

# Credentialing Guidelines: Participation in the eviCore healthcare Network

**Policy Number:** RADIOLOGY 039.17  
**Effective Date:** November 1, 2023

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Purpose</a> .....	1
<a href="#">Policy</a> .....	1
<a href="#">Policy History/Revision Information</a> .....	1
<a href="#">Instructions for Use</a> .....	1

Related Policies
<ul style="list-style-type: none"> <li><a href="#">Accreditation Requirements for Radiology Services</a></li> <li><a href="#">Oxford's Outpatient Imaging Self-Referral Policy</a></li> </ul>

## Purpose

To outline the process and credentialing guidelines for radiologists and cardiologists interested in participating in the eviCore healthcare Network for Oxford, a United Healthcare Company.

## Policy

Oxford has engaged eviCore healthcare (eviCore) to perform credentialing as well as quality and equipment review of outpatient diagnostic radiology centers who participate or wish to participate in the Oxford network. The minimum standards for consideration into the Oxford network can be found by clicking *Network Standards* on the lower left-hand side of the eviCore page at <https://www.evicore.com/pages/providerlogin.aspx>.

Radiology centers in New York (NY) and New Jersey (NJ) who are interested in participating in the Oxford network and radiology centers that already participate in the Oxford network and want to add a modality to their practice are required to email the eviCore Credentialing Department at [Credentialing@evicore.com](mailto:Credentialing@evicore.com) stating the nature of the request along with the name, address and contact email for facility. Credentials to access the online facility application through App Central will then be forwarded to the requestor via email.

**Exception:** Radiology centers performing outpatient radiology imaging studies in Connecticut (CT) are excluded from the above credentialing requirements.

Interpreting radiologists at facilities that are applying for a contract who are not currently credentialed by eviCore will need to complete a physician application and complete the physician credentialing process. Physician applications are also obtained by contacting [Credentialing@eviCore.com](mailto:Credentialing@eviCore.com).

## Policy History/Revision Information

Date	Summary of Changes
12/01/2024	<b>Template Update</b> <ul style="list-style-type: none"> <li>Modified font style; no change to policy content</li> </ul>
11/01/2023	<ul style="list-style-type: none"> <li>Routine review; no change to policy guidelines</li> <li>Archived previous policy version RADIOLOGY 039.16 T0</li> </ul>

## Instructions for Use

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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.