



## **Attachment 1: Accreditation and Onsite Review Elements**

Current modular accreditation (if applicable) must be maintained for reimbursement of services. For those health plans requiring onsite review, the requirements below will be applied and proof of compliance will be checked.

### **Recognized accreditation organizations:**

- American College of Radiology (ACR)
- American Institute of Ultrasound in Medicine (AIUM)
- American Society of Breast Surgeons (ASBS)
- Intersocietal Accreditation Commission (IAC)
- RadSite
- The Joint Commission (TJC)

### **FACILITY/PHYSICIAN/TECHNOLOGIST – ALL MODALITIES**

- All physicians must be able to document at least 50 hours of continuing medical education (CME) hours, at least 25 of which must be Category 1, that are approved by the Accreditation Council for Continuing Medical Education (ACCME) annually or 100 hours every 2 years or 150 hours every 3 years. Certificates documenting these CME activities must be available if requested. For those with fellowship training, it is recommended that at least half of those hours are in their sub-specialty area.
- Each facility must show evidence of an ongoing Practice Quality Improvement Project and such projects should be consistent with the maintenance of certification requirements set forth by the specialty boards.
- Facilities must have a formal physician peer review program.
- Annual physicist reports are required for each piece of imaging equipment. This includes high and low-tech units.
  - Initial acceptance testing is required for all newly installed units
- Imaging reports must be consistent with the requirements of the applicable accreditation program. For modalities that do not require accreditation, imaging reports must be consistent with the requirements of the ACR's Practice Parameters for the Communication of Diagnostic Imaging Findings.
- All radiologists interpreting breast imaging must meet the requirements of MQSA.
- Facilities performing breast MRI must also perform mammography, breast ultrasound, and breast MRI guided biopsy or have a formal referral arrangement with another facility accredited that is accredited for breast MRI, to accept biopsy cases without the need to repeat the diagnostic exam.
- All radiologists performing CT Colonography (CTC) must be able to document the following training and experience:
  - CME training course to include a minimum of 75 proven cases
  - Mentoring of a minimum of 50 cases post initial training and prior to independent interpretation
  - Interpret or co-interpret a minimum of 50 cases per year
  - If a physician cannot document 50 cases per year beginning January 2009 then he/she will be required to document evidence of at least 15 hours of CME training in virtual colonoscopy every three years.
  - An annual medical audit of all CT colonography cases must be maintained.
- All MRI reports for exams performed on an ACR accredited unit must use the terminology defined in the ACR's Glossary of MRI Terms.



- The following policies must be available upon request when applicable to the facility:
  - Blood Borne Pathogen Compliance
  - Chemical Hazards Safety Plan
  - Complaints
  - Conscious Sedation/Analgesia
  - Emergency Cart
  - Fire and Disaster Plan/RACE
  - Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance/Confidentiality
  - Image Labeling
  - Image Processor, Printer and/or PACs Maintenance
  - Incident Reporting
  - MRI Patient Screening
  - MRI Safety (including specifications of safety zones)
  - Nuclear Medicine Spills
  - Oral and/or Intravenous Contrast Media/Radiopharmaceutical Policy
  - Patient Drug Reactions
  - Patient Holding Policy
  - Patient Record Retention/Retrieval
  - Peer Review
  - Physician Site Coverage
  - Practice Quality Improvement Plan
  - Quality Control (for each piece of equipment)
  - Radiation Safety
  - Results Reporting
  - Staff and Patient Safety
  - Written Techniques/Protocols for each exam type

## **EQUIPMENT STANDARDS**

### **COMPUTED TOMOGRAPHY (CT)**

#### CT Quality Control and Preventative Maintenance

- Quality Control testing in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
- The following documentation must be available for inspection at the facility:
  - Preventive maintenance records
  - Log of all service records

#### Cardiac CT (CCT) AND Coronary CT Angiography (CCTA):

- Complete gantry rotation should take no longer than 0.42 seconds.
- Tube heat capacity must allow for a single <20 second acquisition.
- Minimum section thickness should be not be >1.0 mm.
- The CT unit used for CCTA must allow display and interpretation of the full 12 bits (from - 1000 to 3095 Hounsfield Units) of attenuation information.  
The display field of view must be sufficient to allow an assessment of the vasculature of interest, the end-organ, and adjacent tissues.
- For cardiac and ascending aortic CTA, an ECG-gated acquisition should be performed that allows retrospective reconstruction of the scan volume at multiple phases through the cardiac cycle.
- A dual-headed power injector that can be programmed for both volume and flow rate must be used for CCTA examinations.



- An independent workstation capable of creating volume rendered or shaded-surface displays, maximal intensity projections (MIP), and multi-planar reconstructions must be available for CCT or CCTA analysis.
- The workstation should also allow direct measurement of vascular dimensions and, when appropriate, path lengths and angles.

CT Colonography (CTC or VC):

- Sixteen (16) slice or greater multi-detector computed tomography (MDCT) is required.
- Must be able to scan entire abdomen and pelvis in a single breath hold with a slice thickness of  $\leq 2.5$ mm.
- Images must be reconstructed at a slice thickness of  $\leq 1.5$  mm.
- The work station must have specific CT colonography software.
- The software must be capable of simultaneously integrating 2D and 3D images of the colon.

Reporting Request:

- Reporting Format: As part of the cardiology quality assurance program, periodically you may be requested to submit: Cardiac CT studies for our review. Evaluation of these studies will determine the quality of the images, accuracy of the interpretation, adherence to contraindications and to assure that the reporting format in accordance with the requirements (listed below).
  - Native vessels: Report calcium score with calcium mass and volume per vessel. Discuss dominance, overall vessel size and number of diagonals and obtuse marginal, describe any anatomic variants. Describe lesion location by segment. Describe plaque composition as calcified, non-calcified or mixed. Describe severity as: Minimal; Mild: ~20-30%; Mild-moderate ~30-50%; Moderate ~ 50%; Mod-severe ~50-75%; or Severe > 75%.
  - Discuss limitations of the study if any (blooming artifact, motion, quantum mottle).
  - Stents: Report location, patency, and any limitations of interpretation.
  - Bypass grafts: Report location, patency, and any lesions in the native vessels distal to the graft touchdown point. Report any limitations of interpretation (i.e. clip artifact)
  - LV function: Report EF, ES volume and ED volume when appropriate acquisition phases of data are available. Evaluate and report any apparent sub endocardial perfusion defects, any regions of myocardial or septal thinning or hypertrophy, and any abnormalities of myocardial contractility. Evaluate valve morphology and motion and report any apparent abnormalities when appropriate.

Cardiac Imaging Specialist/Nurse/Physician Assistant:

- Cardiac Imaging Specialist should have documentation of the following:
  - Documentation of completion of a minimum of 100 Cardiac CT examinations at a facility under direct supervision of a CIS including the acquisition and interpretation of the cases.
  - Letter documenting involvement in at least 200 Cardiac CT cases involving the interpretation of the examination.
  - Proof of 40 hours of category I CME Credits in Cardiac CT.
  - Documentation of training specifically in Cardiac CT.
  - Documentation of completed fellowship training
  - Copy of Advanced Cardiovascular Life Support (ACLS) Certificate.
  - Documentation of supervised experience in the performance of Catheter or CT angiograms.
  - Document of training in the use of all necessary pharmaceuticals.
- Nurse / Physician Assistant should have documentation of the following:
  - Copy of State license.
  - Copy of Advanced Cardiovascular Life Support Certificate (ACLS).



- Documentation of training in the use of a powered dual head contract injector.
- Supervision of contrast and /or medication administration.

## **MAGNETIC RESONANCE IMAGING (MRI)**

### **MRI EQUIPMENT:**

- All MRI units must be capable of performing Diffusion Weighted Imaging (DWI).
- Units with field strengths <1.0 T will be limited to performing examinations of the brain, spine, knees and extremities. If these units have gradient strengths of at least 20mT/meter and slew rates of at least 45T/meter/sec, a facility may submit additional studies to demonstrate their ability to perform these tests with acceptable quality, as determined by eviCore.
- Units with field strengths of  $\geq 1.0$  T will be permitted to perform all examinations (other than Breast and Cardiac MRI), as long as all other eviCore Standards are met. In order to perform Breast or Cardiac MRI, additional equipment standards must be met as noted below.

### **MRI Quality Control and Preventative Maintenance**

- Quality Control testing in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
- The following documentation must be available for inspection at the facility:
  - Preventive maintenance records:
  - Log of all service records
- MR unit must meet all state and federal performance requirements, including those for:
  - Maximum static magnetic field strength
  - Maximum rate of change of magnetic field strength (dB/dt)
  - Maximum radiofrequency power deposition (specific absorption rate)
  - Maximum auditory noise levels

### **BREAST MRI EQUIPMENT:** *(All standards for MRI must be met in addition to the following :)*

- Any device used for breast MRI must:
  - Have a dedicated bilateral breast coil
  - Be capable of simultaneous, bilateral imaging
  - Produce images with slice thicknesses  $\leq 3$ mm and in-planar pixel resolution  $\leq 1$ mm
  - Utilize fat suppression or image subtraction processing on all contrast enhanced sequences
- Quality Assurance:
  - Facilities must establish and maintain a medical outcomes audit program to follow up positive and negative results and to correlate those results with the interpreting physician's findings.
  - Facilities must use the Breast Imaging Reporting and Data System (BI-RADS) final assessment codes and terminology for reporting and tracking outcomes.

## **CARDIAC MAGNETIC RESONANCE IMAGING**

### **CARDIAC MRI EQUIPMENT:** *(All standards for MRI must be met in addition to the following)*

- All devices used for cardiac MR Imaging must be 1.5T or greater with a slew rate of at least 70mT/meter/sec.



- Any device used for cardiac work must be capable of electrocardiographic (EKG) gating, including prospective, retrospective and triggered retrogating. New units must have vectorcardiographic gating.
- All devices must have an MRI-compatible power injector.
- MRI used for cardiac imaging must have FDA-approved processing software for calculation of ejection fraction and reformatting the angiographic data.

## **NUCLEAR MEDICINE (NM)**

### **NUCLEAR MEDICINE EQUIPMENT:**

- Collimator Requirements:
  - LEHR Low Energy – for high resolution studies
  - Medium Energy – for indium and gallium studies
  - High Energy - for centers performing Iodine 131 whole body studies

### **Nuclear Medicine Quality Control and Preventative Maintenance**

- Quality Control testing must be in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
  - Note for SPECT systems Quality Control: for ACR and IAC Nuclear/PET accredited facility's overall system performance testing with an approved phantom must be in accordance with the accrediting organizations standards.
- The following documentation must be available for inspection at the facility.
  - Preventive maintenance records
  - Log of all service records

### **CARDIAC NUCLEAR MEDICINE EQUIPMENT:**

- Cardiac nuclear imaging equipment must have:
  - Quantitative analysis software
  - Cardiac gating
  - EF (Ejection Fraction) Calculation software
  - Motion correction, back filter projection reconstruction, or line spread function software.

## **POSITRON EMISSION TOMOGRAPHY (PET) and PET/COMPUTED TOMOGRAPHY (CT) PET/CT**

### **PET Quality Control and Preventative Maintenance**

- Quality Control testing must be in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
- The following documentation must be available for inspection at the facility.
  - Preventive maintenance records
  - Log of all service records
  - Records of initial acceptance testing for all units installed within the last year

## **ULTRASOUND (INCLUDING ECHOCARDIOGRAPHY)**

### **Ultrasound Quality Control and Preventative Maintenance**

- Quality Control (QC) testing in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.



- The following documentation must be available for inspection at the facility:
  - QC and Preventive maintenance records
  - Log of all service records
  - Documentation of routine Quality Control testing performed at least every six (6) months either by a medical physicist or service engineer.
  - Electrical and mechanical safety
  - Image uniformity
  - Sensitivity and penetration
  - Measurement of vertical and horizontal distance accuracy
  - Testing of all transducers

### **BONE DENSITOMETRY**

#### **Dual Energy X-Ray Absorptiometry (DXA)**

- Quality Control testing in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
- The following documentation must be available for inspection at the facility.
  - Preventive maintenance records: Quality control must be performed and recorded by a trained technologist at least three (3) days a week and always before the first patient measurement of the day.
  - Log of all service records



**Scheduling Standards**

**Applicable to those facilities *contracted* with one of the following Health Plans:**

- OXFORD
- HIP/EMBLEM NY
- HORIZON

**Routine Appointment Scheduling Standards**

Modality	MRI	CT	PET	Nuclear Medicine	Ultrasound	Mammography Diagnostic	Mammography Screening	General Radiography
Number of Business Days	5	5	5	7	5	3	100	2