

The clock's ticking: advanced imaging accreditation

With less than a year left to get accredited, it's time to weigh the options

By Jan. 1, 2012, imaging centers, office based-physicians and independent diagnostic testing facilities that bill for the technical components of CT, MRI, PET and nuclear medicine exams will need to carry the stamp of approval from one of the authorized advanced imaging accreditation bodies in order to continue receiving Medicare reimbursements.

With time running out, imaging experts urge applicants to begin the accreditation process as soon as possible – it may take months to complete, and some facilities are at risk of failing on their first try.

But before jumping into the process, providers must first choose their preferred accreditation organization. The Centers for Medicare and Medicaid Services instilled three organizations with the power to accredit facilities. Each organization goes about the accreditation process differently.

American College of Radiology

ACR's accreditation program is modality-based and providers must submit applications for each piece of their imaging equipment. This AO focuses on image quality, dose and safety and involves both phantom and image peer reviews. ACR emphasizes the fact that its accreditation process is overseen by board-certified radiologists and medical physicists.

Facilities can achieve accreditation in approximately 90 days from image submission. ACR doesn't require a pre-accreditation on-site survey and providers can apply using ACRedit, the organization's online application system.

ACR charges applicants for each unit of the modality. For example, accreditation of a CT unit is \$2,400 for the first system. The organization then shaves off a \$100 for each additional CT scanner at the location. Discounts for multiple sites are also available.

"The ACR accreditation process is comprehensive and gives providers input for continual process improvement including a peer-reviewed assessment of clinical and phantom image quality; evaluation of personnel qualifications and equipment requirements; and quality assurance and quality control," an ACR spokesman told DOTmed News.

Facilities opting for ACR's accreditation receive "Gold Standard" seals specific to each modality and a marketing kit that may be used to promote their status to patients, payers and referring physicians.

The Intersocietal Accreditation Commission

The IAC has three specific divisions to accredit facilities – one for nuclear medicine, nuclear cardiology and PET; one for CT; and one for MRI. This AO doesn't use phantom images; instead, reviewers inspect representative case studies. Laboratories are required to provide documentation of their

quality control and quality assessment programs. The IAC zeroes in on staff qualifications, dose and imaging safety.

This AO takes about 12 to 16 weeks to process the application. Like ACR, IAC offers an online application, a virtually paperless process. "Following a comprehensive in-house evaluation for completeness, each submitted application is assigned to two clinical reviewers," an IAC spokeswoman told DOTmed News. "The IAC evaluation process itself is one of peer review conducted by trained reviewers, active in their respective fields and employed with accredited facilities."

The IAC charges per modality with an initial fee for the primary unit. For example, the initial cost of the first CT unit is a \$2,400 base fee, plus \$400 per additional testing area. Each additional unit is \$1,200. IAC charges one application fee for nuclear medicine, nuclear cardiology and PET facilities, regardless of the number of cameras. MRI and CT facilities with more than one unit qualify for discounts.

The IAC also encourages providers to tout their accreditation status with available tools such as accreditation certificates, plaques and seals.

The Joint Commission

The Joint Commission takes an organization approach to accreditation. Under TJC's model, facilities undergo a minimum two-day on-site evaluation. When providers apply, they select a date when they expect to be ready for the survey, about three to six months from the time of the application. The survey is patient-centered and is carried out by ambulatory professionals, including a physician surveyor and an ADI specialist with modality expertise.

This AO's standards focus on "the qualifications of medical personnel and medical directors, the performance specifications for imaging equipment and quality assurance and quality control programs to ensure the safety, reliability, clarity and accuracy of diagnostic imaging," a TJC spokesman told DOTmed News.

The price of the survey is based on patient volume and number of provider sites (potential applicants can use a calculator on TJC's website to figure out the cost of the process).

At the end of its survey, TJC leaves a preliminary, written report onsite. The Joint Commission encourages facilities interested in ADI accreditation to apply by July 2011 to ensure the survey is conducted and a decision is rendered by the 2012 deadline.

For more information, including links to each organization's accreditation details, see the online version of this article by entering the number below into any search window on dotmed.com.

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