

Health Policy BRIEF

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The essential resource for your practice

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Section 135(a) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) included language requiring suppliers of the technical component of advanced diagnostic imaging (ADI) services (magnetic resonance imaging [MRI], positron emission tomography [PET] and computed tomography [CT]) to be accredited by one of three accrediting bodies by January 1, 2012. The accrediting bodies are:

- Joint Commission (JC)
- American College of Radiology (ACR)
- Intersocietal Commission for the Accreditation of Computed Tomography Laboratories (ICACTL)

The AUA conducted a straw poll of subscribers to the AUA's Practice Managers' Network who have CT scanners in their offices and found that most respondents used the American College of Radiology. They most often indicated that they work closely with local radiologists for interpretation of their CTs and those colleagues recommended the ACR.

Suppliers of these advanced imaging services include but are not limited to physicians, non-physician providers and independent diagnostic testing facilities. This accreditation requirement only applies to suppliers who are paid for the technical component under the Medicare Physician Fee Schedule. The Centers for Medicare & Medicaid Services (CMS) is urging suppliers of ADI who are not yet accredited to be sure to start the process no later than July 1, 2011. This will help ensure that the process is completed and accreditation is awarded to the facility by January 1, 2012, so that no claims will be denied in 2012 due to lack of accreditation. The process may take up to five months to complete. Click [here](#) for additional information.

In order for AUA members to determine which organization would provide the best pathway to accreditation, a comparison chart of each accreditation program's requirements for CT has been developed. Some of the requirements outlined in the chart are costs, training for the physician, interpretation volumes and continuing education. The Joint Commission is the least experienced accrediting organization in imaging and has the least specific criteria. Additionally, its accreditation is also the most costly process with a mandatory pre-accreditation survey.

The comparison chart is provided below to help you determine which accreditation organization would best suit your urology practice. Please check with the accreditation organization to get more detailed information.

Advanced Diagnostic Imaging (ADI) Accreditation Programs

Feature/AO	Joint Commission (JC)	American College of Radiology (ACR)	Intersocietal Commission for the Accreditation of Computed Tomography Laboratories (ICACTL)
Description of Accreditation Organization (AO)	The Joint Commission was founded in 1951 as the Joint Commission on the Accreditation of Hospitals (JCAH) by physician and hospital organizations. The Social Security Act of 1965 recognized hospitals accredited by JCAH as "deemed" to be in compliance with most of the Medicare Conditions of Participation for Hospitals and, thus, able to participate in the Medicare and Medicaid programs. The JCAH became the Joint Commission on the Accreditation of Healthcare	The American College of Radiology's (ACR) history of developing and administering accreditation programs that assess the quality of imaging facilities dates back to 1963.	The Intersocietal Commission for the Accreditation of Computed Tomography Laboratories (ICACTL) is sponsored by the Intersocietal Accreditation Commission, (IAC), a nonprofit organization that evaluates and accredits facilities that perform diagnostic imaging and carotid stenting procedures. The IAC has six

	<p>Organizations (JCAHO) in 1987. In 2008, Congress required that JCAHO apply for deeming status. The JCAHO became the Joint Commission in 2007. It is the nation's oldest and largest standards-setting and accrediting body in healthcare. It is an independent, nonprofit organization that accredits and certifies more than 18,000 healthcare organizations and programs in the United States. ADI accreditation falls under ambulatory care accreditation for the Joint Commission, which has accredited 1,400 organizations in 50 different freestanding outpatient settings in more than 25 years.</p>	<p>Accreditation for computed tomography (CT) began in 2002. Designed to be educational, the ACR Accreditation Programs evaluate qualifications of personnel, equipment performance, effectiveness of quality control measures and quality of clinical images.</p>	<p>divisions for different imaging modalities, and each establishes its own accreditation standards. The ICACTL is supported by the following organizations while operating independently of their activities: American Academy of Neurology, American Academy of Otolaryngology, American Association of Physicists in Medicine, American College of Cardiology, American Society of Echocardiography, American Society of Nuclear Cardiology, American Society of Radiologic Technologists, Society for Cardiovascular Angiography and Interventions, Society for Vascular Surgery, Society for Cardiovascular Computed Tomography, and Society for Nuclear Medicine. Representatives from these organizations make up the ICACTL Board of Directors. ACR members serve as members at large on the ICACTL board.</p>
Cost of ADI Accreditation ¹	<ul style="list-style-type: none"> • Survey fee - \$3,410 for up to 5,000 visits (paid every three years) • Annual fee - \$1,730 paid annually for 3 years (first year includes a non-refundable \$1,700 deposit) • Additional fee for multiple sites 	<ul style="list-style-type: none"> • \$2,400 for the first unit (scanner) for up to 3 modules² • \$3,315 for phantom (paid to manufacturer) 	<ul style="list-style-type: none"> • \$2,400 for one scanner and for one testing area³ • \$400 for each additional testing area, per scanner • Additional fee for pre-accreditation survey (not conducted for all applicants) • No fee for random survey or audit after accreditation granted
Additional Quality Assurance Costs (phantom ⁴)	No mention of phantom	\$3,315 annually for phantom ⁵ (paid to manufacturer)	<ul style="list-style-type: none"> • Specific phantom not required • Can use phantom provided by manufacturer
Time Frame for Accreditation process	6 months if no problems	4-6 months, 90 days after image submission	3-4 months
Survey	<ul style="list-style-type: none"> • Pre-accreditation - survey required • Post-accreditation - unannounced survey required by the Centers for Medicare & Medicaid Services (CMS) within 3 years of accreditation period 	<ul style="list-style-type: none"> • No pre-accreditation - survey • Post-accreditation - unannounced survey required by CMS within 3 years of accreditation period 	<ul style="list-style-type: none"> • Pre-accreditation - accreditation survey required when there are problems with the application • Post-accreditation - unannounced survey required by CMS within 3-year accreditation period
Who performs the survey review?	Paid Joint Commission employees	Trained peer reviewers review clinical and phantom images	Trained peer reviewers who receive honoraria, employed by CT facilities
Standards for	<ul style="list-style-type: none"> • No specific requirements are imposed 	<ul style="list-style-type: none"> • Completion of 	<ul style="list-style-type: none"> • Medical Staff-Board

Physicians Interpreting and Supervising or Medical Director	<p>by JC</p> <ul style="list-style-type: none"> • The facility determines its criteria, which must be based on existing recognized standards or other sources • The survey will use the facility's criteria to verify staffing credentials • Primary source verification of licensure 	<p>an accredited specialty residency</p> <ul style="list-style-type: none"> • 2,000 hours of Category I Continuing Medical Education (CME) in the performance and interpretation of CT in the specialty • Interpretation and reporting of 500 cases during the past 36 months • Experience in a supervised setting • Continuing experience over 3 years • Read 60 organ-system specific CTs and 15 hours CME in CT (half Category I) 	<p>Certification in a relevant specialty, and</p> <ul style="list-style-type: none"> • Interpretation of at least 150 studies, 50 where doctor is present at acquisition of image • 20 hours CT classes or at least 5 years of interpretation experience with 150 hours Category I CME • Interpretation minimum of 500 CT exams and 40 hours CT relevant CME, majority Category II, minimum of 3 hours radiation safety • Continuing experience - 15 hours Category I in CT over 3 years • 3 hours in radiation safety
Standards for Technologists	No specifics provided	<ul style="list-style-type: none"> • American Registry of Radiologic Technologists (ARRT) certified and registered and/or unrestricted state license • 24 hours of documented training and experience in CT • Continuing education relevant to imaging required every 2 years 	<ul style="list-style-type: none"> • ARRT or Canadian Association of Medical Radiation Technologists (CAMRT) certified in CT or an appropriate alternative or credentialed in another imaging field (MRI) or completion of 12 months full-time clinical CT experience under direct supervision of a credentialed technologist or completion of a formal 2-year program in another medical imaging profession or completion of a bachelor's degree in another medical imaging specialty • Continuing education - 15 hours Category I CT CE over 3 years, 3 hours must be related to radiation safety
Standards For Medical Physicist	No specifics provided	<ul style="list-style-type: none"> • Board Certified or graduate degree in medical physics, radiation physics, physics, or other relevant disciplines from an accredited institution with 1 course in biology and 1 course in anatomy or physiology • 3 years experience in CT environment or conducted surveys of at 	<ul style="list-style-type: none"> • Board certified unless state licenses or registers or otherwise approves professionals to measure dose and evaluate image quality at CT facilities; such a state approval/license will suffice • Continuing education - 15 hours Category I CME over 3 years, 3 of the hours must be related to radiation safety

		<p>least 3 CT units between January 2007 and January 2010</p> <ul style="list-style-type: none"> Continuing education - 2 CT unit surveys in prior 24 months and 15 CEU/CME (half category I) in prior 36 months 	
Supervising Personnel for Contrast or Medical Administration	No specifics provided	No specifics provided	If medical staff are not present during the CT exam, administration of contrast and medications may be delegated to licensed personnel who are knowledgeable/experienced
Quality Assurance/ Appropriateness Review	<ul style="list-style-type: none"> National Patient Safety Goals (not that relevant to imaging) Tracer method in surveys - follows patients, interviews patients and families Quality improvement data is examined at survey but specific requirements are not clear from manual Periodic Performance Review after accreditation 	<ul style="list-style-type: none"> The accreditation program involves the acquisition of clinical and phantom images, dose measurements, and the submission of scanning protocols 3 adult images per modality must be submitted with an additional image if children age 15 or younger are imaged One specialty exam (ACR identified) must be submitted Policies and procedures related to quality, patient education, infection control, and safety must be developed and implemented in accordance with ACR policy; physician peer review and appropriateness review are required elements of quality assurance Participation in physician peer review program required, including double-reading assessment, policies and procedures for 	<ul style="list-style-type: none"> Case studies, images and protocols must be submitted as key elements of accreditation process and decision Defined quality assessment program required that evaluates ongoing technical quality and radiation dose. Indicators specified in standards Measurement of appropriate use required based on criteria published or endorsed by professional medical organizations; results should be documented Under the supervision of the Medical Director, the applicant must have a defined quality assessment program that evaluates the ongoing quality of the interpretation of CT exams, should include peer review and correlation and confirmation of results with other diagnostic procedures or surgical interventions Results must be circulated to the medical and technical staff at least twice per year Records must be maintained, including discussion of how the information is used to improve quality

		<p>action to be taken, summary statistics and comparisons generated for each physician, and summary data for each facility</p> <ul style="list-style-type: none"> • Appropriateness/outcome analysis and actions taken to correct deficiencies should be maintained at the facility • Policies and procedures must be in place to look at diagnostic accuracy, complication rates and outcomes • ACR standards and guidelines are recommended 	
Minimum volume requirement	At least 3 scans	Not able to identify a minimum volume standard	<ul style="list-style-type: none"> • A facility should perform a minimum of 300 CT scans annually • Each member of the medical staff should interpret a minimum of 300 CT examinations annually • Technical staff should perform 300 scans annually • Compliance with the staff volume standard can be from all sites, not just candidate facility • Facilities that meet other criteria will not be denied accreditation on the basis of volume alone

¹ Additional fees may be applicable. Costs vary with the number of sites, volume of services, and areas of clinical focus depending on accreditation organization requirements.

² ACR modules are: head/neck, chest, abdomen, and cardiac. A unit is a CT scanner.

³ Testing areas are: coronary calcium scoring, cardiovascular CTA (64 slice or higher), neuroimaging, whole body CT, sinus and temporal bone, other.

⁴ A phantom is device that absorbs and scatters x-radiation in approximately the same way as the tissues of the body.

⁵ ACR requires use of a designated phantom, the Gamex 464.

This table, which provides minimal information, is designed to assist users in comparing accreditation processes. An in-depth assessment should be made before choosing a specific accreditation organization.

For more information, visit [CMS' Web site on ADI Accreditation](#).

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