

# ACR CT Accreditation

## Frequently Asked Questions

### Application - General

**Q. My facility has never applied for accreditation before, and would like to become ACR Accredited for Computed Tomography. How do we get started?**

A. Start by reading the following documents, available on the ACR website:

- The Diagnostic Modality Accreditation Program Overview
- The ACR CT Accreditation Program Requirements
- The ACR CT Accreditation Clinical Image Quality Guide
- The ACR CT Accreditation Testing Instructions
- The ACR CT Accreditation Phantom Testing Instructions

After reading these documents, and checking your protocols, you can apply online here:

<https://acredit.acr.org>

**Q. Will CT accreditation become mandatory?**

A. Currently, the ACR CT Accreditation Program is a voluntary process. However, effective January 1, 2012 all providers that bill for CT, MRI, breast MRI, nuclear medicine and PET under part B of the Medicare physician fee schedule must be accredited in order to receive reimbursement for the technical component from Medicare.

**Q. Is my hospital required to be accredited under the new MIPPA legislation?**

A. No. Part B of the Medicare physician fee schedule is for outpatient facilities.

**Q. How many people at my facility are involved in the accreditation process?**

A. Everyone at your facility is involved somewhat with accreditation, and should at least be aware of your facility's participation. You should have one person who is "in charge" of organizing the project. You should have a "core team" made up of the following personnel:

- Your lead CT technologist will be the main person we contact if necessary. This should be the primary person who completes the online accreditation application and testing package, and is the technologist contact listed on your application
- Your CT supervising physician is the interpreting physician responsible for your CT protocols, and approves all aspects of the application and testing materials before you submit them to ACR for review.
- Your medical physicist should be responsible for the annual system performance evaluation, supervising your facility's QC and performing the dosimetry portion of your phantom submission. We also strongly recommend that they are closely involved with the Gammex phantom portion of your testing materials submission, and assist the supervising physician and lead technologist with your routine clinical protocols to help ensure the lowest technique possible while maintaining good image quality.
- Your administrative contact, such as manager, director, etc. will help organize the members of your "core team" and ensure that everyone on the team has the resources necessary to successfully complete your accreditation process.

**Q. How long does the accreditation process take?**

A. On average, the process takes 4 to 6 months from start to finish.

**Q. How much time do I have to return the testing package to the ACR?**

A. The testing materials are due 45 days from the date the testing materials were mailed to your facility. The time frame is based on calendar days. After you apply for accreditation, you will receive all of the testing materials and labels. The due date is printed on the labels you receive. The 45 day timeframe is to make sure your facility gets through the accreditation process in a timely manner. If your facility needs extra time, please call an ACR accreditation representative at (800) 770-0145 and ask for an extension.

**Q. Do sites have to submit images within a certain time frame?**

A. Sites are given 45 days to complete the testing portion of the accreditation process. (Failure to comply with this time frame will result in your application being made inactive.) There are specific instructions in the testing package that designate that all phantom and clinical images must be from the same 60 day period and within 30 days before or after phantom images.

**Q. Do facilities have to undergo a site survey as part of the accreditation process?**

A. The accreditation process is conducted primarily by mail. The ACR and/or CMS will conduct site visits without prior notification to validate maintenance of accreditation criteria within the three year accreditation period.

**Q. May we use a model or a volunteer to obtain clinical images to submit for accreditation?**

A. No. Any clinical image submitted for accreditation review must be of an actual patient who needed the examination. Use of volunteers or models, including staff from your facility is prohibited and may result in withholding, denial or revocation of accreditation. Attempting to "pass off" images taken from a volunteer or model as clinical images from a patient may constitute fraud.

**R. What happens if I fail?**

A. You will only have to repeat the examinations that are deficient and not have to repeat the whole entire process again. The fee will be \$800/scanner for clinical or phantom images and \$1600/scanner if you have to repeat both. You will have 30 days to submit the repeated images.

**Q. My facility did not pass accreditation. May we appeal the decision? If so, what's involved?**

A. Yes. Facilities that receive a deficiency or a failure may *appeal* the determination in writing within 15 days of the date of the final report. You must send the *original images for all of the submitted cases in the category that did not pass* along with a letter describing your reason for appealing. Only those images reviewed for the original determination (and having the original labels) will be considered during the appeal evaluation. These will be forwarded to an arbitrator (a reviewer who did not participate in the initial review) with a copy of the previous reviews and the appeal letter written by the facility. *No other images will be sent to the reviewer for consideration in the evaluation.* The arbitrator's determination will be final.

**Q. We recently appealed an adverse accreditation decision. When should we receive the results of the appeal?**

A. You should receive the appeal results within *30 to 45 days* of the date all required appeal materials were received by the ACR.

**Q. We did not pass accreditation because our technologists selected and submitted the wrong images. May we appeal the decision and submit new cases?**

A. Although you may appeal the decision, you may *not* submit new cases. During accreditation review, the ACR reviewers assume that the submitted cases were reviewed by the modality's supervising physician (as specified in the Testing Instructions) and are examples of your best work. Consequently, during an appeal, you may only *submit the original images* with the original ACR labels.

**Q. We did not pass accreditation because our technologist did not submit all required images and provided insufficient information with the images that were submitted. May we appeal the decision and submit the rest of the required information?**

A. You may appeal the decision; however, you may only submit the original images with the original ACR labels. Please call the Diagnostic Modality Accreditation Information Line at (800) 770-0145 for further guidance on your specific situation.

**Q. Can the clinical and phantom images be submitted in a digital format?**

A. The clinical and images can be submitted on a CD. Phantom images **MUST** be submitted on CD. The instructions for submitting the images on CD can be found in the Testing Instructions here: [http://www.acr.org/accreditation/computed/qc\\_forms.aspx](http://www.acr.org/accreditation/computed/qc_forms.aspx).

**Q. Does a physician have to be present during injection of intravascular contrast media?**

A. A properly certified and/or licensed healthcare professional may perform the injection so long as a radiologist or his or her **physician** designee is present and immediately available to furnish assistance and direction throughout the performance of the procedure. The physician need not be in the same room.

## **Moved Facilities/Adding Units/Adding Modules**

**Q. How does a facility add a new unit to their existing accreditation?**

A. Log on to your ACREDIT home page at <https://acredit.acr.org>, click on "my modalities" and click on "units".

**Q. How do we add a module/patient type to our existing application?**

A. Log on to your ACREDIT home page at <https://acredit.acr.org>, click on "my modalities" and click on "units". Once you click on units, click on the add module/patient type link associated with the unit you wish to add the module/patient type to.

**Q. We will be moving our CT facility to a new address. Do I need to provide any information to the ACR?**

A. Yes. Log on to your ACREDIT home page at <https://acredit.acr.org> and then click on "my modalities". Click on the "modality details" link for the site you wish to relocate, and click the "change" button next to the location address.. The online accreditation system will prompt you for additional information.

## Phantom Submission, Dose and Physics Topics

**Q. Where can I find information regarding reducing doses for pediatric and small adult patients?**

- A.
- a. The Alliance for Radiation Safety in Pediatric Imaging has a wonderful website, Image Gently that has information on keeping radiation doses as low as possible for pediatric patients. The website is located here: <http://www.pedrad.org/associations/5364/ig/>
  - b. The FDA sent out a public health notification on "Reducing Radiation Risk from Computed Tomography for Pediatric and Small Adult Patients" on November 2, 2001. This notification can be found on the FDA Web site at <http://www.fda.gov/cdrh/safety/110201-ct.html>.

**Q. Is there an ACR CT Accreditation designated phantom? If so, when should one be ordered?**

- A. Yes, it is available to purchase through Gammex RMI. You can access the phantom order form here: [http://www.acr.org/accreditation/computed/qc\\_forms.aspx](http://www.acr.org/accreditation/computed/qc_forms.aspx). Please make sure that you order your phantom as soon as possible after you receive your CTAP number (assigned to you with your initial application) to allow ample time for shipping and completion of all testing materials within the allotted time frame provided by the ACR.

**Q. What will be the requirements for phantom testing?**

- A. Phantom images and dose measurements will be required from every unit being accredited, depending on the use of the unit. Using the Gammex 464 phantom, and Computed Tomography Dose Index (CTDI) phantoms, a medical physicist must perform dose measurements on every scanner that you will be submitting for accreditation. Using these CTDI measurements, your physicist will be able to calculate various descriptors of dose for your adult head, pediatric head (1 y.o.), pediatric abdomen (5 y.o., approx. 40 lbs) and adult abdomen examinations in correlation to your use of the scanner and your application.

**Q. Do you need a Medical Physicist Survey for each scanner?**

- A. Yes, a Medical Physicist Survey must be done yearly for each scanner being accredited. However, the site does not have to send the report to the ACR.

**Q. Can I use "Air kerma" for the dose measurements on the phantom portion of my accreditation submission?**

- A. No. The dose forms that you will use as part of the online testing package are calculated using exposure readings, not air kerma. If your meter reads out air kerma, you must either change your meter settings or divide by 0.876 before entering the measurements into the data form.

**Q. Our scanner has several protocols that are done in a single gantry rotation, with no table movement, and which use collimations greater than 100mm, i.e. the length of my ion chamber. How do I calculate the dose for these protocols?**

- A. For single rotation protocols with clinical collimations greater than 100mm, e.g. 320 x 0.5mm, make the physical dose measurement in the same way you ordinarily would by centering the phantom/ion chamber and performing an axial rotation using the actual clinical technique and

collimation. In this situation the x-ray beam will exceed the length of the chamber but this will be taken in account in the CTDI field on the dose form in your online testing package (and the generic excel form available on the ACR CT Accreditation Testing and QC forms webpage) to avoid an inaccurately low CTDIvol. For collimations that equal or exceed 100mm, the dose index should be determined by using 100mm in lieu of NxT in the calculation.

**Q. The Aquilion One in Volume Mode sometimes give me some bleed-through of the CT number module into the low contrast module, how do I address this?**

A. This effect can be eliminated by applying VCOR. VCOR lets the reconstruction engine know the object on the table is not a patient, but rather an artificial construct about which no clinical assumptions can be made. VCOR can be activated by your service engineer or via a dropdown menu, depending on software version.