) Nuclear/PET – in Nuclear Cardiology or 2) American College of Radiology (ACR) in Nuclear Medicine– Nuclear Cardiology Module or 3) Radsite in Nuc Med Cardiac Module
Cardiologists (Cardiac PET)	78459, 78491, 78492 78429*, 78430*, 78431*, 78432*, 78433*	Myocardial imaging, positron emission tomography (PET)	1) American Board of Radiology (ABR) or 2) American Board of Nuclear Medicine (ABNM) or 3) American Board of Internal Medicine (ABIM), Cardiology subspecialty AND 1) Certification Board of Nuclear Cardiology (CBNC) or 2) Cardiologist who have completed an accredited cardiology fellowship within the last year and completion of Level 2 Core Cardiology Training Symposium (COCATS) training in nuclear cardiology AND



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			1) Laboratories accredited by the Intersocietal Accreditation Commission (IAC) Nuclear/PET in Cardiac imaging or 2) American College of Radiology (ACR) PET accreditation with cardiac module or 3) Radsite in PET-Cardiac Module
Pediatric Cardiologist	71045, 71046, 71047, 71048 76820**, 76821**	Chest imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
	76825**, 76826**, 76827**, 76828**	Doppler velocimetry, fetal Echo, fetal, cardiovascular Doppler echo, fetal pulsed or continuous wave. f/u or repeat	
	93312*,93313*,93314*, 93315*	Echocardiography, trans esophageal	1) Certification in pediatric cardiology by the American Board of Pediatrics (ABP) And 2) Laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Pediatric Transesophageal Echocardiography



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	71555* 75557*, 75559*, 75561*, 75563*	MRA Chest Cardiac magnetic resonance Imaging	1) Certification Board of Cardiovascular Magnetic Resonance (CBCMR) certification**** 2) Facility MRI accreditation from: The American College of Radiology (ACR) with Cardiac module***** Or IAC with Cardiovascular MRI ***** Or RadSite with Cardiac Module*****
Chiropractors	72040, 72070, 72080, 72100	Spine imaging	Chiropractors are exempt from ABMS certification. Accreditation not required for codes in this row.
Colon & Rectal Surgeons	76872 76942	Ultrasound transrectal Ultrasound guidance for biopsy	Certification by the American Board of Colon & Rectal Surgery (ABCRS)
Endocrinologists	77080, 77081, 77085	DEXA studies, bone	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
	76536 76942	Thyroid ultrasound Ultrasound guidance for biopsy	American Institute of Ultrasound Medicine (AIUM) in Thyroid/Parathyroid and Neck.
Gastroenterologists	76975 76391 76978 76979	Endoscopic ultrasound MR elastography Ultrasound, targeted dynamic microbubble sonographic	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.



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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
General Surgeons	76942 76641 76642	Ultrasound guidance for biopsy Breast ultrasound, complete Breast ultrasound, limited	For breast ultrasound and ultrasound guided breast biopsy: Physicians must be certified in breast ultrasound by the American Soc. of Breast Surgeons (ASBS) AND facilities must have accreditation from the ASBS for breast ultrasound and ultrasound guided breast biopsy or be accredited by ACR in breast ultrasound or The AIUM in interventional breast ultrasound
Geriatricians	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
	93303*, 93304*, 93306*, 93307*, 93308* 93320, 93321, 93325	Transthoracic echocardiography Doppler echocardiography, add-on codes	Non-cardiologists: National Board of Echocardiography (NBE) certification in Adult Echocardiography AND Laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Adult Transthoracic Echocardiography
Hand Surgeons	76000 73100, 73110, 73115, 73120, 73130, 73140	Fluoroscopy Upper extremity imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.



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Head and Neck Surgeons (ENT, Otolaryngologists)	76942	Ultrasound guidance for biopsy only	American Institute of Ultrasound Medicine (AIUM) in Thyroid/Parathyroid and Neck
	76536	Thyroid ultrasound	
Hematologist/Oncologists Medical Oncologists	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
Maternal and Fetal Medicine	77067 77061, 77062, 77063, G0279	Screening Mammography with Computer Aided Detection Tomosynthesis	Must be fully compliant with MQSA requirements to perform screening mammography
	74740 77080, 77081, 77085	Hysterosalpingography DEXA studies, bone densitometry	Board certification by an ABMS recognized board.
	76830, 76856, 76857 76815**, 76816**, 76817**	Ultrasonic guidance Ultrasound: obstetrical	Accreditation not required for codes in this row.
	33016, 33017, 33018, 33019 76941, 76942, 76945, 76946, 76948	Pericardiocentesis Ultrasonic guidance	
76801**, 76802**, 76805**, 76810**, 76811**, 76812**, 76813**, 76814**, 76818**, 76819**, 76820**, 76821**, 76825**, 76826**, 76827**, 76828** 93325	Ultrasound: obstetrical, pelvic, guidance Doppler echocardiography, add-on	American Institute of Ultrasound Medicine (AIUM) accreditation in obstetrics ultrasound or ACR accreditation in obstetrical ultrasound	
Nephrologists	77021	MR guidance for needle placement	Board certification by an ABMS recognized board.
	77012 76942	CT scan for needle biopsy Ultrasound guidance for biopsy	Accreditation not required for codes in this row.



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Neurology	93880	Duplex scan of extracranial	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
Nuclear Medicine	78012*,78013*, 78014*, 78015*, 78016*, 78018*, 78020*, 78070*, 78071*, 78072*, 78075*, 78102*, 78103*, 78104*, 78110, 78111, 78120, 78121, 78122, 78130, 78140, 78185*, 78190, 78191, 78195*, 78201*, 78202*, 78215*, 78216*, 78226*, 78227*, 78230*, 78231*, 78232*, 78258*, 78261*, 78262*, 78264*, 78270, 78271, 78272, 78278*, 78282*, 78290*, 78291*, 78300*, 78305*, 78306*, 78315*, 78579*,78580*, 78582*, 78597*, 78598*, 78600*, 78601*, 78605*, 78606*, 78610*, 78630*, 78635*, 78645*, 78650*, 78660*, 78700*, 78701*, 78707*, 78708*, 78709*, 78725*, 78730*, 78740*, 78761*, 78800*, 78801*, 78802*, 78803*, 78804*, 78808, 78811*, 78812*, 78813*, 78814*, 78815*, 78816*, 78830*, 78831*, 78832*	Nuclear medicine studies	Physicians to be certified by ABR or American Board of Nuclear Medicine (ABNM)
OB/GYN	77067 77061, 77062, 77063, G0279	Screening Mammography with Computer Aided Detection Tomosynthesis	Must be fully compliant with MQSA requirement to perform screening mammography



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	74740 77080, 77081, 77085 76815**, 76816**, 76817** 76830, 76856, 76857 33016, 33017, 33018, 33019 76941, 76945, 76946, 76948	Hysterosalpingography DEXA studies, bone densitometry Ultrasound: obstetrical Ultrasonic guidance Pericardiocentesis Ultrasonic guidance	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
	76801**, 76802**, 76805**, 76810**, 76811**, 76812**, 76813**, 76814**, 76818**, 76819**, 76820**, 76821**, 76825**, 76826**, 76827**, 76828** 93325	Ultrasound: obstetrical, pelvic, Doppler echocardiography	AIUM accreditation in obstetrics ultrasound or ACR accreditation in obstetrical ultrasound
Oral Surgeons	70100, 70110, 70140, 70150 70300, 70310, 70320 70328, 70330 70350 70355	Mandible and facial bone imaging Teeth imaging TMJ imaging Cephalogram Orthopantogram	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.



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Orthopedists (Including Pediatric Orthopedists, Orthopedic Surgeons and Pediatric Orthopedic Surgeon)	71100, 71101, 71110, 71111 71120, 71130 72020, 72040, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190 72200, 72202, 72220 73000, 73010, 73020, 73030, 73040, 73050, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660 76000, 77002, 77003 77071 77073 77077	Radiologic examination, ribs Radiologic examination, sternum Spine and Pelvis imaging Imaging sacroiliac joints Imaging to upper and lower extremities Fluoroscopy Radiologic examination, any joint Bone length studies Joint survey	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
	76881 76882 76885 76886 76942	Ultrasound, extremity Ultrasound, extremity, limited Ultrasound, infant hips Ultrasound, infant hips, limited Ultrasound guidance for biopsy	AIUM accreditation in musculoskeletal ultrasound
Pain Specialists (physiatrists, anesthesiologists, neurologists, and neurosurgeons)	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120 74018, 74019, 74021 72275 76000, 77002, 77003	Radiologic examination, spine Abdomen Imaging Epidurography, Fluoroscopy Fluoroscopic guidance	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
Pediatricians	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.



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Podiatrists	73600, 73610, 73620, 73630, 73650, 73660	Lower extremity imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
	76881 76882 76942	Ultrasound, extremity Ultrasound, extremity, limited Ultrasound guidance for biopsy	AIUM accreditation in musculoskeletal ultrasound
Pulmonologists	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board. Accreditations not required for codes in this row.
Radiation Oncologists	77011***	CT guidance for stereotactic localization	Board certification by an ABMS recognized board.
	77012	CT guidance for needle placement	
	77014	CT guidance for placement of radiation therapy fields	Accreditations not required for codes in this row.
	76873	Prostate volume study for brachytherapy treatment planning	
	76965	Ultrasound guidance for interstitial radioelement application	
	76942	Ultrasound guidance for biopsy only	
Reproductive Endocrinologists	77067 77061, 77062, 77063, G0279	Screening Mammography with Computer Aided Detection Tomosynthesis	Must be fully compliant with MQSA requirements to perform screening Mammography.



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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
	77080, 77081, 77085	DEXA studies, bone densitometry	Board certification by an ABMS recognized board.
	76830, 76856, 76857	Ultrasonic guidance	
	76948	Ultrasound guidance for aspiration of ova	Accreditation not required for codes in this row.
	76815**, 76816**, 76817**	Ultrasound: obstetrical	
	74740	Hysterosalpingography	
	76700, 76705	Ultrasound, Abdominal	AIUM accreditation in obstetrics
	76801**, 76802**, 76805**, 76810**, 76811**, 76812**, 76813**, 76814**, 76818**, 76819**, 76820**, 76821**, 76825**, 76826**, 76827**, 76828**, 76941	Ultrasound: obstetrical, pelvic, guidance	or ACR accreditation in obstetrical ultrasound
	76942 76945 76946 76998		
	93325	Doppler echocardiography, add-on	

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Rheumatologists	72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190, 72200, 72202, 72220 73000, 73010, 73020, 73030, 73040, 73050, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660, 76000, 77002, 77003, 77071, 77073, 77077 77080, 77081, 77085	Spine and Pelvis imaging Imaging sacroiliac joints Imaging to upper and lower extremities Fluoroscopy Radiologic examination, any joint Bone length studies Joint survey DEXA studies, bone densitometry	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
	76881 76882 76885 76886 76942	Ultrasound, extremity Ultrasound, extremity, limited Ultrasound, infant hips Ultrasound, infant hips, limited Ultrasound guidance for needle placement	AIUM accreditation in musculoskeletal ultrasound
Sports Medicine, Physical Medicine and Rehab	71100, 71101, 71110, 71111 71120, 71130 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190 72200, 72202, 72220 73000, 73010, 73020, 73030, 73040, 73050, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660	Radiologic examination, ribs Radiologic examination, sternum Spine and Pelvis imaging Imaging sacroiliac joints Imaging to upper and lower extremities	Board certification in sports medicine and combined fellowship, residency and training in sports medicine of at least four (4) years.

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
	76881 76882 76942	Ultrasound, extremity Ultrasound, extremity, limited Ultrasound guidance for biopsy	AIUM accreditation in dedicated musculoskeletal ultrasound
Urologists	74455 74410 74415 74420	Urethrocytography X-ray urinary tract	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
	76775 76870, 76872 76873 76942 76857	Ultrasound, retroperitoneal, limited Ultrasounds - scrotum, trans rectal Prostate volume study for brachytherapy treatment planning US guidance for biopsy Ultrasound pelvic limited or follow up	AIUM accreditation in urologic ultrasound
Vascular Neurology	76125 75898 75894 75600	Cineradiography/ videoradiography Angiography through existing catheter Transcatheter therapy, embolization Aortography, thoracic, without serialography	Certification by the American Board of Medical Specialties (ABMS) in Vascular Neurology
Vascular Surgeons	77001 76937	Fluoroscopic guidance for central venous access device Ultrasound guidance for vascular access	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.

References

1. American Association of Clinical Endocrinologists (AACE), Endocrine Certification in Neck Ultrasound (ECNU) <https://pro.aace.com/education/certification-neck-ultrasound>
2. American Board of Radiology (ABR) <http://www.theabr.org/>
3. American College of Cardiology (ACC) <http://www.acc.org/>
4. American College of Nuclear Medicine (ACNM) <http://www.acnmonline.org/>

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5. American College of Radiology (ACR) <http://www.acr.org/>
6. American Osteopathic Board of Radiology (AOBR) <http://www.aocr.org/>
7. American Registry for Diagnostic Medical Sonography (ARDMS) <http://www.ardms.org/>
8. American Registry of MRI Technologists (ARMRIT) <http://www.armrit.org/index.shtml>
9. American Registry of Radiologic Technologists (ARRT) <https://www.arrt.org/>
10. American Society of Nuclear Cardiology (ASNC) <http://www.asnc.org/>
11. American Institute of Ultrasound in Medicine (AIUM) <http://www.aium.org/>
12. Canadian Association of Medical Radiation Technologists (CAMRT) <http://www.camrt.ca/>
13. Federal Drug Administration (FDA), Radiation Emitting Products
[http://www.fda.gov/Radiation- EmittingProducts/default.htm](http://www.fda.gov/Radiation-EmittingProducts/default.htm)
14. International Society of Bone Densitometry (ISCD) <http://www.iscd.org/>
15. Intersocietal Accreditation Commission (IAC)
<http://www.intersocietal.org/intersocietal.htm>
16. Intersocietal Commission for the Accreditation of Computed Tomographic Laboratories (ICACTL) <http://www.intersocietal.org/ct/>
17. Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) <http://www.intersocietal.org/echo/>
18. Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL) <http://www.intersocietal.org/mri/>
19. Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL) <http://www.intersocietal.org/nuclear/>
20. Intersocietal Commission for the Accreditation of Vascular Testing (ICAVL) <http://www.intersocietal.org/vascular/>
21. Mammography Quality Standards Act (MQSA) [http://www.fda.gov/Radiation-
EmittingProducts/MammographyQualityStandardsActandProgram/Regulations/ucm110823.
htm](http://www.fda.gov/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/Regulations/ucm110823.htm)

Revision history

DATE	REVISION
7/2021	<ul style="list-style-type: none"> • New Policy



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DATE	REVISION
9/2021	<ul style="list-style-type: none">• Updated Policy to include new accreditation requirements:<ul style="list-style-type: none">○ Facility MRI accreditation required effective 10/01/2021 and○ CBCMR certification required effective 08/01/2022