

MRI FAQs

Application - General

Q. My facility plans to apply for ACR MRI Accreditation, where do I start?

- A. Start by reading the following documents, available on the ACR website:
- The Diagnostic Modality Accreditation Program Overview
 - The ACR MRI Accreditation Program Requirements
 - The ACR MRI Accreditation Clinical Image Quality Guide
 - The ACR MRI Accreditation Testing Instructions
 - The ACR MRI Accreditation Phantom Testing Instructions

After reading these documents and checking your protocols, you can apply online here:
<https://acredit.acr.org>.

Q. Will MRI accreditation become mandatory?

- A. Currently, the ACR MRI 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. Can any MRI facility apply for MRI accreditation?

- A. Yes, any MRI facility may apply for MRI accreditation. For small, extremity-only scanners, there is a smaller phantom that your scanner can accommodate. Simply indicate on your application that your scanner is only capable of extremity scans.

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

- A. Everyone at your facility is involved with accreditation. Your "core team" should be made up of the following personnel:
1. Your lead MRI technologist will be the main person we contact if necessary. This should be the primary person who completes accreditation forms and documents, and is the technologist contact listed on your application.
 2. Your MRI supervising physician is the interpreting physician responsible for your MRI protocols, and approves all aspects of the testing materials submission before you send them to the ACR for review.
 3. Your medical physicist/MR scientist should be responsible for supervising your facility's weekly QC and the annual system performance evaluation. We also recommend that they are closely involved with the phantom portion of your testing materials submission, and assist the supervising physician and lead technologist with your routine clinical protocols.
 4. Your administrative contact, such as the 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. Can mobile MRI practices apply for accreditation?

- A. Yes. If a unit serves multiple sites and the imaging protocols and interpreting physician group are the same at each site, then one application and fee should be submitted. If a unit serves multiple locations and the protocols and interpreting physician groups vary from site to site, then each site is required to submit separate applications and fees.

Q. Does the ACR accredit 3.0-T magnets?

A. Yes. Starting July 1, 2005, the ACR began accepting MRI accreditation applications for 3.0-T magnets. In order to accurately measure the performance of these units, 2 of the physics tests performed for ACR accreditation will have different pass/fail criteria for 3.0-T units. For the low-contrast object detectability (LCOD), the required number of total spokes for a 3.0-T magnet is equal to or greater than 37. For the image intensity uniformity, the required percent integral uniformity (PIU) for a 3.0-T magnet is equal to or greater than 82%.

Q. What is the cost of MRI accreditation?

A.

MRI Accreditation Fees	
Cycle	Fees
Accreditation (Initial cycle and renewal)	\$2400 for the first unit up to four modules, \$2600 for five modules, \$2800 for six modules \$2300 each additional unit at one site location applying for four modules, \$2500 for five modules, \$2700 for six modules
Repeat	\$800 per unit for clinical or phantom images. \$1600 per unit if repeating both.
Reinstate/Corrective Action Plan	\$2400 for the first unit up to four modules, \$2600 for five modules, \$2800 for six modules \$2300 each additional unit at one site location applying for four modules, \$2500 for five modules, \$2700 for six modules
Add units (mid cycle)	\$1600 per unit
Add module (mid cycle)	\$1600 per unit
Replacement Certificate	\$50 per certificate.
Large Phantom	\$1050 (includes shipping and handling).
Small Phantom	\$780 (includes shipping and handling).

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 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. Who can purchase an ACR MRI phantom?

A. At this time, the phantom can be purchased by MRI facilities that apply for accreditation, MRI equipment manufacturers, and consulting physicists or MR scientists only. The order form for the

phantom comes with the testing materials packet when a facility applies for, or renews accreditation. For your convenience, you can download the MR phantom order form at http://www.acr.org/accreditation/mri/mri_qc_forms.aspx. This form allows you to order either the large or small phantom. The fees are listed on the form. MRI manufacturers interested in purchasing a phantom should contact the MRI Accreditation Program at (800) 770-0145 or e-mail to MRI@acr.org.

Q. What is the most common cause for failure?

A. Clinical image deficiencies or a combination of clinical and phantom image deficiencies.

Q. What options does a site have if it fails the initial testing cycle?

A. Sites have the option of appealing the results if they disagree with the findings based on the information submitted, or they may reapply for the deficient areas indicated on the final report. For clinical examinations: repeat those examinations on a different patient. For phantom images, repeat the phantom scans (we recommend with the assistance and supervision of a qualified medical physicist/MR scientist).

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 examinations 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. We are currently accredited under the "whole body" MRI Accreditation. Do we have to go through the new "modular" program to remain in good standing?

A. You will go through the "modular" approach to MRI Accreditation when your facility comes up for renewal. You are not required to go through the process until your normal renewal.

Q. Why did the ACR change the MRI Accreditation Program from whole body to modular?

A. Due to tremendous growth in Magnetic Resonance Imaging and the need for quality assurance in this ever-changing area of imaging care, the American College of Radiology (ACR) developed a

modular MRI accreditation program. In 2006, the ACR Council approved a resolution requiring that the current ACR MRI accreditation program be redesigned into a modular program to best meet the needs of current MR practice.

This new approach offers facilities a more flexible accreditation program that recognizes that facility practice patterns vary, depending on the patient population served and the number of magnets utilized. Facilities will have six modules to choose from, so they can match their accreditation to their practice on each magnet. Breast MR was specifically excluded from this modular concept because it fits better within the framework of the other breast imaging accreditation programs.

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 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 link associated with the unit you wish to add the module to.

Q. We will be moving our MRI 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.

Q. We are an accredited facility. Can we add a module (such as MRA or Body) before we renew our accreditation through the modular approach?

A. Yes. Through our online application at <https://acredit.acr.org>, you may add a module to a unit’s accreditation before you renew. Your accreditation expiration date will not change.

Accreditation Testing

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.

Q. Does the ACR require that a physicist or MR scientist perform testing services for a facility to apply for accreditation?

A. Starting July 1, 2005, sites applying for MRI accreditation must submit an annual MRI system performance evaluation performed by a medical physicist or MR scientist. The medical physicist/MR Scientist will follow the ACR MRI Quality Control Manual in order to perform a complete annual system performance evaluation. This evaluation includes an evaluation of the weekly QC performed by a technologist. A technologist may still perform the ACR phantom portion of the accreditation submission, although the ACR strongly recommends the services of a medical physicist or MR scientist for this also.

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.

Q. Is the Dixon Method an acceptable method of fat suppression?

A. Yes, any method that reduces fat signal uniformly is acceptable for fat suppression, such as the Dixon Method or Inversion Recovery.

Q. Is it acceptable to cool the MRI Accreditation Phantom before scanning to improve SNR?

A. No. It is not acceptable to cool the phantom before scanning.

Q. Is it required to perform the homogeneity test for the annual system performance evaluation?

A. Yes, a homogeneity test of some kind is required as part of the annual system performance evaluation for all accredited magnets, and those applying for accreditation. The ACR QC Manual describes this in the Medical Physicist's/MR Scientist's section. This is sometimes a difficult test to perform independently. If the techniques described in the QC Manual cannot be performed, please ask the service engineer to provide a field map or equivalent field homogeneity assessment that has been performed within the last 12 months. If the qualified medical physicist/MRI scientist has an alternate method of accurately assessing this measurement, it is acceptable, providing they include a description of their methodology. A potential alternate method that may be used with systems that do not provide access to either phase-angle images or spectroscopy is the "Bandwidth-difference" method (Chen, et al Med. Phys. 33 (11), 2006).

Quality Assurance/Quality Control

Q. Do sites have to perform weekly laser film quality control if the radiologists read soft copy instead of film?

A. If there is a laser film printer at the address listed on your application, the weekly laser film printer quality control must be performed.