

# Accreditation Requirements for Radiology Services

**Policy Number:** ADMINISTRATIVE 248.15  
**Effective Date:** December 1, 2025

[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> <li><a href="#">Credentialing Guidelines: Participation in the Oxford and EviCore Radiology Networks</a> for New York and New Jersey</li> <li><a href="#">Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service</a></li> <li><a href="#">Outpatient Cardiology Procedures for EviCore Arrangement (for Oxford Only)</a></li> <li><a href="#">Outpatient Radiology Procedures for EviCore Arrangement (for Oxford Only)</a></li> <li><a href="#">Oxford's Outpatient Imaging Self-Referral Policy</a></li> </ul>

## Purpose

To outline the accreditation requirements for radiologists, radiology centers and multi-specialty provider groups participating in the Oxford network, a United Healthcare Company.

## Definitions

**ACR:** American College of Radiology.

**AIUM:** American Institute of Ultrasound in Medicine.

**IAC:** Intersocietal Accreditation Commission.

**TJC:** The Joint Commission.

## Policy

In diagnostic imaging, accreditation programs have emerged as key initiatives to advance the quality and safety of imaging studies. It is important that Members receive services from facilities whose equipment, technologists, and physicians are in compliance with established accreditation performance standards.

All freestanding facilities and physician offices performing outpatient diagnostic radiology imaging studies are required to obtain and maintain accreditation as a condition for reimbursement for the below services. Radiologists seeking reimbursement for diagnostic imaging must have the laboratory/facility accreditation on file.

Provider Specialty	Accreditation in Appropriate Module	Modality/Procedure
Radiology Facilities	ACR	MRI, Breast MRI, CT, Nuclear Medicine, PET, Ultrasound, Breast Ultrasound, Mammography
	AIUM	Ultrasound, Breast Ultrasound
	IAC	MRI, CT, Nuclear Medicine, PET, Ultrasound

Provider Specialty	Accreditation in Appropriate Module	Modality/Procedure
	RadSite (except cardiac procedures)	MRI, CT, Nuclear Medicine (SPECT), PET
	TJC	MRI, CT, Nuclear Medicine, PET, Ultrasound, X-ray, Breast Ultrasound

Oxford has engaged EviCore healthcare to manage the accreditation process for our provider network. Accreditations should be submitted directly to the [EviCore healthcare website](#). To ensure prompt handling of the accreditation, ensure that all applicable facility and physician information is included.

If you have specific questions about the application process for accreditation, contact the accreditation agencies on their websites or by phone.

For questions about Oxford’s accreditation requirements, call United Healthcare at 1-800-666-1353.

In addition to accreditation, all radiologists and radiology centers in New York (NY) and New Jersey (NJ), who are interested in participating in the Oxford network and/or radiologists and radiology centers that already participate in the Oxford network and want to add a modality to their practice must also be credentialed. Refer to the Administrative Policy titled [Credentialed Guidelines: Participation in the Oxford and EviCore Radiology Networks](#) for additional information.

## Procedures and Responsibilities

- This policy is applicable to radiology centers, radiologists, and multi-specialty groups. **For diagnostic imaging performed by primary care physicians, specialty physicians, and other health care professionals in office settings, refer to the Medical Policy titled [Oxford's Outpatient Imaging Self-Referral Policy](#) for accreditation and certification requirements.**
- This policy assumes board certification by an American Board of Medical Specialties (ABMS) recognized in the provider specialty.
- This policy is not applicable to radiology services performed during an inpatient stay, ambulatory surgery, or emergency room visit.
- All X-rays performed at an urgent care facility are payable.

**Some radiology and cardiology procedures require Prior Authorization in addition to a site of service review.**

- Refer to the following Medical Policies for additional information:
  - Radiology Procedures: [Outpatient Radiology Procedures for EviCore Arrangement \(for Oxford Only\)](#).
  - Cardiology Procedures: [Outpatient Cardiology Procedures for EviCore Arrangement \(for Oxford Only\)](#).
  - Site of Service: [Magnetic Resonance Imaging \(MRI\) and Computed Tomography \(CT\) Scan – Site of Service](#).
- Or contact EviCore via one of the two options listed below:
  - Providers can call EviCore at 1-877-PreAuth (773-2884); or
  - Providers can log onto the [Prior Authorization and Notification App](#).

## Policy History/Revision Information

Date	Summary of Changes
01/01/2026	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>• Updated reference link to reflect the current policy title for policies:               <ul style="list-style-type: none"> <li>○ <i>Outpatient Cardiology Procedures for EviCore Arrangement (for Oxford Only)</i></li> <li>○ <i>Outpatient Radiology Procedures for EviCore Arrangement (for Oxford Only)</i></li> </ul> </li> </ul>
12/01/2025	<p><b>Purpose</b></p> <ul style="list-style-type: none"> <li>• Replaced language indicating “[the purpose of this policy is] to outline the <i>process and accreditation requirements for radiologists, radiology centers, and multi-specialty provider groups interested in participating in the Oxford network, a United Healthcare Company</i>” with “[the purpose of this policy is] to outline the accreditation requirements for radiologists, radiology centers, and multi-specialty provider groups participating in the Oxford network, a United Healthcare Company”</li> </ul> <p><b>Policy</b></p>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>● Replaced language indicating: <ul style="list-style-type: none"> <li>○ “All freestanding facilities and physician offices performing outpatient radiology <i>advanced</i> imaging studies <i>in the eviCore imaging network</i> are required to obtain and maintain accreditation as a condition for reimbursement for the [listed] services” with “all freestanding facilities and physician offices performing outpatient <i>diagnostic</i> radiology imaging studies are required to obtain and maintain accreditation as a condition for reimbursement for the [listed] services”</li> <li>○ “Radiologists seeking reimbursement for <i>advanced</i> imaging must have the laboratory/facility accreditation on file” with “radiologists seeking reimbursement for <i>diagnostic</i> imaging must have the laboratory/facility accreditation on file”</li> <li>○ “If you have specific questions about the application process for accreditation, contact the <i>ACR or IAC</i> on their websites or by phone” with “if you have specific questions about the application process for accreditation, contact the <i>accreditation agencies</i> on their websites or by phone”</li> </ul> </li> <li>● Revised list of procedures which require facilities, physician offices, and/or radiologist to obtain and maintain accreditation as a condition for reimbursement; removed: <ul style="list-style-type: none"> <li>○ Stereotactic biopsy</li> <li>○ Stereotactic breast biopsy</li> </ul> </li> <li>● Removed language pertaining to exceptions from accreditation/ credentialing requirements</li> <li>● Removed reference link to the: <ul style="list-style-type: none"> <li>○ Clinical Policy titled <i>Radiology Procedures for eviCore healthcare Arrangement</i></li> <li>○ Administrative Policy titled <i>Credentialing Guidelines: Participation in the eviCore healthcare Network</i></li> </ul> </li> </ul> <p><b>Procedures and Responsibilities</b></p> <ul style="list-style-type: none"> <li>● Added language to indicate this policy is applicable to radiologists and multi-specialty groups</li> <li>● Removed language indicating this policy is not applicable to radiology services performed during pre-operative/pre-admission testing</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Archived previous policy version ADMINISTRATIVE 248.14</li> </ul>

## Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.