

Introduction

The Diagnostic Modality Accreditation Program incorporates the ACR accreditation programs (except mammography and radiation oncology) under one application process. There will be one application for each practice site that will also include specific information for each of its individual imaging modalities.

The application for the Diagnostic Modality Accreditation Program (DMAP) includes the following programs/modalities:

- Breast Ultrasound
- Computed Tomography (CT)
- Whole Body Magnetic Resonance Imaging (MRI)
 - Cardiac MR
- Nuclear Medicine
 - Positron Emission Tomography (PET) Module
- Stereotactic Breast Biopsy
- Ultrasound

Facilities will have to apply for the Mammography and the Radiation Oncology Accreditation programs separately. Mammography Accreditation is not included in the DMAP application because of its federal mandate. The Radiation Oncology Program is not included because it is a treatment based accreditation program; not based on review of images.

General Instructions

The application/questionnaire includes sections dealing with your practice site characteristics (i.e. personnel) and specific modality characteristics, including equipment.

All data is privileged and confidential. Only reports that summarize aggregate data will be released.

- Read **all** instructions carefully before proceeding.
- The practice site supervising physician and facility president/CEO or owner must sign the *Practice Site Accreditation Survey Agreement*.
- Original, electronic or faxed signatures are acceptable on the application. Stamped signatures are not acceptable.
- Complete the application, noting any sections where you have difficulty. Do not send an incomplete application. For assistance, call the ACR Diagnostic Modality Accreditation Program at (800) 770-0145. ***Incomplete information will delay the processing of your application.***
- Keep copies of the completed application and associated documents for your own reference.

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Covered Entities (providers) must have in place an agreement with business associates if the parties in their business dealings exchange Protected Health Information (PHI), as that term is defined in the HIPAA regulations. Under the regulations, the American College of Radiology (ACR) is considered a "business associate" of covered entities for which accreditation services are provided.

Definitions

Accreditation	Full accreditation is granted per modality when all units/modules have passed the complete evaluation process or the facility has notified the ACR in writing that any unit that did not pass has been withdrawn from service. The 3-year period of accreditation extends from the date the first unit passes the full evaluation.
Practice sites	Each different geographical location where imaging is performed.
Modality	An individual accreditation program specific to one type of imaging.
Modules	Components under each individual modality for which a facility can apply. (Example: Nuclear Medicine General (PLANAR) or SPECT)
Sub modules	Components under applicable individual modules. (Example: Ultrasound Vascular Peripheral Exams)
Previously accredited or applied	Program ID numbers for all modalities in which you are accredited or those currently in the process of being accredited.
Practice site supervising physician	Physician responsible for the entire practice site location. This person ensures that all terms stated in the Survey Agreement are met.
Modality-specific supervising physician	Physician responsible for the individual modality at the practice site. This person should oversee the clinical exam selection and review all testing materials before they are sent to the ACR.
Modality-specific technologist contact person	This person is responsible for organizing the testing materials for an individual modality at the practice site. ACR will contact this person if there are any questions about the submitted testing materials.
Unit number	The general cross-modality ACR assigned ID for the machine that captures the clinical and phantom images.
Unit attribute	Information specific to the imaging unit such as manufacturer, model, serial number, year manufactured, type of unit (fixed or mobile), recording system and frequency.
Room location number	The name or number the practice site gives the room where the unit is located.
Mobile units	Any imaging unit that can move from one location to another location by motor vehicle.
Under review	Any modality for which a facility has applied but no unit/module has achieved accreditation will be considered under review for up to 9 months.
Testing materials	Instructions for submitting the clinical and phantom images, as well as the labels for the images, test image data sheets, site scanning data sheets, quality control questions, and any associated dosimeters and other modality-specific information.
Test Image Data Sheet	Form used to record technical factors used for phantom and/or clinical images.
Site Scanning Data Sheets	Form used to record phantom scanning protocol data.
Dosimeter (TLD)	A device used to measure radiation dose.
Renewal notice	Notice sent to the practice site eight months prior to the expiration of a modality accreditation.

Acronyms

BUAP	Breast Ultrasound Accreditation Program
CTAP	Computed Tomography Accreditation Program
MRAP	Magnetic Resonance Imaging Accreditation Program
MRCAP	Magnetic Resonance Cardiac Accreditation Program
NMAP	Nuclear Medicine Accreditation Program
PETAP	Positron Emission Tomography Accreditation Program Module
SBBAP	Stereotactic Breast Biopsy Accreditation Program
UAP	Ultrasound Accreditation Program

APPLICATION SECTIONS:

The following provides a detailed description of each application section to be completed.

Practice Site Information

A practice site is each different geographical location where imaging is performed. The practice site is where the Diagnostic Modality Accreditation Program application, renewal materials, testing materials and final reports will be sent. Each practice site will be assigned a five-digit practice site ID number (i.e., 01000). All of the clinical and/or phantom images and appropriate testing materials will come from each practice site.

Services provided at this practice site (for survey purposes only): please check all of the types of imaging services provided at that practice site regardless if you are accredited or applying for accreditation in that modality or not.

Average number of exams performed per year: list approximate number of exams for the entire modality.

Provide modality accreditation ID number for sites previously accredited or under review: fill in the modality accreditation ID number in each box. Each modality will be assigned a five-digit modality ID number (i.e., MRAP 01234).

Applying for new modalities/modules: place a check mark in each box that corresponds to the modality/module for which the site is applying. Sites may apply for any modality and are not required to apply for all imaging services provided.

Practice sites already accredited will be sent the preprinted DMAP forms when their first modality is due for renewal eight months prior to expiration. The renewal dates for all the other modalities will remain the same.

Unit Page for Each Modality

The site must complete the modality specific pages for each module for which it has applied. For each modality, designate a supervising physician and a technologist contact person. This supervising physician should be responsible for the individual modality at the practice site. This person should oversee the clinical exam selection and review all testing materials before they are sent to the ACR. The technologist contact person will be responsible for organizing the testing materials for the individual modalities at the practice site. The ACR will contact this person if there are any questions about the submitted testing materials. Automatic status updates will be e-mailed to the facility throughout the accreditation process.

Make additional copies of each unit page as needed. The unit number is the general term for the machine that captures the clinical and phantom images. Each unit will be labeled consecutively starting with the number 1.

We have provided unit labels for those practice sites going through renewal. Verify the information on the labels and place them on the designated area of each unit page. See diagram below:

Unit # _____	Room Location # _____
Manufacturer <i>see code table</i> _____	_____
Model Name: _____	Serial Number: _____
Year Manufactured: _____	
Place unit label here, if applicable	

If the unit has been withdrawn, complete the information below the label. In addition, complete the unit attributes where applicable.

The room location number is the name the site gives the room where the unit is located.

The manufacturer and processor codes needed to complete the modality pages are on the next page of this document.

UNIT MANUFACTURER CODES

Please reference the below table for all modalities to find the code which corresponds to the type of equipment that is being accredited.

ACOM – Acoma	HEWL – Hewlett-Packard Co	PORT – Porta-Ray
ACOU – Acoustic Imaging	HGFC – Fischer	POSI – Positron
ACUS – Acuson	HITA – Hitachi	RAYT – Raytheon
ADAC – ADAC	HLTH – Health Images	RESX – Resonex
ADTR – Adtek	IMAT – Imatron	RSTX – RST
AFPI – AFP Imaging	IMSC – IMS	SHIM – Shimadzu Medical System
ALOK – Aloka	INRU – Instrumentarium	SIEC – Siemens
ARCM – AR Custom Med	KRAM – Kramex	SMVA – SMV International
ATLU – ATL	LITT – Litton	SOPH – Sopha
AUSC – Ausonics	LRAD – Lorad	SORX – Soredex
BK – Bruel & Kjaer	MARC – Marconi	SPEC – Spectrascan
BEXR – Bennett	MEDX – Med-X	STAN – Standard
CGRM – CGR Thomson	MINX – Min X-Ray	SUMM – Summit
CONX – Continental	MOTI – Moti	TECH – Technomed
CORO – Corometrics	OHML – Ohmic	TECR – Technicare
DELM – Del Med Systems	OLDE – Oldef-Amber	THOC – Thomson Components & Tubes
ELEM – Elema-Schonander	OTSU – Otsuka	TOSE – Toshiba
ELSC – Elscint	PARM – Park Medical	TWXR – Transworld
FONA – Fonar	PFIZ – Pfizer	UNIV – Universal
GEMS – General Electric	PHMS – Philips	WEST – Westinghouse
GEND – Gendex-Del	PICO – Picker	XONI – Xonics
GENX – General X-Ray	PLAN – Planmed	OTHR – Other

PROCESSOR MANUFACTURER CODES

Please reference the below table to find the code which corresponds to the type of processor that is used at your site (if applicable)

01 – 3M	06 – DuPont	11 – Konica	99 – Other
02 – AFP	07 – Ecomat	12 – Pako	
03 – Agfa	08 – Fuji	13 – Philips	
04 – Alpha Tek	09 – Hope	14 – Picker	
05 – Curix	10 – Kodak	15 – Vari-X	

Payment Worksheet

Use this form to calculate the fees for each of the modalities for which a site is applying. If a single practice site applies for three or more modalities, they will receive a 10% discount off the final calculated fee. For example, if a site is already accredited in MRI and CT or is in the process of going through accreditation for MRI and CT, and decides to add Nuclear Medicine, they will receive the 10% discount. The Mammography Accreditation Program is not included as a modality toward the discounted fees. If you are applying for more than five practice sites, make additional copies of the payment worksheet and write the appropriate site numbers on the form.

Personnel

A list of each physician, medical physicist (or MR scientist), and technologist under the practice site must be submitted to the ACR. The site should maintain detailed information about the type of personnel training, in what capacity, under whose direction, when, and at what institution at the facility. The ACR will verify this information if the site is selected for a site survey.

The site must report any change in personnel in writing. The practice site must submit an updated personnel summary list to notify the ACR of new physicians, medical physicists (or MR scientists) or technologists. If the practice site's supervising physician or president/CEO or owner changes, the site must submit a new Survey Agreement. The personnel summary list and the Survey Agreement may be obtained by visiting the ACR website at www.acr.org and clicking on "Accreditation".

Where to Send Application

If submitting by standard mail:

Diagnostic Modality Accreditation Program
American College of Radiology
P.O. Box 2348
Merrifield, VA 22116

If submitting by a traceable method:

Diagnostic Modality Accreditation Program
American College of Radiology
1891 Preston White Drive
Reston, VA 20191

ADDITIONAL RESOURCES TO ASSIST YOU:

The ACR recognizes that the accreditation process involves a significant investment in time and effort on the part of your facility. We provide a number of resources for you to use that will help you through this process.

Each modality program has a team of professional staff including qualified technologists and sonographers who are available to answer questions and guide you through the process.

The ACR Web site has frequently asked questions (FAQ's) for all accreditation programs. The ACR Practice Guidelines and Technical Standards and Appropriateness Criteria can be downloaded from this site. All ACR sites under review and accredited are listed on the ACR Web site by accreditation program and state. Visit www.acr.org, select "Accreditation" then "Accredited Facilities Search".

A quality control manual will be sent to the practice site for each new applicant for Stereotactic Breast Biopsy or the MRI program.