MEDSOLUTIONS
INTELLIGENT COST MANAGEMENT

**May 6, 2009**

# MedSolutions
## Network Physician Credentialing Standards

### A. Radiologists:

1. Completion of all relevant facility and physician credentialing forms.
2. Must possess a Doctor of Medicine (MD) degree or Doctor of Osteopathy (DO) degree.
3. Each radiologist is primary-source verified as described in the credentialing section.
4. Current facility accreditation *(where the applicant practices greater than 50% of his/her professional time)* by the American College of Radiology (ACR) in MRI/CT/NM or the Intersocietal Accreditation Commission (IAC) in NM or MRI will be accepted as meeting credentialing requirements in those areas for interpreting physicians. ***Note: ACR or IAC accreditation in PET and IAC accreditation in CT does not currently fulfill this requirement, but may be considered on a case-by-case basis.***
5. Each physician at the facility who is a Radiologist, providing Facility Services to Members, must be board certified by the American Board of Radiology (ABR) in Radiology or Diagnostic Radiology, by the American Osteopathic Board of Radiology (AOBR), or by the Royal College of Physicians and Surgeons of Canada (RCPSC).
6. Radiologists who provide professional interpretation of Nuclear Medicine studies, including PET, must be board certified in Radiology or Diagnostic Radiology, Nuclear Radiology, or Nuclear Medicine by the ABR, American Board of Nuclear Medicine (ABNM), AOBR, American Osteopathic Board of Nuclear Medicine (AOBNM), or RCPSC.
7. If not Board certified, Radiologist must be within one year following completion of a Diagnostic Radiology Residency or Fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), with plans for completing the board examination within one year of the date of application.
8. Each physician must posses a current license that is in good standing, to practice medicine in the state where services are to be rendered.
9. Must provide proof of current professional liability insurance coverage.
10. Must provide proof of current facility general liability insurance coverage.
11. Foreign medical school graduates must submit an Educational Commission for Foreign Medical Graduates (ECFMG) Certificate.
12. Provide disclosure of malpractice history for the preceding 5 years.
13. Provide disclosure of any disciplinary issues or reportable actions to the NPDB or state medical board, or any sanction against the applicant's ability to possess a current Drug Enforcement Administration (DEA) Certificate or State level Controlled Dangerous Substance (CDS) Certificate.
14. Applicants that are ***not*** currently working at an ACR accredited facility in MRI/CT/NM/PET or an IAC accredited facility in NM or MRI will be required, each time credentialed, to provide CME hours and volume requirements as listed in the charts below. ***Exception: Documentation showing successful completion of a Radiology Residency or Fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME) within the last 24 months is exempt from this requirement.***

| **CT specific CME**: **15** hours in the past 36 months. *(half of which must be category 1* | **MR specific CME:** **15** hours in the past 36 months. *(half of which must be category 1* | **PET specific CME:** **15** hours in the past 36 months. *(half of which must be category 1* | **NM specific CME :** **15** hours in the past 36 months. *(half of which must be category 1* |
|---|---|---|---|
| **CT Volume**: Board certified radiologist must interpret at least 300 CT exams in the past 36 months. | **MR Volume:** Board certified radiologist must interpret at least 300 MR exams in the past 36 months. | **PET Volume:** Board certified radiologist must interpret 30 Brain Exams, 80 Oncologic Exams, 20 Cardiac Exams in the past 36 months. | **NM Volume:** Board certified radiologist must interpret at least 15 scans per month in the past 24 months. |

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## B. Non- Radiologist Licensed Practitioners:

1. Completion of all relevant facility and physician credentialing forms.
2. Each licensed practitioner is primary-source verified as described in the credentialing section.
3. Must be a licensed practitioner.
4. Each licensed practitioner at facility must be board certified by the ABMS or AOA in the specialty practiced.
5. Current facility accreditation *(where the applicant practices greater then 50% of his/her professional time*) by the American College of Radiology (ACR) in MRI/CT/NM/PET or the Intersocietal Accreditation Commission (IAC) in NM or MRI will be accepted as meeting credentialing requirements in those areas for interpreting practitioners. ***We are not currently accepting IAC accreditation in PET nor CT as meeting credentialing requirements.***
6. Licensed practitioners who provide professional interpretation of CT examinations:
    - Must show proof of completion of an accredited specialty residency and **50** hours of Category 1 CME hours in the performance as well as interpretation of CT in the subspecialty where CT reading occurs, *and* interpretation and reporting of 300 cases during the past 36 months in a supervised situation.
7. Licensed practitioners who provide professional interpretation of MR examinations:
    - Must show proof of completion of an accredited specialty residency and **50** hours of Category 1 CME hours in MR to include, but not limited to: MRI physics, recognition of MRI artifacts, safety, instrumentation, and clinical applications of MRI in the subspecialty area where MRI readings occur *and* 300 MRI cases in that specialty area shall have been interpreted and reported in the past 36 months in a supervised situation.
    - For Neurologic MRI, at least 50 of the 300 cases shall have been MRA or the central nervous system.
8. Non-Nuclear medicine Licensed practitioner interpreting Cardiovascular Nuclear Medicine only: (*Must meet one of the following criteria)*
    - Must be Board Certified in Cardiology by either the American Board of Internal Medicine, Royal College of Physicians and Surgeons of Canada (RCPSC), or Le College des Medicins du Quebec, and provide a letter from the program director and person responsible for the nuclear cardiology training showing completion of the Level 2 Core Cardiology Training Symposium (COCATS) training program in nuclear cardiology ***(see attachment 1).***
    - Cardiologist who trained prior to July 1995 must be Board certified in Cardiology and provide a letter from the program director and person responsible for the completion of the Level 2 training (***see attachment 1).***
    - All other physicians must provide a letter from the program director and person responsible for the completion of the Level 2 training from a formal Accredited Council of Graduate Medical Education (ACGME) approved general nuclear medicine program (see attachment 2).
9. Non-Nuclear medicine Licensed practitioner interpreting Cardiovascular PET only: (*Must meet one of the following criteria)*
    - Must be Board Certified in Cardiology by either the American Board of Internal Medicine, Royal College of Physicians and Surgeons of Canada (RCPSC), or Le College des Medicins du Quebec, *and* provide a letter from the program director and person responsible for the nuclear cardiology training showing completion of the Level 2 Core Cardiology Training Symposium (COCATS) training program in nuclear cardiology (see attachment 1).
    - Cardiologist who trained prior to July 1995 must be Board certified in Cardiology and provide a letter from the program director and person responsible for the completion of the Level 2 training ***(see attachment 1).***
    - All other physicians must provide a letter from the program director and person responsible for the completion of the Level 2 training from a formal Accredited Council of Graduate Medical Education (ACGME) approved general nuclear medicine program (see attachment 2).
10. If not Board certified, licensed practitioner must be within one year following completion of a residency or fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), with plans for completing the board examination within one year of the date of application.

11. Depending upon responses given on the credentialing application, a more detailed analysis of the applicant's training and experience may be required. If this is necessary, the Credentialing Committee may grant approval, pending receipt and review of the required materials.
12. Each licensed practitioner must posses a current medical license to practice medicine in the state where practice state where services are to be rendered.
13. Must provide proof of current professional liability insurance coverage.
14. Must provide proof of current facility general liability insurance coverage.
15. Foreign medical school graduates must submit an Educational Commission for Foreign Medical Graduates (ECFMG) Certificate.
16. Provide disclosure of malpractice history for the preceding 5 years.
17. Provide disclosure of any disciplinary issues or reportable actions to the NPDB or state medical board, or any sanction against the applicant's ability to possess a current Drug Enforcement Administration (DEA) Certificate or State level Controlled Dangerous Substance (CDS) Certificate.
18. Applicants who are ***not*** radiologists will be required, each time credentialed, to provide CME hours and volumes as listed in the charts below.

| **CT specific CME**: **50** hours in the past 36 months. *(half of which must be category 1* | **MR specific CME:** **50** hours in the past 36 months. *(half of which must be category 1* | **PET specific CME:** **20** hours in the past 36 months. *(half of which must be category 1* | **NM specific CME :** **15** hours in the past 36 months. *(half of which must be category 1* |
|---|---|---|---|
| **CT Volume**: Qualified Licensed practitioners must interpret at least 300 CT exams in the past 36 months. | **MR Volume:** Qualified Licensed practitioners must interpret at least 300 MR exams in the past 36 months. | **PET Volume:** Qualified Licensed practitioners must interpret at least 30 Brain Exams, 80 Oncologic Exams, 20 Cardiac Exams in the | **NM Volume:** Qualified Licensed practitioners must interpret at least 15 scans per month in the past 24 months. |

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# Network Physician Credentialing Standards
# (ATTACHMENT 1)

Fellows who wish to practice the specialty of clinical nuclear cardiology should be required to have at least 4 to 6 months of total training. In training institutions with a high volume of nuclear cardiology procedures, clinical experience may be acquired in a period of time as short as 4 months. In institutions with a lower volume of procedures, a total of 6 months of clinical experience will be necessary for level 2 competencies. This additional training should be dedicated to enhancing clinical skills and qualifying for Nuclear Regulatory Commission (NRC) licensure.

## Didactic program

Appropriate radiation safety training (currently 200 hours) should be provided to satisfy NRC licensure requirements. The training should provide fellows with a series of lectures and laboratories dealing with basic radiation physics, radiation protection, radiopharmaceutical chemistry, radiation biology and instrumentation according to NRC requirements. This program might be scheduled over a 12 to 24 month period concurrent with other fellowship assignments.

## Clinical experience

The fellow should participate in interpretation of all nuclear cardiology imaging data for the 4 to 6 month training period. During the course of the 4 to 6 month training period, it is imperative that the fellow have experience in correlating catheterization /angiographic data with radionuclide-derived data in a minimum of 30 patients. A teaching conference in which the fellow presents the clinical material and scintigraphic results is an appropriate forum for such an experience. Another appropriate source of interpretative experience can consist of an established teaching file. For lever 2 raining, a total of 300 cases should be interpreted under supervision, either from direct patient studies or from the teaching file, consisting of diverse types of procedures. Minutes or a written logbook should be kept; cases and diagnoses should also be listed to provide documentation.

## Hands-on experience

Fellows acquiring level 2 training should have additional hands-on experience with patient studies. Additional intensive experience should be acquired in a minimum of 50 patients; optimally 25 patients for myocardial (perfusion) imaging and 25 patients for radionuclide angiography (total 50 patients). Such supervised experience should include pretest patient evaluation, radiopharmaceutical preparation (including experience with relevant radionuclide generators), performance of the study (rest, exercise dipyridamole or adenosine or other pharmacologic stress), administration of dosage, calibration and set up of gamma camera, set up of imaging computer and processing the data for display after acquisition.

## Additional experience

In addition, the training program must provide experience in computer methods for analysis of perfusion imaging studies, including single-proton emission computer tomography (SPECT), and ejection fraction and regional wall motion measurements from radionuclide angiographic studies.

## Evaluation

Both the person responsible for the nuclear cardiology training program and the program director should also be responsible for evaluating the competence of the trainee in nuclear cardiology at the completion of the program. This can be accomplished by observing the performance of the fellow during the daily reading sessions or by formal testing procedure, or both.

Reference: http://www.acr.org/accreditation/nuclear/documents/nuc_med_reqs.pdf

# Network Physician Credentialing Standards
# (ATTACHMENT 2)

## Non-Radiologist Physicians:

At a minimum, completion of a formal Accreditation Council of Graduate Medical Education (ACGME)–approved general nuclear medicine program which must include 200 hours in radiation physics and 500 hours of preparation in instrumentation, radiochemistry, radiopharmacology, radiation dosemitry, radiation biology, radiation safety and protection, and quality control. In addition, 1,000 hours of clinical training in general nuclear medicine is required which must cover technical performance, calculation dosages, evaluation of images, correlation with other diagnostic modalities, and interpretation.

Reference: http://www.acr.org/accreditation/nuclear/nuclear_pet.html